Neurotransmitters, Blood Sugar & Trapped Emotions

Part 1: The Four Primary Neurotransmitters

Overview

There are four primary neurotransmitters, each associated with a personality profile based on which one is dominant in a person. These neurotransmitters also loosely correspond to the Five Elements in traditional medicine. Everyone has one dominant neurotransmitter, though a second may score closely behind. The goal is to understand your dominant type and identify which ones are low so you can bring them into better balance.

The four neurotransmitters are divided into two categories:

Excitatory (switch the brain ON):

- Dopamine — focus, excitement, energy, and motivation
- Acetylcholine — learning, creativity, and memory

Inhibitory (switch the brain OFF):

- GABA — relaxation, well-being, and satisfaction
- Serotonin — rest, happiness, contentment, and serenity

The Four Personality Types

Dopamine Dominant

- Quick and deep thinker
- High physical energy most of the time
- Self-confident, high achiever, results-oriented
- May have high blood pressure, insomnia, or a tendency to work late into the night
- Can be blunt or gruff in personality
- Thrives on challenges, competition, and excitement
- Less focused on people's feelings; very focused on getting things done
- Examples: Tony Robbins, Donald Trump, Steve Jobs, Kobe Bryant

Acetylcholine Dominant

- Charming, romantic, and delightful personality
- Excellent memory, great listener, strong learner
- Creative imagination and adventurous spirit
- Deeply people-oriented; a natural cheerleader for others
- Loves learning above almost anything else
- Drawn to counseling, writing, teaching, public service, and philanthropy
- Examples: Oprah Winfrey, Beyoncé, Wayne Dyer, Michael Beckwith

GABA Dominant

- Consistent, dependable, and organized
- Worker bee who meets deadlines and keeps commitments
- Sociable, interested in people, good at remembering names
- Peace-loving; avoids conflict and confrontation
- Physically calm, often has low blood pressure
- Early to bed and early to rise
- Tends toward perfectionism
- Natural negotiator and peacemaker
- Makes up approximately half the population, according to researcher Dr. Eric Braverman (*The Edge Effect*)
- Examples: Mother Teresa, Mr. Rogers, Dr. Phil, Anderson Cooper, Ronald Reagan

Serotonin Dominant

- Fun-loving, spontaneous, and lives in the moment
- Thrives on change and new experiences
- Can be impulsive, dramatic, and artistic
- Life of the party; makes others feel good just by being present
- Good in crisis management; strong motor skills and hand-eye coordination
- May sleep more than average
- Tends not to track money carefully
- Can move on from relationships relatively quickly
- Often drawn to athletics, acting, modeling, and performance
- Examples: Paul McCartney, Robert Downey Jr., LeBron James

Procedure 1: Neurotransmitter Dominance Questionnaire

1. Obtain the printed questionnaire provided in class.
2. Read through each section and mark the statements that are true for you.
3. Count the number of true statements in each of the four sections (Dopamine, Acetylcholine, GABA, Serotonin).
4. The section with the highest count indicates your likely dominant neurotransmitter.
5. Note which section scored lowest — this is a neurotransmitter you may want to support.
6. Note if two sections score very close together — you may relate strongly to both types.

Procedure 2: Muscle Testing for Neurotransmitter Dominance

The brain has specific lobes where each neurotransmitter is primarily produced. Placing a hand over each lobe while muscle testing reveals which neurotransmitter is dominant. A strong indicator muscle will go **weak** when the hand is placed over the dominant lobe.

Setup:

- Establish a strong indicator muscle (e.g., an extended arm or a finger muscle).
- Set the intention: *"The neurotransmitter I am dominant in will test weak."*

Lobe locations and corresponding neurotransmitters:

- Frontal bone (forehead) → **Dopamine** (blue)
- Parietal bone (top of head) → **Acetylcholine** (green)
- Temporal bone (side of head) → **GABA** (orange)
- Occipital bone (back of head) → **Serotonin** (brown)

Steps:

1. Either the practitioner or the client may place the hand over each area — contact does not need to be made by the same person.
2. Place the hand over the frontal bone and test the indicator muscle.
3. Move to the parietal bone and test.
4. Move to the temporal bone and test.
5. Move to the occipital bone and test.
6. The location that causes the indicator muscle to go **weak** identifies the dominant neurotransmitter.
7. Only one area should test weak.

Student Results:

- **Jacob and Bridget** — both are acetylcholine-dominant.
- **Tiffany** — Questionnaire showed a tie between Acetylcholine and GABA; muscle testing confirmed GABA dominance.
- **Michael** — Tested GABA dominant, with Acetylcholine a close second; Dopamine and Serotonin were notably lower.
- **Audrius**— Also confirmed as GABA dominant; resonated strongly with the trait of feeling happy when the people around them are happy.
- **John**— Confirmed GABA dominant with Acetylcholine close behind; lowest in Dopamine, which led him to implement goal-setting practices.
- **Megan** — Confirmed Acetylcholine dominant; described it as mapping her personality well.
- **Jill**— Tested strong on the forehead (Dopamine) but scored highest in GABA on the questionnaire, suggesting questionnaire results may reflect a more accurate picture.
- **Cindy**— Tested weak on both Dopamine and Serotonin, possibly indicating a balance between the two.

How to Raise Low Neurotransmitters

Low Dopamine:

- Set clear goals and track your progress with benchmarks
- Consider working with a coach to stay accountable
- Engage in high-excitement activities: skydiving, bungee jumping, amusement parks, sporting events, concerts, or art exhibits
- Try new experiences regularly
- Supplement with L-Tyrosine (a natural precursor to dopamine) — 500 mg each morning is one approach
- Do vigorous exercise
- Spend more time thinking about and visualizing the future

Low Acetylcholine:

- Do crossword puzzles and other mentally stimulating games
- Play a musical instrument or sing
- Join social groups and spend time with people
- Explore creative outlets such as writing or art
- Engage in regular learning activities

Low GABA:

- Organize your living and working spaces — start with a closet, drawers, or desktop
- Reduce clutter (clutter actively suppresses GABA function)
- Practice daily meditation and breathing exercises
- Consider a silent meditation retreat
- If organizing doesn't come naturally, hire someone who loves doing it

Low Serotonin:

- Prioritize sleep and outdoor time
- Plan spontaneous outings — step away from the schedule mid-day and do something unplanned
- Spend time in nature, barefoot on the ground when possible
- Play — get down on the floor with kids, be silly, let go of managing everything
- Return to activities that once brought joy (dancing, gardening, painting, music)

Part 2: Sugar and the Brain

Overview

Blood sugar imbalance is one of the most underappreciated contributors to psychological symptoms. Research referenced in *The Sugar Blues* suggests that balancing blood sugar alone could dramatically reduce anxiety, depression, and mood disorders. The average person consumes over 100 pounds of sugar per year, with sugar making up roughly 13% of the average diet — and likely more today. Approximately 74% of all processed foods contain added sugar.

Sugar's effect on the brain:

- Causes a surge of dopamine, creating a temporary high
- Triggers the same opioid receptors as morphine and heroin, making it physically addictive
- Leads to a blood sugar crash after the surge, producing depression, fatigue, and cravings
- Disrupts gut flora, which in turn lowers serotonin (since most serotonin is produced in the gut)
- Promotes the overgrowth of Candida, which feeds on sugar and worsens blood sugar instability

Common names and forms of sugar to avoid:

- High fructose corn syrup
- Corn syrup
- Sucralose
- Aspartame / NutraSweet / Equal (also classified as a neurotoxin)
- Various other sweeteners are found in processed and packaged foods

Natural alternatives to consider:

- Stevia (muscle test individually to confirm tolerance)

Symptoms of low blood sugar:

- Anxiety
- Dizziness and lightheadedness
- Depression
- Sleep disturbances
- Shakiness
- Nightmares
- Random or uncontrolled crying
- Uncontrolled anger

Procedure 3: Muscle Testing for Blood Sugar Imbalance (Goodhart Method)

Step 1 — Test for imbalance:

1. Establish a strong indicator muscle.
2. Have the client touch **Spleen 21** on the left side of the body (located on the lateral ribcage, roughly mid-chest level).
3. Test the indicator muscle while the client holds contact with Spleen 21.
4. If the muscle goes **weak**, a blood sugar imbalance is indicated.

Step 2 — Find the correction:

1. While the client continues to touch Spleen 21, the practitioner touches the client's **right Kidney 27** (located just below the collarbone, near the sternum).
2. Retest the indicator muscle.
3. If the muscle strengthens, the right Kidney 27 is the correction point.
4. If it does not strengthen, test the **left Kidney 27** (same side as Spleen 21).
5. In rare cases, test the **opposite Spleen 21**.

Step 3 — Apply the correction:

1. Once the correction point is identified, tap that Kidney 27 point for approximately 30 seconds.
2. While tapping, encourage the client to drink water and practice slow, deep breathing.
3. Retest the indicator muscle while the client touches Spleen 21.
4. A muscle that is now **strong** indicates the correction was successful.

Student Results:

- John tested weak on Spleen 21 himself; the correction was confirmed at the right Kidney 27. After tapping for 30 seconds, the muscle was found to be strong.
- Megan tested strong on Spleen 21 from the start, indicating her blood sugar was balanced.

Working with Clients on Sugar Reduction

Rather than prescribing changes, the recommended approach is collaborative:

1. Ask the client what they think they need to do — most already know.
2. Help them identify how they *feel* after eating sugar (the crash, the mood drop) to build personal motivation.
3. Identify underlying causes such as Candida overgrowth, which perpetuates cravings.
4. Encourage one small, sustainable change (e.g., reducing from six sodas to one or two per day, then replacing the rest with water).
5. Avoid overwhelming the client — one agreed-upon change builds momentum.

Recommended reading: *The Mood Cure* by Julia Ross, a psychologist who found dietary change more effective than counseling alone for mood disorders.

Part 3: Trapped Emotions

Overview

According to Dr. Bradley Nelson (*The Emotion Code*), emotions that are resisted rather than processed become trapped in the body. These trapped emotions carry a specific energy and can cause both physical and psychological dysfunction, lower immune function, and contribute to chronic illness. They may remain in the body indefinitely until they are consciously cleared.

Key principle: Whatever you resist, persists. When you allow an emotion to be fully present without resistance, it will naturally release.

Organs, meridians, and their associated emotions:

- A balanced organ produces its corresponding positive emotion (e.g., a healthy heart produces joy and love)
- A stressed or toxic organ produces its corresponding negative emotion (e.g., a toxic liver produces anger and resentment)
- Trapped emotions block both the organ and its meridian

Procedure 4: Finding and Clearing a Trapped Emotion

Step 1 — Identify an area of concern:

1. Ask the client where they commonly experience physical or energetic issues.
2. Have the client touch that area of the body.
3. Test the indicator muscle while the client holds contact with the area.
4. If the muscle goes **weak**, ask (through muscle testing): "*Is there a trapped emotion that needs to be cleared in this area?*" A strong response = yes.

Step 2 — Identify the element:

1. With the intention of finding the blocked emotion, state each of the Five Elements aloud while testing:
    - Fire
    - Earth
    - Metal
    - Water
    - Wood
2. The element that causes the indicator muscle to weaken indicates the origin of the emotional blockage.

Step 3 — Identify the specific emotion:

1. Refer to the primary emotions chart for the identified element.
2. State each emotion aloud and test.
3. The emotion that causes the muscle to go **weak** is the trapped emotion.
4. If none of the primary emotions test weak, identify the specific meridian within that element (e.g., within Water, test Kidney vs. Bladder) and check the emotions associated with that meridian specifically.

Step 4 — Engage the client:

1. Ask the client whether any images, memories, people, or situations come to mind when they think of that emotion.
2. There is no need to force a narrative — simply invite awareness.
3. Ask the client to remain present to the emotion and any associated events while breathing deeply.

Step 5 — Clear the emotion:

With a ceramic magnet (do not use with cancer patients):

1. Place the magnet at the base of the occiput (back of the skull), with the North Pole side facing down (the side that makes the indicator muscle go weak).
2. Draw the magnet slowly down the **governing meridian** along the spine, from the base of the skull to the sacrum.
3. Repeat 3–6 times while the client stays present to the emotion.

With hands (recommended for cancer patients and for distance/virtual sessions):

1. Place fingertips at the glabella (between the eyebrows) or at the nape of the neck (Governing Vessel 14 area).
2. Draw the fingers slowly back along the top of the head and down to approximately the base of the skull or as far down the spine as is practical.
3. Repeat several times while the client breathes and stays present.

***Virtually**:*

1. Have the client use their own fingertips as a surrogate magnet.
2. Begin at the glabella and draw back over the top of the head to Governing Vessel 14 (base of the neck, back of the skull).
3. Repeat while focusing on the emotion.

Step 6 — Retest and confirm:

1. Have the client touch the original area of concern.
2. Test the indicator muscle — it should now test **strong**.
3. Remove the client's hand from the area and ask them to think of the identified emotion — it should now also test **strong**.
4. Ask the client whether they notice any physical or emotional shift.

Student Results — Megan:

- Area of concern: large intestine
- Element identified: Water (tested weak)
- Emotion identified: Anxiety
- Associated theme: anxiety around change
- During clearing with the magnet along the governing meridian, Megan reported strong physical sensations running down the back of her right leg (along the bladder meridian, associated with Water/fear/anxiety)
- After clearing, the large intestine area tested strong; thinking of anxiety also tested strong
- Megan reported her hip position felt shifted and that energy was flowing more freely down her right leg; she also noticed improved energy flow in her face

John's self-test (knee):

- Element identified: Water
- Meridian: Kidney
- Emotion identified: Disloyal/disloyalty
- Associated theme: people who had been disloyal or taken advantage of him
- Cleared using fingertip tracing over the governing meridian
- After clearing, the knee area tested strong; the emotion of disloyalty also tested strong

Notes on Interpreting Emotions

Emotions on the chart may appear in pairs (e.g., *loyal / disloyal*). The meaning is personal to each client. Ask: "*What does this word mean to you?*" The response may point toward:

- An emotion the client is **suppressing** (e.g., anger they never expressed)
- An emotion they **experienced from others** (e.g., someone else's anger directed at them)
- A positive emotion they are **blocked from experiencing** (e.g., joy that was conditioned away in childhood)

One student shared that her serotonin nature — her spontaneity and love of play — had been conditioned out of her as a child. Once she recognized this, she was able to consciously return to her natural state.

Looking Ahead

Next class will cover neurotransmitter **deficiencies** — the symptoms that arise when your dominant or secondary neurotransmitters become depleted. Deficiency checklists will be available for download. Key examples include:

- Low GABA → often associated with chronic pain
- Low Serotonin → often associated with depression, bulimia, and eating disorders

Subsequent classes will take a closer look at Acetylcholine, GABA, and Serotonin individually.

Recommended reading:

- *The Edge Effect* — Dr. Eric Braverman
- *The Mood Cure* — Julia Ross
- *The Emotion Code* — Dr. Bradley Nelson
- *The Vitality Code* — Dr. Neil Cannon