Psychological Class 7: Neurotransmitter Balancing Procedures

The Four Primary Neurotransmitters

1. Dopamine — The Neurotransmitter of Focus & Action

Signs of deficiency:

- Difficulty focusing or concentrating
- Low energy, excessive sleep
- Sugar and junk food cravings
- Low libido
- Addictive behaviors (all addictions are primarily linked to dopamine deficiency)
- Grief, loss, lack of passion for life

Brain location tested: Frontal bone (forehead)

Key associations:

- Parkinson's disease is a severe dopamine deficiency
- Loss (financial or of a loved one) commonly triggers low dopamine
- Stimulants like caffeine temporarily boost dopamine, which is why deficient people crave it

2. Acetylcholine — The Neurotransmitter of Memory & Creativity

Signs of deficiency:

- Poor memory, difficulty recalling names
- Reduced creativity
- Decreased muscle tone
- Insomnia
- Reduced sense of joy

Signs of excess:

- Pride and scorn (emotional markers)

Brain location tested: Parietal bone (top of the skull)

Key associations:

- Alzheimer's disease is frequently linked to acetylcholine deficiency
- Multiple sclerosis is often associated with acetylcholine deficiency
- Fatty food cravings (cheese, cream, oils) indicate a deficiency
- Acetylcholine and GABA work like a teeter-totter — if one is high, raising the other can bring balance

3. GABA — The Neurotransmitter of Calm & Stability

Signs of deficiency:

- Mood swings
- Chronic pain, frequent headaches, or back pain
- Difficulty focusing
- Anxiety (chronic)
- Feelings of despair or apathy

Signs of excess:

- Anger and hate (emotional markers)

Brain location tested: Temporal bone (side of the skull, above the ears)

Key associations:

- GABA and serotonin both switch the brain "off" — deficiency leads to ruminating thoughts and inability to relax
- Xanax and similar anti-anxiety drugs work by mimicking GABA
- Aerobic exercise (walking, swimming, cycling) is particularly beneficial for GABA

4. Serotonin — The Neurotransmitter of Peace & Relaxation

Signs of deficiency:

- Depression
- OCD tendencies (inability to switch the mind off)
- Waking at least twice per night
- Chronic anxiety
- Food disorders

Brain location tested: Occipital bone (back of the skull)

Key associations:

- SSRI drugs target serotonin but carry significant side effects and can cause dependency
- Natural alternatives (tryptophan, 5-HTP, fish oils, magnesium, B6) can support healthy serotonin levels
- Dopamine and serotonin balance each other — if one is high, raising the other can restore equilibrium

Note from Dr. Braverman: If a person scores more than 15 true statements in any deficiency category, they may have a major deficiency and could benefit from professional medical attention in addition to natural approaches.

How to Muscle Test for Neurotransmitter Imbalances

Step 1 — Test in the Clear

1. Establish a strong indicator muscle baseline.
2. Place the edge of the magnet (or point fingers with intention) against each cranial bone in sequence:
    - **Frontal bone** → Dopamine
    - **Parietal bone** → Acetylcholine
    - **Temporal bone** → GABA
    - **Occipital bone** → Serotonin
3. If the indicator muscle becomes weak at a given site, a neurotransmitter imbalance is present there.
4. If more than one tests weak, recheck and use priority mode to determine which to address first.

Step 2 — Determine Deficiency vs. Excess

1. Place the weak response in circuit: have the subject stand with feet 18 inches apart (or knees apart if seated). This opens the acetabulum of the pelvis to create the circuit.
2. Touch the acupressure point for **deficiency** of that neurotransmitter:
    - **Dopamine deficiency:** CV24 (below the lower lip)
    - **Dopamine excess:** Governing Vessel 27 (above the upper lip)
    - **Acetylcholine deficiency:** Gallbladder 1 (outside corner of the eye)
    - **Acetylcholine excess:** Liver 14
    - **GABA deficiency:** Large Intestine 20 (beside the nostril)
    - **GABA excess:** Lung 1
    - **Serotonin deficiency:** Kidney/Bladder points (water element)
3. If the weak indicator muscle goes **strong** when touching the deficiency point, the imbalance is a **deficiency**.
4. If it does not change, test the excess point.

Step 3 — Test While Thinking of a Stress or Goal (If Nothing Shows in the Clear)

If no neurotransmitters show as imbalanced in the clear:

1. Have the subject think about a specific emotional stress, a goal they are struggling with, a body part that hurts, or an illness.
2. Repeat the cranial bone testing sequence while they hold that thought (or use the circuit method).
3. A weak response now indicates that the neurotransmitter imbalance is connected to that specific stress or goal.

Example from class: A subject had no imbalances in the clear, but when thinking about a struggling work project, a dopamine deficiency appeared — indicating a lack of energy and focus to complete the task.

For Remote Sessions

- The practitioner points and touches their own corresponding cranial area while the subject simultaneously touches theirs.
- The same circuit retaining method applies.

Neurotransmitter Affirmation Technique (Emotional Clearing)

Use this technique when muscle testing confirms it is needed for a deficiency.

Step 1 — Identify the Emotional Pattern

Refer to the corresponding emotions for each neurotransmitter:

Neurotransmitter	Deficiency Emotions	Excess Emotions
Dopamine	Grief, regret	Craving, desire
Acetylcholine	Loss of joy	Pride, scorn
GABA	Despair, apathy	Anger, hate
Serotonin	Depression, anxiety	Fear, Anxiety

Ask the subject whether they have experienced these emotions intensely at any point in their life.

Step 2 — Locate the Age of Origin (Optional but Deepening)

1. Test indicator muscle while stating age ranges: "Conception to ten... conception to five... age six... age seven..." and so on.
2. When the muscle changes, the approximate age of the original stressor is identified.
3. Ask an open question about what may have happened at that age.

Example from class: A subject was found to have a GABA deficiency with the emotion of despair. Testing revealed the age of origin was eight years old, connected to experiences with an angry father. She had not previously made that connection.

Step 3 — Temporal Tapping with Affirmation

1. Have the subject place their thumb and index finger (ocean fingers) of one hand together.
2. Using the other hand, tap along the temporal sphenoidal line — approximately one inch above the ear, moving from front to back.
3. While tapping, repeat the affirmation **five times with eyes open** (looking around the room):

"*I completely release my unconscious emotions of [emotion] now and forever.*"

4. Repeat the affirmation **five times with eyes closed.**
5. While eyes are closed, slowly rotate the eyes clockwise, then counterclockwise, to process the release through the nervous system.

Step 4 — Integrate Right and Left Hemispheres

1. After tapping, have the subject bring both hands to the front.
2. Touch the thumbs and fingers of opposite hands together (right thumb to left index, etc.).
3. Close your eyes.
4. Feel all parts of the self releasing the emotion and becoming free from it.

Step 5 — Recheck

1. Touch the acupressure point that previously tested weak.
2. The indicator muscle should now test **strong.**
3. Also, ask the subject to reflect on the emotion — it should no longer elicit a weak response.

Result from class: After the clearing technique, the subject reported feeling sadness rise in her throat and eyes during the process, followed by a sense of movement and relief. She described having more clarity and recognized a long-standing connection between childhood despair and her current health challenge.

Building a Holistic Correction Plan

Once the neurotransmitter imbalance is identified, use muscle testing to determine which of the following intervention categories are needed. State each as a true/false statement and test:

Lifestyle Factors

- Exercise (test specific types):
  - **Aerobic** (walking, swimming, cycling) → primarily GABA and serotonin
  - **Anaerobic/strength training** (weightlifting) → primarily dopamine
- Meditation or relaxation practices
- Soft lighting and gentle music (especially for acetylcholine)
- Shielding from EMFs (computers, cell phones, electric vehicles)
- Avoiding relevant heavy metals:
  - Aluminum → depletes acetylcholine
  - Lead → depletes GABA
  - Cadmium (cigarette smoke) → depletes dopamine

Nutritional Factors

Diet additions by neurotransmitter:

Neurotransmitter	Supportive Foods
Dopamine	Duck, walnuts
Acetylcholine	Avocados, broccoli, fatty foods (healthy sources)
GABA	Whole, unprocessed foods
Serotonin	Avocados, tryptophan-rich foods

Diet deletions:

- Starchy carbohydrates and refined sugars deplete GABA and serotonin
- Test specifically what the subject is consuming and what they are willing to eliminate

Supplements by neurotransmitter:

Neurotransmitt	Key Supplements
Dopamine	Tyrosine, B vitamins, methionine, rhodiola
Acetylcholine	Choline, B complex, glutathione
GABA	—
Serotonin	5-HTP, fish oils, calcium, magnesium, melatonin, B6, St. John's Wort, passionflower, glutathione

Emotional Clearing

- Neurotransmitter affirmation technique (described above)
- Video technique
- Magnet technique over the midline
- Emotional stress release (frontal eminence holding, breathing, positive visualization)

Acupressure Point Tapping

- Tap the relevant deficiency point at the end of the session to seal the correction
- This can also become part of the home program

Creating a Home Program

After the session, help the subject build a sustainable home program:

1. **Ask rather than prescribe:** "What did you find helpful today that you'd like to continue?"
2. **Make statements, not questions:** "Doing the affirmation technique would be helpful — true or false?" Then test.
3. **Keep frequency realistic:** Once or twice daily is generally sufficient. Rarely exceed three times per day.
4. **Pair new habits with existing routines** (e.g., tapping the acupressure point during morning meditation or just before sleep).
5. **Build in accountability:** Let the subject know you will check in at the next session. Optional: ask them to send a brief update by text or message within a few days.
6. **Use phone alerts** to help the subject remember to do the technique at the agreed time.
7. **For long-standing emotional patterns**, the affirmation may need to be repeated nightly for four weeks or longer.

Important note on session length: The body can only process so much in one session. Ask the body "Is this complete for today?" using muscle testing. End sessions while the subject still feels good, and always close with positive programming — have them visualize themselves feeling and functioning as they wish to.

Class Results

GABA deficiency was the most common finding among class participants, with several members identifying strongly with the associated symptoms.

Acetylcholine deficiency was observed in participants who are acetylcholine-dominant, consistent with the principle that people tend to deplete their dominant neurotransmitter through overuse.

Key insight shared by students:

- The Edge Effect by Eric Braverman was noted as an excellent, scientifically grounded resource and a natural conversation starter when introducing neurotransmitter concepts to clients.
- Students found the step-by-step breakdown made what had previously felt overwhelming feel approachable and clinically useful.
- One student's session demonstrated that a current physical challenge (digestive issues) could be traced to an emotional pattern (despair) originating in childhood — something the subject had not previously connected.

Neurotransmitter Dominance — A Note for Context

Everyone has a dominant neurotransmitter that shapes their personality:

- **Dopamine dominant:** Achievement-oriented, action-focused, may not prioritize feelings
- **Acetylcholine dominant:** Creative, enthusiastic, tends to over-give and burn out
- **GABA dominant:** Nurturing, caretaking, may neglect their own needs
- **Serotonin dominant:** Joyful, social, brings lightness to those around them

Dominance does not need to be tested in every session, but knowing it helps the practitioner understand a client's tendencies and tailor lifestyle recommendations accordingly — for example, encouraging a GABA-dominant person to schedule rest and self-care, or encouraging a dopamine-dominant person to take genuine downtime.

When someone is deficient in their dominant neurotransmitter, it is often because they have been overusing it. The correction remains the same, but the conversation around sustainability becomes especially important.