P-DTR®

PROPRIOCEPTIVE-DEEP TENDON REFLEX

DR. JOSE PALOMAR

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About the Author

Dr. Jose Palomar Lever, M.D. is a native of Guadalajara, the capital city of the state of Jalisco in Mexico. He began his medical school education at the age of 17 at the Universidad Autónoma de Guadalajara (UAG) and received his training in Orthopedic Surgery and Traumatology at the Universidad del Ejercito y Fuerza Aérea (UDEFA). He performed his first orthopedic surgery at the age of 24 and between 1984 and 1988 was an orthopedic surgeon on the staff of the Reconstructive and Plastic Surgery Institute of Jalisco, S.S.A. He went on to receive specialized training in minimally invasive spine surgery at the Texas Back Institute in Dallas, Texas.

Pursuing his interest in what he now refers to as the "software" of the human body, a study, which began in earnest for him in 2000, Dr. Palomar became a Diplomate in Applied Kinesiology from the International College of Applied Kinesiology (ICAK). He received the organization's Alan Beardall Memorial Award for Research for 2004-2005 and over the years has had eighteen papers accepted for inclusion in ICAK-USA Proceedings. He also completed the Carrick Institute for Graduate Studies program in Clinical Neurology.

Today, in addition to pursuing an ongoing research program, Dr. Palomar conducts regular trainings in Proprioceptive-Deep Tendon Reflex (P-DTR) for medical practitioners in USA, Canada, Australia, Mexico, England, Poland, Latvia and Russia, and continues to practice medicine from his home base in Guadalajara, Mexico.

Memberships & Affiliations

- Mexican Board of Orthopedic surgery and Traumatology
- Asociación Mexicana de Ortopedia y Traumatología
- Asociación Medica Militar de Ortopedia y Traumatología
- American Academy of Orthopaedic Surgeons
- Member of the ICAK USA chapter
- President of the ICAK – Mexico Chapter
- Member of the Board of Certified Teachers (BCT – ICAK)
- Member of the International Board of Examiners (IBE – ICAK) (2005)
- Founder of the Proprioceptive – DTR Technique (P-DTR)

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Introduction to the Proprioceptive-Deep Tendon Reflex (P-DTR) Method

In order to perceive the external and internal states of its environment, the central nervous system (CNS) uses various types of sensory receptors which convert properties of the environment into electrical signals or impulses. The magnitude of these signals is proportional to the strength of the stimulus and does not code the quality of the irritant itself. Each type of stimulus is detected and received by specific nerve endings, and the signal is carried in the CNS by specific pathways. Each sensory receptor is adapted to detecting mechanical, chemical, nociceptive (painful), or thermal stimuli. Stimulation of a sensory receptor sends a nerve impulse (sensory transduction, i.e. transformation of a signal) and this incoming sensory information is then conveyed via the fibers of cranial or spinal nerves to their respective relay nuclei in the central nervous system. The sensory information is processed further on via pathways to the cerebral cortex or cerebellum. It may also relay to other parts of the CNS where it would elicit a reflex response or get integrated into a pattern-generating activity.

Nervous system activity may be seen as two halves of the same coin. On one side, as incessantly incoming information, transformed by receptors into specific signals characterizing the external and internal environment, and on the other, as constant signals from the brain which, in composite, control the effectors: muscles, glands and all systems responsible for managing the internal environment, as well as the process of adjustment and adaptation of the body under the ever-changing conditions of the external environment. The nervous system analyzes the independent pieces of sensory information into basic constituent signs in order to later synthesize complex identifiers of signs and situations and, ultimately, to generate a behavioral reaction (body positioning, centering, dynamic movement, organ function, etc.).

If the incoming information is correct and reaches the targeted area of the CNS, the body is characterized by optimal statics, correct dynamics and adequate behavioral responses.

A person with such a CNS is considered **healthy** on physiological, emotional and mental levels. Each functional system of his body works perfectly. The brain receives the optimal information from the environment and the body - i.e. from the exteroreceptors and proprioceptors - and generates an appropriate output.

What happens when a receptor distorts the incoming information? Since the body is a system of functional correlations, the response from the nervous system in this case will be incorrect (distorted), which will lead to a dysfunction.

Disease (dysfunction) is an inaccurate interpretation based on aberrant information, creating an impaired capability of the CNS to adapt to external and internal factors (physiological, ecological, emotional, etc.). P-DTR clearly shows and explains the source of the aberration in the processed information and provides the structured method for resolving the problem.

History of P-DTR

In 1896, the English neurophysiologist Sherrington found that the normal contraction of a muscle always results in the relaxation of its corresponding antagonist. It was stipulated that excitation of the nerves that innervate a particular muscle would lead to the down-regulation of the nerves which provide innervation to the muscle's antagonists.

In 1946, Professor Mogendovich found that when the viscera of a dog is disturbed by electric stimulation, the pathological afferent info from the damaged viscera interoceptors inhibits afferent info from the musculoskeletal system proprioceptors and creates a state of functional hypotension in the primary muscles of locomotion.

Dr. José Palomar, an orthopedic surgeon, neurologist, and practitioner of applied kinesiology with more than 30 years of experience has found a series of general patterns between sensory perception and motor responses. He is the first in the world to have identified and explained these patterns, and to have developed and implemented a system of work based on them.

Initially, Dr. Palomar independently discovered new ways of working with "reactor-reactive" muscles (a term from Applied Kinesiology). The reactor-reactive is a dynamic problem where the contraction of one muscle impedes the proper contraction of another. Previously, in order to diagnose the nature of the problem, two specific muscle tests in quick and proper succession were required. The test of the first muscle (the "reactor") would cause the previously strong test of the second muscle (the "reactive") to fail. Dr. Palomar found that such interrelation could also be established by a simple single tap (stimulus) over the reactor muscle, causing the reactive muscle to test weak or inhibited. Dr. Palomar realized that those observations were very important and started conducting extensive research in order to discover what other receptor stimuli could cause specific CNS responses

Dr. Palomar later found that a dysfunctional receptor improves if another receptor is stimulated, and that these two receptors regulate each other. Not any receptor is able to regulate a specific dysfunctional receptor, but rather, the brain pairs specific receptor types for the purpose of regulation. The concept of receptor pairing applies to both normal

conditions and to conditions involving dysfunctional receptors. In both cases, a change in the status of a receptor is regulated by concurrent changes in another paired receptor. Through extensive research, Dr. Palomar was able to determine the specific pairings of interconnected receptors that the brain uses for regulation, as well as the precise stimuli corresponding to each receptor.

Today, P-DTR works with many sources of incoming sensory information, such as mechanoreceptors (spindle cell, golgi tendon organ, fine touch, vibration, pressure), nociceptors (neospinothalamic, spinoreticularis, spinomesencephalic, spinohypothalamic, itch, tickle, hot, cold), viscera, baroreceptors, brain nuclei, and much more. Additional research on a variety of other sources of data is constantly being conducted.

The method of P-DTR is unique. There are no analogs anywhere in the world that provide a detailed blueprint for the reprogramming of the nervous system. This system is solely the product of the independent discoveries and research of Dr. Palomar.

Relevance of the Method

There are currently a great number of therapeutic methods that seek to affect the human body in order to resolve different symptoms. Some examples are massage, physical therapy, osteopathy, chiropractic, dry needling, cryotherapy, and a variety of other proprietary methods.

What is the significance of these methods from the point of view of P-DTR?

Any manual work performed on the human body is a stimulus to the nervous system. In terms of the P-DTR knowledge base, massage is a stimulus of deep pressure that temporarily reduces nociceptive signals and redistributes secondary compensations. Traditional physical therapy is a method of slowly encouraging the brain to identify and resolve receptor-based weakness (inhibition) in muscles. Dry needling, when effective, resets priority dysfunctions in spindle cells. Chiropractic affects changes in structural alignment that are the brain's attempt to reduce the signal of a dysfunctional receptor. If the sensory problem leading to the structural misalignment had already been resolved by the brain, the manipulation will hold. If the sensory problem is still present, the patient will require frequent manipulation. These methods, while often able to affect change, do not explain what is happening in a human body when one area or another is stimulated. More importantly, when these methods are not successful in addressing symptoms, no explanation is provided.

The P-DTR method differs from any other method known today in that it understands the ongoing processes in the nervous system and can accurately map out these processes by working with paired receptors, pathways and brain nuclei. P-DTR does not deal with downstream compensatory problems, but rather identifies the priority problem and balances the incoming sensory information, giving the CNS a chance to reboot and correct itself. P-DTR is not simply a pain management technique like other existing methods; instead, it identifies and resolves the core neurological conflicts causing the brain to respond with an interpretation of pain. It resolves diaschisis, adaptations to previous traumas, aberrant information resulting from surgical intervention, and much more by resetting faulty proprioceptors.

This approach is an evident advantage over other forms of treatment and represents a totally new way of thinking about the issues and symptoms presenting in patients.

Goals and Objectives of P-DTR

The primary objective of the P-DTR method is the resetting of the central autonomic nervous system and normal reflex activity, and precisely, the restoration of a normal afferent signal for the purpose of achieving accurate neurological control and adequate responses to exogenous and endogenous factors.

Description of the Method

P-DTR is a neurological reflexogenic treatment system which effectively treats neuromuscular dysfunctions, restores the nervous system and its efferent motor response, resets reflex activity and muscle activation sequences, restores range of motion, and as a secondary result - but essential for patients – eliminates pain and discomfort.

The main objective of the method is the removal of an aberrant afferent signal from receptors and the restoration of an adequate efferent response to the nervous system stimuli.

P-DTR deals with a large scope of functional musculoskeletal, vegetative, endocrine, visceral and emotional dysfunctions.

Examples of diseases treatable by P-DTR:

- Functional dysfunctions as in many orthopedic conditions
- Gastrointestinal functional dysfunctions
- Hormonal functional disturbances
- Pain from functional problems
- All Functional problems

What Is a "Functional Condition"?

To understand this concept, we need to compare our body with a computer. Computers have "hardware" - the motherboard, processor, keyboard, video card, etc. - and "software" – the many programs that allow the computer to function. Programs are the set of various commands sent to the processor in order to have it function, interpret and manipulate the data for performing the desired activity.

Drawing analogy with the human body, we have bones, ligaments, and vessels – all of which could be called "hardware". If we have a pathological condition such as a bone fracture, stroke, cancer, or arthrosis of a joint, it means that our hardware (physical structure) has a problem and requires a corrective surgery or other form of intervention. Often, there is no cure at all.

Functional conditions of the human body are similar to a "software problem." It is simply an informational problem, an issue of incorrect arrangement or interpretation of data, conflicts between programs, or wrong sequences of commands. As with computers, human software can have conflicts among its programs, essentially corrupted codes such as a "bug" or "virus." 98% of problems in a computer come from its software. Dr. Palomar's research shows this statistic to hold true in the human body.

When using a computer with a software problem, the input of data leads to an incorrect output. In the human body, if the information from receptors is incorrect because the receptors are dysfunctional, the interpretation and response of the brain will be incorrect as well. The result will be a variety of dysfunctional outputs, such as pain, limited range of motion, organ disturbance, and any kind or symptoms related to malfunction of the autonomic system.

P-DTR works only with the functional conditions of the human body.

The Main Principle of the P-DTR Method

The main principle of the P-DTR method is based on the so-called "paired signals" in the nervous system. Normally, the central nervous system is constantly receiving, analyzing and giving an appropriate motor response to a great deal of information from all receptors. Ideally, the sensory information falls within threshold limits, the so-called "green zone," which means that the information is being adequately managed by the nervous system, and the brain has enough resources for self-compensation and self-regulation. An example of a normal self-compensatory process can be seen with walking. Normally, walking is a process of a consecutive engagement and disengagement of appropriate muscles providing an optimal movement of the body.

Doctor Palomar has found that under any kind of dysfunctions, the signal from the main dysfunctional receptor will be excessive and step out of the "green zone". Simultaneously, the central nervous system will compensate for this excessive signal (primary error) by up-regulating a second receptor (secondary compensation) in order to keep the flow of incoming signals under control. If this compensating pair is not sufficient, the CNS will create additional receptor-based compensations. These dysfunctions will make a testable impact on the body's motor response in the form of improper inhibition or facilitation of muscles throughout the entire body. By creating more and more compensations, the body will involve more and more resources until, eventually, it enters the state which we call "disease".

The body is capable of reacting to stimuli in only two ways: either by facilitation/inhibition of muscles or by increasing/decreasing substance production by glands. In a healthy system, the function of the muscles and organs is properly regulated by the brain in response to correct proprioceptive input. In the case of disease, the "noise" to the brain from the dysfunctional receptors, and the cumulative compensatory responses to it, keep the brain from maintaining proper regulation of the muscles and organs.

How Does P-DTR Work?

Since it is impossible to measure the volume of substances produced by the glands, and lab tests can only provide an image of the glands' activity in a specific moment, we use manual muscle testing as a feedback assessment.

Through muscle testing (myotatic reflex), a practitioner finds affected (dysfunctional) receptors, identifying both the primary problematic receptor and its main compensating receptor. After simultaneous stimulation of the two receptors, the deep tendon reflex is applied, serving as a "signal re-boot". Under simultaneous stimulation of the main dys-functional receptors, the nervous system receives two signals which compensate for each other and allows the brain an opportunity to "reset" the previous aberrant operational information. In a majority of the cases, the result is seen and felt by patients immediately – elimination of pain symptoms, recovered range of motion, correct posture, etc.

Diagnosis and Feedback Tools

Manual muscle testing

The feedback tool used by the P-DTR method is Manual Muscle Testing .

Muscle testing allows the practitioner to evaluate the state of function of the body, and in particular, the reaction of the nervous system to a mechanical force. The criteria used to evaluate proper nervous system function is the reflex. The reflexes are not tested in a static mode, the way neurologists do by tapping with a hammer, but rather under a load. The life of a human body suggests a constant movement and work through motion. Therefore, P-DTR uses muscle testing to evaluate the activity of the myotatic reflex in the isometric contraction of a muscle under a load. The decrease of the musculoskeletal reflex activity is the evidence of a local or generalized maladjustment of the body.

Visual diagnostic

Erroneous information received by dysfunctional receptors induces specific inhibition patterns, which can help to actively determine the type and location of the dysfunctional receptors, as well as their paired dysfunctional compensators.

Having complete information on the type and location of the primary dysfunctional receptor and the main secondary compensator makes it possible to “reset” them.

The method used by the body for an active reset of receptors and pathways in order to resolve functional problems is called the Deep Tendon Reflex (DTR). With the proper stimuli of the primary dysfunctional receptor, main compensatory secondary dysfunctional receptor, and application of a DTR, it is possible to restore the proper function of the body.

Sequential diagnosis via the P-DTR method is as follows:

- Visual diagnosis of the optimal statics and dynamics dysfunctions
- Muscle testing
- Identification of specific inhibition patterns
- Identification of the appropriate receptor pair
- DTR

The Origin of Dysfunction from a Neurological Perspective

Any stimulus with a certain signal frequency will result in excitation or inhibition from the CNS in the form of a motor or endocrine reaction.

The motor reaction of the body is a contraction or inhibition of certain muscles. All movement has a precise sequence of muscle facilitation and inhibition. It is crucial for maintaining balance and coordinated movement.

The CNS, based on proprioceptive information, continually adapts the body to the continually changing environment.

The commonly known example of an inhibition pattern is a defensive (nociceptive) withdrawal reflex. It is a type of an involuntary motion of the body aimed at removing itself from a dangerous object. Depending on where the source of danger is, the CNS orders to contract the specific groups of flexor or extensor muscles. Normally, the body, after carrying out a certain dynamic pattern, comes back to its default state and the signal from the nociceptor gets discharged.

If for some reason, the receptor continues sending out a signal, the CNS will regard the shift from the center of gravity as more secure and start adapting to the new position. This adaptation will involve the disconnection of some muscles and reload of others, in which case the body will have to compensate itself in order to remain in a vertical position. This will result in decentralization. The cause of decentralization will be inhibition of particular muscles and facilitation of others. The dysfunctional continuous response may cause musculoskeletal problems, or pain, disturbed blood circulation, possible nerve entrapment and the change of static and dynamic balance.

An example would be knee pain resulting from an aberrant hyperactive signal from a knee ligament receptor, which was not discharged by the CNS. Being unable to eliminate the signal, the CNS would compensate for the problem by switching off muscles around the area in order to protect the joint and overloading other muscles to compensate. To decrease the high signal from a knee ligament receptor (Golgi Tendon Organ), the CNS would regulate it via another Golgi receptor, which would serve as a compensation. If that is not enough, the CNS would use more receptors to reduce the signal further.

Schematically, the formation of dysfunction could be described as follows:

- Activation of the pain receptor
- Involuntary withdrawal pattern
- The body shifts from the gravity center
- The brain receives from proprioceptors the information on the changed position of the body
- Inhibition of some muscles and over-facilitation of others
- Pain syndromes amid the change of statics and dynamics
- Compression of internal nerves by an overstrained muscle
- Disturbance of innervation and blood circulation
- Medical symptoms

Summary

P-DTR is an innovative, non-invasive, equipment-free technology, directed at the treatment of dysfunction of afferent information, which the CNS receives from the body or environment.

The P-DTR method is capable of treating common clinical conditions, which doctors face on a daily basis.

The P-DTR method provides us not only with a new approach to clinical diagnostic option and treatment, but also with a new understanding of the pairing compensation aimed at improving control of the information received by the receptors and afferent pathways.

The P-DTR Postulate

Body is the system of functional interrelations.

The P-DTR Glossary

Proprioceptive-Deep Tendon Reflex
P-DTR.

Proprioception
Knowledge of itself.

Deep Tendon Reflex (DTR)
An involuntary contraction of a skeletal muscle induced by a sudden and brief lengthening or percussion of the subserving tendon. A DTR stimulates a gait pattern. In P-DTR DTR functions as a physiological reflexogenic system directed at resetting sensory proprioceptors and pathways that have been blocked due to conflicting or dysfunctional information. An example of DTR is a knee jerk reflex elicited at the sub-patellar ligament related to L4 level of the spine.

Global Facilitation/Inhibition
A state in which all muscles test strong (global facilitation), or all muscles test weak excluding the hypertonic muscles (global inhibition). Global facilitation is also referred to as Global hypertonicity.

Switching
A neurologic disassociation in which the normal responses of the body are opposite or emerge in an unexpected area of the body. A switch occurs when a patient tests weak while viewing "X" lines and strong while viewing "II" lines. The cause of the switch should be resolved before any further neurologic work has been performed.

In the Clear
Treating a patient without the application of extra stimuli.

Indicator Muscle
A muscle that tests strong in the clear and has the ability to inhibit with a spindle cell compression, while a patient is viewing "II" lines, as well as with an oppositional movement of nose, earlobes, hyoid, talus, and with parallel lines. The muscle is used as an indicator for some other applied stimuli to the structure of a patient's body.

Challenge
The technique of measuring the indicator muscle's response to an external stimulus.

Mechanoreceptors
Proprioceptors that measure mechanical changes occurring inside and outside the body. They include nuclear chain fibers, nuclear bag fibers, Golgi tendon organs, Pacinis, Ruffinis, Merkels, free nerve endings.

Nociceptors
Sensory receptors that transmit signals to protect the body from further damage in an affected area of the body (trauma).

Muscle Spindle Cells
Sensory receptors in a muscle that detect changes in stretch (nuclear bag fibers) and contraction (nuclear chain fibers).

Nuclear Chain Fibers
Special sensory organs in a skeletal muscle that detect changes in isometric contraction of the muscle.

Nuclear Bag Fibers
Special sensory organs in a skeletal muscle that detect changes in the length of the muscle.

Intrafusal Muscle Fibers
Muscles inside the spindle cell that keep the nuclear bag and chain fibers under tension.

Golgi Tendon Organ
Mechanoreceptors in connective tissues throughout the body with concentrations in tendon, ligaments and fascia. Golgi tendon organs (GTO's) measure tension in a muscle. When tension increases too rapidly or becomes too intense in force or frequency, they signal the related muscle to inhibit, protecting it this way (and other attached structures) from a possible injury.

Proper Stimulus
The specific stimulus directed at increasing the signal in a receptor and thereby increasing the dysfunction in a dysfunctional receptor.

Opposite Stimulus
In paired receptor dysfunctions, opposite stimulus is the proper stimulus of the paired receptor.

Swipe
Deep manual stretching of the belly of a muscle directed at stimulating the muscle stretching. Swipe is the proper stimulus of the nuclear bag fibers.

Tapping
Manual tapping of a body area. One tapping stimulates a stretch and happens to be the proper stimulus of the Golgi tendon organs. Three tappings or more on the belly of a muscle stimulate contraction of the muscle, which is the proper stimulus of the nuclear chain fibers.

Mechanoreceptor Rub (Rub)
A light superficial stroking over the skin surface. It increases the crude touch stimulus and decreases the mechanoreceptor signals. It is applied as a diagnostic tool in P-DTR to differentiate between a mechanoreceptor and a nociceptor dysfunction. A mechanoreceptor rub temporarily decreases the signal of dysfunctional mechanoreceptors, thereby normalizing them, which causes a previously weak muscle or an indicator muscle test strong.

Therapy Localization
The effect of a touch (most accurately provided by a patient himself) upon a body area. The effect caused by a touch may be measured with a muscle test. The brain can feel high signals from receptors.

Universal Therapy Localization
The compression of a body tendon used as a replacement of the body areas localization therapy. It allows a practitioner to use a stimulus or neuro-challenges to a body area for the purpose of testing the neurological components in the challenged area by using an indicator muscle. This obviates the need for traditional therapy localization.

Double Therapy Localization
A technique where a patient touches a body area with both overlapping hands. It is a diagnostic tool determining if a dysfunction is primary.

Receptor dysfunctions
Receptors that are out of balance with the body system. Their signaling is above the normal state, which causes their muscles and/or related muscles to test weak.

Primary Dysfunction
The main dysfunction.

Main Secondary Dysfunction
The main compensator to the primary dysfunction, and is a dysfunctional receptor with an excess of signaling from the CNS.

Virtual Secondary Dysfunction
An additional compensator to the primary.

Tertiary Muscle
A weak muscle caused by the deficit of signaling from the CNS. Tertiary muscle is a byproduct of a dysfunction. There is one tertiary muscle for every secondary (main and virtual) muscle.

Traumatic Triad
A term used in AK. In P-DTR, it refers to a dysfunction with a nuclear bag fiber, nuclear chain fiber, and a weak intrafusal muscle fiber (i.e. tertiary muscle).

Basic (Mode)
A classification of a dysfunction level that contains only a primary and the main secondary dysfunctions. The related muscles of both test strong in the clear.

Multi
A classification of a dysfunction level that contains a strong primary and two or more strong secondary dysfunctions.

Hyper
A classification of a dysfunction level that contains weak primary and secondary dysfunctions. There are several hyper levels.

Triad of Health
Structural, chemical, and mental factors form the triad's three sides, affecting each other in health and disease.

Reactor Muscles
Muscles that contain dysfunctional nuclear bag and nuclear chain fibers of the same dysfunction. One muscle is primary and the other is secondary.

Reactive muscles
Muscles that test weak after activation of a reactor muscle. Reactive muscles are tertiary to reactor muscles.

Hypertonic muscles
Muscles that cannot be inhibited with the tools applied to cause inhibition. A hypertonic muscle tests as strong, but could also be weak.

The List of Diagnoses and Symptoms Treatable by P-DTR

Diseases of spine and joints:
Osteochondrosis, scoliosis, intervertebral hernia, spondylosis, sciatica, lumbago, kyphosis, incorrect posture, arthritis, arthrosis, osteoarthritis, frozen shoulder.

ENT diseases:
Sinusitis, sinusitis, sinusitis, tonsillitis, chronic otitis.

Neurological diseases:
Migraine, headache, intercostal neuralgia, vascular dystonia, increased intracranial pressure.

Diseases of internal organs:
Bronchitis, asthma, gastritis, gastric ulcer and duodenal ulcer, cholecystitis, pancreatitis, chronic liver disease, hepatitis, biliary dyskinesia, constipation, hemorrhoids.

Consequences of injuries and operations:
Adhesive process, the effects of head injuries, contractures, post-traumatic pain syndrome.

Adult diseases:
Spine and joints pain syndromes, osteochondrosis, arthrosis, herniation of intervertebral discs, myofascial pain, headache, recovery from injuries and fractures, aid in the treatment of diseases of the internal organs, colitis, gastritis, dyskinesia, constipation, lymphostasis, gynecological diseases.

Childhood diseases:
Perinatal encephalopathy, consequences of birth injury, minimal brain dysfunction, hypertension-hydrocephalic syndrome, torticollis, cerebral palsy symptoms, hypertonicity, hyperactivity, attention disorders, developmental delay, flat feet, frequent acute respiratory infections, hypertension-hydrocephalic syndrome, psychomotor retardation.

Men's diseases:
Prostatitis, impotence, prostate adenoma.

Women's diseases:
Menstrual irregularities, adnexitis, some forms of infertility, painful periods, back pain, pain in the pelvis, swelling, headache, difficulty in breathing, pain in the lower abdomen, constipation, heartburn, etc.

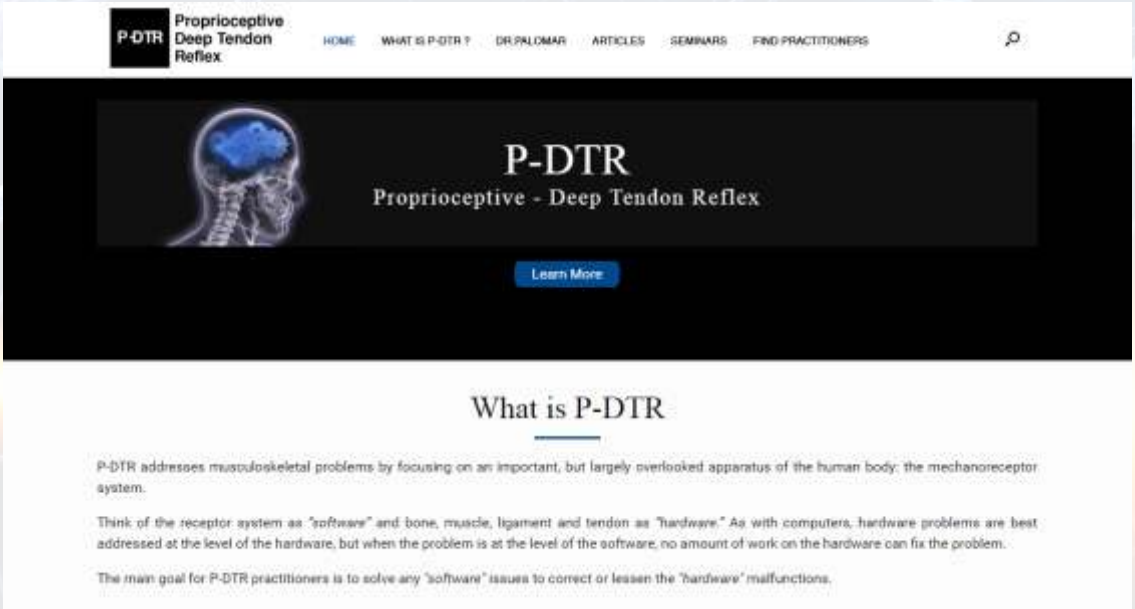
Pregnancy and childbirth:
Back pain in pregnancy, preparation for childbirth, recovery from childbirth.

P-DTR Trainings and Contacts

Currently, Dr. Jose Palomar holds regular trainings on the P-DTR method in USA, Canada, Australia, Mexico, England, Poland, Latvia and Russia.

The detailed informaion about the program of the traninings, dates and locations is presented on Dr. Palomar's official website:

www.p-dtr.com



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