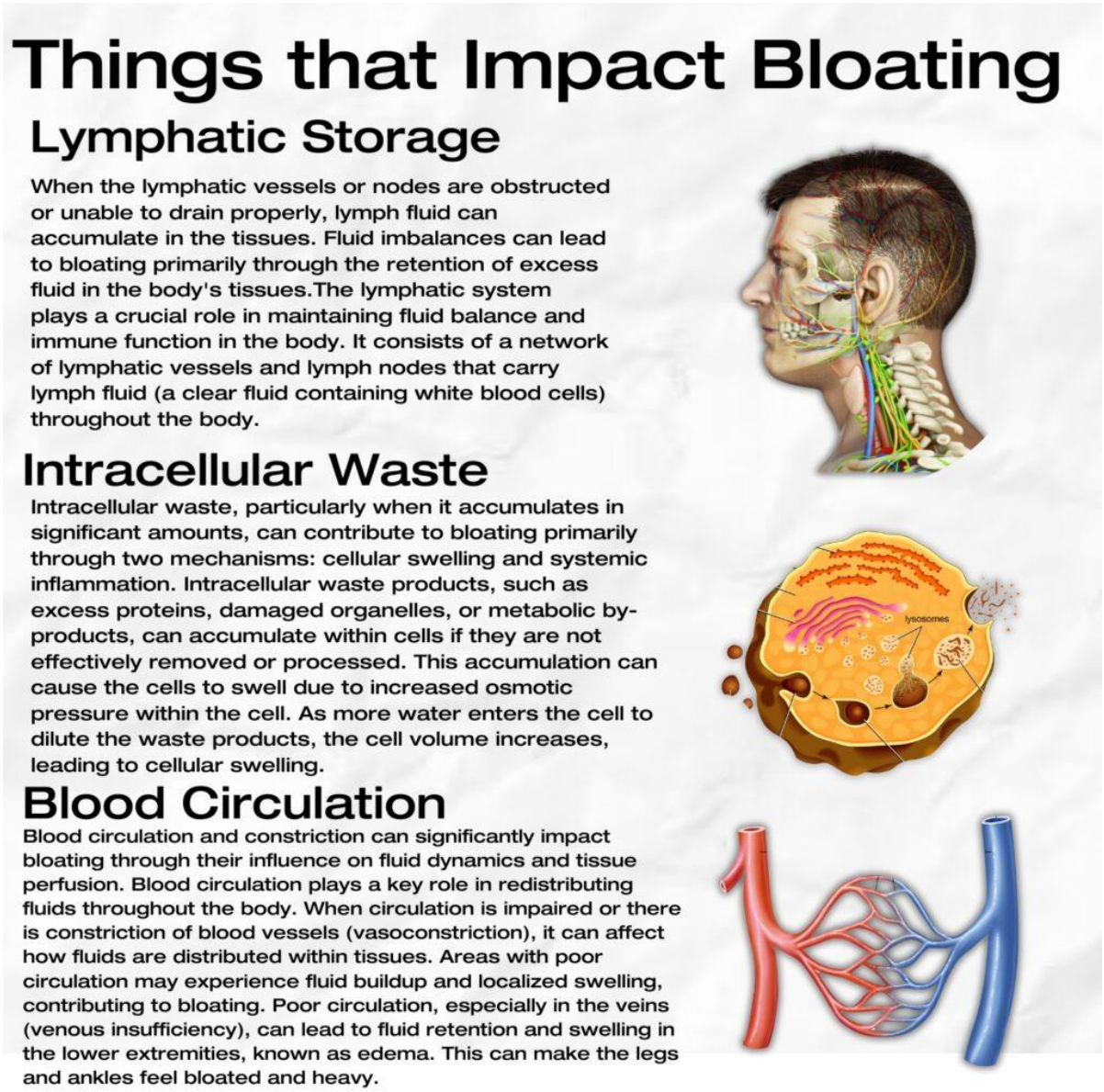
Primal Revolution: Debloating Protocol

Debloating your face goes far beyond merely body fat percentage.
Here are some things that can make your face look more bloated/fatter than usual:
Lymphatic retention/oil storage
Improper blood circulation, excess constriction
Water retention
Intracellular waste
Constricted fascia mobility
But how do we actually debloat our face?



Lymphatic congestion can lead to facial bloating through several mechanisms:

1. **Fluid Retention**: The lymphatic system plays a crucial role in maintaining fluid balance in tissues. When lymphatic vessels become congested or impaired, they may not efficiently drain excess fluid from tissues, including the face. This can result in fluid retention and swelling, contributing to facial bloating.

2. **Toxin Accumulation**: The lymphatic system helps remove toxins, cellular waste, and debris from tissues. If lymphatic drainage is compromised, toxins and waste products may accumulate in the tissues, leading to inflammation and swelling. In the face, this can manifest as puffiness or bloating.

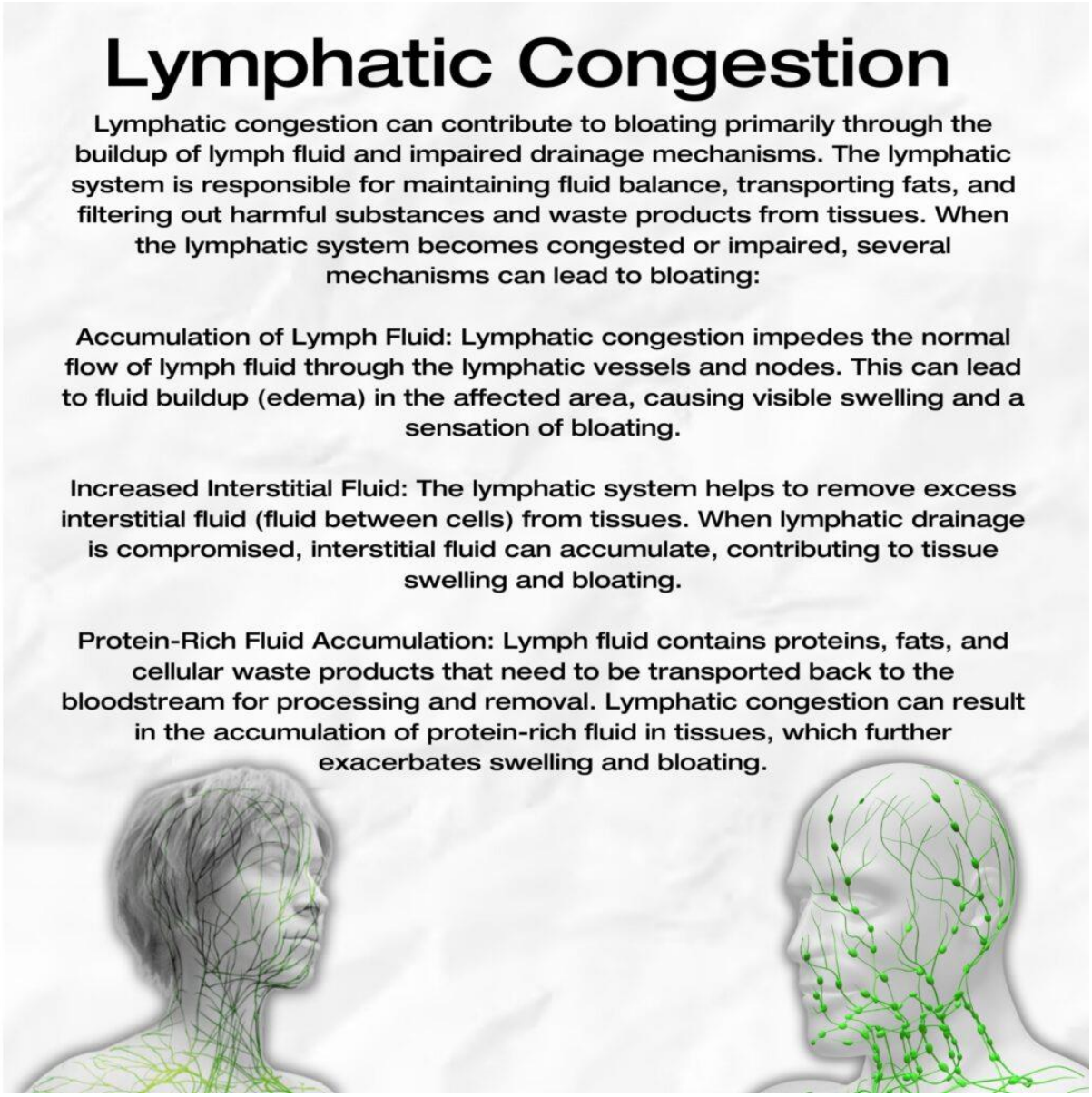
3. **Impaired Circulation**: Lymphatic congestion can affect blood circulation in the surrounding tissues. Reduced lymphatic drainage may impair blood flow, causing blood to pool in the capillaries and small vessels of the face. This stagnant blood can contribute to a swollen or puffy appearance.

4. **Inflammation**: Chronic lymphatic congestion can trigger an inflammatory response in the affected tissues. Inflammation can cause tissue swelling and fluid accumulation, further exacerbating facial bloating.

5. **Lymph Node Involvement**: Lymph nodes play a vital role in filtering lymphatic fluid and removing pathogens and waste products. When lymphatic congestion occurs, lymph nodes may become enlarged or inflamed as they work harder to clear lymphatic fluid. Swollen lymph nodes in the neck and face area can contribute to visible swelling and bloating.

6. **Poor Drainage of Facial Structures**: Specific to the face, lymphatic vessels are responsible for draining excess fluid from the eyes, cheeks, and jawline. Congestion in these vessels can result in puffiness around the eyes (bags under eyes) or swelling in the cheeks and jawline.

Overall, lymphatic congestion disrupts the delicate balance of fluid, waste removal, and immune function in tissues, leading to facial bloating through mechanisms of fluid retention, toxin accumulation, impaired circulation, inflammation, and lymph node involvement.



So how do we get rid of Lymphatic Congestion?

1: Improving Blood Circulation
– Constriction -> Circulation. Icing the face can act as a blood constrictor, when blood flow halts then starts, the round of blood will be larger than the original amount of blood, causing excess intracellular waste to be moved out of the face into other organs or to be detoxified out of the body.

You can also improve blood flow through:
– Pressure based fascial massages (not facial, FASCIAL)
– General massaging (gua sha, etc.)

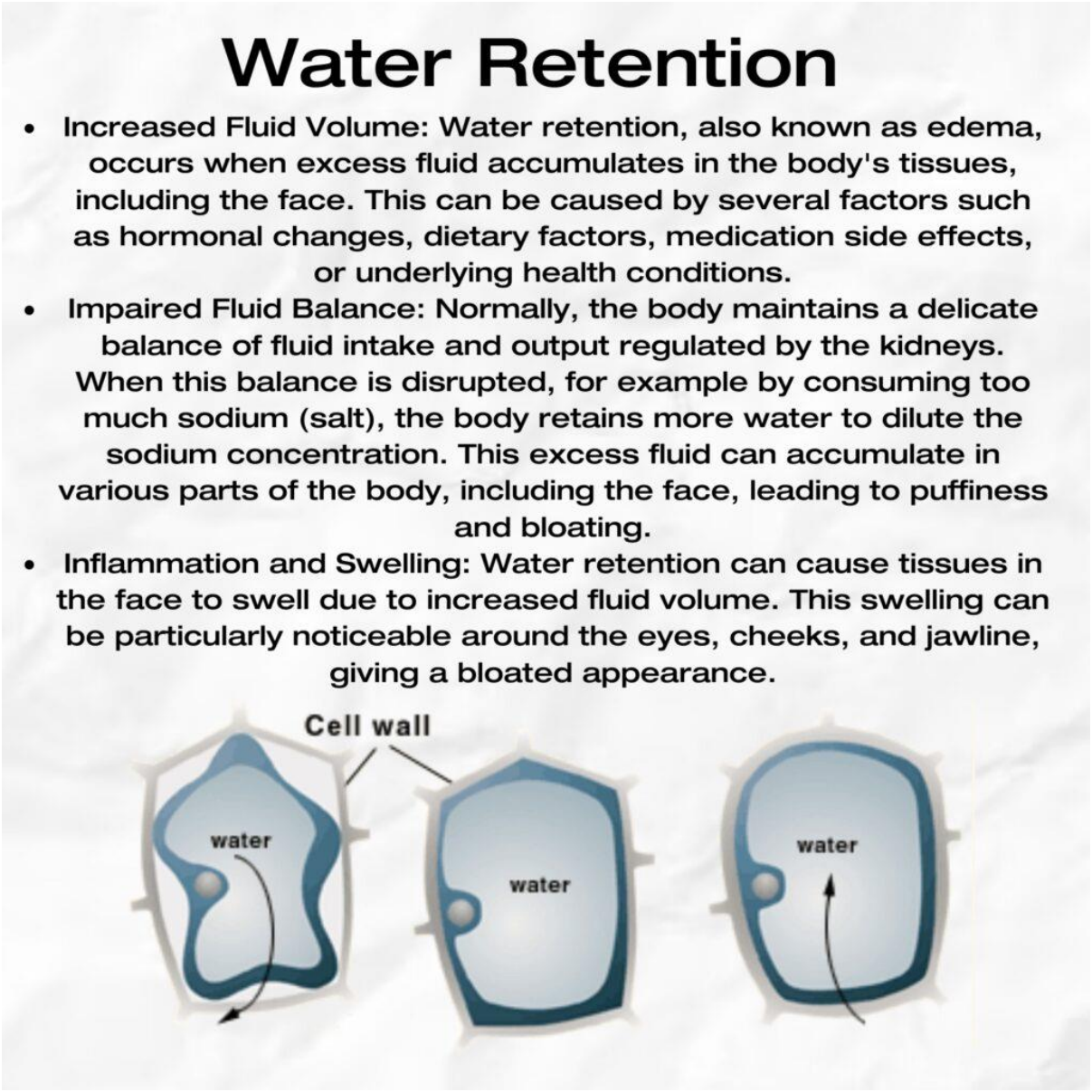
Another thing that impacts facial bloating is WATER RETENTION

(Please note, that everything is connected) EX:
Lymphatic congestion -> water retention -> excess intracellular waste -> impaired blood flow -> impaired nutrient delivery to the fascia -> constricted fascia mobility

Constricted fascia mobility -> stagnant blood flow/lymph fluids -> water retention

Impaired nutrient delivery from diet -> restricted fascia mobility

You can't simply address one issue and expect everything to be fixed, it is a whole approach. Primal Revolution is not liable for any losses or damages caused by this course. Legal Disclaimer sector : 674bbe367f3c8



To remove excess water retention, focus on:
Lymphatic decongestion (above)

Proper sodium otassium ratio:

A proper sodium-potassium ratio is crucial for maintaining fluid balance in the body, which can help reduce bloating. Here's how it works and how to achieve this:

1. **Fluid Balance**: Sodium and potassium are electrolytes that regulate fluid balance inside and outside cells. Sodium tends to draw water into cells, while potassium helps to expel it. A proper balance ensures cells maintain their optimal fluid levels, reducing overall water retention and bloating.

A 2:1 sodium/potassium ratio is ideal.

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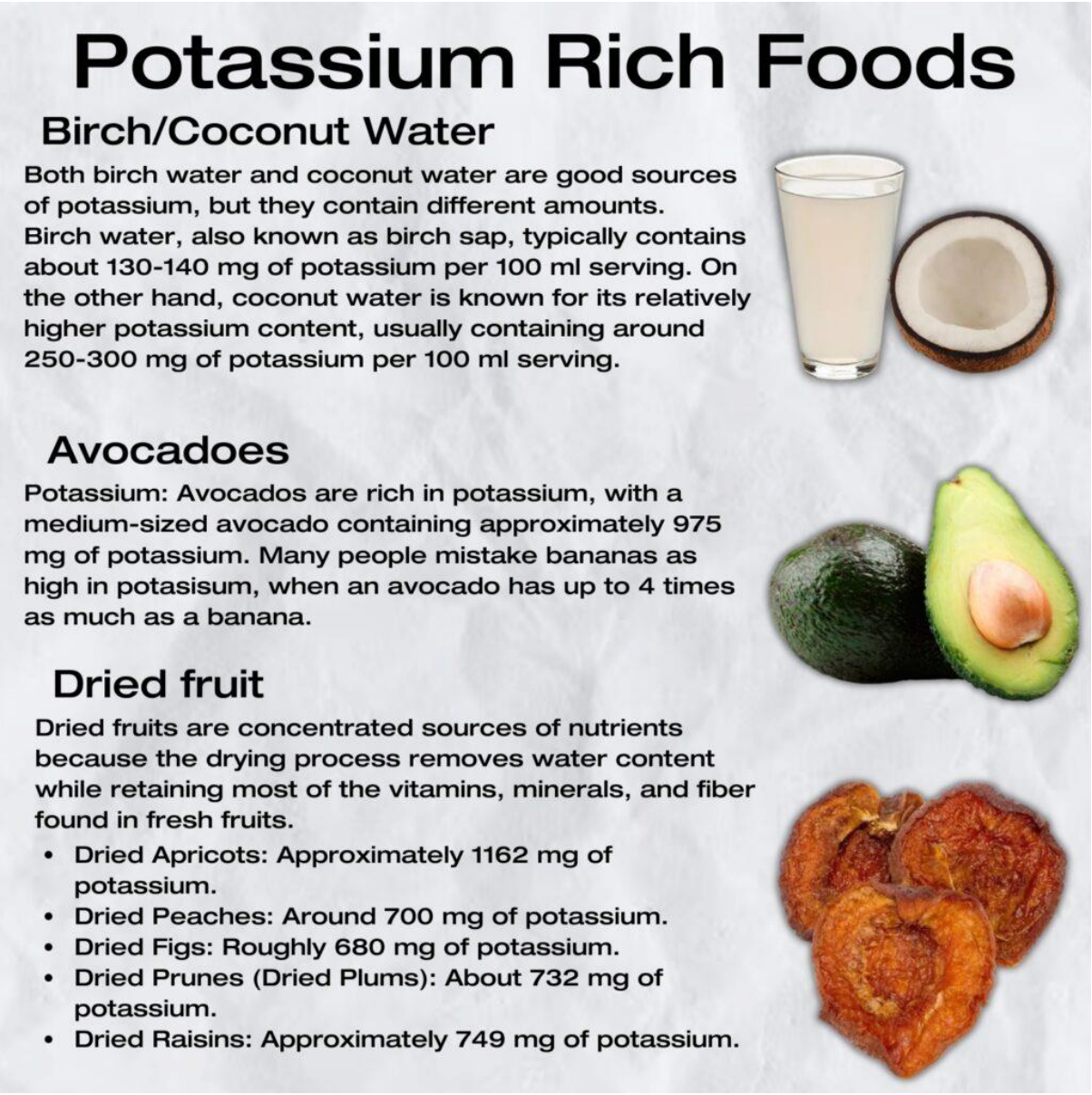
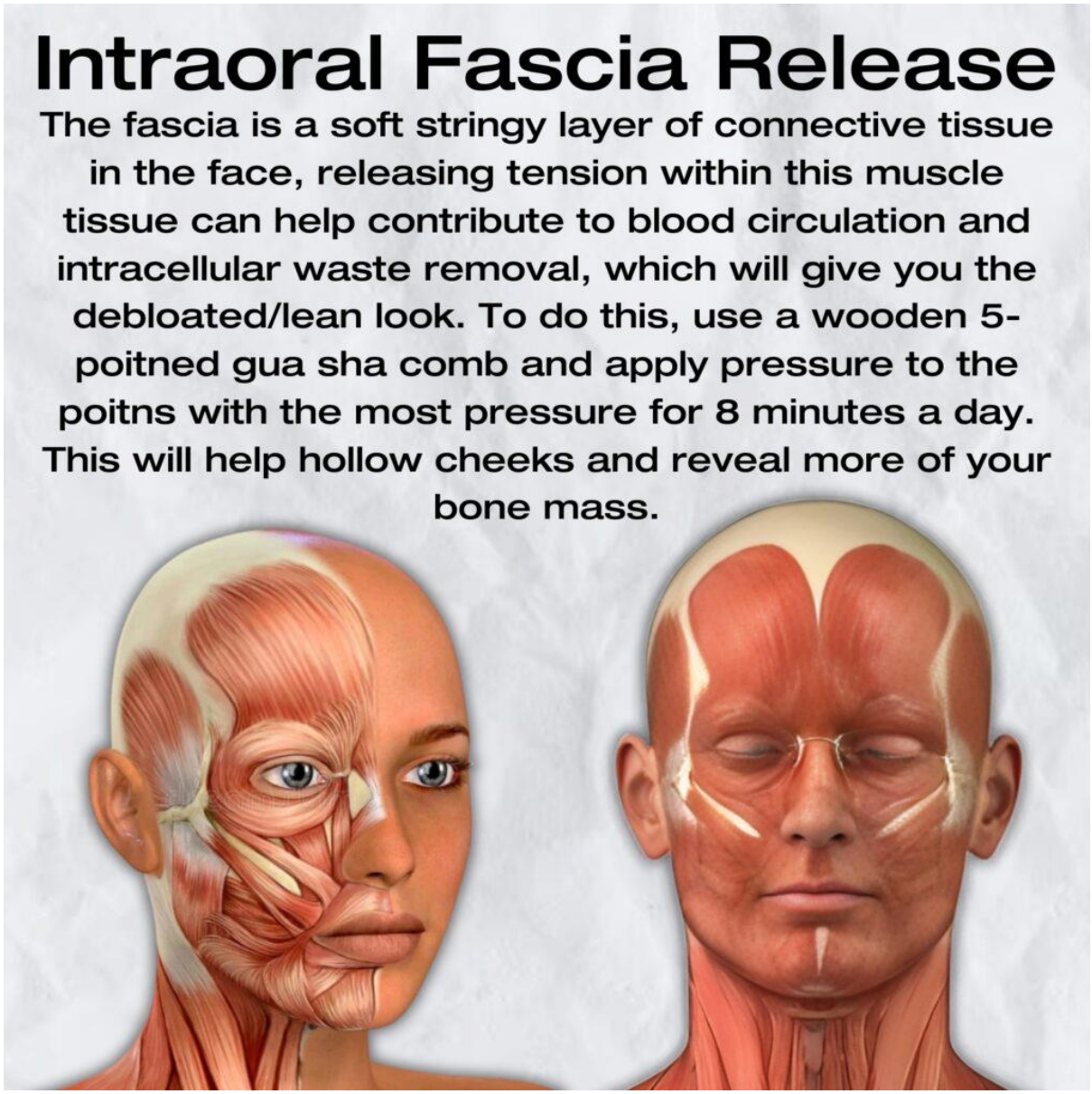


Now that we have covered water retention and and lymphatic congestion, we need to take care of constricted fascia mobility.

If you don't already know- the fascia is a thing stringy layer of connective tissue that wraps tightly around the skull.

A constricted fascia will lead to constricted blood flow, which will cause lymph fluid to build up and make your face bloated.

There are two ways of loosening the fascia, directly, and indirectly, the direct method below: Primal Revolution is not liable for any losses or damages caused by this course. Legal Disclaimer sector : 674bbe367f3c8



In multiple studies, a higher intake of saturated and monounsaturated fats lead to an increase in fascia mobility and decreased the amount of mechanical stress and tension within the fascia. Foods high in these fats are avocados, milk, cheese, yogurt, and a special bee secretion; royal jelly.

Consuming these foods on a daily basis, paired with fascia loosening exercises can help loosen your fascia and sutures leading to more blood circulation and less intracellular waste/lymph fluids.

Tongue Control

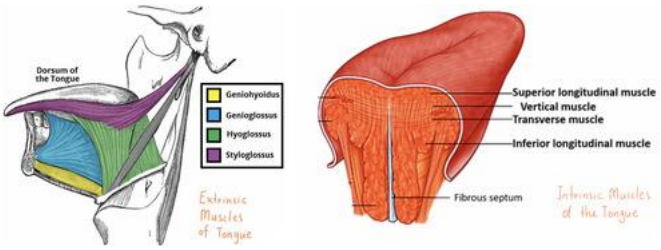
Having control over each muscle in your tongue is extremely important for proper mewing, especially while you are not conscious about it.

We will focus on strengthening the extrinsic and intrinsic muscles of the tongue.

1. **Intrinsic Muscles**:
    a. Superior longitudinal muscle
    b. Inferior longitudinal muscle
    c. Transverse muscle
    d. Vertical muscle
    These muscles are entirely contained within the tongue itself and are responsible for fine movements and shaping of the tongue.

2. **Extrinsic Muscles**:
    a. Genioglossus muscle
    b. Hyoglossus muscle
    c. Styloglossus muscle
    d. Palatoglossus muscle
    These muscles originate from outside the tongue and insert into it, allowing for broader movements such as protrusion, retraction, and side-to-side motion.

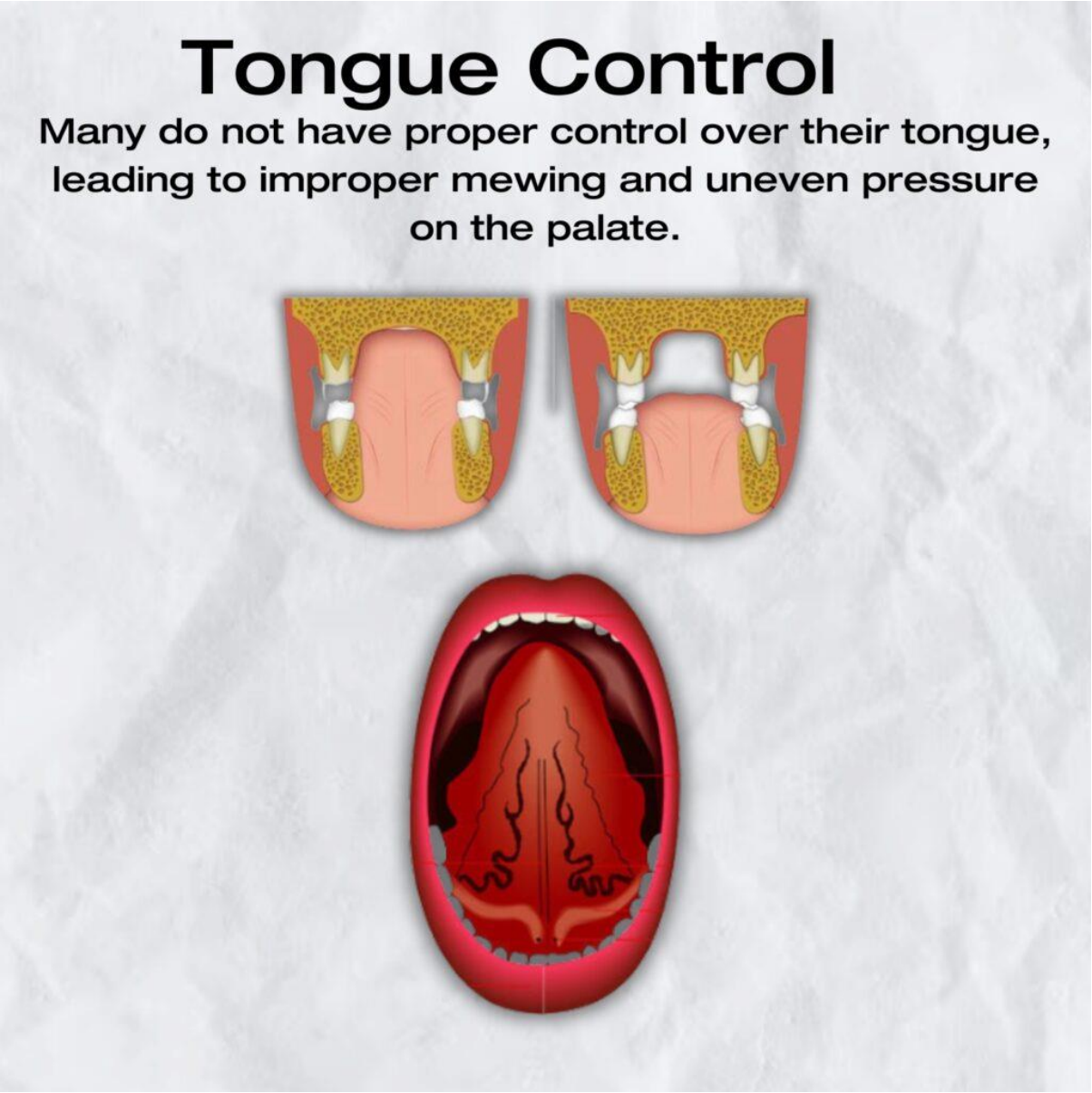
So, in total, the human tongue typically has 12 muscles: 8 intrinsic and 4 extrinsic. These muscles work together to give the tongue its remarkable range of movements and functions.



- **Tongue Press**:
    - **Muscles targeted**: Genioglossus, Hyoglossus
    - **Exercise**: Press the tongue against the roof of the mouth and hold for 5-10 seconds. Repeat 10 times.
- **Tongue Lifts**:
    - **Muscles targeted**: Styloglossus, Hyoglossus
    - **Exercise**: Press the tongue against the roof of the mouth and lift the tip towards the back of the mouth. Hold for a few seconds and repeat 10 times.

- **Tongue Side-to-Side**:
    - **Muscles targeted**: Superior longitudinal muscle, Inferior longitudinal muscle
    - **Exercise**: Move the tongue tip from one corner of the mouth to the other, touching the corners each time. Repeat 10 times on each side.
- **Tongue Rolling**:
    - **Muscles targeted**: Transverse muscle
    - **Exercise**: Roll the tongue upward and backward, touching the roof of the mouth. Hold for a few seconds and repeat 10 times.
- **Tongue Resistance**:
    - **Muscles targeted**: All intrinsic muscles
    - **Exercise**: Push the tongue against a resistance (e.g., a tongue depressor or your finger) in various directions (up, down, left, right). Hold for a few seconds and repeat 10 times in each direction.
- **Tongue Extensions**:
    - **Muscles targeted**: Genioglossus
    - **Exercise**: Extend the tongue as far as possible out of the mouth, hold for a few seconds, then retract it back into the mouth. Repeat 10 times.
- **Tongue Twists**:
    - **Muscles targeted**: Vertical muscle, Horizontal muscle
    - **Exercise**: Curl the tongue to one side, then to the other side, in a twisting motion. Repeat 10 times on each side.
- **Tongue Massaging**:
    - **Muscles targeted**: All muscles, promotes relaxation
    - **Exercise**: Use a tongue scraper or your finger to gently massage the entire tongue in circular motions. Repeat for 1-2 minutes.
- **Tongue Stretch**:
    - **Muscles targeted**: Styloglossus, Palatoglossus
    - **Exercise**: Stretch the tongue upward towards the roof of the mouth and hold for 10 seconds. Relax and repeat 5 times.
- **Tongue Rolling Resistance**:
    - **Muscles targeted**: Transverse muscle
    - **Exercise**: Roll the sides of the tongue against each other while applying gentle resistance with your fingers. Hold for a few seconds and repeat 10 times.
- **Tongue Tension Release**:
    - **Muscles targeted**: All muscles, relaxation exercise
    - **Exercise**: Stick the tongue out as far as possible, then relax it completely. Repeat 10 times.
- **Tongue Chewing**:
    - **Muscles targeted**: Hyoglossus, Genioglossus

- **Exercise**: Place a soft object (like a gum or a piece of silicone) between the tongue and the roof of the mouth. Chew gently and slowly, focusing on the tongue movement. Repeat for 1-2 minutes.



These exercises train EVERY muscle in the tongue, but if you know specifically that you have issues in certain area, you can choose to only do those respective exercises.
The most important exercise of them all would be side sweeps, as they target most of the tongue and the root of uneven mewing.

Control over your tongue = control over mewing, swallowing, and breathing.

Mewing will not change your skull, but it acts as a natural retainer that prevents your upper palate from shifting.

Proper swallowing is engage your neck and tongue, without engaging the lips and cheek (described in the PM method)

Aysmmetrical Mewing

The correct technique requires both sides of your tongue to put pressure on the palate equally. When one side of the tongue is more engaged, it is considered asymmetrical

mewing. It can cause the dominant side of the face to develop better.
You should be careful about practicing if your tongue pressure isn't properly balanced.
Use a mewing device or chewing gum and place it on the palate on the weaker side. Stick it just behind the first molar and lift the tongue. You will immediately feel how the tongue reacts to a foreign body and pushes harder against it.
Practice it for 20 – 30 minutes a day.
There are two types of asymmetrical mewing. Type one involves the tongue being tilted towards one side, with more pressure on that side. Type two appears symmetrical but has more pressure on one side. Almost everyone does some form of asymmetrical mewing, but we want to minimize it to improve facial symmetry.
Determine the problem

1. Tongue touching the other side

Determine which side of the tongue is dominant. To do this, observe which side you chew more on, as this indicates the stronger side of the tongue. Alternatively, use a mirror to check for asymmetry or touch the masseter muscles to feel for which side is stronger. Relax your facial muscles, close your mouth, and focus on the tongue posture to determine the dominant side. You can also swallow saliva to feel which side you use more.

2. Unbalance tongue pressure

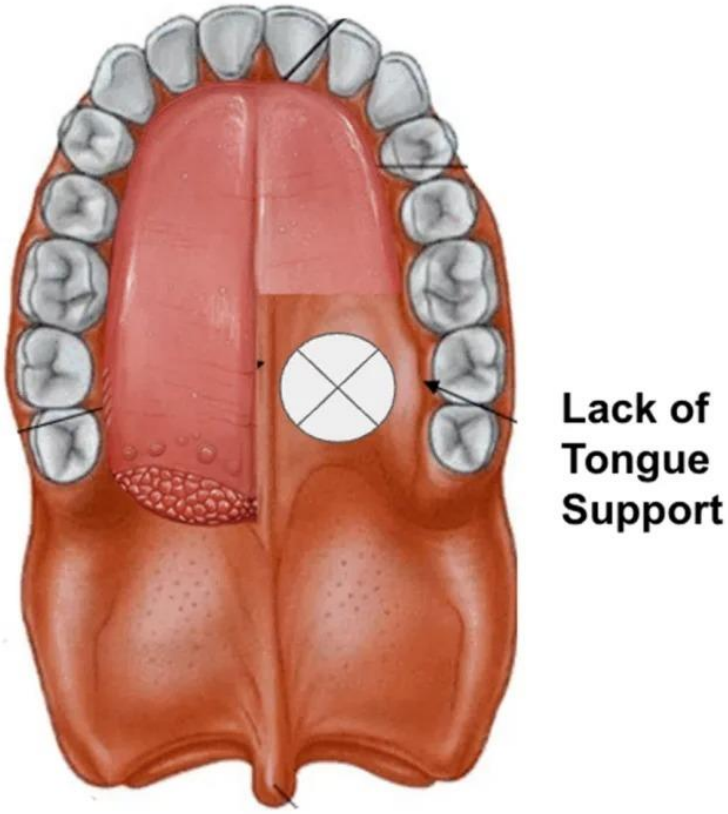
Intentionally make the less dominant side of the tongue more asymmetrical. In the example given, the dominant side is identified, and the less dominant side should be tilted slightly to increase the weight on that side. This can be achieved by intentionally tilting the tongue or using saliva swallowing.

1. Find out which side is dominant

I know it can be difficult to grasp, but once you understand which side of your tongue is dominant, the rest should make sense. First, determine which side of your tongue is stronger. In my case, it's this side. Then, intentionally tilt the tongue towards the non-dominant side, and swallow slowly to bring it back to the center.

2. Try to balance the tongue pressure

Intentionally tilting the tongue towards the non-dominant side with more weight and pressure, and gradually balancing the tongue pressure by consciously maintaining a centered tongue posture during slow saliva swallowing can help in achieving an asymmetrical and balanced tongue, as explained in the above messages.



Myospots are small, adhesive pads which are used to promote a habitual raised tongue posture by providing a nice tasting surface that slowly dissolves after about 50 minutes. In this time, your tongue receives 50 minutes of tongue elevation and strengthening. Healthy tongue elevation, where the tongue rests against your palate, promotes nasal breathing because it becomes very difficult to breathe through your nose.

Using myospots can easily help with mewing in general and specific types of mewing issues.

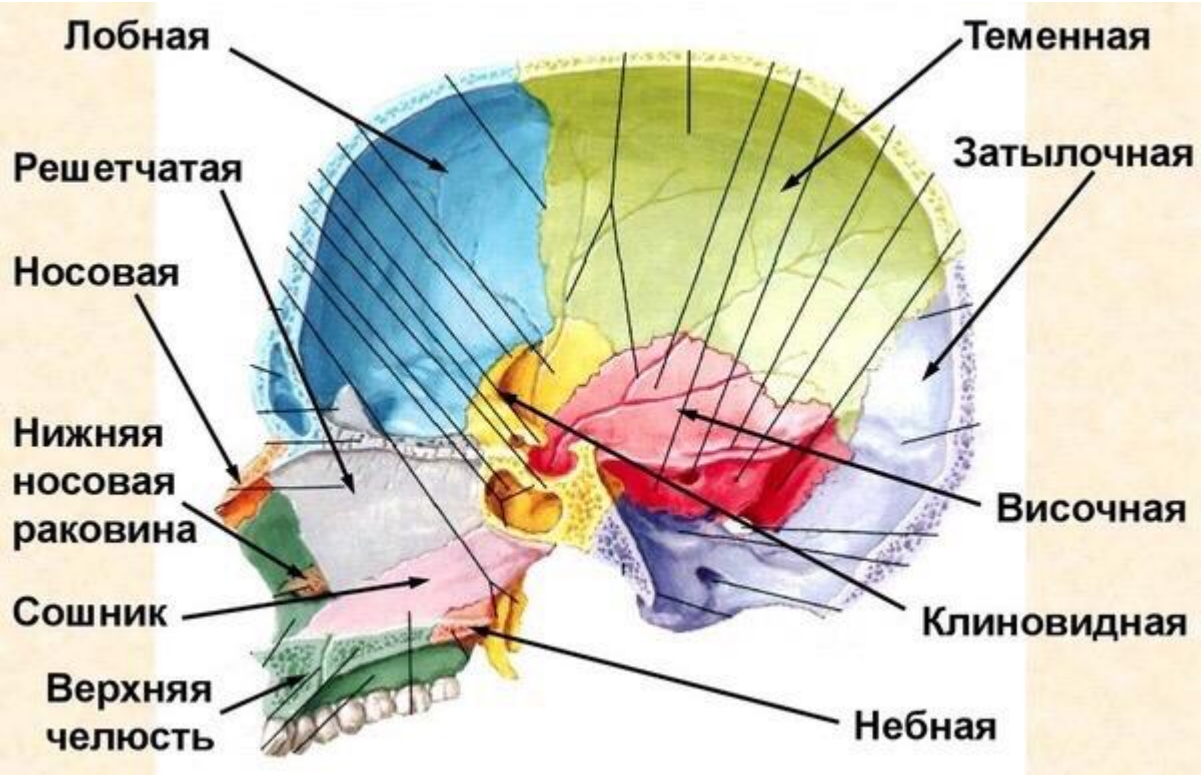
Reccomended brand:

Aysmmetrical Face Protocol

If you're encountering this information for the first time, you've likely come across various approaches to correcting facial asymmetry, such as massage, facial exercises, fillers, and even costly plastic surgeries. However, these methods primarily address muscles and skin, without addressing the root cause of asymmetry—our facial bone structure. The good news is, we have the ability to alter it.

This happens due to the movable sutures that connect the bones of our skull (including its front part). And these sutures are movable to a ripe old age! But before we move on to how facial asymmetry is formed, and how to fix its three main types with interesting examples of the faces of living people, let's very briefly see which bones are the most important in the formation of the structure of our face

Our skull has 28 bones. The key bones in this cranial system of ours are considered to be the sphenoid bone and the occipital bone. By the way, the sphenoid bone is located immediately behind the central bones of our face *(here in the diagram it is indicated in yellow, and the occipital, by the way, in purple)*:



And this is how these two important bones look if we select them from the general diagram:

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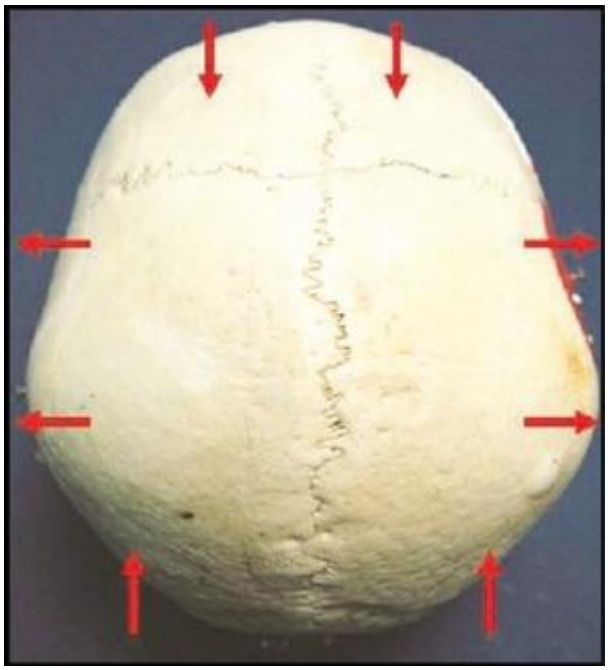
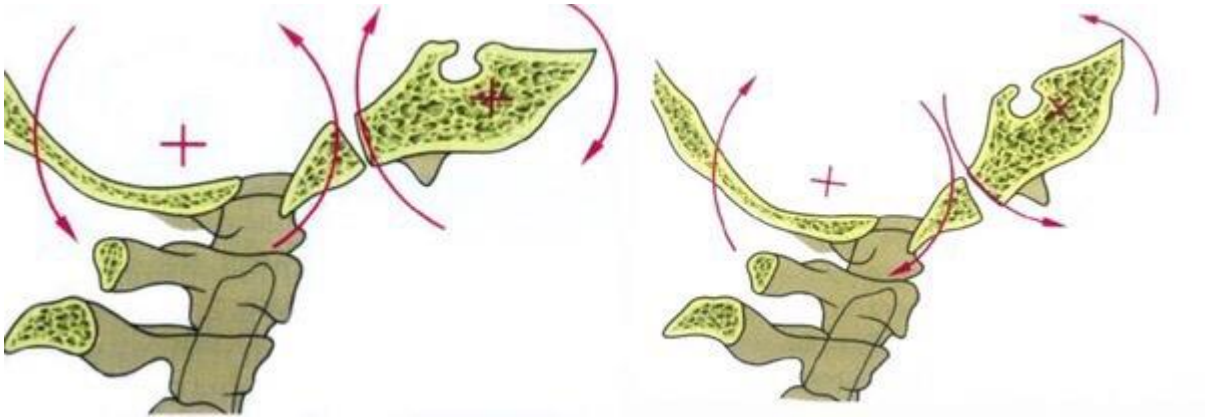
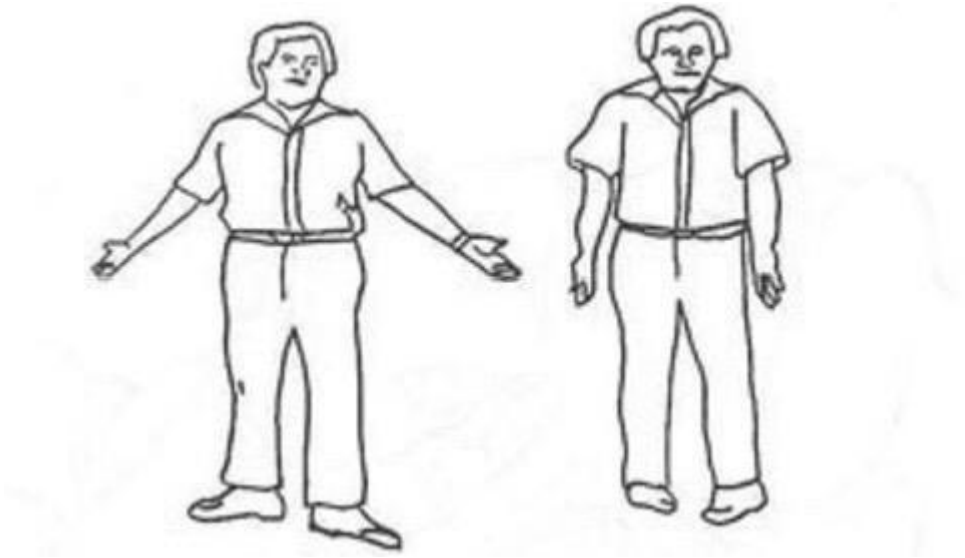
The sphenoid bone connects to the occipital bone through the so-called sphenobasilar symphysis. It is a kind of articular joint, in which the fixed ends of the bones are connected by cartilaginous tissue.



Our skull “breathes”, and in this “breathing” there are two phases: flexion and extension. These two phases can be schematically represented as follows:



Or, in simple terms, this process of expansion-contraction can be compared with the fact that the phase of flexion *(expansion)* corresponds to inhalation in a person, and the phase of extension *(contraction)* corresponds to exhalation:



The sphenobasilar symphysis constitutes the base of our skull, and it is it that, depending on the position of the sphenoid and occipital bones relative to each other, determines the direction of the spine from behind and the shape of our face in front! We got a little "grounded" – and now it will be easier for us to make out three types of facial asymmetry, and these are: *1) lateral strain*, *2) torsion* and *3) side-bending rotation*.

Let's look at our sphenoid *(blue arrow)* and occipital *(red arrow)* bones one more time from this side:

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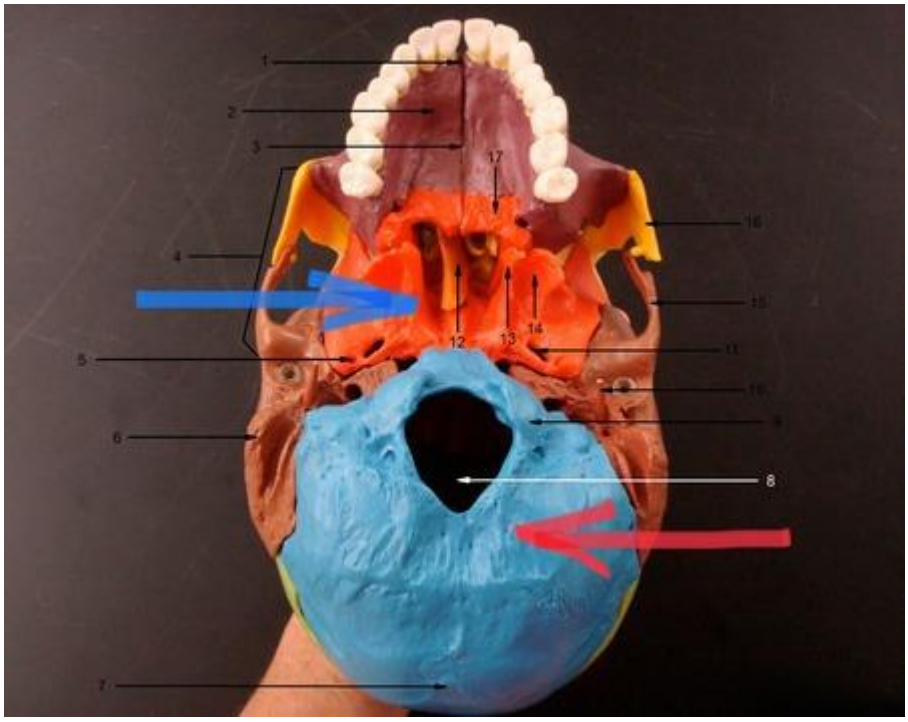
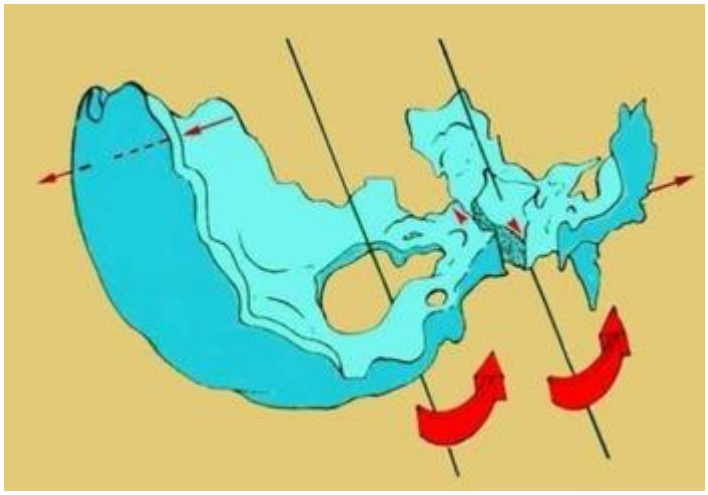
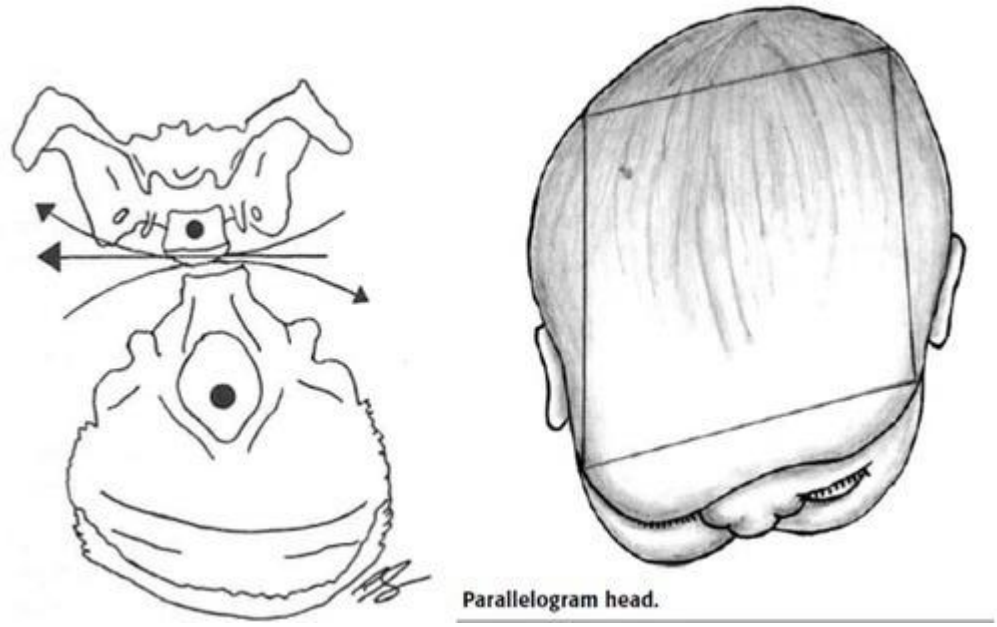


In the case of lateral strain, these two important bones are displaced relative to each other like this:

Namely – their displacement occurs around two parallel vertical axes. Moreover, the rotation of the bones around these two vertical axes occurs *in one direction*:

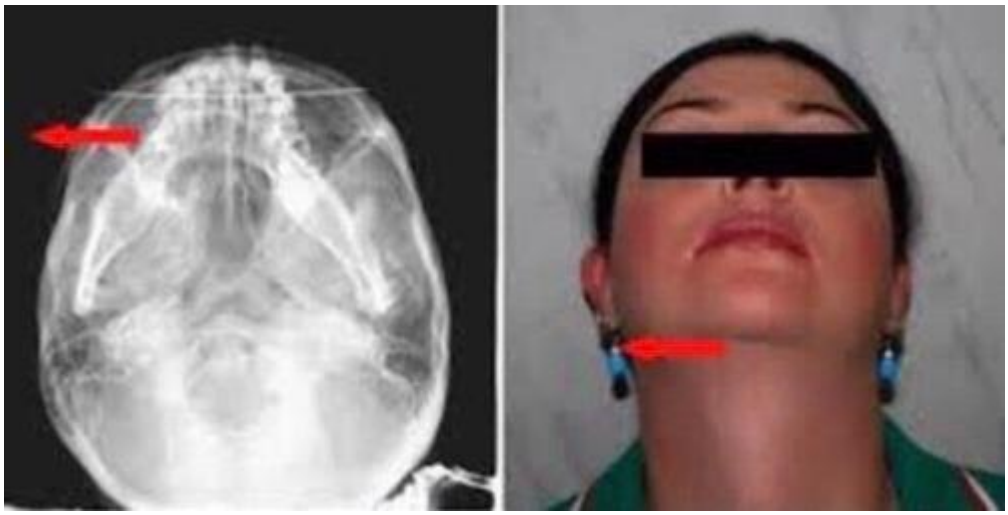


In simple terms, the front of the skull with such a distortion is displaced in one direction, and the back is in the other *(below we will see an example on an X-ray)*. And, roughly speaking, from above the head of such a person will look like a parallelogram *(not so scary, of course)*:



Therefore, there on one side of a person, his profile will look wider and more voluminous *(the cheekbone and cheek on this side will be more convex)*, and on the other side, the face in profile will be much narrower and "flatter" *(as in the photo of the guy below)*. Moreover, by about thirty and later on the narrower side, a long vertical wrinkle is usually laid behind the ear.

Looking at the following X-ray photo, it is easy to understand why this is happening, because the front half of the skull *(the front part)* really shifts significantly to one side, and the back of the skull to the other, forming a real "wrap" in the musculocutaneous layer:



We can replicate this in our own skull through
– Interoral/extraoral facepulling techniques
– Suture loosening
– Fascia lubrication

Which we've already gone over in this course.

Other than that, there are a few things that will come in handy.
– Sleeping on your back (this WONT fix an uneven face, but it acts as a preventative measure to keep it from getting worse)
– Debloating (uneven distribution will be removed)

(Many people think it's actually fat, but as described in the debloating module, it is usually lymph fluid and intracellular waste that makes your face look uneven.

For example, if you have uneven zygomatic bones, (or at least you think you do) it is most likely the lymph fluid or other waste/bloating material. Uneven zygomatic bones are nearly impossible as your eyes wouldn't function properly.

There is a special technique we can do to fix MOST asymmetry, I will include a large thread on this in the Private Discord.

Full Body Connections: Posture

A forward head, shoulders raised up, a stoop, a belly thrown forward, even if a person is young and thin enough – this is a very common problem these days. There are a lot of theories in modern society that explain the causes of poor posture and inharmonious body position – from a sedentary lifestyle, sitting most of the day, excessive use of mobile phones to psychological manifestations. However, the underlying real cause of these posture problems is rarely mentioned. What is this reason, and how to deal with it in a biomechanical way – we will try to figure it out in this module.
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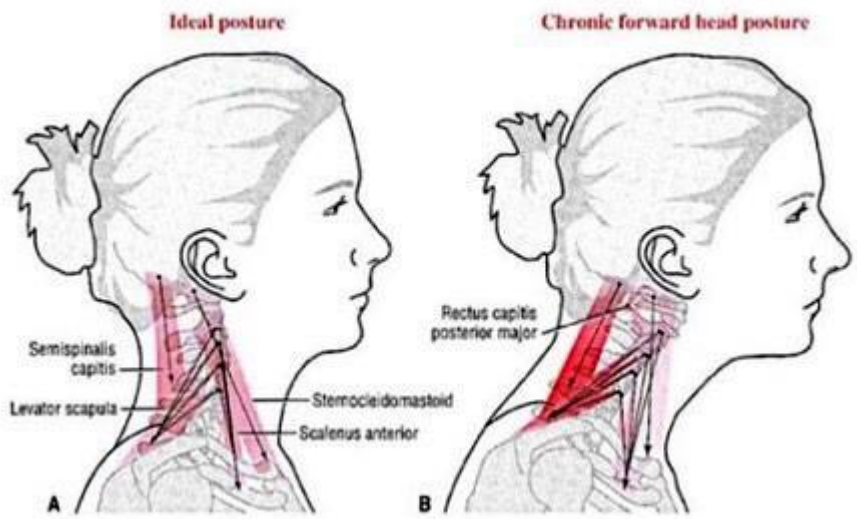
You are looking at this picture for a reason. But we will analyze it a little later. In the meantime, let's figure out why in recent decades in Western society the number of people

with a weak body structure and a forward head has increased. By the way, many are looking for ways to solve this problem, mainly for aesthetic reasons, forgetting that beauty is, first of all, health.

This is because a forward head is the inability to hold the skull on the vertical axis of the body, and for every centimeter that the head falls forward *(when it is not sufficiently balanced with the body)*, the entire structure must cope with an additional two kilograms of weight *(the weight of the skull)* that must be compensated. In this case, the load falls on the muscles of the back and neck, which begin to work as a counterweight to compensate for the displacement of the head from the vertical axis of the body. In this chronic stress, the muscles in the back and neck are exposed to excessive stress. This leads to a decrease in neck mobility, muscle pain, migraines, tension headaches, changes in the structure of the cervical vertebrae and compression of the vertebral artery with all the ensuing consequences for cerebral circulation.



But where is the trigger that moves the head off the vertical axis of the body? In modern medicine, this forward displacement of the head is called cervical lordosis, and many doctors consider it to be caused by weakness of the muscles of the body *(due to which, in their opinion, changes in the cervical vertebrae appear)*, chronic stress, or even emotional trauma of childhood manifested in muscle tension. As a treatment, a person is encouraged to strengthen these muscles with special exercises, relax with massages, do manual therapy, “learn relaxation”, “not be nervous” and generally work out his childhood traumas with a psychotherapist, as well as constantly remind himself and “keep his posture” by an effort of will.

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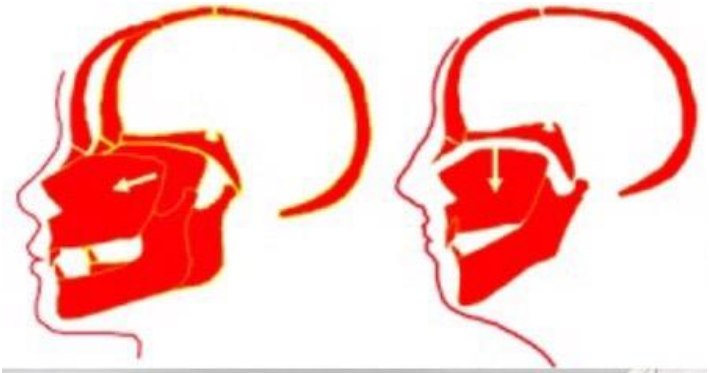
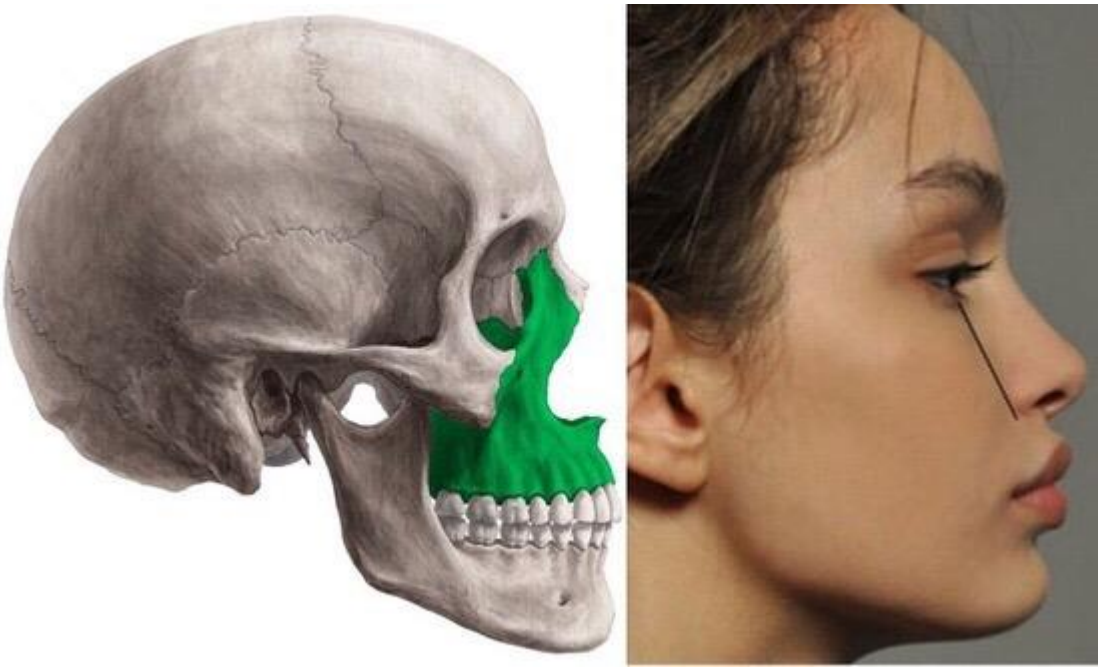
Surely, you have already tried it all and felt all the “effectiveness” of such measures. In search of the real reasons for lowering the head forward, we will try to turn to studies that have been carried out for at least a couple of decades in different countries of the world by thoughtful and observant orthopedists, posturologists, osteopaths, dentists, craniodontists and doctors of other fields. First of all, they draw the attention of medicine to the fact that it has already forgotten: the human body is a single integral system, where one element depends on another and interacts with it. Therefore, these doctors look at body structure from a broader perspective.



The biomechanism that is supported on the last cervical vertebra atlas by a dynamic mandibular system. Support from the front turns out to be in the phase of complete closing of the teeth, when we carry out a swallowing movement *(which we involuntarily perform up to 2000 times a day)*. At this moment, the "imprint" of the position of the lower jaw is transmitted to the underlying structures of the body through the hyoid bone and a complex system of muscles in the anterior part of the neck. Therefore, the correct position of the lower jaw in three planes is the key to a healthy spine and vertical head position.



With a horizontally developed maxilla *(moved forward and upward)*, free movement of the lower jaw in all directions is provided. If the maxilla is pulled down and pushed back *(vertical development)*, it blocks posteriorly and the mandible. And the lower jaw pushed back, as you know, starts the inevitable process of lowering the head forward and changes in the cervical spine, starting with the first cervical vertebra of the atlas. This can be seen schematically in the image below:

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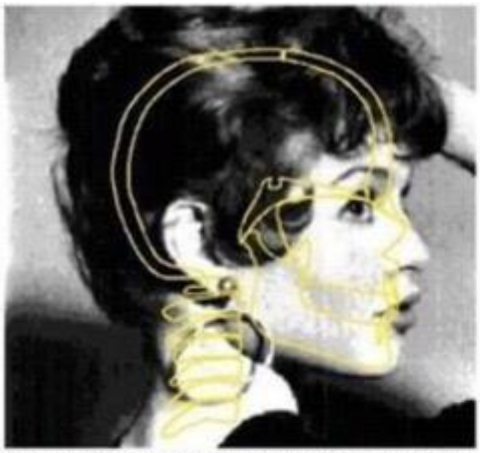
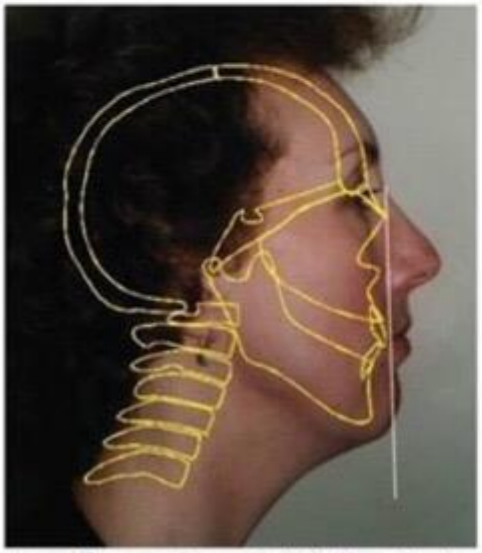


Note the SN plane is nearly horizontal and the cervical spine upright.



Her profile superimposed. Note how she has tilted her head to keep her face vertical.

The skulls from figure II/8 superimposed on 'FN' (the frontal bone).

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If the maxilla does not receive this constant force of application of the tongue from the inside, then gradually it descends back and inward. This process of lowering the maxilla in modern humans is exacerbated by the lack of a sufficient amount of tough solid food that our ancestors ate. As we have already seen, the downward maxilla gradually locks posteriorly and the lower jaw. And this process leads to an ever greater lowering of the head forward. Now you understand what the first picture with Brad Pitt and Edward Norton was brought to, where they played together in the movie "Fight Club".

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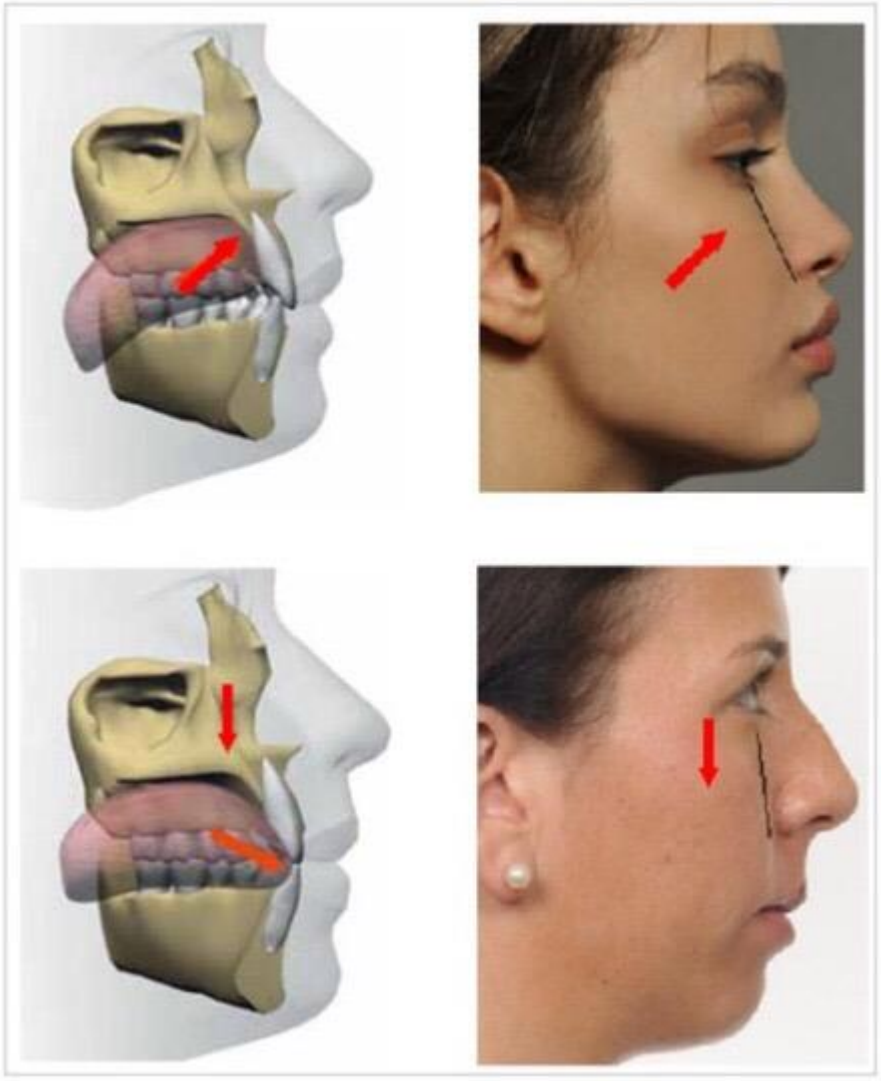

Look at the picture again – notice Brad Pitt's horizontally extended, forward and upward maxilla, which allows his lower jaw to be in a forward horizontal position, which keeps his head upright, creating excellent posture. And compare with the facial development of Edward Norton – he has an extended downward, moved back maxilla, a posteriorly blocked lower jaw, and, as a result, a forward head and a corresponding "stooped" posture. You can see the same thing in the photo of American pin-up girls of the sixties – all the difference in their body structure comes precisely from the difference in their facial development – the horizontal position of the central bone of the face, or the vertical stretched downward.

The Surprising Connection Between Your Jaw, Bite, and Posture

When we think about posture, we often focus on the position of our spine and the tightness or weakness of our muscles. However, there's another crucial factor that can significantly influence our posture and movement: our jaw and bite. The position of our jaw and the alignment of our teeth can have a profound impact on our overall posture, movement patterns, and even our sense of balance and stability.

Sensory Receptors and Body Awareness

Our body is equipped with sensory receptors that help us understand where we are in space, what's touching what, and how we need to organize our body to move effectively. These receptors are found throughout our body, including in our skin, muscles, and joints. In our teeth, we have specialized receptors called periodontal ligaments that help us sense the position of our jaw and teeth in relation to our skull and the rest of our body.

The Homunculus and Somatosensory Cortex

The homunculus, a visual representation of our somatosensory cortex, shows that a significant portion of our brain is dedicated to processing sensory information from our teeth, jaw, lips, and cheeks. In fact, 45% of our somatosensory cortex is devoted to these areas, highlighting the importance of our jaw and bite in our overall motor and sensory function.

The Role of Molars in Sensing the Ground

Our molars, or back teeth, play a crucial role in helping us sense the ground beneath our feet. This is because the maxilla (upper jawbone) and mandible (lower jawbone) rotate slightly when we shift our weight, allowing us to sense the ground more effectively. This interplay between the maxilla and mandible is essential for maintaining balance and stability.

Studies on Jaw, Bite, and Posture

Numerous studies have investigated the relationship between the jaw, bite, and posture. One study found that introducing a malocclusion (poor bite pattern) in individuals without one led to significant changes in foot pressure. Another study discovered that individuals with scoliosis were more likely to have temporal mandibular dysfunction (TMD) and poor occlusion. Other studies have found correlations between crossbite and asymmetric spine positions, as well as between TMD and postural abnormalities.

The Impact on Movement

The jaw and bite don't just affect our posture; they also influence our movement patterns. Research has shown that individuals with significant malocclusions tend to spend less time on the ground during gait, and have less stable movement patterns. On the other hand, improving the position of the jaw and bite can lead to increased running symmetry and more efficient movement.

Exercises for Improving Jaw and Bite Alignment

Fortunately, there are exercises and interventions that can help improve the alignment of our jaw and bite. One exercise involves gently pushing the jaw to one side while resisting the movement with the fingers. This isometric contraction can help improve awareness and sense of stability on the affected side. Another exercise involves pressing the chin back with two fingers, again using an isometric contraction to improve jaw alignment.