



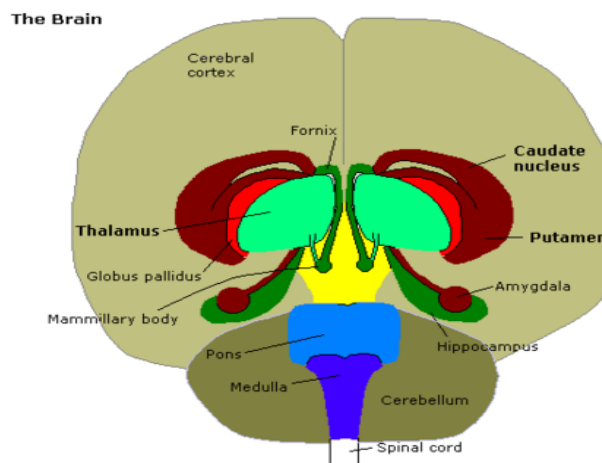
## WHAT IS CONTROLLING YOUR RESPONSES, Impulsive-BEHAVIORS?

Why we cannot remember TRAUMAS, FEAR the triggers of our emotions and behavior?

### THE TWO PATHWAYS OF FEAR / BEHAVIOR

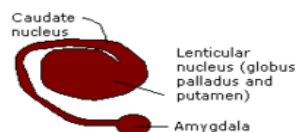


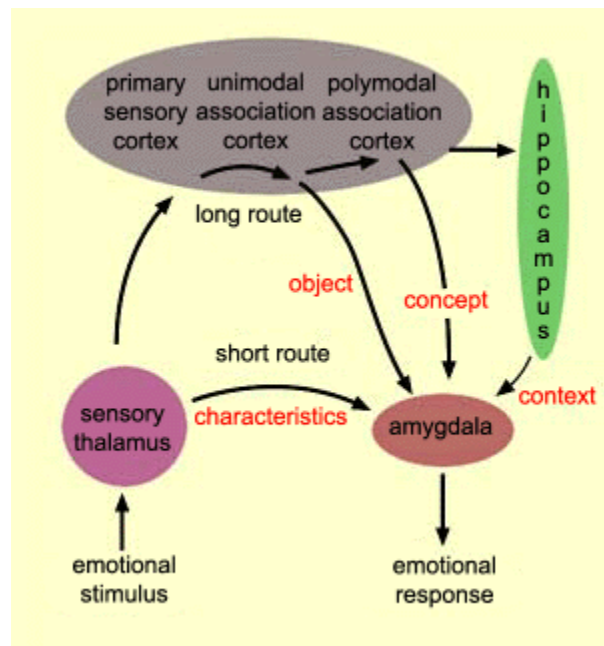
When the brain receives a sensory stimulus indicating a danger, it is routed first to the thalamus. From there, the information is sent out over two parallel pathways: the thalamo-amygdala pathway (the “short route”) and the thalamo-cortico-amygdala pathway (the “long route”). The short route conveys a fast, rough impression of the situation, because it is a sub-cortical pathway in which no cognition is involved. This pathway activates the **AMYGDALA**, {YOUR BRAINS AUTOMATIC DEFENSE SYSTEM} which, through its **central nucleus**, generates emotional responses before any perceptual integration has even occurred and before the mind can form a complete representation of the stimulus.



The brain as viewed from the underside and front. The thalamus and Corpus Striatum (Putamen, caudate and amygdala) have been splayed out to show detail.

#### Corpus Striatum





Subsequently, the information that has travelled via the long route and been processed in the cortex reaches the amygdala and tells it whether or not the stimulus represents a real threat. To provide this assessment, various levels of cortical processing are required.

### WHY IMPULSIVE BEHAVIOR:

The various sensory of the perceived object are processed by the primary sensory cortex. The unimodal associative cortex provides the **amygdala** with a representation of the object.

At an even higher level of analysis, the polymodal associative cortex conceptualizes the object and also informs the amygdala about it.

This elaborate representation of the object is then compared with the contents of explicit memory by means of the hippocampus, which also communicates. It is your memory control center that **TRIGGERS** the defense control center, over the course of your life, setting off the **amygdala**.

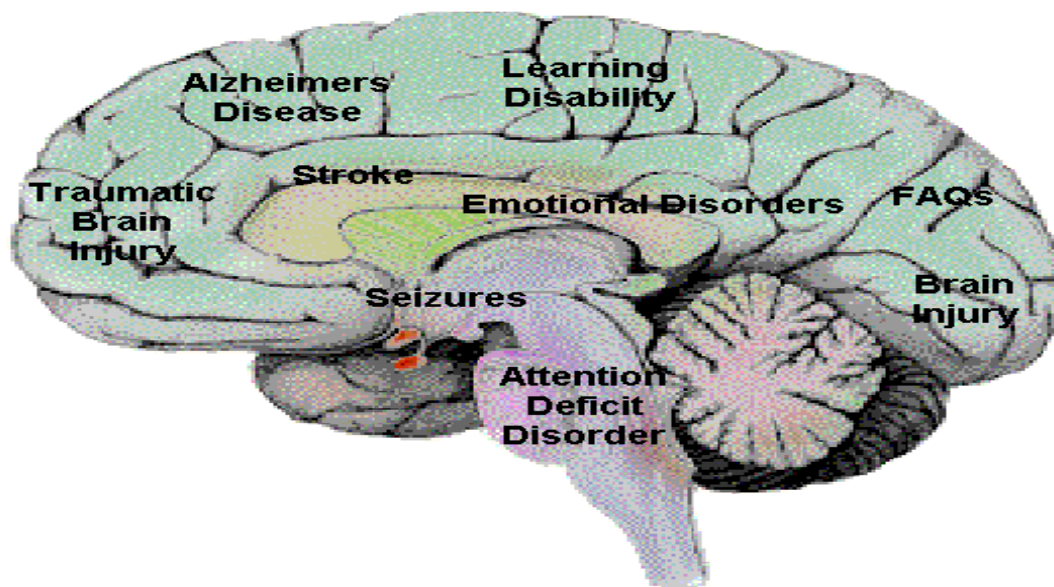
The hippocampus is the structure that supports the explicit memory required to learn about the dangerousness of an object or situation in the first place. The hippocampus is also especially sensitive to the encoding of the context associated with an aversive experience. **It is because of the hippocampus that not only can be a stimulus, it becomes a source of conditioned fear. Often set off by objects surrounding it and the situation or location in which it has occurred.**

The imminent presence of a danger, then performs the task of activating the amygdala. This discharge activates the efferent structures responsible for physical manifestations of fear, such as increased heart rate and blood pressure, sweaty hands, dry mouth, and tense muscles {a panic attack}. This is how it functions:

The **amygdala sends impulses** to the hypothalamus for important activation of the sympathetic nervous system, to the thalamic reticular nucleus for increased reflexes, to the nuclei of the trigeminal nerve and facial nerve for facial expressions of fear, and to the ventral tegmental area, locus coeruleus, and laterodorsal tegmental nucleus for activation of dopamine, norepinephrine and epinephrine

Because both of these systems are activated by the same memory indexes, we do not realize that they are actually specialized. There are many functions interrelated with behaviors, effective treatment is generally found in the process of testing and treatments by experienced doctors in this specialty field.

The parallel operation of our **explicit** (hippocampus) and **implicit** (amygdala) memory systems explains **why we do not remember traumas experienced very early in our lives**. Early childhood traumas can disturb the mental and behavioral functions and become emotionally controlling in adults. Gentle persistence, and integrated therapy can aid in bring out the trauma moving the thought to the **PF-cortex** where logic and reasoning will apply and normalize the thought-feeling, **thereby not exciting the amygdala, fear, defense and (fight-flight) reactive behavior**.



Today, universally, we know the different parts of the brain that control different behaviors. We know that the hippocampus and amygdala are our first line of defense [often underlying fear from inappropriate sexual encounters] and are instrumental in setting up eating disorders, personality disorders, panic attacks and our various other emotional behaviors.

SPECT- brain photos and QEEG-scans clearly identify functional conditions and disorders. We can see brain conditions and functionality (what type of ADD, triggers) and why you may experience: Panic Attacks PTSD, Anxiety Disorders , PAIN, ADHD, Bipolar, Eating disorders, Borderline Personality Disorders~PTSD, compulsive sex, gambling disorders and other compulsive addictions and behaviors that lead to self medicating with drugs, alcohol or compulsive reactions (fight or flight, mood disorders). These conditions can result in physical and mental debilitating PR-cortex effects (memory, logic, reasoning) and as life progresses premature-dementia.

Through new advanced technology, we can take the guess work out of knowing the areas directing the behavior and with technical measurements identify functionality. Experienced doctors can identify the triggers and treat the underlying causes which result in changing your life and provide you with many life rewarding benefits. Today you have choices and you can regain control of your life. Call for an assessment and details- 1.877-379-2273