The COMPLETE BOOK of Light FORCE Knockouts

And the dangers they present

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Based on the **QUAN LI K'AN** style of Martial Arts

By Bruce Everett Miller

WARNING

THIS BOOK IS FOR EDUCATION ONLY

Any Risks you take using the Material in this book or any Inner Circle materials is solely YOUR OWN Responsibility ONLY!

This book is contains information and techniques which are potentially disabling and/ or lethal.

This book is definitely not for children or the emotionally immature!

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IF YOU CAN'T LIVE WITH THAT THEN DON'T BUY THIS BOOK!

Don't EVEN READ IT!

The Complete BOOK
of
Light Force Knockouts

By

Bruce Everett Miller

I WILL SAY THIS AGAIN.
THE INFORMATION IN THIS BOOK IS DANGEROUS!

The ONLY Reason I am presenting/ putting this information out is because there is a great interest in being able to do this. AND it has become the Vogue magic trick of far too many putting on Demonstrations.

I believe that unless I also show HOW such knockouts are done, no one would read this book and learn of the dangers. So the method of this book [although maybe at risk of being dry] is to ensure that the reader knows the WHYS and the Dangers as they learn the how.

People that neither Know the dangers and or who REFUSE to acknowledge such, simply because it would steal their thunder. IMHO these people are both dangerous and despicable- putting their own gains above students that come to learn

Unfortunately too many people treat it as if it is some sort of MAGIC Trick.

My belief is that if I can present the WHOLE story ... both the how and the WHY NOT...people may listen to the danger warnings and not the charlatans that are trying to impress people and make money off of it. Yes this book was at one time SOLD... but besides not making any personal profit off of it [all profits went to QLK]. I only charged a fee try to keep this information out of the hands of kids/ [The same reason why my books never had fancy colors.] And you have NEVER seen me do a Knockout in any public demonstration. Just the opposite as I willing educate people of the dangers of brain damage from such. Both directly, and indirectly, from Knockouts.

However today there is such and easy access to these demonstrations that kids CAN learn the techniques. I hope that but making this book free and open they will also learn the dangers.

I also note that Serious Martial Artists Should know this information, because it may be needed for self Defense on the street. HOWEVER this is a case where you need to understand the technique but the explanations are such that you really DO NOT have to practice them against other students!

I will say that again. These techniques are in MULTIPLE fighting katas, and you can practice them and these techniques WITHOUT hitting another person. Some katas have neck breaks in them. Do you need to do a neck break, to know that the technique works? I seriously hope not!

It is the same situation here... the Key is in learning WHAT is happening. If you do you WILL be able to use such if you life depends on it. DO not hurt someone else proving what you will know if you understand the principles.

EVERYTHING I SAY IN THIS BOOK is in line with public declarations by every organized medical Association in the World. There is a HUGE amount of published information that agrees with me, and the reader is encouraged to check it out. Not only to validate my writings but also to see that there is far more information than I could possibly present here.

KNOCKOUTS are NOT MAGIC. THEY ALWAYS CAUSE HARM.
It is a matter of degree not IF.

There is a GREAT difference between using a technique to protect yourself on the Street versus harming your practice partners or someone you are trying to impress!

Often, in the real world, it's not the smart that get ahead, but the bold.

Robert Kiyosaki

This book is presented for Educational Information ONLY!

In fact, I hope that the information I present in this book will STOP the number of people practicing knockouts! While I believe every serious martial artist should know how to do them, this is not a technique that you have to practice physically to understand the techniques.

In this case, complete understanding of the principles can alleviate the need for physical practice and thus decrease the number of people being hurt by knockouts. This is my goal and the intention of this book!

Check this out!

Get the Facts About Traumatic Brain Injuries

https://www.cdc.gov/traumaticbraininjury/get_the_facts.html

A TBI affects how the brain works:

A traumatic brain injury, or TBI, is an injury that affects how the brain works.

It may be caused by a:

- Bump, blow, or jolt to the head, or
- Penetrating injury (such as from a gunshot) to the head

There are three main types of TBI:

- Mild TBI or concussion
- Moderate TBI
- Severe TBI[1]

Views I have presented in this Book are my own. However they support Current medical concepts of TBI.

As I have stated and will say again this Book was written to PREVENT brain injuries not to encourage them. Hiding the Truth just make it more attractive

I could have made this book a lot longer. I could have filled well over a hundreds of pages with empty verbiage (also called garbage). I could have used charts and time cycles to tell you about knockouts. I could have...well, you get the point.

The fact is, that is exactly what Chi proponents or the fancy Demonstration charlatans will try to do to you.

Because they do not understand the medical reasons why light force knockouts work, they make up all sorts of complicated rules and explanations.

I even know one person that claimed to do research that claimed that Light Force Knockouts do not cause damage. Unfortunately their understandings of how the

brain works and how Brain damage is assessed made their study ridiculous. The problem of course is that people, especially kids, not trained in Medicine, were fed this misinformation to counter real information and to continue to promote ideas that hurt people.

Flatly you cannot assess the damage done to the brain by any sudden measurement. It takes time , sometimes as much as 6 months for such damage to show up on machines like and eeg. Which is exactly why it take assessment by a TRAINED Medical practitioner, to determine, the real issues and what steps to do to prevent it from getting worse.

You do not have to believe me. I would actually prefer that you NOT take my work for it. I have listed many links and articles that show research on Brain trauma and there are plenty more on the web. I know what I say has and is supported by current medical understandings. Please do not take the word of people doing impressive tricks with NO medical training

The truth is that if you really understand why light force knockouts work, you do not need all the mumbo jumbo. If you can understand the principles, you can make your techniques simple and deadly effective. Even if you have learned the old confusing rules and points, you can dramatically improve your techniques if you understand the real reasons why light force knockouts work. They are trying to promote themselves. They are not worried about you!

The goal of this book is to teach you in simple, effective terms how to do a knockout. Now be aware that I mean you should learn from an educational standpoint. Some of the terms may be difficult at first, as I have used Western medical terminology so that you can get exact definitions of where and what I am talking about. If you are initially unsure about the definitions of any of the words I use, then any decent medical dictionary will give you an in-depth explanation. Believe me the exactness of using this terminology will help the clarity. You will know exactly where to strike and how rather than just vague points and directions used in Chi explanations.

Please note: I do **not** believe you should practice knockouts. Believe me, if you really understand the principles you won't have to practice. Knockouts are dangerous and **do** cause damage...I will discuss this later!

You may send any comments, questions or queries you have about this book to me at the following address. I will try my best to answer all questions sent in a SASE (Well the non hostile ones anyway)

BRUCE EVERETT MILLER
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Please include (for my own curiosity) some information about yourself like your style, how long you have practiced and where you heard about my books. Thanks.

WARNING:

Knowing the TRUTH about the Danger

Some things are very important for you to know:

As I said earlier, there are some people out there who will tell you that knockouts, at least of the light force type, do not cause damage. They (not I) cite studies of brain waves readings taken **immediately before** and **immediately after** a person was knocked out.

These studies do not show a significant change in the brain waves. Thus, they claim there is no evidence of brain damage. They couldn't be more mistaken! The real fact of the matter is there has been a lot of well-documented evidence that all types of knockouts **do cause** a degree of **brain damage**.

The reasons why there is a misunderstanding may be due to two reasons. One reason is the fact that after a traumatic event, the changes in brain waves do not occur until the brain cells, which are damaged, actually die or are in the healing process.

Therefore, a minimum of 3 to 6 months is required for instruments to pick up these changes unless there is major damage. Therefore, if you test those same people after a period of 6 months you should find any changes in brain function if such exists.

In fact, studies of people who have had significant losses of conscious due to knockouts do show evidence of mild changes in brain waves when tested after the appropriate time intervals. Is this damage major? Not usually, but the

amount of damage is directly related to the force of the blow. Which leads us to the second major reason for the misunderstanding: the difference in force.

When a boxer produces a knockout with a standard punch, a large amount of force is required. The knockout occurs because the brain is slammed around inside the skull enough that it starts firing off so much stimulus that it's protective mechanism shuts down (more about that later). Because the trauma point is the front part of the brain and the shut down mechanism is in the back or lower brain stem area, the force must be large enough to reach that area. This translates into significant damage being done to the front part of the brain before the shut down or loss of consciousness occurs.

The real problem with knockouts is not the damage that is observable now, immediately after, 6 months later or even one year later. The real tragedy is the fact that as the brain ages, those damaged parts are less able to take the stress of the aging process. Thus those areas of the brain begin to fail at a much earlier age than they're supposed to. If you don't believe that, then please take the time to visit any psychiatric hospital for the chronically mentally ill or even some nursing homes. There you will find many patients who have had brain trauma and have to have nursing care for the rest of their lives. I am willing to bet without even looking very hard you will find several ex-boxers. In my medical experience, I have seen many of these patients. You can tell them fairly quickly because they have a look that says they can remember who they are ... on good days. Take the time to care for one of these people. Then tell me knockouts are harmless.

Are the knockouts, done by the martial artist, safer than the knockouts, done by the boxer? Yes, in some ways significantly. In other ways no! The fact is that the most common type of knockout, the shock wave type, done by the martial artist does not slam the brain around inside the skull as much as the knockout done by the boxer.

Therefore the martial arts knockout does produce less physical damage to the brain. However, some damage is still done! Also, if you knock a person out and

they fall and strike their head, producing more damage (possibly fatal if they strike the hard ground or concrete) you are just as guilty as the boxer. Thirdly, suppose the person does hit the ground safely. Then you still have a very significant problem. An unconscious person will not safeguard their airway. In layman terms, it's called swallowing the tongue. If the tongue drops back and occludes or covers the airway, the person will die! You have KILLED THEM!

If this makes it seem like I am against the use of knockouts, then you are completely correct. Yes, I do believe that they are something, which every well-rounded, MATURE martial artist should understand. (Please note: I said, "understand." I did **NOT** say "practice.")

I believe every well-rounded, MATURE martial artist should also understand Dim Mak techniques, but to use Dim Mak techniques in a fight would be tantamount to first degree or premeditated murder! If you are in a fight where you need deadly force to protect your life, then you need to end the situation immediately and not set up your opponent to die later. There is NO justification for that, legal or moral!

Therefore I caution you. Read this book and understand the truth behind these techniques. DO not practice them unless your life is in danger.

DO NOT practice them on your sparring partner or anyone else! Knockouts, like many martial arts techniques, are too dangerous to be used unless your life depends on its use!

UNDERSTANDING THE PARAMETERS

The fact is that there are, in fact, three types of knockouts, which qualify for the relatively light force designation. All three of these types are different than the knockout done by the average boxer or other massive force knockout. All three have different mechanism of actions. None of them depends on Chi or other mysterious forces to accomplish their actions. All three are well understood by modern Western medicine. More information on all three types of knockouts can be found in any medical library if you know where to look.

Therefore, one of the goals of this book will be to teach you the truth about what happens in each type of knockout. Another goal is to give you enough of an understanding that if you want more information about one of the types of knockouts, or just want to validate what I say (a good idea!) then you only have to go to any decent size medical library and look up the information for yourself. Once you understand what you are looking for, it is not hard. This book will definitely take you to that point and beyond.

The **first and most commonly used type is called the percussive knockout**. This type of knockout sends a physical shock wave to the correct areas of the brain producing its effects. The next chapter gets into the nitty gritty of this type of knockout. It has been called an energy wave by many people who haven't any idea about the medical and physics principles behind what is happening. I can assure you there is no magic in this type, or in the other two types of knockouts because the forces involved are purely physical, reproducible, and fully understood.

The **second type of knockout is a vascular or blood pressure type** of knockout. What you are doing is altering the blood pressure to the brain. We will get into that in more detail in the chapter on Vascular Knockouts.

The **third type of knockout is the stimulus overload type**. This occurs when too many stimuli reach critical areas of the brain and the protective shut down mechanism shuts everything down for a while. This will be much easier to understand in detail by the time we reach that chapter.

Criticism may not be agreeable, but it is necessary.
It fulfils the same function as pain in the human body.
It calls attention to an unhealthy state of things.

Winston Churchill

Anatomy & Physiology

This chapter may seem very dry, hard to read, and possibly boring.

BUT Please do not skip it!!

This chapter lays the groundwork for understanding of the rest of the book. If you do not understand at least the basics of what is happening here, you will not be able to apply the skills accurately when you need them the most.

The key to understanding knockouts, is understanding neurology. I would like to say that it is basic neurology, but in fact, much of this information has been discovered in the last 20 years and does involve some pretty complicated concepts.

Therefore, I will simplify the subject as best, as I can and still remain accurate. [PLEASE DO some researches as there are many resources that will validate and explain in far better details about the effects of Knockouts].

The place to start is with the nerves of the body. When a nerve impulse is generated somewhere in the body, it is carried to the spinal cord. The message is then transmitted to other nerves that carry the message up the spinal cord, and then to the brain.

Now the brain is a marvelous organ, but there is a definite limit to the number of impulses which it can handle at any one time. To keep the brain from being overloaded, there are structures in the upper spinal cord, which regulates the energy of the impulses that reach the brain. A quick example of how these structures work is seen when you look at a light and then look away. Initially, there is an after-image of the light, which quickly fades. The rapidity of that fading is because the brain is damping down all the impulses, which reach the brain's centers.

Another example of this (and an example of how this theory has been applied) is the device called the transcutaneous nerve stimulator (also known as a TENS unit).

A short explanation is that the transcutaneous nerve stimulator works by sending so many impulses to the brain that particular circuit to the brain becomes overloaded. Because of this overload, part of the brain shuts off all sensory and/or pain impulses (depending on where the transcutaneous nerve stimulator leads are placed) from that part of the body and thus blocks all the other pain in that area, too. People who use TENS units know that they work and work well.

There are three areas of the brain whose job it is to prevent overloading of the brain. These areas are called the Reticular Activating System, parts of an area called the Thalamus and parts of an area called the Hypothalamus. The Reticular Activating System (RAS), is responsible for monitoring and maintaining the overall minimum levels of activity in the brain.

The RAS can sensitize areas of the brain so that they can respond to stimuli easier. The RAS can also desensitize the brain to make certain areas harder to respond to stimuli. The parts of the Thalamus and Hypothalamus are concerned with signal regulation coming into the brain from the spinal cord.

Within the RAS there is a particular area called the Raphi Nucleus. The specific job of the Raphi Nucleus is sending out inhibitory chemicals, called

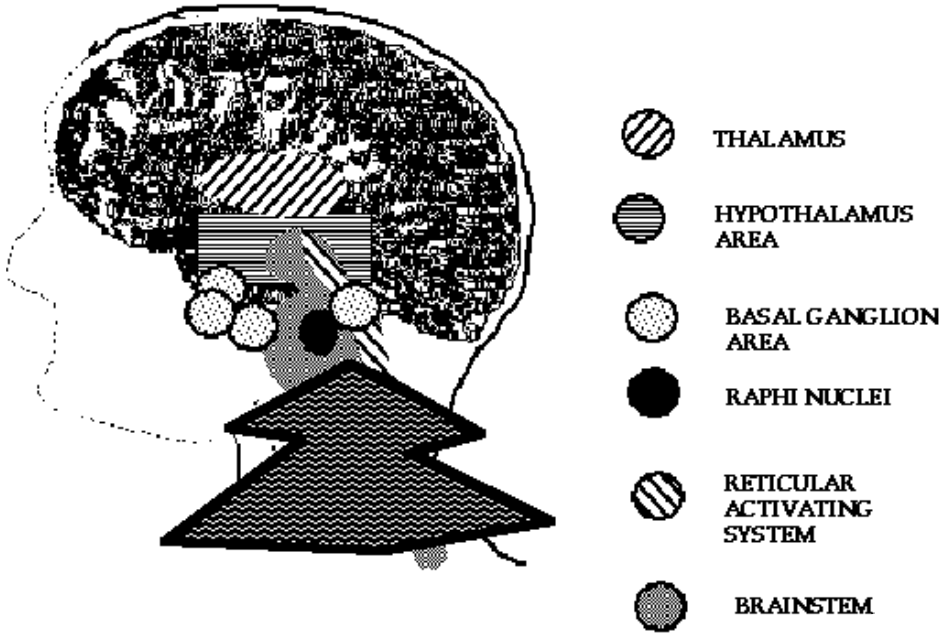
neurotransmitters, and particularly the chemical serotonin. Whenever the Raphi Nucleus is stimulated, it puts out this chemical to it's area of influence and the electrical level of activity of that part of the brain diminishes, at least until the Serotonin is broken down or removed.

NOTE: From this point on we will be using the term Raphi Nucleus referring to the conglomeration of the parts of the Hypothalamus, thalamus and Raphi Nucleus which regulate sensory input into the brain from the brain stem. While this is not an anatomically correct statement, these areas all function the same, just on different parts of the brain, and it is easier to think of them as one single structure.

The second complicated but necessary point in our explanation is the concept of the Basal Ganglia. Now, without going into a horrendous amount of detail, I will state that the Basal Ganglia are responsible for smoothing out and initiating part of the motor impulses involved in body movement. The important part about all this is that when the Basal ganglia are over-stimulated; they cause massive relaxation of the motor system of the body.

Couple the facts above with the fact that the body's blood pressure is affected in a dramatic downward trend. If the muscles of the body relax suddenly and you have a person who, temporarily at least, has their blood pressure bottom out, what happens? Even more importantly, the signal input to the brain from a relaxed muscle is much less than from one with normal muscle tone. Since the brain must have an adequate supply of signals reaching it to stay awake, anything which severely decreases the signal levels, threatens to put the person to sleep.

The significance of all this anatomy and physiology is that if you can stimulate the Raphi Nuclei and the Basal Ganglia, then you can cause the brain to shut down. This method of producing a knockout is what we will explore in the next chapter.


THALAMUS
HYPOTHALAMUS AREA
BASAL GANGLION AREA
RAPHI NUCLEI
RETICULAR ACTIVATING SYSTEM
BRAINSTEM

The human body has two ends on it: one to create with and one to sit on.
Sometimes people get their ends reversed.
When this happens they need a kick in the seat of the pants.
Theodore Roosevelt

Type 1

Shockwave Knockouts

The first type of knockout we will discuss is the most common type. It is also the most reliable type and the easiest to do, which explains why it is the most common type. The name for this type of knockout is the shock wave type of knockout.

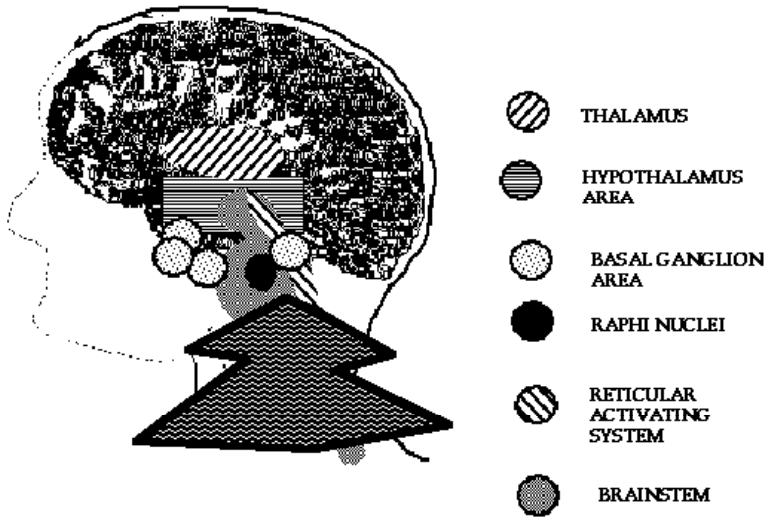
So how do we cause a shock wave type of knockout? The easiest way is with a strike that is angled so that these regulative areas of the brain (described in the last chapter) receive a significant enough shock wave of mechanical force, or energy, if you will that they shut down.

First off, you must learn where these areas are located in the brain and spinal cord. Then you must direct your strikes so that the shock of your strike is directed towards these areas.

The last picture showed the location of the areas we have been discussing. Now all we have to do is to get a shock wave to these areas. Actually there are two common methods of doing this. We will discuss the direct method first.
The first method like I implied, is to strike the neck with the hand, in such a way that the force is angled through the neck and slightly upward, at a 30 to 45 degree angle. Angle the strike directly towards the RAS/ Basal Ganglion areas.

See picture number 2 .

If this is done correctly you will cause the nerves of these areas to begin to fire so rapidly that the Raphi Nucleus will cause a shut down. In fact if you are successful, and you will be if you followed directions even moderately close, your opponent will feel themselves losing control of their body and falling before the even lose consciousness. They will be totally unconscious by the time they reach the floor however. The fact is that they will feel themselves passing out and there will be nothing they can do about it.



Again look at picture #2. If it looks like the noted areas of the brain can be reached from quite a wide angle, then you are correct! In fact, it is very easy to deliver a shock wave to these areas by a strike on the side of the neck angled towards the Basal Ganglia/Raphi Nucleus and produce a knockout. Because these are centrally ever a straight on strike, typical of a boxing strike is not one of these angles.

It is quite hard to knock someone out by striking them straight on in the jaw mostly because the face absorbs so much of the energy of the blow and redirects the remaining force that very little reaches the Raphi Nucleus/ Basal Ganglion areas. (However, if your opponent clenched his teeth, it helps accomplish that effect.)

Note: I did not say impossible. If you hit hard enough even a very inefficient strike can direct enough power to stimulate the Raphi nucleus. This is exactly why the concepts of strength in boxing, is so prevalent.

Another area, which is hard to produce a knockout from, is striking directly from the back. The reason for failure to produce a knockout when striking from this angle is that the angle of the skull tends to direct the force of the blow away from the Basal Ganglia/Raphi Nucleus. The downward angle of the skull at this area directs the blow down and away from these critical areas. Nature did a relatively good job of protecting man this way.

Notice again that I did not say that it was impossible to knock someone out from the back, only much harder. In fact, it is still easier than trying to knock someone out from the front. This is because you are closer to the critical structures.

There are also some other natural protective mechanism which protect the Basal Ganglia/Raphi Nucleus areas from the total force of a strike to the neck which we must discuss. Mostly, this protection, is accomplished, by the neck muscles, absorbing, or redirecting the force of the blow, and thus minimizing the shock, to these structures.

Therefore, to maximize your knockout, you must ensure that the neck muscles do not get in the way, so to speak.

This, by the way, is why professional boxers spend so much time strengthening their neck muscles. (Un)fortunately, the truth is that, if you turn your opponents head the correct way, you can nullify all their muscles. In fact, if you turn your muscular opponent's head the correct way; you can make such a solid wall of muscle on the opposite side of the neck which fixes the skull in place and creates a solid surface for the brain to bounce off of, making it easier to do a shockwave type knockout.

The best situation is to loosen the muscles of the neck on the side you wish to strike on and cause them to tighten on the opposite side. That way the neck

muscles become a barrier to rebound the strike energy back into the brain. Think of it like bouncing a basketball. The basketball bounces better off a hard surface than a soft one. (Yes, you should get that feeling of what you are doing to someone's brain!)

All parts of the human body get tired eventually - except the tongue.

Konrad Adenauer

STRIKING OTHER PLACES

The second method to produce a shock wave type of knockout is to send the shock wave from some other part of the body. The fact is that you can strike many locations on the upper extremities, and produce the same type of shockwave knockout as you do when you strike the neck. There are a few limitations, however, to the places you can hit effectively.

The limitations that apply to the places, where you can successfully strike on the upper extremities and produce a knockout are limited to those areas which can cause your opponents body to move very quickly and with significant force in some direction will not work. The way this works is that the brain, suspended in fluid inside the skull resists the motion, (which you have forced your opponent to move), due to momentum and slams against the far wall of the skull. Slamming against the wall of the skull of course traumatizes the nerves in the area that strikes the skull and they begin to fire off a huge volley of nerve impulses. This sudden load of nerve impulses triggers the Raphi Nucleus and shut down occurs.

The force on the extremity also creates a small component of stretching of the spinal cord (the actual cord, not the vertebrae which protect the cord) as you pull downward hard on the arm. This twisting/bending factor, while not major, definitely does add stress on the lower part of the brain because the added tension on the point is forced to bend at a location that is higher than normal.

Please note that it would be possible to cause bleeding inside the brain because of tissue damage from the abnormal twisting which causes crushing of tissue against the side of the skull.

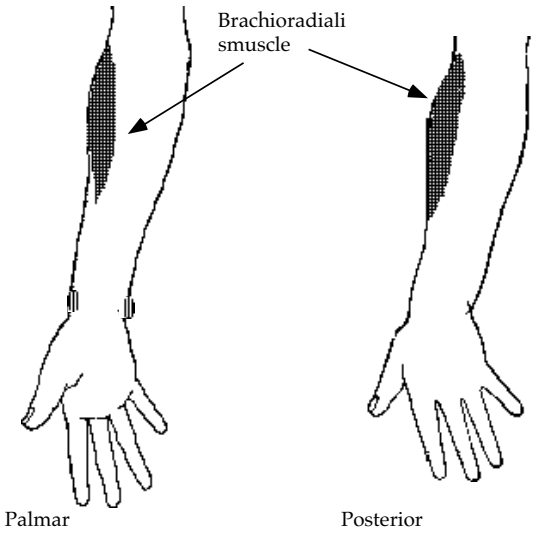
Now as I said, just about any place can be hit, however, there are certain locations where there are pressure points. At these locations a strike causes a significant pain withdrawal reflex (i.e. the person moves away from the stimulus - hard - when you strike these areas.)

See the Free book Pressure Points: The Deadly Touch for more details about these points. Quanlikan.com then reference library.

These points, because they induce the natural reflexes, take considerably less force (on an order of 1/10 as much force) as do non-pressure point areas to drive the body and produce a knockout.

Probably the most common of the places to strike is an area called the brachioradialis muscle of the forearm. The reason why this is such a good region is that this area contains many pressure points of both the muscle type and of the nerve type. (The brachioradialis contains splayed type nerves, which are very painful when stimulated)

When you strike the brachioradialis muscle you cause a sudden loosening and twisting of the arm and your opponent's whole body shifts suddenly, from reflex action, to take the pressure and pain stimulus off the point you just hit. This, of course, pulls on the arm, shoulder, and neck muscles very suddenly. It also causes the neck to twist very suddenly approximately 90 degrees in the direction of the strike. All these motions of course add momentum to the brain as it slams into the far wall of the skull.



When you add the quick neck strike (after the brachioradialis strike), which

many styles do, you have already caused the body to turn and loosen, in most cases almost falling, to get the force off the muscles of the brachioradialis. This leaves the neck muscles loose on the side of the body you have just struck and tight on the opposite side. (Which is just the opposite of how they were tightened before you did the brachioradialis strike).

This is a perfect situation, for the force to penetrate, to the intended areas, and yet have a hard surface to compress against.

Looking at what happens when you add the neck strike we see the brain slammed against the far wall of the skull with the strike on the extremity as we described above. However, when you now strike the side of the neck (angled in the proper direction), inside the skull, the brain that was compressed against the opposite side of the skull is forced, hard, against the side of the skull you have just struck. This is because this time you actually move the skull with the force of your blow the momentum, keeps the brain in place, allowing it to be struck with the mass of the skull. Adding to the force that was applied, is the force of the extra momentum that is built up. This extra force is because before when the brain had been compressed against the far side of the skull, there was an abnormal extra space created as the brain was compressed.

This may not seem like much room but it is very significant in that this extra area allows the skull more travel time to pick up speed before it slams into the brain. Now because the lower part of the skull is shaped somewhat like a funnel, with gravity pulling the brain in a downward direction it is again the lower part of the brain which takes the brunt of the force as you strike the neck in a slightly upward direction.

AGAIN SEE THE PICTURE #2 OF THE BRAIN WITH THE FORCE ARROWS.

For something to collapse, not all systems have to shut down. In most cases, just one system is enough. For example, the human body is a system of systems. If just one system, such as the cardiovascular system, shuts down, death follows.
Robert Kiyosaki

NOT JUST HITTING

As we have said, if you can get significant force to the Basal Ganglia/Raphi Nucleus area you will produce a knockout. Now anyone strong enough can strike an arm hard. However, there is a great difference between striking a arm or hand hard and the amount of force which reaches the Basal Ganglia/Raphi Nucleus. There is a definite trick in getting the force from a blow to an extremity to reach the Basal Ganglia/Raphi Nucleus. The trick is to lock all the joints between the struck area and the Raphi Nucleus. Because locked joints are tight, the shock wave will be transmitted across them. If the joint was loose, then the force would be severely dampened out as it crossed the joint. Since this is definitely what we don't want, we need to be certain that our opponent's joints are locked. Obviously this isn't something that they are going to do voluntarily for us. Luckily, many of the moves in forms/Katas are designed to do just that, lock the joints of your attacker so that you can do something dastardly to them.

An example of this is, to lock the elbow and arm, by turning it inward (clockwise for the right arm, counter-clockwise for the left arm) and then strike a muscle, called the brachioradialis.

Another example would be to lock the arm the same way and bend the hand back, to lock the wrist, and then strike the palm hard! In both cases the force (shock wave) would travel up the arm, through the locked shoulder joints and into the desired areas of the neck.

NOTE: To minimize the necessary force that is required many styles have developed techniques that first twist the extremity into position, strike the

extremity and then strike the side of the neck. This combination of moves is contained in the Forms and Katas of almost all styles in the world even though most people aren't aware of that fact. (This would be called a level four meaning. See the free book and the free video titled: MEANINGS OF FORMS & KATAS)

As we have said earlier, you can do a knockout without the neck strike, but you have to strike harder. A perfect example of this is the palm heel strike with the arm locked. This can definitely knock someone out! You just have to hit harder with the one strike than the force applied with the combination of strikes.

Incidentally, if you were going to do a neck strike combined with the brachioradialis **strike**, you would strike the neck on the same side as the arm you are twisting, if the arm is below the shoulder level. If the arm you are twisting is above shoulder level, you would then strike the neck on the opposite side as you are twisting. The reason for this is as we explained earlier on keeping the neck muscles loose on the side you strike and tensed up on the opposite side.

Incidentally, you can also increase the chances of success when doing a **palm heel** strike by jerking your opponent in a direction towards you just before you do the **palm heel** strike. This slams the lower brain back and forth as we explained above.

Inside of every problem lies an opportunity.
Robert Kiyosaki

COMPLICATIONS

While it is theoretically possible to send this shock wave from any part of the body, in order for the force of the blow to be transmitted, each vertebra must be held tightly against the ones above it. The further down the spinal cord you attempt to do this, the harder it becomes. This is because the vertebrae are designed to absorb shock wave energy.

This natural protection makes it difficult to transfer adequate amounts of shock energy through significant groupings of spinal vertebrae. Therefore, while it is relatively easy to send a shock wave from the arms into the cervical neck and then up to the brain, it is extremely difficult to send the same type of shock wave from the lower extremities through the entire pelvic area and then up the spine and reach the brain with enough force to create a knock out. Because the pelvis has been designed to absorb some of the shock of walking and running, the force of strikes to the lower extremities are also dampened. This explains why it is much more difficult to cause a knockout by striking the lower extremities.

So. Let's tie all this together. It is possible to position your opponent in such a way that by delivering a relatively light strike, you can cause them to pass out. The mechanisms are complex in action, but the chain of events can be produced easily enough if you have the joint on the pathway to the basal ganglion of the brain locked tight.

Angle and direction are critical because if you don't position your opponent correctly and strike in the right angle, the force will not be transmitted to the basal ganglion of the brain, and they aren't going to be knocked out. It is important to remember that the key area to stimulate is the upper spinal cord structures. The vertebrae of the spinal column will get in your way because they

are designed to absorb the very shock wave you want to produce unless you position your opponent correctly.

Once the shock wave reaches the brain, two things happen. First, it stimulates the Raphi Nucleus of the Reticular Activating System to produce the neurotransmitter serotonin, which diminishes the electrical activity of the brain. Secondly, it over stimulates the Basal Ganglia, which then causes massive relaxation of the muscles, a significant lowering of their blood pressure, and a severe reduction of the signal input from the muscles to the brain.

These actions effectively temporarily shut down your opponent's brain and they pass out. Mission accomplished.

I believe that one key to success is to accept truth, no matter how it's spoken.
Robert Kiyosaki

FURTHER CLARIFICATION

From some of the comments and questions I have been asked about this book, I realize that there is still some confusion on the relationship between arm position (up or down) and which side of the neck to strike.

The fact is that it doesn't really matter whether the arm is up or down. The rule is that you should strike on the side of the neck that is **relaxed**. The reason arm position matters to people who do not understand the theory is that this is how they insure the neck is relaxed even when they don't understand what they are doing.

Normally, when you bring your opponent's arm downward, you are also pulling on their arm. This, of course, pulls on the neck and causes the neck muscles to tighten on the side you are pulling. Therefore you should strike on the opposite side of the neck. Conversely, when you lift the arm you are usually pushing on a person and the neck muscles tighten on the opposite side of the neck so you should strike on the side that is raised. Both these actions occur because the body tries to maintain the head in an upright position.

On the other hand you can completely reverse which side of the neck to strike on by pushing into the arm as you pull the arm down or pulling as you lift the arm up.

This opposite side effect explains why sometimes those who do not understand the theories do not accomplish a knockout even though they have had done everything else perfectly.

It's true that the human body is more vulnerable
Than the products of the human mind.

Salman Rushdie

TYPE 2

VASCULAR / BLOOD PRESSURE KNOCKOUTS

As we mentioned in our opening discussion, the second type of knockout is based on alterations of blood pressure. The short explanation is that when you hit certain structures in the body, a reflex action occurs which causes a person's blood pressure to drop. If the blood pressure drops enough, the brain is deprived of needed oxygen and nutrients and it quits functioning. Which means that the person passes out.

Right from the start I have to tell you that this type of knockout **IS THE MOST DANGEROUS TYPE!**

The reason this type is so dangerous is that you are deliberately causing conditions, which occur in a stroke. In effect you are causing a temporary (I hope) ischemic event (called a TIA in medicine) or a mini stroke. The problem is that if the person has any underlying brain abnormality or the blood pressure stays down for too long, the damage you do may be **permanent!** This is of course, on top of the other dangers we talked about before of occluding the airway and causing death or brain damage that way.

NOTE: By now I hope you are beginning to understand why I hesitated so long before putting out this book in its entirely.

So how is this blood pressure drop caused? Well, the body has several points along major arteries where a person's blood pressure is constantly being monitored. Now the way that it is being monitored at these points is by pressure receptors that measure how much the blood pressure changes over a short period of time. These pressure receptors are called baroreceptors.

NOTE: These baroreceptors do not care how high the blood pressure is but only respond to how much change occurs in a person's blood pressure in a short period of time. When the baroreceptors record a pressure that is changing upwards too rapidly they respond by firing off a series of impulses which causes the aorta (the main artery of the body) to dilate, or open up, and the blood presure falls. The reason for this reflex is to protect against sudden pressure changes, which could otherwise cause a blood vessel in the brain to break. In other words, this reflex is a protective mechanism. However, when properly stimulated, we can cause that reflex to work against a person. NOTE: This reflex cannot be blocked by any conscious effort!

There is something that you should know here. Because the body has other reflex actions, like increasing heart rate and other receptors which cause peripheral blood vessels to constrict, (the purpose being to counter low blood pressure) this reflex is not always effective in causing unconsciousness unless you create a significant drop in blood pressure. What is significant? Well that answer differs inversely with age. The older the person is, the less their brain and body can take a sudden drop in blood pressure. Also, the less quickly the compensating reflexes take effect, therefore the more likely they are to pass out when you stimulate a baroreceptor reflex response. For some reason the age of 40 seems to be a turning point when a person starts becoming very receptive to baroreceptor stimulation. In fact, there have been recorded episodes of persons in the later stages of life passing out because of the pressure they applied as they were shaving.

Now to the baroreceptor points. The first points we will discuss are the carotid baroreceptors found at the location of where the carotid artery divides in the neck into the internal and external carotid arteries.

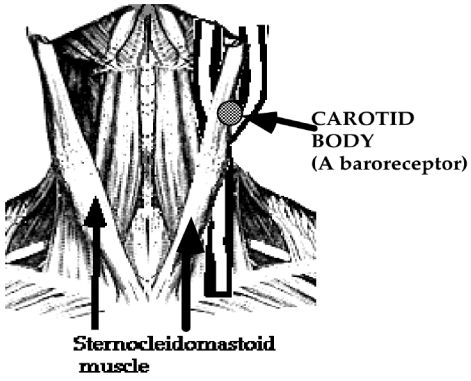
SEE LAST PICTURE.

Stimulation of these baroreceptors have been noted to cause pressure drops of 20 to 30 points in diastolic blood pressure.

NOTE: Diastolic blood pressure is the lower number, and represents the blood pressure when the heart is at rest. Systolic is the top number and represents the pressure when the heart is contracting. For purposes of maintaining consciousness, the brain must have both pressures within acceptable limits.

Usually in most younger people (by this I mean less than age 40, but with a lot of variation based on the health, physical condition and past medical history of an individual) a drop of 20 to 30 points in diastolic blood pressure will not cause them to loose consciousness.

They may get light-headed for a second or two but they usually don't pass out. Therefore, techniques that stimulate the carotid baroreceptors, usually don't knock out a younger attacker. They may work on an older attacker, but I wouldn't want to bet my safety on it working in anyone young enough to be that aggressive.



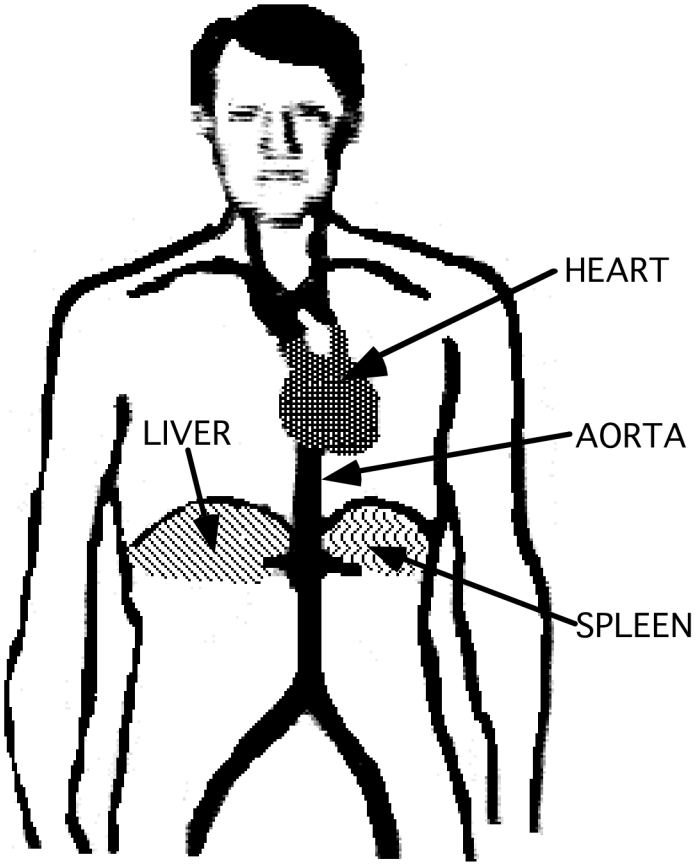
On the other hand, points along the abdominal aorta and several of the hollow organs of the body also have baroreceptors which, when stimulated, can cause a 30 to 40 point of drop in diastolic blood pressure. This is usually enough of a drop in blood pressure to cause a loss of consciousness in most people. Again, this depends on the health, physical condition and past medical history of the particular individual.

To make this technique even more effective, many martial artists who do this type of knockout will strike several of the hollow organs of the abdomen at once. The principle behind this is that the larger hollow organs of the abdomen,

especially the liver and spleen contain huge amount of blood. Now a great majority of this blood is being temporarily held in relatively large cavities (compared to blood vessels they are large anyway).

When some force compresses the organ these cavities are also compressed and the blood is forced out of the cavities and back into the normal blood vessels (veins and arteries). This sudden increase in blood volume causes the pressure in the blood vessels (around that organ) to increase suddenly and significantly. Also, because you are blocking these cavities the next pressure wave caused by the heart beating will slam up against that compression and further accelerate the increase in local blood pressure.

Blood being a fluid medium transmits that pressure shock the body, especially the larger ones, like those going to the brain. Of course, the pressure change not only strikes the brain, causing disorientation, but it also stimulates every baroreceptor along the aorta to fire off its reflex dilation message.



Since there was a sudden massive change in pressure the resultant drop in blood pressure is also quite high. TO further compound the effect caused by the strike the knife hands are quickly withdrawn after the strike.

This allows the cavities to once again open up and fill with blood. Of course this blood comes from the arteries and causes a significant drop in blood pressure, which can be felt all over the body, including the brain. Thus, even a young person's diastolic blood pressure may drop 40 to 60 points.

Now the usually striking technique to produce this effect is done with a double spear hand (one hand for the spleen and the other for the liver) hitting simultaneously either perpendicular or angled outward about 30 degrees to the abdominal wall and pointed slightly downward at about a 15 to 30 degree angle. The purpose of the spear hand is to get the greatest penetration and compress the organ(s) rather than just the abdominal wall.

Again I must caution you, this is extremely dangerous. In fact, this is definitely **the most dangerous type of knockout!!!** Not only are you causing significant trauma (stroke like trauma) to the brain by the high blood pressure and then the low pressure but this much sudden pressure on a hollow organ can cause it to rupture!

Further more you must know that after such a trauma organs swell, especially the spleen and can rupture 36 to 48 hours later **EVEN WITHOUT FURTHER TRAUMA.**

This happens sometimes after auto accidents and I know personally of a case when the rupture occurred without further trauma slightly over 18 hours (after spleen trauma) from such a blow.

Therefore, even though you think you may have gotten away with out significantly hurting the person you really won't know for at least two days afterwards! (It may be longer than that for the effects to full resolve so that they are not at an increased risk of organ rupture with small amounts of additional trauma.)

In short, you are playing with a technique that may kill the person you are

striking three separate ways. It is only if you and they are very lucky will they be able to compensate for this trauma and only pass out, not stroke out, be paralyzed or die!

Trust me DO NOT DO THIS TYPE OF KNOCKOUT.

The bottom line is that the human body is complex and subtle, and oversimplifying - as common sense sometimes impels us to do - can be hazardous to your health.

Andrew Weil

Type 3
Stimulus Overload

Type three is the most interesting type of knockout in my personal opinion. It is also the least likely of causing permanent damage to the brain. It is also, unfortunately, the most unreliable of the three types.

You have already learned about the Raphi nucleus and how it controls the amount of stimulus that enters the brain via the brain stem. Well, the third type of knockout, is done by creating so much nerve stimulus, that the impulses traveling up the spinal cord trigger the protective mechanism of the Raphi nucleus.

The most frequent type of overloading stimulus is pain, usually of the sharp variety. Everyone has heard about people passing out when they are tortured, or experience massive pain. This is the reason behind this mechanism. What makes this technique somewhat unreliable is the fact that different people have different pain tolerances before the Raphi Nucleus reaches the overload point.

To be fair, some of the reasons for differences in pain tolerance are due to variations in the locations of nerves, how quickly and strongly each individual person's nerves transmit the pain message, the location of where the pain is occurring, their experience with pain in the past and especially the mental state of the person at the time the pain is induced.

For example a person who is in an (Auto) hypnotic state can take massive amounts of pain before they pass out.

(See the book, Secrets of Power: The Mental Warrior, for more details on this.)

Anyway back to the knockout. If you are attempting to produce this type of knockout then you must create enough stimuli to overload the Raphi nucleus. This isn't easy. For several reasons! We need to go through these reason, if you are going to be successful at this type of knockout.

First off you need to understand a little about how pain and nerve impulses are transmitted. Essentially there are two types of nerve impulses which are sent out every time a painful event occurs. The first impulse is called a fast pain impulse. This signal travels from the point where the pain is induced toward the brain at a speed of about 100 meters per second. The second type of pain signal is transmitted on slower nerve fibers and it is the dull or chronic pain signal. This signal is transmitted at about 30 meters per second.

Now dull pain, the slow impulse type is what the body can build up a tolerance against. The boy does not learn a tolerance to the fast nerve impulses because these impulses are the same thing as the impulses of the sense of touch, only much stronger. Therefore the fast pain impulse will be much more reliable in producing a overload knockout than a slow dull pain will be.
However, you need to know that fast / sharp pain, unlike slow / dull pain begins to fade rapidly unless the stimulus is reapplied. The reason for this fading effect is that sharp pain is generated and measured by sudden changes in fast nerve impulses.

Dull pain doesn't fade like that because it works on levels of nerve impulse, i.e. how much nerve activity is coming from an area.

How does this affect us, well as we said the easiest way to create a type 3 knockout is to stimulate sharp pain. The easiest way to produce, (in my opinion, as there are many ways to produce sharp pain), is to stimulate a small muscle to

hurt (greatly).

The best way I have found to do this is to create a twisting motion on a muscle that is fixed in place, i.e. can't get away from you.

Therefore a knuckle punch to an area would be of much greater use than a stronger full surface fist strike. While it is true that the fist punch will deliver more force to the person, the pressure per surface area, will be higher on the point of the knuckle punch and therefore create more of a sharp pain stimulus. Twisting the knuckle punch upon impact will cause a fast stretch to the skin and underlying muscles at the point of contact and add significantly to the pain produced. This is another reason why some styles do a twisting punch.

Unfortunately since by itself a single painful point is usually not enough by itself to create a knockout, especially in a younger person, it is best to strike several points at the same time. Again the object in all of these points, is to try and create maximum amounts of sharp pain not just dull pain. The principle behind striking multiple points simultaneously is that if the nerve impulse, from these different areas, arrive at the Raphi Nucleus close enough together, the impulses will be treated by the Raphi Nucleus as the same signal. If the amount of pain / nerve impulse is greater than the threshold allowed by the Raphi Nucleus, then a type 3 knockout occurs.

From the paragraphs above you should be able to understand that if you stimulate a small muscle in the foot to hurt, and immediately create pain in the arm (or other point which is closer to the brain), then the signals arriving at the Raphi Nucleus will be very close together.

This striking of multiple points is why there are some rules out there that you need to strike three pressure points at the same time to make a person pass out. In the chapter on shock wave knockouts we explained that for shock wave type of knockouts it doesn't make any difference at all how many pressure points you hit. The results are purely based on the physical shock wave generated. In this type of knockout however, the number of points does matter. The fact is, that

while three points are not absolutely necessary to produce a knockout in some people, because of the variability we discussed earlier, it takes all three points to work in the majority of people! Please note that ALL the deep nerve ganglions and plexuses that I have identified in my other books work in this definition!

(Especially Pressure Points: The Deadly Touch)

To be fair, there are other techniques, which have been claimed besides directly stimulating only pressure points to cause massive sensory information to be passed to the brain. Some styles use a particular series of quick punches and kicks that start at the outer periphery of the body and rapidly progress towards the center of the body and then move towards the head.

This technique, called summation strikes, is based on the principle that because you are moving quickly toward the head with every blow, the distance the new sensory stimulus has to travel to get to the brain is less. Therefore, the time to reach the brain is less and this new impulse should reach the brain very close to the time when the message from the outer-most strike does. The truth is that it would be impossible to actually create a sensory impulse to reach the brain at the same time as the first stimulus did. (However, nerves when stimulated, have a refractory period of approximately 1/10 of a second before they can respond to a second stimulus.) If the new impulse arrived during the refractory period, the nerve receiving the first nerve impulse reacts basically as if the two (or more) impulses had reached the brain at the same time. (There is a prolongation of the recharging time but that is not particularly important here.) Therefore, can this technique work in theory? YES, it can. Can I do it? I am **not** that fast!

As far as rumors/statements, which I have REPEATEDLY heard about striking four points simultaneously and causing death, such is utter nonsense.

Shut down 4 systems and yes death ensures. Strike 4 pressure points- and you better hope they don't hit back hard, because they will be fully able to!

Maybe the reason why any fourth point caused death was due to the fact that the

person doing the knockout had run out of peripheral points and had used an organ strike, causing a rupture of that organ. This explanation would, of course, be even truer for five points. But it isn't simply 4 or 5 pressure points as these charlatans would like to claim. Utter nonsense that only proves they have no idea of the real working of the human body or of Knockouts, regardless of their claims!

No, the real truth is, if the Raphi nucleus works the way it is supposed to, then once the threshold is reached and the brain shuts down, then it doesn't matter how large the nerve impulse is because the brain doesn't receive it!

Now let me be very clear. The only reason pressure points are recommended is because it is easy to create significant pain at a pressure point location. Thus acupuncture points that were actually chosen for their ability to create a stimulus without causing significant pain are not really the best points to pick.

Luckily there are usually significantly painful pressure points just adjacent to every acupuncture point so those who thought they were grabbing acupuncture points were probably actually missing the acupuncture points and striking the more numerous pressure points around them.

Earlier, I said that this type of knockout was the safest. That is true only as far as the fact is that you are not subjecting the brain to physical shock wave forces or blood pressure alterations. Thus, with the Raphi Nucleus to protect the brain, very little damage to the brain is actually done.

However, the dangers of the person swallowing their tongue or hurting themselves is that they may fall striking something solid,which can be FATAL.

You must also consider this type of knockout to be just as dangerous and not attempt to do it unless you life is in danger!

Lastly, I will state that some people combine the shock wave and the type 3 knockout. This has the potential for damage of the shock wave knockouts but

not really much more beside the damage you do to the points you are stimulating in the body.

The human body is strange and flawed and unpredictable. The human body has many secrets, and it does not divulge them to anyone,
Except those who have learned to wait.

Paul Auster

REALITY

If you have ever attended a seminar where someone has done a light force knockout (LFKO), you know they are impressive. In fact, they are so impressive that there are some people who refuse to believe that they are a reality. Despite repeated demonstrations, by some very prominent martial artists, in front of unselected audiences, there are still some people who refuse to accept the evidence their own eyes present them. These critics look for the stage trick or the set up behind these techniques or even claim that selected people were " knocked out" or claim that the techniques would not work on the street.

This ludicrous concept was even the cover question of a well-known martial arts magazine. Of course these knockouts work on the street. It is hard for someone to attack you when they are unconscious. If knocking someone out is not an effective way of stopping an altercation on the street, what is? Ripping your opponent's heart out? A bit messy if you ask me. Only a lawyer could love that solution.

Well, it is impossible to convince someone who has their mind closed, but I will tell you for a fact that these knockouts are not a fake; they are the real McCoy.

The understanding of why light force knockout blows work is actually a straightforward but complicated situation. The whole crux of the matter hinges on knowing the principles behind the type of knockout you want to do and the specific techniques for that type of knockout.

Due to a lack of understanding of the real reasons, and because there is a critical

need for specific angles and direction with the most common type of knockout (which is the percussive type), many people have confused the concepts of knockouts with the concept of Chi theory. Now I am not going to get into a full-blown debate about Chi theory in this book. I will simply state that you do not have to know anything about Chi theory, or meridian lines in order to be able to do any of the three types of relatively light force knock-outs.

In fact, for those who are enamored with the Chi explanation, I ask two important questions. The first is why must they strike the victim, if Chi points are used?

Nowhere else in conventional Chi theory is it required to use this much energy to affect any organ in the body.

The second question is why is it so difficult to knock someone out by striking below the waist if the answer is merely one of pressure points and Chi? Before you answer that the correct points are not in the legs, please take a look at the points above the waist, which have been struck to knock someone out. They are in the same meridians, which are present below the waist.

Also note that when the experts doing these techniques perform them, several different areas, which involve dramatically different meridians, are used to accomplish the effects [And by the way no listing that i have ever seen in a TCM text gives instructions for a Knockout. You would think there should be SOME listings]

I can answer both of these questions, without the need for Chi explanations. What I am publicly saying is that you do not need to know Chi theories in order to do these LFKO's.

I am also publicly saying that, in fact, the understanding of how to do knockouts when it is based on Western Medicine concepts, is easier to understand, and thus quicker to learn.

However, I want to make one thing perfectly clear. I am in no way implying that those who propose a meridian or pressure point explanation to special knockout techniques are faking. Their techniques really do work. What I am saying, however, is that their explanations are wrong!

So what difference does it make who has the real or right reason? Well actually, it is very important because unless you understand the real techniques, not only will you spend valuable time chasing wrong ideas but also your techniques may not work correctly when you need them most.

In this book the goal was to give you the real answers why these knockouts work and specific instructions on how to do a knockout if you need to do such. When you know the real reason, you can do a clean, more productive technique should you ever have to. For clarity, answers on how to do each type of knockout will be based on Western medical physiology.

Now, because some well-known people have made claims contrary than what I am saying here, I will include a list of references at the end of this book which prove my statements. I encourage you to look them up if you have even the slightest doubt about what I say. In fact, I really do encourage you to check up on me whether you believe me or not. The listed articles and others you may find of information related to martial arts.

Note: In the references I have listed, you will find the names of world famous scientists, physicians of Western medicine, and even the United States Institute of Health's own report on chiropractic medicine.

One excellent reference, which will give you more understanding of these concepts, is Guyton's Physiology.

Please note there are Guyton's, which have been written at different levels of understanding to be used for different purposes. I suggest that you choose the one, which gives the most complete explanation you wish to deal with for the

best understanding.

What is important in these articles is that not one of them ever refers to the concept of meridian lines. Sure, they show some effects that initially make the people purporting Chi and meridian lines happy, but when you look closer, you will find that the concept of meridian lines definitely has no bearings on the findings of these reports. SO please do take the time to check up on these and any other articles you can find in your local medial library ... or LEGITIMATE web sites. I ahve included some at the end of this

Make sure the web site you are getting information that is legitimate and not just someone making shill claims with NO validity ... for their own gain!

Ss we all know anyone can run their mouth on the web, with little or no need to back up what they say .... (sigh)

NOTE: This section is **not** provided so that you can have a green light to practice knockouts.

Instead it is provided so that if you **must**, you can take care of someone else who has been knocked out. Hopefully so that you can understand what is happening and how to get help.

I recommend that you Seek PROFESSIONAL help. AS SOON AS POSSIBLE.

Call and ambulance if you have questions of their safety! It is better to err on the side of being overly protective, than to watch them suffer the permanent effects of brain damage that could have been prevented.

At least evaluate if they person needs further help. Remember symptoms of damage may not be present immediately.

ALSO PLEASE have the person seek expert PROFESSIONAL medical help if any symptoms persist or are troublesome!

REVIVAL

I need to say a word here about reviving someone after they have been knocked out. Again this is an area where there is a lot of misconceptions and superstition out there. Some spread deliberately by those that try to profit from knockouts

Let me say right here for the record, you cannot undo the damage which you caused by a knockout. I do not care what anybody tells you. You can't even minimize it! What is done is done. The fact is that while it may make you feel better by doing various maneuvers in the name of reversing what you have done to your opponent, the truth is that nothing you can will undo the damage you have created.

While you cannot undo the damage you have created, you can dramatically shorten the time that a person is unconscious. The trick to do this is to provide SMALL stimulus for their brain to focus on. Just like a person who is left to sleep without outside interference will sleep a lot longer than someone who has outside noise to stimulate them, the person who has received a knockout blow will also respond to outside stimulation. [DON'T hit them as I have seen one idiot do]

The first sense to come back will be the most basic ones. The sense of touch and hearing followed by vision and finally orientation will return to normal. The amount of time the person is unconscious directly relates to how much brain trauma the person has been subjected to plus other factors.

Other factors that directly affect the wake up time include, but are not limited to drug use, (here I include alcohol, caffeine and nicotine and all illicit drugs) the physical condition and health of the person, their mental attitude, and how they are used to waking up (i.e. are they used to waking up fast or slow). non-

threatening part of their body and speak to them. Make sure the person does not have an obstructed airway and keep giving them stimulation until you are certain they have regained orientation.

DO NOT have the person stand up too quickly, or they will have a tendency to pass out from the natural changes in blood pressure that occur with changes in position.

NOTE: There are no validated criteria for diagnosing chronic traumatic encephalopathy, or traumatic encephalopathy syndrome, in a living person. So treatment is based on Symptomology and history.

NOTE: Any changes in vision, areas of numbness, persistent changes in orientation, or other signs of neurological damage, should be evaluated by a Clinician AS SOON AS POSSIBLE. Consider this an emergency until proven otherwise

REMEMBER **ALL** KNOCKOUTS OR PERIODS OF UNCONSCIOUSNESS MEAN A DEGREE OF BRAIN TRAUMA HAS OCCURRED.

DO NOT PRACTICE KNOCKOUTS.

DO not harm others ... Knockouts are not some sort of magic trick. Brain damage is a terrible life lasting problem.

USE THEM **ONLY** AS A LAST RESORT WHEN YOUR LIFE IS IN DANGER!

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These are but a FEW of the current articles and research on Brain injuries both acute and Chronic. There are MANY more. Far more than I can possibly list.

I will also note the even things like memory are affected by head injuries. Repeated Knockouts WILL cause a problem with memory.

Don't let yourself be a victim of such

Don't let anyone you care about be a victim. Speak Up