

DIAGNOSING THE PROCESS, NOT JUST THE NAME

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I was blessed with the opportunity to “grow up” living next door to the late Dr. George Goodheart, the “discoverer” and initial developer of applied kinesiology and one of recent history’s greatest healers. Dr. Goodheart exemplified the definition of a doctor as a teacher. One of his most valuable parables is about the “zebra in the bathtub”. The idea is something like this:

There is a zebra in your bathtub, and he is eating and eliminating you out of house and home and generally making your life miserable. Someone comes to visit your home, recognizes the disruption of normal activity, and tells you that the zebra’s name is “Charley.” Then you feel much better, at least at first. However, the awareness of his name does nothing to solve the fact that there is an offensive zebra in your bathtub who is eating and eliminating you out of your domicile. What IS important is “How do I get the zebra out of my bathtub”, and secondly, “How did he get there in the first place so I can keep it from happening again!”

Giving the zebra a name is like a doctor giving a patient a diagnosis. This is fine as long as the “diagnosis” is not the only goal of the clinician. Diagnostics should be therapy oriented rather than an academic exercise. There must be a therapeutic course implied by a diagnosis. In certain acute illnesses (e.g., pneumonia, appendicitis) the diagnosis directs the therapy. In chronic conditions, including most of those processes associated with aging, the diagnosis serves little purpose in directing corrective or preventive therapy. Chronic conditions are multi-factorial in nature and vary from individual to individual. Ten people with headaches could have ten different reasons for the headaches. Ten people with low back pain could have ten different reasons for the low back pain, and so on. More serious illnesses are in the same need of identifying the underlying processes, maybe even more so.

Several years ago, a young chiropractor who had not yet started practice proudly related to me how he had “diagnosed” a case of multiple sclerosis in his college clinic. When I asked what had happened to the patient, the reply was “Of course, we referred the patient to a neurologist.” This is a perfect example of naming the zebra while totally ignoring an attempt to “understand the process” of how the problem got there, and further, what to do about it.

There are a very limited number of “processes” of physiology and pathology which are presently understood. In our courses for doctors, we teach concepts and procedures to guide clinicians to understand the process (or processes) causing the patient’s complaints. When we understand processes that are fundamental to health and disease, then when confronted with a sick patient, we can diagnosis the associated process(es) that are malfunctioning and begin specific therapy(ies) designed change their course, hence the course of the disease.

In the “Quintessential Applications” seminar series that I have recently developed in conjunction with Dr. Kerry McCord of St. Petersburg, Florida, we teach a protocol that identifies normal and suboptimal processes in the most logical, step-by-step format. The QA Protocol is a physiologically based, basic science driven, neurological hierarchy for the ordered application of clinical procedures and techniques designed to find and normalize the body’s suboptimal processes. This course is taught at various locations and is available to doctors on DVDs. (See www.theuplink.com and www.quintessentialapplications.com for information and the “QA Doctors Referral List.”) At each session, we discuss concepts and tools for “diagnosing the process, not just the name.”

Let’s discuss just a few of these processes.

1. **CELLULAR CHEMISTRY:** At the level of cellular chemistry, there are basically only TWO things that can go wrong. These are imbalances between the processes of oxidation and reduction. This is like fire (oxidation) and water to put out the fire (reduction) in the body chemistry. You need heat to be able to live and function in your house, but you don't want to burn your house down.

The regulation of oxidation - reduction activity maintains the balance of chemical processes or chemical homeostasis. Breakdown of this regulation is disease. This is true in every cell in our bodies. Leo Galland, M.D. calls oxidation-reduction imbalances "dysoxia" reflecting that imbalances in either oxidation or reduction can occur simultaneously in different tissues of the body. In other words, a patient's cells can be over- or under-oxidized, or a patient's cells can be over- or under-reduced, or different tissues can show different patterns at the same time.

Over-oxidized (under-reduced) patterns relate to free radical pathology and all the associated tissue and metabolic damage which can result. This results in inflammation, pain, and tissue destruction – like burning your house down.

Under-oxidized (over-reduced) patterns relate to the inability of the cell to produce energy. This results in cellular dysfunction and individual organ symptoms. If the whole body has this tendency, the patient is tired, fatigued, or exhausted, depending on the degree – as if your house's heating source breaks down in the freezing winter and it is too cold to live or work there.

Oxidation and reduction are fundamental physiological processes that can be measured. If these processes are altered, they can be corrected, and corrected most effectively by natural methods.

Case Example: A 56 year old woman patient presented with complaints of low back pain and fatigue. She had seen several chiropractors through the years for her low back pain, and chiropractic adjustments are always helpful, but the never "hold" for more than a couple weeks. The key to understanding her low back pain, it turns out, is her fatigue. She was found to have a need for the mineral manganese. Manganese is necessary for the body's main energy production pathway - the Kreb's cycle or citric acid cycle. Manganese is also essential for ligament integrity. Due to the manganese need, she was fatigued (under-oxidized) and her ligaments were not strong enough to keep her spine in alignment. With moderate manganese supplementation, her energy returned to normal and her chiropractic adjustments hold for months at a time.

2. **NEUROMUSCULAR PATTERNS:** Dysfunctioning muscles can be in only TWO states depending on the nerves firing from the spinal cord motor neurons to the muscles: facilitated (turned on) or inhibited (turned off.) This on-off and off-on pattern is what normally happens when our arms swing back and forth as we walk. When there is a problem, muscles will stay turned on when they should be turned off, or turned off when they should be turned on. Discussions of neuromuscular function can get very technical, but fundamentally, when patients have problems, we are confronted with patterns of facilitation and inhibition of nerves from the spinal cord to the muscle.

We must also look further at pathways from higher neurological levels (brain, brainstem, etc.) to spinal cord motor neurons, and hence to muscles. When we identify a pattern of dysfunction, we can identify its location and then can correct it and relieve the patient's complaints. One way that we diagnose the status of these nerve pathways to muscles is with applied kinesiology manual muscle testing procedures.

If the nerve pathways to muscles are normally facilitated, the muscles will respond to the commands our brains send to them. Muscles will show normal “strength” in response to manual muscle testing procedures. If the nerve pathways to the muscles are inhibited (turned off or “short-circuited”) the muscles will not respond appropriately to the signals we send from our brains. These muscles will seem “weak” to manual muscle testing. However, the muscles themselves are not really weak, the nerve pathways to the muscles are inhibited or “short-circuited.” This would be like turning on the light switch when a circuit breaker is blown. The light itself is capable of working, but the electrical pathway to the light is interrupted by the “short circuit.” The clinician’s job is to identify the location of the “short-circuit” and correct it.

Inhibited (weak) muscles lead to changes in posture and equilibrium, muscle and joint pain, susceptibility to injuries, slow healing of injuries, and so on.

One of the most important techniques we teach in our Quintessential Application seminars is called “Injury Recall Technique.” In many patients, injuries result in chronic changes where some muscles are facilitated and others are inhibited. This is like when you touch a hot stove and pull your hand away, except the muscle reactions persist afterwards. These muscle imbalances can, in some patients, remain for many years creating a wide range of disabilities and symptoms. One IRT treatment usually will make a permanent correction of the persistent muscle imbalance and related symptoms. The following patient is an excellent example of the application of this technique.

Case Example: A 39 year old woman with a history of 22 surgeries (i.e., injuries) presented with classical symptoms of multiple sclerosis (paresthesias – numbness and tingling in all four distal extremities with much weakness) but no positive diagnosis in spite of numerous neurological tests. Deep tendon reflexes for the patella (hit the knee – the toe kicks out) were absent. Initial treatment of IRT to all of her 22 injuries resulted in 100% reduction of the paresthesias and weakness in 3 of her extremities and 90% in the fourth. Her patellar reflexes were then normal. (For other interesting and unusual responses to Injury Recall Technique, go to www.theuplink.com and look in the left hand column under “IRT STORIES.”)

3. SYMPATHETIC-PARASYMPATHETIC REGULATION: In visceral disturbances, there are TWO possible autonomic factors which relate to patients' problems. These are imbalances in sympathetic and parasympathetic nervous system functions. The sympathetic system is thought of as the “fight or flee” reaction to impending danger or stress. The parasympathetic system is the “laid back” part of the autonomic nervous system.

In normal daily functions, the sympathetic and parasympathetic systems allow us to increase or decrease our organs’ activities as needed. For example, the parasympathetic system increases after a meal so that we can digest our food. The sympathetic system increases during physical activity (and unfortunately, stress) to increase our heart rate and blood flow to muscles while at the same time slowing down our digestion. So both sympathetic and parasympathetic activities are necessary for normal function, but they must be able to shift back and forth as needed, and not get stuck in one mode or another.

In disease, one can have too much or not enough sympathetic activity. Or one can have too much or not enough parasympathetic activity. Autonomically speaking, that is all that can be wrong with viscera! (Actually, there is also an enteric nervous system, a local gut nervous system that can be separately involved in visceral disorders. That is a different, but parallel discussion that we won’t address here.)

When clinicians understand the state of the autonomic nervous system in relation to a particular organ, we can have a great impact on the patient's condition by resetting autonomic function. Normalizing sympathetic and parasympathetic activity can achieve either partial or total remission of the patient's symptoms, regardless of whatever pathology or functional illness may be present.

Case Example: Early in my career, I observed Dr. Goodheart totally eliminate the pain from a 62 year old male patient's cancer ridden abdomen by properly applying sophisticated manipulative methods to affect the autonomic nervous system. This was achieved in spite of massive malignant infiltration and ascites (abdominal edema.) The patient eventually died about six weeks later, but never had significant pain through the rest of his life. There are a finite number of things that can go wrong, and if they are identified and corrected, the patient can respond to the maximum of his or her ability.

4. ENDOCRINE IMBALANCES: Endocrine dysfunction is associated with only TWO things: excessive hormone activity or deficient hormone activity. Hormone excess can further result from TWO altered processes: excessive hormone production or decreased hormone breakdown. Likewise, deficient hormone activity results from TWO processes: under production or over conversion of the hormone. There are many hormones, hence hormone imbalances can become very involved and seemingly complicated. Still, the processes associated with endocrine imbalances can be broken down into simple processes.

Case Example: A 42 year old woman medical doctor had monthly premenstrual symptoms with breast swelling and irritability. Her laboratory findings included a higher than normal estrogen level during the second half of her menstrual cycle. Applied kinesiology muscle testing procedures demonstrated that the neurological pathways related to her ovaries (where estrogen is produced) were normal, but that there was stress in her liver. The liver is where estrogen and other hormones are detoxified using two substances, one of which is sulfur (sulfate.) She was given a sulfur-containing nutrient (the amino acid L-cysteine) at a dose of 500 mg. per day starting two weeks before her period and stopping with the onset of her menstrual flow. The monthly on-and-off supplementation with L-cysteine stopped her premenstrual symptoms and keeps them away to this day.

5. IMMUNE IMBALANCES: Immune system dysfunction is associated with only TWO processes: under function and excess function. Our immune systems are present to protect us from anything that is "non-self." The immune system is like a sentry on duty watching out for invaders. When our immune systems under function, we are subject to infections as microbial invaders get into our systems and wreak havoc.

When our immune systems are over active, they become hypervigilant. The hypervigilant immune system is like a sentry who might overreact and shoot before properly identifying friend or foe. The hypervigilant immune system is responsible for allergic reactions to substances in our normal environments like foods and pollens. A hypervigilant immune system is present during excessive inflammatory processes such as arthritis and many types of headaches. (Problems related to these inflammatory processes include the many symptoms that people try to control by taking aspirin or non-steroidal anti-inflammatory drugs like ibuprofen or naproxen.) The hypervigilant immune is also responsible for autoimmune diseases where the body's immune system attacks its own tissues, like friendly fire killing one of our own soldiers.

Autoimmune diseases include rheumatoid arthritis, multiple sclerosis, Crohn's disease, Hashimoto's disease (thyroid), and numerous others.

Modern immune system research continues at breakneck speed and it is clear that some people can have both susceptibility to allergies (hypervigilant immune function) and infections (lowered immune function.) Nonetheless, we are able to identify each of these processes individually and provide appropriate treatment and support to restore normal balance.

Case Example: A six year old boy caught every "bug" that came along. It seemed that he no sooner recovered from one infection than he acquired another one. He had a lowered white blood cell count. (The white blood cells are part of the immune system.) Applied kinesiology muscle testing evaluation showed "weaknesses" in his muscles related to the thymus gland and the spleen, two important immune system organs. The thymus and spleen short-circuits" were treated by rubbing the appropriate reflex points ("Chapman's reflexes") and spinal assessment resulted in two gentle manipulations, one at the neurological level for the spleen and the other in the low back. He was placed on supplementation with bovine (i.e., from cow) thymus tissue extract and bovine spleen tissue extract (to help to strengthen the apparently weakened immune system organs) and his parents were instructed to rub the thymus and spleen Chapman's reflexes for 30 seconds each once a day. Over the next year, he had two colds.

Case Example: A 48 year old woman who had been a patient in the past moved back into the area. Six months after her move, she returned for treatment with a newly acquired set of symptoms that had begun several weeks after her move: severe fatigue and debilitating muscle and joint pain throughout her body. Her applied kinesiology evaluation revealed a pattern of a hypervigilant immune system consistent with a food allergy. Further testing with a variety of foods on her tongue demonstrated a muscle testing weakness (inhibition) of all of her muscles when she tasted soy. Additional questioning revealed that she had seen a new gynecologist soon after her move and who had recommended that she start to eat soy products (which contain mild estrogen-like compounds) every day due to her perimenopausal status. The patient complied and added tofu, soy cheese, and other soy products to her diet daily. Her symptoms began slowly after several weeks on this regime – too slowly for her to make the connection. Avoidance of soy resulted in the return of the patient's energy and elimination of her muscle and joint pain.

D. D. Palmer, the founder of chiropractic, said that "Too much or not enough nerve energy is disease." Perhaps it would make more sense if he had said "Too much or not enough nerve energy is *present in* disease." Anything that goes wrong in the body will be sensed, evaluated, and reacted to by the nervous system. Further, the nervous system response in any process will be reflected in neuromuscular pathways that will affect muscle facilitation and inhibition. Hence, any dysfunction is accompanied by changes in muscle balance that may be observed through applied kinesiology manual muscle testing procedures.

Changes in "strong and "weak" muscles must be confirmed by traditional methods of diagnosis including history taking, physical exam, laboratory studies, and so on. When you see an applied kinesiology doctor, you will be seeing a doctor first and an applied kinesiologist second.

Although later editions were changed, Dorland's Illustrated Medical Dictionary 28th edition (W.B. Saunders) defines chiropractic in the following words which are also just as appropriate as a definition of applied kinesiology:

*"...a science of applied neurophysiologic diagnosis based on the theory that health and disease are **life processes** related to the function of the nervous system: irritation of the nervous*

system by mechanical, chemical, or psychic factors is the cause of disease; restoration and maintenance of health depend on normal function of the nervous system. Diagnosis is the identification of these noxious irritants and treatment is their removal by the most conservative method."

When we understand the body's normal processes and how they are dysfunctioning, we can begin a course toward normalization using "conservative methods." In applied kinesiology, we achieve this by a combination of traditional diagnosis and muscle testing procedures. The muscle testing becomes an important tool in the decision making process of what to do for a patient when confronted with a number of different treatment alternatives. Muscle testing responses allow the clinician to detect what procedures are most compatible with an individual patient's needs, regardless of the symptoms or name of the disease.

We can identify where there is "too much or not enough." Too much or not enough chemistry. Too much or not enough neuromuscular activity. Too much or not enough autonomic activity. Too much or not enough endocrine activity. Too much or not enough immune activity. And so on.

Addressing these processes leads to a treatment plan far different than that of a doctor's mind going through an academic review of signs and symptoms and assigning the patient a traditional "diagnosis". Rather, we can ask,

"Is it too much or not enough oxidation?"

"Is it too much or not enough muscle activity?"

"Is it too much or not enough autonomic function?"

"Is it too much or not enough endocrine activity?"

"Is it too much or not enough immune activity?"

When doctors of all disciplines ask these questions, they expand the possibilities to help patients heal. And as more and more doctors employ the Quintessential Applications protocol, there will be more consistency in evaluation and treatment procedures.

Each time a patient presents to my office with a named diagnosis, but treatment procedures based on the named diagnosis has not resolved the problem, I explain to the patient about the zebra in the bathtub and then get on with identifying and correcting the faulty processes which are causing the problem. After the problem is gone, the patient can call it anything they want.

For additional information on applied kinesiology see:

www.icakusa.com

www.icak.com

Dr Schmitt's web site is www.theuplink.com

Dr. Schmitt and Dr. McCord's web site is www.quintessentialapplications.com