
THE UPLINK

Merging Contemporary Chiropractic Neurology and Nutritional Biochemistry in the Tradition of Applied Kinesiology

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THE CHOLESTEROL TEST

In 1993 Liver Detoxification Technique was introduced. (See *This Issue's Special*.) However, a neurological indicator specifically related to elevated cholesterol levels has been elusive. It appears that we have finally found the key. It is related to the liver (no surprise) but usually hidden from normal findings (which is a surprise) ...and it is VERY common!

It is well known that most (70%-80%) of the cholesterol in the body is produced by the body. Only about 20%-30% is derived from dietary sources. With this in mind, elevated cholesterol should first be thought of as the inability of the body to break it down. This usually involves correcting a toxic bowel (which interferes with cholesterol metabolism), supplementing as appropriate, and proper aerobic exercise. Still, diet can play a role in elevated cholesterol and may need to be addressed as well.

Consider that the liver is the primary cholesterol conversion organ, and also that the liver has a great organ reserve capacity. Hence, most patients with elevated cholesterol do not show any AK findings related to the liver, except one. There will be no PMS weakness, nor will the PMS respond to any challenge to the liver visceral referred pain (VRP) area. So on the surface, it looks like the liver is not involved.

LIVER PASSES THE CHOLESTEROL BUCK

What appears to happen in elevated cholesterol is that the liver adapts, showing no problems to our muscle testing examination, but this adaptation occurs at the expense of some other muscle/organ circuit which becomes stressed. It is like the liver cranks up its function a notch to try to keep up with the increased cholesterol, but then "passes the buck" of that stress to some other muscle/organ circuit.

The indicator for a cholesterol problem is any muscle (other than the PMS) which strengthens on rubbing the liver VRP area below the right lower rib margin. (See our web site: www.theuplink.com for a chart of VRP locations.) This is confirmed by the patient showing a bilateral PMS inhibition on oral insalivation of cholesterol or a cholesterol containing substance such as butter, cheese, bacon, or lard. This PMS weakness is negated by rubbing the liver VRP (suggesting the need for rubbing the liver Chapman's NL reflex) and also by TL to the liver NL.

ELEVATED CHOLESTEROL PROCEDURE

1. Both PMS strong in the clear. Some other muscle is weak. (Often a recurrent weakness.)
2. Rubbing the liver VRP will strengthen the weak muscle unrelated to the liver.
3. Test both PMS with cholesterol (butter, cheese, bacon, lard, or cholesterol itself) in the mouth. In susceptible patients, this will cause weakness of both PMS (Types 1, 2, & 3.)
 - a. Cholesterol on the tongue will cause a positive TL to the Liver Chapman's reflex when testing any strong muscle. Note: *This can be the starting point* for patients already known to have elevated cholesterol.
4. Find out what standard cholesterol lowering nutrient(s) (including EFA) negate the weak-in-the-clear muscles. That nutrient(s) will negate the cholesterol – PMS challenge also. A list of nutrients and other notes are available for free on our web site: www.theuplink.com under Guides.
5. Treat by rubbing the liver Chapman's reflex while the patient holds the cholesterol substance in the mouth.
6. Rechallenge both PMS with cholesterol in the mouth.
7. Supplement as indicated. Address diet issues.
8. Do a new-fangled NMR cholesterol profile. (See next page.)
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CASE HISTORY/EXAMPLE

A 54 year old male patient had recurrent right hip pain and a recurrent right TFL weakness from visit to visit. He reported that he ate a considerable amount of cheese daily and a recent serum cholesterol was 239. Rubbing the liver VRP strengthened the TFL. Cholesterol on the tongue weakened both PMS muscles, and this weakness was also negated by rubbing the liver VRP area, as well as niacin and vitamin A. Rubbing the liver Chapman's reflex with cholesterol powder on the tongue resulted in normalizing the above findings. The patient was placed on niacin and vitamin A and counseled about his dietary cholesterol, in particular, decreasing his excessive cheese intake. He followed the dietary recommendations. A repeat cholesterol level one month later was 212, and his hip pain never returned.

■ **STOP PAIN NOW! TV INFOMERCIAL AIRS:** Dr. Schmitt's self-help book and audio tape, *Stop Your Pain Now!* have been picked up by a major national marketing firm. This company, Youth Enhancement Services, Inc., has reformatted the book with the new title *Stop Pain Now!* They have produced a new video in which Dr. Schmitt teaches people how to use the techniques as well as a CD-ROM with audio instructions, an interactive guide to finding out which points to tap for pain relief, and other materials. YES, Inc. has also produced a television infomercial which features Dr. Schmitt in several versions: 1 minute, 2 minutes, and 30 minutes. There is no muscle testing or mention of AK in the program, yet it carries the message of using natural methods and manipulative techniques (tapping acupuncture head points) to relieve pain.

The infomercial has aired several times so far, but is expected to be tested more widely sometime during the first part of 2004. There may also be newspaper ads and other publicity. The marketing plan includes a new web site: www.stoppainusa.com which has all of the particulars of the available products associated with the *Stop Pain Now!* book. You might want to check it out as well as let your patients know about it.

■ **PURE CHOLESTEROL POWDER** for testing is available from Metabolics USA: (866)-682-2624.

■ **GOOD & BAD: LARGE & SMALL:** Recent laboratory developments have superseded the previously used cholesterol parameters of total cholesterol, HDL cholesterol, and LDL cholesterol. Of course we always want a higher HDL and a lower LDL, but there are subclasses *based on the particle sizes* of the HDL and the LDL. Evaluation of these various sized particles greatly enhances our abilities for evaluating risk factors.

There are 5 HDL subclasses and 4 LDL subclasses, the larger ones in each group being the preferable, the smaller particle sizes indicating higher risk. That's right, there is a "good" HDL and a "bad" HDL and there is a "good" LDL and a "bad" LDL, all based on particle size. So to achieve decreased cardiovascular risk, what you want to achieve is *large HDL particles* and *large LDL particles* in your blood.

The number of LDL particles for any given LDL level is also very important: more LDL particles are bad; fewer LDL particles are good. Think of it this way: if you have a box (LDL cholesterol number) and if you fill it with baseballs (small particles), you will have many more balls in the box than if you fill it with basketballs (large particles.) So for a *decreased CVD risk*, you want a *low LDL cholesterol*, but you also want a *larger LDL particle size* and, hence, a *lower number of LDL particles*.

There are similar patterns related to VLDL (triglyceride) subclasses which are beyond the scope of our present discussion. All of these factors can be measured in the blood at a reasonable cost. For more information on these topics, we will refer you to Liposciences Lab (next column.)

■ **LIPOSCIENCES LAB** in Raleigh, North Carolina is one of just a few laboratories performing a comprehensive lipid profile with these new HDL and LDL parameters. Their *NMR LipoProfile* is a Nuclear Magnetic Resonance test which measures LDL and HDL particle numbers and sizes on patients' plasma specimens. The blood specimens are shipped by overnight courier and the cost is reasonable: around \$90. When running the *NMR LipoProfile*, also consider including the Lipoprotein(a) which is abbreviated "Lp(a)," and the high sensitivity C-Reactive Protein which is abbreviated "hs-CRP" tests. Adding these two tests gives a more complete picture of your patient's risk for developing heart disease. The Lp(a) is a genetic factor associated with early atherosclerosis and coronary artery disease. The hs-CRP is a marker for systemic inflammation. Increases in hs-CRP have been shown to correlate with increased risk for heart attack and stroke. Check out <http://www.liposcience.com> - Liposcience Lab's web site. They can also supply you with a terrific CD with excellent information if you contact them.

■ **RESERVE NOW FOR “SKI WITH WALLY”:** The 10th Annual “Ski With Wally” Seminar will be held at the Stonebridge Inn in **Snowmass Village, Colorado**, on Thursday through Saturday, March 11th through 13th, 2004 from 4:00 PM to 8:00 PM each day. The topic will be “Hidden Gems: Finding Hidden Spinal Problems & Hidden Nutritional Problems.” Claudia Rabin-Manning and Trump Travel are handling hotel reservations and have special group rates for rooms and lift tickets. *The deadline for hotel reservations is January 31, 2004, but rooms are limited this year and may be sold out by then.* So contact Claudia ASAP at (800) 937-3878 or by e-mail at Claudia@trumptravel.com.

For seminar information or to register, contact Michelle at (919) 545-8829 or see www.theuplink.com.

THIS ISSUE'S SPECIAL OFFER!

Audio-Video-Notes Package

LIVER DETOXIFICATION TECHNIQUE

Discusses the step-by-step procedure for evaluating both phases of liver function with AK techniques. Updated notes included.

\$60 (Normally \$85)
Includes Shipping and Handling

Call (919) 419-9099 or Fax order form to (919) 419-9049
Offer ends February 29, 2004

■ **CE FOR SESSION 8 IN DALLAS:** 12 hours of chiropractic continuing education (for TX and several other states) has been granted for Session 8 (March 27-28, 2004) of Dr. Schmitt's Special 100 Hour AK Course on Parker Chiropractic College campus. Topics are wrist, hand, and finger muscles and associated problems as well as, Common Glandular Dysfunctions in the General Practice based on Dr. Schmitt's classic book. For further information, call Michelle at (919) 545-8829.

■ **GREAT SMOKIES DIAGNOSTIC LABS**, also has a Comprehensive Cardiovascular Profile which includes a slightly different version of the LDL and HDL particle numbers and sizes. They report “buoyant” and “heavy” particles and also include Lp(a) and hs-CRP in this profile.

■ **100 HOUR AK COURSE IN NC IN 2004:** The North Carolina Chiropractic Association is tentatively planning to sponsor Dr. Schmitt's Special 100 Hour Basic AK Course in the Raleigh-Durham-Chapel Hill area beginning in the fall of 2004. Watch for further announcements at www.theuplink.com.