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# THE UPLINK

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

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In this issue of *THE UPLINK* (*THE UP*date on the *LINK*s Between the Nervous System and the Body Chemistry) we discuss quick screening steps which will save you much time and many frustrations in treating your patients. Read the 5 underlined steps first for an overview, then read the rest of the article.

## INITIAL SCREENING

1) Identify a weak muscle. Test with G-1, G-2 to maximum, and G-2 submax tests. (These 3 tests and IRT are summarized on an audio tape which costs \$5 or is free for asking with any other order. See order form.) There is almost always a G-1 weakness. When there is also a G-2 submax weakness present, you know that either the patient has 1) a reaction to injury, 2) an immune system involvement, usually allergy, and/or 3) a centering the spine problem. See discussion below.

A G-2 weakness (with no G-2 submax) tells you that there is a significant problem arising from suprasegmental (supraspinal) centers. This could be cranial or TMJ faults, systemic chemical imbalances, emotional stress circuits, etc. When you identify the type(s) of weaknesses present, you are in the ball park of the patient's problem.

Once you have identified that a muscle shows two or three types of weakness, you can continue with the easier to perform G-1 type testing. The following discussion describes how to isolate problems when a G-2 submax weakness is present.

## FIX INJURIES FIRST

2) If there is a G-2 submax weakness, spread the muscle spindles apart in the belly of the weak muscle. This, of course, should cause a strengthening response on all 3 types of testing. This is called the autogenic facilitation challenge and was elaborated on by Richard Belli, D.C. in the *ICAK News Update* recently. *Whether or not spindle cell spreading strengthens a weak G-2 submax muscle guides you in which of 2 directions (italicized below) to proceed:*

*If autogenic facilitation (muscle spindle challenge) does not strengthen the weak muscle:* This means that there is an injury somewhere in the body contributing to the weakness. It may be a recent injury or an ancient injury. If there is a weakness from an injury source, other treatment procedures will be, at least to some extent, "like painting over rust." Injury recall technique (IRT) is the treatment of choice in this case. This does not mean that skipping IRT will cause a patient to not respond, but rather, ignoring the injury will cause your patient to adapt to the injury in some other manner and interfere with a return to full optimal function.

## QUICK SCREEN FOR INJURY LOCATION

2A) Testing the weak muscle, rub over suspected areas of previous injury. You can readily identify the location of the injury(ies) contributing to the weakness by rubbing or stroking the skin over the suspected areas. Rubbing over an area which is in need of IRT will cause a weak muscle to strengthen.

Rubbing activates mechanoreceptors (MRs) in the skin. MRs block the effects of nociceptors (NOCs). So if rubbing over an area strengthens, you can bet that there is an underlying irritation to NOCs of some sort. Perform IRT at the location where rubbing strengthened. You can pinch the area and do IRT. Or have the patient TL the area and do IRT. Or if it seems like the injury is to a deeper tissue, such as the origin or insertion of a muscle or ligament, then perform deep origin-insertion type manipulation to the tissues and do IRT.

*When autogenic facilitation (muscle spindle challenge) strengthens the weak muscle, 3) check for an endocrine or 4) emotional stress Centering the Spine problem.* See issues 2, 3, and 4 of *THE UPLINK* and the "CTS" audio-video-notes package.

If a muscle is still weak, the next step is to 5) TL to the 3 immune circuits (see drawing on next page) to ascertain if there is any allergy or other immune system problem. If any or all of the 3 immune circuits are positive and the patient is displaying infectious symptoms, the connection is obvious. When the patient is not "sick," this should direct your interest to assessment of potential allergic reactions by either by AK and/or laboratory methods.

■ **THE 3 IMMUNE CIRCUITS:** upper sternum, lower sternum, spleen NL. Also shown, thymus NL.

insert picture of 3 ICs.

■ **TOUGH INFECTIONS:** This winter I saw more persistent infections than in many years. TL to the immune circuits can really help in guiding therapy to the most appropriate organ(s). I have always found that about 80% of infections are thymus related and the other 20% are spleen related. The related muscles (infraspinatus for thymus, mid and lower trapezius for spleen) are often NOT weak. In infections, regardless of the type of muscle weakness, TL to the above areas to find the most important organ to treat. I supplement with the glandulars and other substances which strengthen, as often as one per hour. It is beneficial to instruct patients to rub the appropriate NLs as often as hourly until they are better.

In tough infections, also check for a need for the products which are thought to stimulate production of the important immune system modulator, *nitric oxide*. These include Arginex (Standard Process) and Argizyme (Biotics). I have found these products extremely valuable in many infections and use them as often as thymus and spleen tissue supplements, often using them together.

■ **INFECTIONS & MUCUS SECRETIONS:** Thick - Check for iodine. Thin - Check liver and bile salts.

■ **THE UPLINK** comes out whenever Dr. Schmitt gets a chance to put one together. It looks like that is about four times a year. It is sent free of charge to anyone who asks to receive it. If you know of colleagues who would like to receive **THE UPLINK**, please tell them to ask us to put their name on **THE UPLINK** mailing list.



