

INJURY RECALL TECHNIQUE STORIES (Updated 1-08)

Without question, the most-commented-about technique ever taught by Dr. Schmitt is Injury Recall Technique (IRT). Doctors tell of dramatic clinical successes with all sorts of named and unnamed conditions including life-changing recoveries from chronic problems.

We have decided to ask you to write up your favorite case history(ies) using IRT and we will post them all in a file on our web site. Please write these briefly – a paragraph or two will be fine. (See the example below.) Our intent for this is not publication, but for clinical sharing and to help expand our clinical awareness of the widespread application and effectiveness of this technique. You may use your name, or remain anonymous as you wish. (We would just use your initials if you ask.) Send your IRT experiences via e-mail to Michelle at aksp@theuplink.com. We may slightly edit them with your permission.

■ **TRIGEMINAL NEURALGIA (TIC DOULOUREUX):** A 23 year old female graduate student had tripped and fallen in a parking lot bruising her cheekbone two years previously. Within a day or two, she began having symptoms which escalated to a full blown trigeminal neuralgia (tic douloureux.) IRT to the area of her cheek injury eliminated the pain in the office and the tic douloureux was gone. SUBMITTED BY WALTER SCHMITT, DC

■ **CONSTIPATION IN 1 YEAR OLD DAUGHTER:** My 1 year old daughter had not had a bowel movement in 5 days going on 6 days and I hadn't found much when treating her. There was no ICV nor anything else in the digestive system. I gave it one more shot tonight - she had a 51%er of her quads/Small Intestine Chapman's Reflexes (NLs) and it occurred to me to look for an injury.*** She showed a crossed K27 TL switching pattern but I couldn't find a tooth or TMJ so I tried having her swallow some water - and sure enough, it caused a weakening response. She must have swallowed something that scratched her throat and disrupted her entire digestive process. So I performed IRT while she swallowed and then the quads showed up in the clear with a need to rub the Chapman's reflexes. 30 minutes later, she had nice big bowel movement. SUBMITTED BY STEVE GANGEMI, DC, CHAPEL HILL, NC

(***Note – Dr. Gangemi has reported that 51%er muscles are the result of either an IRT injury or an immune system involvement. See THE UPLINK Issue #32.)

■ **PSEUDO MULTIPLE SCLEROSIS:** A 39 year old woman with a history of 22 surgeries presented with classical symptoms of multiple sclerosis (paresthesias in all four distal extremities with much weakness) but no positive diagnosis in spite of numerous neurological tests. Deep tendon reflexes for the patella 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 normal. SUBMITTED BY WALTER SCHMITT, DC

■ **BREAST REDUCTION SURGERY SYMPTOMS:** One of my patients presented herself with chronic mid thoracic pain which occurred shortly after her breast reduction surgery. She had bilateral pectoralis major, clavicular (PMC) weakness which was not associated with a temporal bulge or an HCl deficiency. I applied the IRT procedure to her surgery sites. There was an immediate strengthening of her PMCs and remarkably, her mid thoracic pain was 100% gone for the first time since surgery. SUBMITTED BY DR. JIM BAKER, TRYON, NC

NOTE: THE FOLLOWING 4 “IRT STORIES” ARE SUBMITTED BY DR. JIM HOGG OF DAVENPORT, IOWA. JIM HAS USED AN INNOVATIVE COMBINATION OF LOW LEVEL LASER THERAPY WITH IRT. HE PRESENTED A PAPER ON THIS SUBJECT AT THE 2003 ICAK-USA MEETING. YOU MAY GET A COPY OF HIS ORIGINAL PAPER BY CONTACTING JIM DIRECTLY AT HIS E-MAIL ADDRESS: jimhogg@usa.net.

In Jim's words: “I've been using laser IRT for **BRAIN TRAUMA IN CLOSED HEAD INJURIES, STROKE, AND ISCHEMIC BRAIN TRAUMA FROM SURGERY.** The results have, in some cases, been dramatic. Here are a few that stand out.”

■ **BRAIN TRAUMA IN CLOSED HEAD INJURIES:** A 65 year old woman had a 30 year old closed head injury from an auto accident. She had been to many chiropractors: SOT, Gonstead, and finally AK. She has had loss of "executive ability" (the ability to organize and get things accomplished.) I tried a lot of things with her with mixed results. Laser IRT to her whole head resulted in a dramatic improvement in her organizing skills especially numerical skills. She can balance her checkbook for the first time in decades. SUBMITTED BY DR. JIM HOGG OF DAVENPORT, IA

■ **STROKE:** A woman in her late 60s had a left hemisphere stroke 6 months earlier. As a result she had significant problems with right arm and leg strength and control with a very erratic gait. After laser IRT to her left hemisphere she reported dramatic improvement in her right side strength and control. Her gait showed a 20% - 30% improvement on her next visit. SUBMITTED BY DR. JIM HOGG OF DAVENPORT, IA

■ **POSSIBLE ISCHEMIC BRAIN TRAUMA FROM SURGERY:** A man in his mid-60s had open heart surgery. He reported that, after the surgery he had a lot of trouble concentrating and became easily confused, got lost a lot when driving and often would forget what he was doing. After laser IRT to several head areas he reports that he can focus better think much more clearly and is no longer getting lost. SUBMITTED BY DR. JIM HOGG OF DAVENPORT, IA

■ **ISCHEMIC BRAIN TRAUMA FROM SURGERY:** A 50 year old woman had endometriosis surgery 12 years ago. The blade of the endoscopic instrument nicked her descending aorta on the way in. The surgeon immediately withdrew the instrument but nicked the aorta again on the way out. She bled out on the table. Fortunately there was a cardiac surgeon in the hospital at the time. They opened her from pubis to clavicle and saved her life but she had a long and difficult recovery period. She had ischemic brain trauma from bleeding out with a number of neurological deficits. She felt she had recovered most of them except for one area when she asked for my help recently. She had a very hard time with right and left. She was taking ballroom dance classes and had a very hard time following instructions. Before treating her I gave instructions like "bend your left elbow" or "wiggle your right toes". She could do it but there would be a full 4 - 5 second lag time. After laser IRT to several brain areas she could follow these directions instantly, no lag time at all. She reports that she now has little to no trouble with right and left and can follow instructions well at class. SUBMITTED BY DR. JIM HOGG OF DAVENPORT, IA

■ **BREAST INFECTION IN NURSING MOTHER (Set Point Technique also used):** A 41 year old nursing mother presented with a right breast infection (including her nipple and the entire lateral half of the breast) of 6 days duration. She described the pain as "excruciating," especially when she nursed (which, of course, she continued to do in order to help the infection to heal.) IRT to the nipple and breast areas was performed. In addition, set point technique (tapping R St-1 while she touched the painful breast areas) resulted in a 75% reduction in pain. Several minutes of tapping St-1 was necessary for maximum pain relief. (Note: When both IRT and set point are indicated in the same patient, performing IRT first enhances therapeutic effectiveness.) SUBMITTED BY WALTER SCHMITT, DC

■ **INFANT POST-ABDOMINAL SURGERY:** A 3 ½ month old baby girl presented who had been born prematurely (32 weeks) and subsequently was found to have an intestinal volvulus (where the intestine was twisted 1 ½ times on itself obstructing passage of contents through the gut.) Surgery (LADD procedure) to correct the problem was performed successfully at 2 months of age.

Postural evaluation by holding the baby in the air (under the axillae) revealed a distinct lateral deviation of her pelvis and lower extremities to the right of about 20 degrees. IRT, not to her scar, but to the sites of the surgical intestinal reattachment in the right lower quadrant and the left upper quadrant resulted in an even postural pattern of the pelvis and the lower limbs.
SUBMITTED BY WALTER SCHMITT, DC

■ **SHOULDER ROM AFTER SPINAL AND SHOULDER TRAUMA:** I was demonstrating Range of Motion in an Assessment class for massage students. One student had been in an auto accident which fractured her lower cervical vertebrae and injured her shoulder. After 6 years of physical therapy her shoulder abduction was still restricted to 90 degrees – the arm horizontal to the floor. Just for fun I did a quick (and rather sloppy) IRT to the shoulder which resulted in an increase to 110 degrees abduction. The following week I remembered to do IRT on the cervical vertebrae and she immediately regained full abduction – 180 degrees. There was no restriction from the lack of performing that motion for 6 years.

SUBMITTED BY GAIE FEUERSTEIN, DC OF HANA, HAWAII

■ **SEVERE NECK AND RADIATING ARM PAIN:** A new patient came to see me because her chiropractor was out of town. Her complaint was severe neck and severe radiating arm pain. I asked about surgeries, broken bones and injuries. She had eight surgeries on her legs and as a result had difficulty walking because of muscle weakness. Her quadriceps tested like a wet noodle. I began clearing the injury patterns and her quadriceps became strong. I continued with IRT when she mentioned that she felt and heard 3 or 4 clicks in her neck. She also mentioned that her neck and arm pain was beginning to subside. Within ten minutes her neck and arm pain were 90% improved and I didn't adjust one single vertebra.

SUBMITTED BY JAMES BARRASS OF THOUSAND OAKS, CALIFORNIA