
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* we discuss Neuro Metabolic Assessment (NMA) procedures for challenging visceral referred pain (VRP) areas. These procedures help to determine the presence of organ involvement. If a challenge is positive, we can know if there is a need for more or less sympathetic (SYM) or parasympathetic (PS) function to that organ. To assess visceral function when we find a weak muscle, we simply rub and pinch over the VRP areas.

RUBBING AND PINCHING ARE OPPOSITES

Pinching the skin stimulates nociceptors which initiate the flexor reflex afferent (FRA) pathway, which we used to call the flexor withdrawal reflex pathway. We are all aware of the muscle facilitation and inhibition patterns associated with FRA activity. The use of this knowledge was discussed in issue 6 of *THE UPLINK* in relation to identifying an area in need of IRT technique.

Part of the FRA reflex mechanism is a stimulation of local spinal cord SYM neurons which reflexly cause a vasoconstriction to the area in which the nociception originated. The body's wisdom here is to provide a reflex mechanism so that we don't bleed to death every time we get cut or bruised. Overflow to other local SYM visceral activity is also activated by nociception.

We know that nociception is negated by mechanoreceptor (MR) stimulation. That is why we instinctively rub an area which we have just injured. MR stimulation by rubbing also inhibits the SYM facilitation caused by nociception. So rubbing, by blocking nociception, has a net PS effect.

VISCERAL REFERRED PAIN AREAS

The classical VRP areas are shown in the chart on the following page. There is some individual variation from patient to patient, but this chart is pretty accurate for most patients. When a weak muscle is present, you may quickly assess for the presence of autonomic involvement. Simply pinch the VRP of the associated organ and retest the muscle. Then rub the VRP and test the weak muscle.

IS IT SYM OR PS?

If pinching the VRP strengthens - it suggests a need for more sympathetic activity to that organ.

If rubbing the VRP strengthens, it suggests a need for more parasympathetic activity to that organ.

If neither rubbing nor pinching the VRP changes the muscle, it is a good indication that the muscle weakness is not associated with visceral autonomic dysfunction. (If multiple VRPs show the same SYM or PS response, it suggests a systemic autonomic imbalance. The approach to systemic autonomic patterns is beyond the scope of this issue of *THE UPLINK*.)

TREATMENT TO INCREASE PS

When rubbing the VRP strengthens the associated muscle, use neurolymphatic (Chapman's) reflex (NL) activity. Rubbing the NL will strengthen the weak muscle. However, you can use the VRP to determine how long to perform NL activity. When enough NL activity has been performed, pinching the VRP will not cause a recurrence of the weak muscle. If pinching the VRP causes a recurrence of the muscle weakness, more NL activity must be performed.

TREATMENT TO INCREASE SYM

When pinching the VRP strengthens the associated weak muscle, one or more of the following techniques will be effective:

- 1) Set Point Technique
- 2) IRT to the NL
- 3) Visceral Challenge Technique (VCT).

VCT is performed when oral challenging with an offending substance (allergen, bad fat, sugar, drug, neurotransmitter, hormone, etc.) causes positive TL to the NL area. Correction is IRT to the NL with the offender in the mouth. (This is very similar to immune challenge technique - ICT - discussed in issue 7 of *THE UPLINK*.)

Ascertain adequate correction by rubbing the VRP. The related muscle should remain strong.

■ **CHECK OUT *CHIROPRACTIC ECONOMICS*** June, 1998 issue for an article about Dr. Schmitt's Good Morning America television show segment of July, 1997.

■ **DR. JOHN SCHMITT** has made some profound observations in his paper, "HeartMath: Is This the Answer to Placebo Effect?" Plan to attend his presentation at the ICAK meeting in Washington D.C. on June 11-14, 1998. These are included in the Audio-Video-Notes package entitled "Heart-Focused Techniques and AK."

