
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 how to test for the effects of the hormone, insulin. This is the result of several years of investigations based on work by Phil Maffetone, Gerald Reaven (developer and author of the "Syndrome X" concept), Barry Sears (author and developer of "The Zone" concept), and others. What is presented will be applicable to as many as half of your patients. Only the NMA (Neuro Metabolic Assessment) tools will be discussed here. For more background material, see the work of Maffetone (see next page) or the others.

WHEN A HORMONE CRIES "WOLF"

Insulin is produced by the pancreas when carbohydrates (CHOs) are ingested. Insulin activates cell membrane receptors to "open the cell door" for glucose to enter. Excess stimulation of a membrane receptor over a long period of time by any substance results in the membrane reducing the number of receptors to that substance. This is called down regulation of the receptors. One may think of this as a protective mechanism so that the cell does not get over stimulated by the excess substance. It is like the boy who cried "wolf" so many times that the townspeople stopped paying attention to him.

Likewise, excess insulin production from excess CHO intake results in down regulation of insulin receptors. This is called insulin insensitivity or insulin resistance. When the cell membrane pays less attention to insulin, less glucose gets inside the cell. The result is the cells being starved for glucose and the person craves even more dietary CHOs.

Another way the body can become insensitive to insulin (receptor down regulation) is with excess cortisol (associated with stress including poor diet.)

The adrenal glands produce three categories of hormones: glucocorticoids (cortisol), sex steroids (DHEA, et al), and mineralocorticoids (aldosterone.) In chronic stress states the body makes cortisol preferentially, often resulting in decreased production of DHEA. Excess insulin also results in decreased DHEA and other sex steroids by blocking the enzyme (C₁₇₋₂₀ lyase) which produces DHEA and the others.

ROUND & ROUND & ROUND WE GO

So we end up with a *vicious* vicious cycle: Excess CHO in the diet causes hyperinsulinism which at first causes low blood sugar and increased cortisol production, but in the chronic state causes insulin receptor down regulation and insulin insensitivity. Chronic stress results in increased cortisol (and decreased DHEA) which creates insulin receptor insensitivity, so the body produces even more insulin to compensate...

The excess insulin inhibits DHEA production... which causes more cortisol production... which causes insulin insensitivity... which causes cravings for more dietary CHOs... which causes increased insulin production... which inhibits DHEA production... which allows more cortisol... and so on and so on and so on. We must break this cycle!

INSULIN CHALLENGE AND EQUIVALENTS

It is now possible to obtain homeopathic insulin 6x and 8x which contain molecules of insulin. (See next page.) Oral testing with homeopathic insulin *or* pinching the pancreas VRP (below the left anterior rib border - see *THE UPLINK* #10) *or* hard rubbing the pancreas NL are each equivalent in simulating insulin activity. You may use them interchangeably.

Hyper adrenal activity is found when rubbing the adrenal NLs or oral cortisol creates a positive TL to the pituitary NL (at the glabella) or the coccyx. (See *THE UPLINK* #4.) To break this vicious cycle, challenge the adrenal NLs with insulin or equivalent and treat with IRT. Also check other reflexes with insulin challenge and when positive, treat with IRT.

It is usually necessary to treat the pancreas (see next page) and to decrease dietary CHO. Consider Maffetone's "The Two Week Test." (See next page.)

INSULIN LAB

Today's *lab* normals for serum fasting insulin are 0.0 to 30.0 mcU/ml. However, fasting insulin of greater than 15 mcU/ml is associated with increasing risk of cardiovascular disease. We prefer fasting insulin levels of 10 mcU/ml or less.

■ **MODIFYING INSULIN OUTPUT:** An overactive pancreatic production of insulin is associated with over facilitated triceps muscles. In fact, challenging with insulin or equivalent in these patients will result in *increased* triceps activity and a bilateral weakness of the long head of the biceps - tested with the elbow fully extended. This is the source of many *bilateral shoulder, arm, elbow, wrist, and hand problems* including patients who get paresthesias in the hands when walking or running, a classic sign of hyperinsulinism.

Treatment is by finding a challenge which causes weakness on TL to the pancreas NL (suggesting that it is over stimulating the pancreas.) The positive challenge is often milk, thymus NL stimulation (autoimmune problem?), or a retruded jaw position (associated with fight or flee sympathetic reaction.) Treat with IRT with the positive challenge while the patient TLs to the pancreas NL. Recheck the biceps with insulin or equivalent challenge to verify correction.

■ **WE HAVE FINALLY FOUND A SOURCE** for NEUROTRANSMITTERS, HORMONES, and other testing substances. It is a company started by our good friend, English osteopath Dr. Chris RA Smith. He has developed hundreds of homeopathic 6x substances which we have found to test virtually identical to the standards we were previously using. Contact his company, Metabolics, Ltd. by e-mail (sales@metabolics.co.uk) or by Fax (from US: 011 44 1380 813078) or phone (from US: 011 44 1380 812799). Ask them for a list of their products and test kits. I recommend starting with two of their test kits: "Hormone Kit" and "Neurotransmitter & Brain Kit". It is no problem for them to ship overseas.

Dolisos (800) 365-4767 also has Insulin 8x and others.

■ **PUBLICATIONS 1, 2, 3, 4:** There are four publications to which Dr. Schmitt has contributed which are either out or in the process of publication. See the following:

■ **#1 - CHIROPRACTIC ECONOMICS (40:8)** June, 1998 page 42, has a very entertaining article on Dr. Schmitt's experience with the *Good Morning America* TV program in July, 1997. It was rewritten by the editors from information originally supplied to the ICAK-USA.

■ **#2 - THE WHOLE MIND - The Definitive Guide to Complementary Treatments for Mind, Mood, and Emotion** edited by Lynette Bassman, Ph.D. is a new book which contains a chapter entitled "Applied Kinesiology: Individual Assessment Using Applied Kinesiology" by Dr. Schmitt. Its publication date is July 28, 1998. It is distributed by Publishers Group West and its ISBN number is: 1-57731-050-0. It is 576 pages, costs \$22.95, and will make a good addition to your library and your reception area.

■ **#3 - THROUGH THE GOOD GRACES** and hard work of ICAK and FACTR consultant, Gerald Leisman, M.D., Ph.D., Dr. Schmitt has had a "brief communication" accepted for future publication in a refereed journal. This will be a citable reference regarding Dr. Schmitt's original research with AK testing and blood allergy testing. The exact reference will be given in *THE UPLINK* when it is finally in print.

■ **#4 - COMPLEMENTARY SPORTS MEDICINE**, a textbook by Dr. Phil Maffetone is in the process of publication. I have been fortunate to have been asked to do a technical review of the book by its publisher, Human Kinetics. It is scheduled to come out at the beginning of 1999 and it is absolutely superb with potential to change the face of how the sports medicine world treats athletes. Phil has done a masterful job of blending basic AK with his own work in treating athletes. Watch for it; it's a gem.

■ **THE TWO WEEK TEST** is described in the book *In Fitness and In Health*. This and other Maffetone work is available through Barmore Productions: 607-652-7610, Fax 607-652-2200, or BarmorePro@aol.com