

# THE UPLINK

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

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In this issue of *THE UPLINK* we present new findings regarding the ligament stretch adrenal stress syndrome (LSASS.) We will also discuss how to identify a hidden ligament stretch reaction.

The adrenal cortex produces three hormones: the mineralocorticoids (primarily aldosterone), the glucocorticoids (primarily cortisol) and the sex steroids. *THE UPLINK* has previously discussed patterns of cortisol and the sex steroid DHEA. In this issue we will present recent findings which relate aldosterone to the LSASS.

## HISTORICAL PERSPECTIVE

Since it was first introduced by the late Dr. Jerry Deutsch at the ICAK meeting in Puerto Rico in the winter of 1976, the awareness of the LSASS reaction has bailed out many AK doctors with difficult musculoskeletal patients. To review, stretching of any joint ligaments (activating the phasic type II joint receptors) *normally* causes a reflexive facilitation of all of the muscles around the joint. This is a simple protective reflex such that stretching a joint causes the muscles around the joint to contract to keep the joint from dislocation or other injury.

In the LSASS reaction, muscles around a joint weaken rather than strengthen when the joint is stretched. Although as Dr. Bob Blaich showed in 1980, the LSASS reaction may affect only one joint, the typical pattern in LSASS is a global weakening response when any joint is stretched for a second or two. The weakening reaction is negated by therapy localizing to the Chapman's neurolymphatic (NL) reflexes for the adrenal glands. Treatment has traditionally been prolonged manipulation of the NL reflexes and adrenal tissue nutritional support.

## BREAKTHROUGH IN UNDERSTANDING

For years, I have searched for an alternative to the original theory of the chemistry of the LSASS. The LSASS response was often observed in patients who also had electrolyte imbalances. This led to the suspicion that the LSASS response was related in some way to aldosterone, the primary adrenal mineralocorticoid. Early in 1998 we were finally able to obtain homeopathic aldosterone 6x from Metabolics, Ltd. (see next page) and put the hypothesis to the test. When the ligament stretch response results in a muscle weakening reaction, aldosterone 6x will create a weakening response, either in the clear or during TL to the NL reflexes of one or more organs.

It appears that the LSASS is associated with *functional* excessive aldosterone levels. These patients may or may not present with edema or other electrolyte imbalances, hypertension, or numerous other symptoms typical of hyperaldosteronism.

## CORRECTION OF LSASS

The correction of LSASS involves challenging with oral aldosterone 6x and identifying which NLs TL as positive. The aldosterone 6x induced reflex points should be treated using IRT with the aldosterone on the tongue. Most commonly found NLs are: parathyroid (teres muscle bellies), liver, and reproductive (gluteus medius.) Any other reflexes may TL. All are treated by IRT.

The advent of inexpensive and easy-to-perform salivary adrenal hormone profiles (which measure cortisol and DHEA, but not aldosterone) has led us to be aware that many, if not the majority of adrenal problems are hyperadrenia (increased cortisol) rather than hypoadrenia (decreased cortisol) as previously thought. We have also learned that treatment (nutritional as well as manipulative) to increase adrenal cortex function is often misguided and results only in short term gains followed by long term losses which drive the patient further into the general adaptation syndrome towards adrenal exhaustion.

This calls into question the wisdom of the traditional treatment in LSASS. Without measuring cortisol levels, stimulating adrenal function must be performed with caution.

## HIDDEN LIGAMENT STRETCH RESPONSE

LSASS may be present, but not found in the clear. If the ligament stretch response is normal, place a drop or two of aldosterone 6x on the tongue and recheck. You will be surprised at how many patients show positive ligament stretch response only with aldosterone 6x on the tongue. Correct as above.

■ **HOW OFTEN DO YOU EAT?** One of the major stressors to the adrenal glands is maintenance of adequate blood sugar levels during periods when there is no food intake. If the adrenal cortex is able, fasting glucose levels can be kept normal by adrenal cortisol secretion which mobilizes reserves (gluconeogenesis.)

In my experience many doctors have a tendency to work very hard for periods of five or more hours without eating anything. During these periods, you will feel pretty good as cortisol levels (and often catecholamine levels) are elevated. The blood sugar is normal and all seems fine, EXCEPT that the activity level is being maintained at the expense of your adrenal glands and your tissue glycogen reserves. A simple salivary adrenal hormone profile can diagnose this problem. Correlate the cortisol levels with the length of time since the last meal. Many doctors' cortisol levels climb at the noon and/or 4 PM readings, in direct relationship with the timing of their previous meal.

Many of us would do well to heed the advice we often give to patients: "Eat something every two to three hours" whether or not you are hungry, whether or not you think you have blood sugar problems. (In this regard, I have found that one chewy "*Phil's Bar*" - see below - can last a whole day if eaten a bite or two at a time!) You will spare your adrenal glands and you may be surprised at how you feel after finishing work, how you sleep, and your mental attitude, especially later in the day.

■ **FINDING HIDDEN ALLERGIES:** For years we have used an oral challenge with the natural anti-histamine, Antronex (Standard Process) as a screening test for the presence of allergies, especially undetected food allergies. The rationale for this test is that a patient's weak muscle would not strengthen on insalivation of an anti-histamine unless there was too much histamine in the first place.

The over-the-counter availability of other anti-histamine substances has allowed an even better screening for excess histamine reactions which would be missed by testing with Antronex alone. We now screen patients with a combination of Antronex, the common anti-histamine, diphenhydramine (DPHA), and a histamine H<sub>2</sub>-receptor blocker such as *Tagamet HB*, *Pepcid AC*, or *Zantac 75*. DPHA and histamine H<sub>2</sub>-receptor blockers may be obtained at local pharmacies. Powder all three substances and use the combination for oral challenge screening.

**Case Example:** A 50 year old woman developed extreme anxiety and was taking a tranquilizer at night from her other doctor which helped her symptoms measurably. She came to our office to be treated for back and knee pain. She improved slightly with initial care, but began reporting worse pain at night which included a bizarre pattern of burning red skin on her ankles. The combined testing of anti-histamine substances caused a strengthening response. Further testing revealed an allergic reaction to blue dye and cornstarch, both of which were found in her tranquilizer. Changing medications ameliorated her nocturnal symptoms.

■ **MORE PEER-REVIEWED PUBLICATIONS** are on the way. The *International Journal of Neuroscience* has accepted a two-part paper entitled "Expanding the Neurological Examination Using Functional Neurological Assessment" for publication. Part 1 of this paper is written by two doctors in our office: Tom Motyka, D.O. and Sam Yanuck, D.C. Part 2 is written by Drs. Schmitt and Yanuck. This paper is a comprehensive review of literature associated with AK (Part 1) and a review of the neurological model for many AK techniques (Part 2.)

■ **IT'S CHEWY...IT'S GOOD!** Phil Maffetone, who has helped develop "energy bars" for other companies, has just introduced a new "energy bar" which he has humbly called "*Phil's Bar*." Phil's humility can also be seen in his likeness which is printed on every wrapper! My personal taste favors the chocolate flavor although the peanut butter is also tasty. Visit his website: <http://www.philsbar.com> and try the bars. They are chewy and good!

■ **ALDOSTERONE 6x** may be obtained from **Metabolics, Ltd.:** e-mail ([sales@metabolics.co.uk](mailto:sales@metabolics.co.uk)), Fax (from US: 011 44 1380 813078), phone (from US: 011 44 1380 812799). It is no problem for them to ship overseas.

A FREE audio tape of Dr. Schmitt's in-service lecture at the National College of Chiropractic clinic presented in September, 1998 is available:
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