
THE UPLINK

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

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WHEN THE IMMUNE SYSTEM IS SECONDARY

We have discussed various clinical features of the immune system in several previous issues of *THE UPLINK* (Issues #6, #7, #17 and #32.) In this issue we continue to add to this discussion.

In Issue #32 we noted that a primary immune system involvement creates many other secondary muscle and organ problems. These are mediated by the hypothalamus (HPT). In this issue, we will discuss how HPT activity *can create* secondary immune system problems. In fact, the HPT activity itself may be secondary as the HPT responds and adapts to some other chemical or organ stress.

THE CHICKEN OR THE EGG

To review, in primary immune dysfunction, the HPT adapts and this creates problems throughout the body. Various inhibited muscles will respond to HPT tissue when the immune system is primary.

The opposite is also true: The HPT can adapt to various *other* chemical or visceral problems and send messages that impact immune function. When this occurs, an *immune system muscle* (infraspinatus, lower/middle trapezius, pectoralis minor) *will strengthen on HPT tissue*. The clinical key is:

<u>IF HPT STRENGTHENS:</u>	<u>PRIMARY IS:</u>
Weak indicator muscle only	Immune
Indicator & Immune muscle	Some other organ

THE “EYES” HAVE IT

To determine what organ is causing the HPT to adapt, and how that organ needs to be treated, you can use a visual focus sympathetic-parasympathetic challenge. Test the immune system muscle and have the patient look at a distant object such as the ceiling (which creates a SYM reaction), then have the patient look at his or her own nose (PS effect.)

If the distant eye focus strengthens, then some organ needs more SYM activity. Pinch all of the visceral referred pain areas (VRPs) until you find one that negates the immune system muscle weakness.

If looking at the nose strengthens the immune system muscle, then some organ needs more PS activity. Rub all of the VRPs until you find one which negates the immune system muscle weakness.

PROCEDURE

Procedure when immune system is secondary to the hypothalamus (and the HPT is secondary and adaptive to yet some other organ problem):

1. Weak indicator strengthens on HPT tissue
2. Infraspinatus or lower/middle trapezius or both pectoralis minors weak. HPT tissue strengthens.
3. Check for SYM or PS by testing weak immune muscle with eyes focused on an object in the distance such as the ceiling (SYM) and eyes focused on the tip of the nose (PS.)
 - a. If SYM – pinch all VRPs until one strengthens the weak immune muscle
 - b. If PS – Rub all VRPs until one strengthens the weak immune muscle
4. Treat the VRP related organ accordingly:
 - a. Treat to increase SYM by IRT to the Chapman’s reflex with an oral offender
 - b. Treat to increase PS by rubbing Chapman’s reflex in the traditional way.
5. The immune system muscle will now be strong, as will the original weak muscle, and anything else that was related (such as a cranial fault, TMJ, or whatever.)

THE SIGNIFICANCE OF “51%ERS”

Steve Gangemi, DC (WHS office partner) made a marvelous observation about 51%er muscles. In a 2003-04 ICAK-USA paper entitled “The Other 49% of the 51%er,” Dr. Gangemi discussed his findings that any 51%er is an indication of one of two things:

- 1) an Injury Recall Technique injury or
- 2) an immune system involvement.

Correcting of the IRT and/or immune system involvement (as discussed in this and the previous issues of *THE UPLINK*) will result in the 51%er pattern disappearing. Either the muscle will be strong with no 51%er activity or it will be weak in the clear.

This becomes a great boon to patient management. If you find a 51%er, right away you know that you must find either an IRT injury (autogenic facilitation will not strengthen a weak muscle) or an immune system problem (immune system muscle is weak.) Both are important to fix first for optimal patient response. Using 51%ers as an indicator for IRT or immune problems will help you get to the core of the patient’s problem much more directly!

■ **STOPPING JOINT DEGENERATION** will be one of the topics of Dr. Schmitt’s seminar “Degeneration Intervention – Gut, Liver, & Joints” to be presented in Philadelphia on October 16-17, 2004 at the Crown Plaza Hotel in the city center of Philadelphia. (It is also the topic associated with *This Issue’s Special Offer*. See box below.) This one-time seminar will primarily focus on nutrition. Other topics will include the use of activated B vitamins, cholesterol’s & cytokines’ effects on the liver, little known neurological effects of homocysteine, and a model for why some patients are so sensitive to MSG and aspartame. **12 hours of chiropractic continuing education** credit has been applied for through Logan College Postgraduate Division in numerous states, and **DACBN recertification** approval has been given for this seminar. Contact Michelle at (919) 545-8829 or see www.theuplink.com for more information.

■ **IT’S NOT VERY OFTEN** that I recommend either a web site or a source of information from establishment medicine. However, I **MUST** make an exception and you **MUST** go to www.2reduce.org. This site elaborates on the adverse gastrointestinal effects of NSAID drugs including facts such as NSAIDs result in nearly 103,000 hospitalizations and 16,500 deaths each year in the United States alone. It is sponsored by Pfizer and edited by The American Gastroenterological Association and American Pharmacists Association. It includes a downloadable “brochure” for patient information about NSAID risks which is excellent for patients.

■ **OTHER ADVERSE EFFECTS OF NSAIDs** are referenced in *This Issue’s Special Offer* below. This package contains a comprehensive review of the “Degeneration Intervention...” topic which includes some fine points that are not covered elsewhere.

THIS ISSUE’S SPECIAL OFFER!

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■ **SKI TWICE IN 2005: SNOWMASS & TAOS: THE 11TH ANNUAL “SKI WITH WALLY” SEMINAR** in 2005 will once again be in Snowmass Village, CO on March 10, 11, & 12, 2005.

THE 4TH ANNUAL WAT SKI SEMINAR will be presented by Wally (Schmitt), Andy (Specht), and Tom (Rogowsky) in Taos Ski Valley on January 20-22, 2005. See future issues of *THE UPLINK* for topics for each ski seminar.

■ **100 HOUR AK COURSES 2004-05:** Dr. Schmitt's Special 100 Hour Basic AK Course will be presented in **Dallas** starting on September 25-26 and in **Chapel Hill** starting on October 9-10, 2004.

The North Carolina Chiropractic Association is sponsoring Dr Schmitt for the **Chapel Hill course** and chiropractic continuing education credit is available for NC, SC, WV, and GA. If you are not a member of the NCCA, there is a higher fee for the seminar. But you can become an associate member at a reasonable fee which will pay for itself by the second session you attend.

The **Dallas course** is sponsored by Nutri West Texas and will be taught by three ICAK teaching diplomates. Dr. Schmitt will teach Sessions 1 and 7. Dr. Kerry McCord will teach Sessions 2, 3, 4, and 5, and Dr. Tom Rogowskey will teach Sessions 6 and 8. Dr. Schmitt's PowerPoint program and notes will be used by all instructors. In addition, there will be short video clips of Dr. Schmitt presenting his unique perspectives on certain selected topics.

■ **PRICE REDUCTION ON LAAT:** AKSP, LLC has acquired the rights to the Lingual Ascorbic Acid Test and is the sole distributor for this very useful test. (See *THE UPLINK* Issue #20.) As a result, we have been able to reduce our price a bit to \$49 plus \$6 shipping and handling. See Selected Products page.

■ **ANOTHER FREE AUDIO DOWNLOAD** on www.theuplink.com: We have loaded the audio recording about how to do Injury Recall Technique (previously available in a free audio tape) on to our web site. It is about 20 minutes long. You may listen to it on line or download it to a CD or an MP3 player.

■ **IRT STORIES:** 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 michelleaksp@earthlink.net. We may slightly edit them with your permission.

■ **IRT CASE:** 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.

* = THIS ISSUE'S SPECIAL: See above (ends 10-31-04)

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A 1992 one day seminar videotape, a one hour audio tape summary, and several of Dr. Schmitt's papers and notes related to this widely applicable technique. Included are approaches to correct switching and immune system problems. \$175

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*THIS ISSUE'S SPECIAL (until 10-31-04):

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PROFESSIONAL BOOKS BY DR. WALTER SCHMITT

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2nd Edition - 1990 - 200 pages \$45.00

*Special: with slightly damaged cover (until 10-31-04) \$22.20

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IRT & 3 TYPES OF MUSCLE TESTING / CHIRO. TERMINOLOGY UPDATE \$5 (free with any order)

(Note: IRT portion of this audio also available free on www.theuplink.com)

"THE NEUROLOGICAL BASIS FOR AK & CHIROPRACTIC" Free audio download available on www.theuplink.com. Recording of Dr. Schmitt's May, 2004 lecture to the SCUHS AK Club (50 minutes)

"THE LINKS BETWEEN THE NERVOUS SYSTEM AND THE BODY CHEMISTRY" AUDIO SUMMARY TAPES (one hour each) of Sessions 1, 2, and 3 complete with notes. \$50

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