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# THE UPLINK

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

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## MORE ON CENTERING THE SPINE

In this issue of *THE UPLINK* (*THE UP*date on the *LINK*s Between the Nervous System and the Body Chemistry) we continue discussing updated and simplified concepts of "Centering The Spine" (CTS), particularly relative to lateral spinal flexion patterns and endocrine imbalance.

## TO REVIEW...

The spine as a unit can move in only 3 directions: 1) lateral flexion, 2) flexion and extension, and 3) rotational torque as in right and left gait patterns. All other spinal motions are combinations of these 3 motions. Each of the CTS positions can be created by central neurological control mechanisms which also affect endocrine or autonomic function.

What this means is, when there is an imbalance in any of these major body control mechanisms, such as endocrine function, it will affect spinal mechanics. Of course, any subluxation corrections we make are best made with the major CTS factors corrected first.

## LATERAL FLEXION: FIX THE ENDOCRINES FIRST

In the supine position, lateral flexion of the spine reflects the relative function of the adrenals (and the reproductive organs) versus the relative function of the thyroid. These patterns must be corrected first to insure that other corrections are effective. Lateral flexion, convex to the left (head and feet to the right) is associated with overactivity (really overstimulation) to the adrenal glands or the reproductive glands (ovaries or testes.)

) = excess steroid  
(adrenal or gonadal)

( = excess thyroid

Lateral flexion convex to the right (head and feet to the left) is associated with overactivity (really overstimulation) to the thyroid gland.

## TL THE COCCYX

The best way to identify an overactive steroid (adrenal / gonadal) or thyroid pattern is to identify a weak muscle and see if it strengthens on TL to the coccyx. (*Note: A weak muscle will show all 3 types of muscle weakness: G-1, G-2, and G-2 submax, in the presence of endocrine lateral flexion patterns which affect the coccyx.*) If coccyx TL strengthens a weak muscle, it will not weaken a strong muscle unless lateral flexion is added (except in the case of a coccyx subluxation, of course.)

Have the supine patient TL the coccyx and then place the body into a lateral flexion position. If the coccyx TLs with a ) curve, then the adrenals (or gonads) are overstimulated. If the coccyx TLs with a ( curve, then the thyroid is overstimulated.

## CHALLENGE THE NLS

If the excess steroid pattern is present, have the patient TL the adrenal (or gonadal) NLS and challenge them with substances which normally stress the adrenals: sugar, caffeine, salt, etc. One offender will cause the adrenal (or gonadal) NLS to TL. Treat the adrenal NLS with IRT with the offender in the mouth.

If the excess thyroid pattern is present, have the patient TL the thyroid NLS and challenge them with possible thyroid offenders. This might be adrenal or gonadal tissue, or interestingly enough, potassium often shows up as the thyroid offender. Treat the thyroid NLS with IRT with the offender in the mouth.

This will correct the spinal lateral flexion pattern and allow your subluxation corrections to have more lasting effects.

## RETURN TO ISSUE 3

After correcting or ruling out CTS lateral flexion problems, now is the time to check the emotional NV points. (See *THE UPLINK* issue 3.) It is much easier and more effective to correct this source of CTS flexion-extension problems NOW, prior to correcting subluxations and other faults.

■ **LATEST LABS - A VERY COOL TEST:** Do you know about the "Bacterial Overgrowth in the Small Intestine" laboratory test? If results of this test on patients in our office are any indication, you should! Dr. Marty Lee presented information on this test at the ICAK-USA Regional Meeting in Atlanta and we (Dr. Yanuck and myself) started performing it soon after. We have been amazed and shocked at the results on some of our more difficult patients.

**HERE IS THE GIST OF IT:** Although bacteria are main inhabitants of the colon, few if any should be present in the small intestine. This is due, in great part to the effects of hydrochloric acid sterilizing our food, and hence the upper gut. However, bacteria may take residence in the upper gut for several reasons including a fertile environment for growth which means plenty of carbohydrate. Of course CHOs are rapidly digested and absorbed UNLESS:

- 1) they are excessive in the diet,
- 2) enzyme deficiency exists such as lactase in lactose intolerance, or intolerance to other starches and sugars such as maltose intolerance or sucrose intolerance,
- 3) insufficient HCl production allows bacterial overgrowth in which case the CHOs in our diets feed these bacteria instead of us.

CHOs in the small intestine allow bacteria to proliferate which creates many problems including indigestion, gas and bloating, stool changes, and many toxic symptoms WHICH YOU MIGHT NOT SUSPECT. (This is the same mechanism which causes problems in lactose intolerance which is well known. Other than lactose, CHO intolerances are usually overlooked.) The bacteria release hydrogen and/or methane gases which diffuse through the gut wall and are released by the lungs in the exhaled air. The patient ingests a non-digestible sugar (lactulose) and then takes a breath sample with a very simple and ingenious collection device every 15 minutes for 2 hours. A positive result (of which we have seen a number) is seen with a significant elevation of hydrogen or methane in the breath during that period.

Try this test on patients who are EXTREMELY SENSITIVE TO SUGAR or those with gas, bloating, ICV, or any toxic symptoms which recur in spite of your treatment. I suspect you will be amazed as we were at the outcomes. The test is performed by Great Smokies Diagnostic Lab: (800) 522-4762.

PROVISIONAL AK INDICATION to perform this test: Small intestine NLS (quadriceps and/or abdominals) TL to strengthen a weak muscle, BUT these NLS will only weaken a strong muscle with simultaneous oral challenge with some sugar: sucrose,



