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# 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* (*THE UP*date on the *LINK*s Between the Nervous System and the Body Chemistry) we discuss two techniques typically found in patients who have problems associated with sleep. These techniques are also related to other symptoms. They are to be used in addition to, not in place of, standard techniques taught in the AK 100 hour "Essentials" course.

## **SLEEPLESS IN SEATTLE... OR ANYWHERE**

The following simple technique may help in any body clock patterns including everything from diurnal patterns such as nightly sleep-wake patterns to daily cortisol fluctuations to monthly menstrual cycle problems. Symptoms such as difficulty going to sleep, awakening at the same time every night, or any cyclical symptoms often respond to this technique. It takes about 30 seconds to do the whole thing and it rarely recurs.

## **PINEAL - TIME AWARENESS TECHNIQUE**

Sam Yanuck and I have collaborated on this new, effective technique to reset the body's clock, the pineal gland, when traditional techniques have been used and body clock problems still exist. It is very simple: 1) place a pineal tissue supplement in the patient's mouth and 2) ask the patient to be aware of the time of day that it is right now.

The patient should mentally focus not of the exact hour on the clock, but should think in terms such as middle of the day, late afternoon, etc. Alternatively, ask patients to think about how long they have been up that day or how long until they will go to bed. Ask anything to activate the patient's awareness of the time of day based on sun time rather than the time on a watch or clock. (Occasionally the patient must do this with the eyes closed, but most of the time it doesn't matter.)

If the combination of oral pineal tissue and time awareness causes general weakness, maintain the oral pineal and mental time awareness pattern and tap each set of acupuncture head points (B & E points) a couple times until you find ones that block the weakness. It could be any points but is often both

St-1. When you find the correct points, tap them 50-100 times while the patient continues with the oral pineal and mental time awareness. Recheck 1) and 2) to assure correction. This resets the mechanism.

## **WHILE YOU WERE SLEEPING**

The next technique helps many people with nightmares, people who awaken a lot and can not go back to sleep, or people who awaken and have a very difficult time arising, or any other problems on awakening. I have used this technique for years but have never taught it. It is very commonly found.

## **YOU CAN RUN BUT... NO YOU CAN'T (DREAM WEAKNESS)**

At a certain stage of the sleep cycle (REM sleep) the motor function of the body is totally paralyzed (inhibited) except the eyes. Most people have, at one time or another, experienced the feeling in a nightmare or a bad dream of trying to run away or to yell to warn someone of danger, but the sense in the dream is that the body won't respond. You probably know the feeling: you are trying to run but your legs won't move, or you are trying to speak but nothing comes out. I call this pattern "dream weakness."

Ask the patient if they have ever had such an experience. Most have. Then ask the patient to close the eyes and recall that feeling of inability to move or talk and test any muscle. Many people will show a dramatic weakening effect when recalling this dream weakness pattern. The weakness is negated by TL to (or a couple taps to) both SI-19 head points (just in front of the tragus of the ear.) Correction is tapping both SI-19 about 100 times while the patient maintains the dream weakness thought.

We most often awaken just following a REM segment of the sleep cycle. When the dream weakness pattern creates this problem, people awaken with any number of symptoms or problems. Dream weakness problems

exist separately from other pineal corrections, meridian balancing, or other treatments and apparently must be corrected separately. Usually, only one correction is necessary and the problem tends not to recur.

■ **IF I HAD A NICKEL...** for every time I have been asked about MELATONIN... The pineal hormone melatonin has been publicized in a campaign which has swept the country like little else except that of DHEA (see below.) But it is VERY OVERUSED! This is the common sense I tell people who ask me about melatonin.

It is true that melatonin is a natural hormone that the body normally makes. It is useful in sleep, jet lag, hormone problems, and in resetting the body's own internal clock. But there are 2 problems: 1) Taking too high a dose, and 2) Taking it too often. My responses:

1) Most melatonin is available in 2 mg. or 3 mg. capsules. It is my experience (and there is at least one study which agrees) that the beneficial effects of melatonin can be had for as little as one-tenth the dose many people are taking. I tell my patients to break open a capsule and pour it out so that they only take 1 mg. or less at a dose.

2) Just like any clock or watch, when you reset it, why should you need to keep resetting it over and over again? The same is true for melatonin. It is useful for a day or two, perhaps three in a row, but no more. I tell patients that if they need to reset their watches each day, then they know they need to get their watch repaired. And if they need to take melatonin each day, then they need to get their body clocks (pineal glands) repaired. Use standard AK techniques plus those in this *THE UPLINK*.

I had one patient who took too much (3 mg.) for too long (2 months) and developed severe menstrual problems (menorrhagia.) Another patient presented after 6 months on 3 mg. melatonin each night. She was standing completely cock-eyed and her posture returned to normal after desensitizing her to the excess melatonin which was all that was wrong with her.

■ **IF I HAD A HUNDRED BUCKS...** for every time I have been asked about DHEA... (then I really would have something!) Dehydroepiandrosterone (DHEA) is one of the major adrenal hormones and all the talk is about its anti-aging effects. That is well and good, but it should be our goal to balance our patients. Adding any hormone routinely will throw many patients out of balance.

We can measure DHEA in our patients using the salivary adrenal stress index tests which measure cortisol and DHEA throughout the day with 4 saliva specimens. (Diagnos-Techs, Inc. 800-878-3787, or National BioTech Labs 800-752-1269.) I suggest not using DHEA for more than a week or so without the documentation of this test. As with melatonin, I have seen too many adverse reactions from DHEA OVER USE. Just this week, I had to treat a patient with an infection and chronic bronchitis he just couldn't shake. He needed to be desensitized to DHEA.

René Dubos, the famous biologist, once said something like, "The minute we are born, all of our cells start to die. Good health is when they all die at the same rate." There is a purpose for DHEA to decrease as we get older, just as with estrogen and other hormones. When there is a measurable DHEA deficiency, then treat the body to make more and supplement if necessary. This will bring the DHEA level up