

# DIAGNOSING THE PROCESS, NOT JUST THE NAME

*Clinician Version*

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One of Dr. George Goodheart's most valuable parables was about the "zebra in the bathtub." For those who may not have heard him tell it, the idea is something like this: There is a zebra in your bathtub, and he is eating and eliminating you out of house and home and generally making your life miserable. When someone comes over and tells you that his name is "Charley," then you feel so much better, at least at first. But the knowledge of his name does nothing to solve the fact that there is this offensive zebra in your bathtub who is eating and eliminating you out of your domicile. What IS important is: "How do I get the zebra out of my bathtub?" and secondly, "How did he get there in the first place so I can keep it from happening again?"

Giving the zebra a name is like giving a patient a diagnosis. Many doctors pride themselves in being able to "diagnose" a disease by giving it a name. This is fine as long as the "diagnosis" is not the only goal of the clinician. There must be a therapeutic course implied by a diagnosis. Diagnostics should be therapy-oriented rather than an academic exercise.

A few years ago, a young chiropractic college graduate who had not yet started practice proudly related to me how he had "diagnosed" a case of multiple sclerosis in his college clinic. When I asked what had happened to the patient, the reply was "Of course, we referred the patient to a neurologist." This is a perfect example of naming the zebra while totally missing the boat on "understanding the process" of how the problem got there, not to mention what to do about it.

There are a limited number of "processes" of physiology and pathology that are presently understood. However, few clinicians, in any profession, seem to have a grasp on the concept of understanding the processes causing the patient's complaints. If we understand processes which are fundamental to health and disease, then when confronted with a sick patient, we can diagnosis the process and begin specific therapy to change its course. Let's discuss just a few of these processes.

1. CELLULAR CHEMISTRY: At the microscopic level of cellular chemistry, there are basically only TWO things that can go wrong. These are imbalances between oxidation and reduction processes. The regulation of oxidation - reduction activity is homeostasis. Breakdown of this regulation is disease. This is true in every cell in our bodies. Leo Galland, M.D. has called oxidation-reduction imbalances "dysoxia" implying that combinations of the two can be present simultaneously. In other words, a patient's cells can be over- or under-oxidized, or a patient's cells can be over- or under-reduced, or different tissues can show different patterns at the same time.

Over-oxidized (under-reduced) patterns relate to free radical pathology and all the associated tissue and metabolic damage which can result. This results in

inflammation, pain, and the tissue destruction of autoimmune disease.

Under-oxidized (over-reduced) patterns relate to the inability of the cell to produce energy. This results in cellular dysfunction and if the whole body has this tendency, the patient is tired, fatigued, or exhausted, depending on degree.

These are fundamental physiological processes which can be measured by a combination of applied kinesiology (AK) techniques and standard diagnosis. If these processes are non-optimal, they can be corrected.

2. NEUROMUSCULAR PATTERNS: Muscles not functioning normally can be in only two states: facilitated ("turned on") or inhibited ("turned off"). We can get very technical and discuss the facilitation and inhibition of different parts of the muscle and different types of muscle fibers. But it always boils down to a pattern of facilitation and inhibition, and this is best measured by AK muscle testing patterns. When these patterns of dysfunction are identified, they can be fixed and the patient's complaints relieved.

3. SYMPATHETIC-PARASYMPATHETIC REGULATION: In organ disturbances, there are two systemic neurological factors that relate to patients' problems. These are problems with the sympathetic and parasympathetic nervous systems. One can have too much or not enough sympathetic activity. Or one can have too much or not enough parasympathetic activity. In the gastrointestinal tract, there is the enteric nervous system or local gut nervous system that can have too much or not enough activity. Neurologically, that is all that can possibly be wrong with viscera!

If we can understand the state of the autonomic nervous system in relation to a particular organ, we can make great impact on the patient's condition by restoring normal autonomic function. Normalizing sympathetic and parasympathetic activity can achieve either partial or total remission of the patient's symptoms, regardless of whatever pathology or functional illness may be present.

I observed Dr. Goodheart totally eliminate the pain from a patient's cancer-ridden abdomen by correcting his abdominal muscles and making a Logan basic correction, a technique which balances sympathetic-parasympathetic function when properly applied. This occurred in spite of massive malignant infiltration and ascites! There are only so many things that can go wrong, and if we fix them, the patient responds to the maximum of his or her ability.

4. ENDOCRINE DYSFUNCTIONS: Although the endocrine system seems quite complicated, a dysfunctioning endocrine system presents one of only two problems: too much of a hormone or too little of a hormone. If there is a hormone excess, it may also be for only two reasons: the gland may be producing too much hormone, or the body may not be breaking down (detoxifying) the hormone adequately. Even though endocrine interactions may seem quite complicated on the surface, and can involve some hormones that are "too much" and others that are "too little," they can still be boiled down to these simple processes.

5. IMMUNE DYSFUNCTIONS: Like the endocrine system, the immune system can seem complicated. But there are still just two possible processes present when the immune system goes awry – too much or not enough immune system activity. When there is too little immune system activity, we would expect an increased susceptibility to infections. When there is too much immune system activity, the usual result is inflammation and if severe, tissue destruction associated with autoimmune disease. This is called a hypervigilant immune system. Parts of the immune system can be under active and others over active at the same time creating a somewhat complex presentation. But still, these are simple processes that can be figured out.

D. D. Palmer, the founder of chiropractic said in 1910 that "Too much or not enough nerve energy is disease." Perhaps it would be clearer if he said "Too much or not enough nerve energy is present in disease." But basically, that's it. Anything that goes wrong in the body will be sensed, evaluated, and reacted to by the nervous system. Some call this realization "getting the big idea."

But it is not our job to hide behind the philosophy of this statement. It is our job to apply its practicality to our patients. And it is through the neuromuscular component, via muscle testing, that we can amplify our abilities to understand the dysfunctional processes within the body, and hence begin a course toward normalization.

It is our job to identify where there is too much or not enough and correct the process, not just to take our educated minds through an academic review of signs and symptoms and assign the patient a "diagnosis." Is it too much or not enough oxidation? Is it too much or not enough muscle activity? Is it too much or not enough autonomic function? Is it too much or not enough endocrine function? Is it too much or not enough immune function? These are the questions we must be asking in order to help our patients heal.

If another patient comes into my office and in giving me their history, tells me that another doctor has diagnosed his or her problem by giving it a name, but offering no long term solution to the underlying processes that cause it, I will just scream.... No. Actually, I won't. But I WILL once again explain to the patient about the zebra in the bathtub and get on with identifying and correcting the faulty processes which are causing the problem. After it is gone, they can call it anything they want!