SORE THROAT RESPONDING TO THE CYTOKINE

DETOXIFICATION PROCEDURE

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A 49 year-old woman presented with a sore throat with which she had awakened that same morning. Her only significant history was that she had eaten yogurt (not typical for her) the previous day. *(The clinical thought process here was that she had inoculated her small intestine with unnecessary bacteria from the yogurt which had triggered an immune response and the sore throat.)* She also had pain in the iliac crests bilaterally and bilateral lower neck / cervicodorsal area pain.

She had an open ICV. Pinching her small intestine visceral referred pain areas (VRPs) negated the ICV challenge. *(This suggests the need for increasing sympathetic activity for the small intestine by Visceral Challenge Technique – which is by treating the Chapman's reflexes with IRT with an offender.* See *The Uplink Issue #10* and **Quintessential Applications** Step 7**.** Oral probiotics (acidophilus) caused a positive therapy localization (TL) to both small intestine (quadriceps) Chapman's reflexes. *(This suggested the presence of excessive bacteria in the small intestine as the source of her immune response.* See *The Uplink Issue #4*.

She also showed a need for IRT to the right iliolumbar ligament. After clearing the IL ligament, correction using IRT was performed to both quadriceps Chapman's reflexes with oral acidophilus.

Next, the Cytokine Detoxification Procedure was performed. (See **Quintessential Applications** *Appendix page 15*.) Immune stimulation by thymus thumping, by oral Thymex (Standard Process), and by oral homeopathic 6x preparations of interleukin-1 and tumor necrosis factor–alpha (Metabolics, LTD) created a bilateral PMS inhibition. This weakness was negated by glycine *(necessary for negating cytokine's effects)* and B-2 (riboflavin). *(Riboflavin is used by unfriendly gut flora, and will often strengthen a patient when in reality, the patient has plenty of dietary riboflavin, but the unfriendly flora is using it up and not leaving enough for the patient. In these cases, B-2 actually helps the unfriendly flora more than it helps the patient.)* Correction was by rubbing the liver Chapman's reflex for about 30 seconds with oral Thymex and while periodically (every 5-10 seconds) thumping the thymus area.

Oral sugar challenge resulted in an open ICV which was negated by rubbing bilateral Chapman's reflexes for the quadriceps. *(This enteric nervous system reflex pattern is common in intestinal dysbiosis.* See *The Uplink Issue #28 and* **Quintessential Applications** *Step 23cd.)*

She had an L-5 inferior challenge which responded to IRT.

Rapid eye movements - REMs *(associated with problems occurring during sleep)* caused a recurrence of both PMS inhibitions and a recurrence of sugar causing an open ICV. This was negated by TL to L-3. An L-3 / L-4 fixation was corrected which negated the REMs problem.

T-5 was adjusted as an anterior subluxation.

The patient was symptom free in her throat, iliac crests, and CD area.

Comment: Unnecessary acidophilus (yogurt) created a gut immune system reaction and the resulting cytokines were unable to be detoxified by the liver resulting in an inflammatory response of the sore throat. The excessive bacteria in the small intestine created a temporary shortage of riboflavin, using it for their own purposes and not leaving enough for the patient to synthesize adequate glycine. GLY blocks IL-1 (and IL-6) as well as TNF-alpha. Its restriction contributed to the presence of these cytokines and the subsequent inflammatory process. The iliac crest pain was related to the small intestine / quadriceps weakness. The CD pain was associated with the bilateral PMS and the T-5 anterior.

Correction was dependent on decreasing the source of cytokine activity: IRT to the Chapman's reflexes for the quads with acidophilus, followed by treating (rubbing) the same reflexes coincident with oral sugar to neutralize the fertile field for these bacteria to keep growing in the small intestine (where they are not usual inhabitants – hence the immune response.) These techniques were essential to remove the source of the problem. Correction of cytokine excess by rubbing the liver Chapman's reflex restored optimal function to the liver which had been temporarily overwhelmed by the excessive cytokines from the small intestine response.