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THE UPLINK

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

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SMALL INTESTINE FUNCTION AND PSYCHOLOGICAL REVERSAL

In this issue of *THE UPLINK* we will discuss what was first described by Roger Callahan, Ph.D. as "psychological reversal" (PR). PR patients show muscle strengthening responses when making statements detrimental to their health and muscle weakening responses when making statements positive to their health. For example, in the most general sense, a patient may say, "I want to stay sick" and weak muscles will become strong. Similarly, a PR patient may state "I want to get well," and strong muscles will become weak.

A better example of PR is a patient who is having difficulty controlling detrimental health habits. A smoker may show a strengthening of a weak muscle when stating, "I want to continue smoking" and a weakening of a strong muscle when saying, "I want to quit smoking." However, it is not necessary to question the patient in this manner to find and/or correct a PR problem.

PHYSIOLOGICAL REVERSAL & PR

Dr. Callahan found that treating acupuncture points SI-3 would correct PR. We have observed that ***the small intestine will always be dysfunctional in PR cases***. This is also accompanied by a "physiological reversal" (a type of "switching"). Further, this reversal problem is so significant that it must be corrected early in the treatment protocol or it will influence all other findings. Only treatment of injuries (IRT, NSB, and SP as discussed in *THE UPLINK* Issues #6 and #13) and TLR (treatment of NLs for low endocrine function) should precede correction of reversal problems when present.

In reversal problems pinching the small intestine visceral referred pain area (SI VRP-located bilaterally above the umbilicus) results in strengthening of a weak muscle. This represents a need for increasing small intestine sympathetic activity. (See *THE UPLINK* Issue #10.) Rubbing the SI VRP (either right or left or both) in these patients results in a weakening response, although it will only be apparent by a new method of identifying repetitive muscle weakness patterns and not by standard types of testing. (This new type of weakness is discussed on the next page.) To repeat, when pinching (right, left, or both) SI VRP area(s) causes strength and rubbing causes repetitive weakness, it represents an excess parasympathetic small intestine activity and a need for increasing local sympathetic activity. This is the pattern we see associated with psychological reversal.

CORRECTION OF PR & PR

Correction of psychological and physiological reversal is by Visceral Challenge Technique (VCT) for the small intestine (i.e., IRT to the Chapman's NL reflexes for the quadriceps and/or abdominals with an offender in the mouth). The offenders include food allergens, trans fats, excessive natural fats, excess carbohydrate (bacterial overgrowth in the small intestine syndrome - see *THE UPLINK* Issue #4), fungi, spicy foods, or medications.

Recurrence of the PR problem and the SI VRP is quite common due to continued abuse of the small intestine by one or more of these exogenous offenders. VCT must be accompanied by avoidance of the offender(s) for permanent correction to be obtained. You can see how an allergic-addictive syndrome begins when a food is an offender to the patient's small intestine and initiates a PR process.

NUTRITIONAL SUPPORT FOR PR & PR

Supplement with quercitin, folic acid, EFA, glutamine, coenzyme Q10 and/or any digestive aid which may help small intestine healing to take place.

SUMMARY OF PR & PR

1. Pinching SI VRP strengthens.
2. Rubbing SI VRP weakens (AI or G-2 submax induced repetitive weakness. See next page.)
3. Correction is by VCT (IRT to Chapman's NL small intestine reflexes with oral offender.)
4. This correction should be performed following IRT (treatment of injuries) and TLR (low endocrine function) but prior to all other corrections.

■ **ANNOUNCING *THE UPLINK* WEBSITE!** We are proud to announce that we are now on-line with our own *THE UPLINK* website. The address is, appropriately, ***www.theuplink.com***. All previous issues of *THE UPLINK* are on the site as well as the seminar schedule and the order form. As in this issue, we often make reference to previous issues. So if you are trying to remember what you read in a previous issue, come on line and give us a visit. In the future we will enlarge the site and add some of Dr. Schmitt's papers as well as an expanded section for patients containing information on the three sides of the triad of health. Come see us in cyberspace!

■ **AI INDUCED REPETITIVE TEST WEAKNESS:** This pattern was originally noted by Janet Green, D.C. a number of years ago. It was taught for the first time at this year's "Ski With Wally" seminar. It makes use of autogenic inhibition (AI - muscle spindle cell to weaken) followed immediately by repetitive testing. This type of weakness can also be initiated by performing something similar to a Type 3 (G-2 submax) test. In this case, however, start the test with several inches of concentric contraction followed immediately by repetitive testing. When positive, either of these induced patterns (AI or several inches of concentric contraction) will cause weakness of the muscle tested and it will continue to be very weak on repeated tests. *This type of test response is different from AK aerobic and anaerobic testing weaknesses, RMAPI weakness, or any other previously described phenomenon.* These induced repetitive testing weaknesses are usually due to visceral problems and may show up in the clear or only on rubbing VRPs.

Common complaints associated with these types of induced repetitive weaknesses are *fatigue, weakness, or exhaustion*. Patients should always feel stronger with more energy after a treatment. When they state that they still feel weak or tired, this type of weakness (or LSASS - See *THE UPLINK* Issue #12) is usually present systemically. Some visceral involvement has been missed and must be corrected.

■ **CASE HISTORY:** (Note: This patient was treated prior to our understanding of the need for early correction of PR and the SI VRP.) A patient was asked how she felt immediately following her treatment. She said she felt "washed out, limp like a dishrag, way too relaxed." She had a chronic adrenal problem, but this had just been thoroughly treated. Further testing revealed an induced, repetitive weakness in any muscle tested anywhere in her body in the clear. This weakness pattern was negated by pinching the right small intestine VRP area. The right quadriceps NL TLed with oral trans fats and was corrected by VCT (IRT.) The patient was asked again how she felt. She replied, "I feel stronger now. Yes, much better, thank you." This is a typical pattern and response. Any organ VRP left uncorrected may cause this problem.

■ **TWO MORE IMPORTANT PEER REVIEWED** articles on applied kinesiology have been published:

1) Motyka, T.M. & Yanuck, S.F. Expanding the Neurological Examination Using Functional Neurological Assessment Part I: Methodological Considerations. International Journal of Neuroscience, 1999, 97, 61-76. Part I reviews and critiques all previous research related to AK and muscle testing, reviewing the design flaws associated with many of the negative studies and suggestions for improvements in AK research efforts.

2) Schmitt, W.H. & Yanuck, S.F. Expanding the Neurological Examination Using Functional Neurological Assessment Part II: Neurological Basis of Applied Kinesiology. International Journal of Neuroscience, 1999, 97, 77-108. Part II includes plausible neurological explanations for the effects of many AK techniques: Chapman's (neurolymphatic) reflexes, cranial techniques, proprioceptors, and many more. These papers will serve as a basis for hypotheses for future AK research. Members of ICAK-USA will find copies of these articles in the latest issue (volume 8) of the *AK Review*.

■ **CHRIS SMITH SEMINAR COMING TO U.S.** - For the first time, English osteopath Dr. Chris Smith is teaching a seminar in the U.S. this November. Chris is a renowned AK teacher and investigator. You may recall Chris's excellent presentation at the Washington, D.C. ICAK-USA meeting. Chris also founded Metabolics, Inc., our supplier for homeopathic hormones and neurotransmitters. Info: e-mail= sales@metabolics.co.uk.

■ **NC BEACH IN AUGUST**: The NC Chiropractic Association is once again sponsoring Dr. Schmitt at a seminar in Atlantic Beach, North Carolina on August 14-15, 1999. The seminar title will be "Nutritional Alternatives and Adjuncts

to Common Medications" which Dr. Schmitt last taught in March, 1998. Contact the NCCA for information. (See seminar schedule.)

IF YOU MISSED THIS GREAT SEMINAR:

YOU CAN NOW BUY THE VIDEO TAPES
Dr. George Goodheart with Dr. Walter Schmitt present
"the hiSTORIES of AK"

This was a remarkable presentation unlike any other. The stories were fascinating, had clinical relevance, and many provided a good laugh (e.g., colonic irrigation story.)

THIS ISSUE'S SPECIAL OFFER!

Dr. Schmitt's classic book: "COMMON GLANDULAR DYSFUNCTIONS IN THE GENERAL PRACTICE"