THE UPLINK

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

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There have been many advances in using muscle testing for gait analysis since I first observed changes in flexors and extensors during static gait positions when I was a student at the National College of Chiropractic in 1974. When normal facilitation and inhibition patterns are not present, of course it is important to check mechanical faults, especially in the foot and ankle and pelvis, and the iliolumbar ligament (usually an IRT problem.)

In this issue of *THE UPLINK* we report a new challenge to the normal gait mechanism which exposes underlying gait stresses not readily apparent on normal gait testing. These hidden gait stresses are at the core of why many patients "wind down'[t] from simply walking, even though our typical gait analysis appears to demonstrate normal gait. It is a common factor in patients (and many doctors) who respond to treatment, but who must be treated repeatedly.

In the past when gait facilitation - inhibition patterns were present as expected, we have felt comfortable sending the patient home with the idea that they will not walk themselves back into a problem. However, this is often ~ the case in the presence of hyperinsulinism (and certain other underlying metabolic problems which impact the autonomic nervous system. See *Special Offer.)*

Principles of spinal mechanics predict that any one pattern of spinal movement is accompanied by at least one other spinal motion. Hence, gait torque. patterns are always present with flexion-extension patterns and/or lateral flexion patterns. In "Centering the Spine" concepts, we know that sympathetic activity is associated with spinal flexion - the "fight or flee" pattern. If there is an uncorrected source of sympathetic nervous system activity, activating this source will force the spine into a flexion position, and there will be a concurrent gait torque induced.

INSULIN INCREASES SYMPATHETICS

One of the many effects of insulin on the metabolism is to increase sympathetic activity. It is this insulin function that is the source of much ~idiopathic hypertension and other cardiovascular problems. The presence of excess insulin also has the structural ramification of causing an increased flexion pattern in the spine.

PINCH THE PANCREAS VRP

As discussed in Issue #11 of *THE UPLINK,* you may challenge for the effects of increased insulin by using homeopathic (6x) insulin or by pinching the pancreas visceral referred pain (VRP) area. In a hyperinsulinism patient, either of these challenges has the net effect, among other things, of increasing sympathetic activity. Therefore, in hyperinsulinism patients, pinching the pancreas VRP area (or oral insulin 6x) induces a sympathetic challenge, and a flexion pattern into the spine. *This flexion pattern is accompanied by a gait torque pattern which is sufficient to disturb the normal* gait *mechanism.*

PROCEDURE

1. Correct all major problems including the excess insulin pattern as discussed in *THE UPLJNK* Issue #11. Then check the patient for the presence of normal gait patterns - both right and left.

2. In each gait pattern, pinch the pancreas VRP area and retest gait muscles. In hyperinsulinism patients, pinching the pancreas VRP disrupts normal gait muscle inhibition patterns. For example, a left lat and a right PMC weaken with right gait, but pinching the pancreas VRP negates this gait induced weakness.

3. Orally test each of the listed nutrients following the pancreas VRP pinch to see which negates the disruption of normal gait inhibition:

chromium, vanadium, zinc, pancreas tissue, and sesame seed oil. See next page. Supplement with those which restore normal gait muscle inhibition in the presence of pinching the pancreas VRP area.

4. 11 to the pancreas Chapman's reflex (NL) to see if this negates the disruption of normal gait inhibition. If so, rub the pancreas NL and recheck. It often requires prolonged NL activity to make the correction, and it is often very uncomfortable to the patient. Recommend the patient rub the NL at home.

5. Restrict dietary carbohydrates. The glycemic index is very useful here.

■ **NUTRIENTS FOR HYPERINSULINISM:** We have found that different hyperinsulinism patients respond to different sources of chromium, vanadium, and zinc, and other nutrients. It is important to check for different types of chromium (such as chromium picolinate or GTF chromium), different types of zinc (zinc chelate or zinc picolinate, etc.) and different types of vanadium (vanadyl sulfate, or vanadium maltol complex (BMOV) found in a product called Vanaphage TS.)

We have found Vanaphage TS to be an extremely useful source of vanadium in some of these patients. You may obtain Vanaphage from MHP: (800) 647-0074.

Different sources of pancreas tissue may also create different responses in different patients; The source of sesame seed oil we use is the product produced by Standard Process, Inc. Occasionally we have patients use a bottled source of sesame seed oil in meal preparation. This is available in many grocery and health food stores.

For more information on this subject, see ***THIS ISSUE'S SPECiAL OFFER*** below. I also strongly recommend parts of Phil Maffetone's book, *Complementary Sports Medicine,* particularly Chapter 18 ("Diet Therapy" - especially the latter part of the chapter) and Chapter ***25*** (Carbohydrate Intolerance in Athletes.") ***CSM*** is available at a discount through www.philsbar.com.

■ **COMPUTERIZED DIET ANALYSIS** is an eye opening and a mind opening assessment for both doctors and patients. It is available at a reasonable cost from NutrAnalysis, a company started by our friend, David Seaman, D.C. (When he was a chiropractic college student in the 1980s, David got interested in nutrition when he took "The *Links* Between the Nervous System and the Body Chemistry" seminars that we taught in those days. Later, in 1989, he paid me back by being the person who encouraged me to first get involved with the chiropractic neurology program. He and I have caused each other to do an awful lot of extra studying through the years.

In our office, we usually recommend the five day diet history analysis, although longer and shorter versions are available. NutrAnalysis can be reached at (800) 377-7978 or at their web site: www.NutrAnalysis.com.

■ **1-2-3 SKI - SKI WITh WALLY 3 TIMES IN 2000:**

1. Bormio, ItaLy: February 5-12. Dr. Joe Mulvthlll is once again (for the third year in a row) taking a small group of doctors on a group trip to Bormio, Italy. Bormio has a 5800 foot vertical drop and is the site of ancient Roman baths. It is easily reached from the Milan airport and is not far from the Free Trade Zone town of Livigno where we will ski (and shop) at least one day. Joe is making all travel, hotel, and seminar arrangements.
2. Steamboat Springs, Colorado: March 9th, 10th, and **11th. THE 6TH ANNUAL "SKI WITH WALLY"** seminar will once again be taught from 4 PM to 8 PM each day (Thursday, Friday, and Saturday) leaving plenty of time for skiing. We took a poll of doctors who had attended previous "Ski with Wally" seminars and Steamboat Springs was an overwhelming first choice for next year's seminar. Steamboat is more expensive than Copper Mountain, the site of our previous two 'Ski with Wally" seminars. (Copper's prices make it the least expensive resort for seminars in Colorado.) But the hotel in Steamboat is ski in - ski out, it is a great ski town, and there was such a strong demand for it, we have made our plans there for 2000.
3. Vat d'Isere, France: April 24-28. Dr. Hans Garten, a German ICAK member, is arranging this seminar during the week following Easter in this popular French Atps resort. Classes will be taught from 8:30 AM to 12:30 PM and from *5:30* PM to 7:30 PM leaving the afternoon free for skiing.

IT IS NOT TOO SOON TO *MARK YOUR CALENDARS FOR ANY OR ALL OF THESE SKI SEMINAR OPPORTUNITIES IN 20(X)! Call for details.*

■ **WOMEN'S HEALTH ISSUES** will be the topic of the first ever ICAK-USA Women's Health Symposium which is

being squeezed in between the first two ski seminars. The AK-WHS (1 love the abbreviation) is scheduled for three days in Atlanta - February 18-20, 2000. 1 have been asked to he on the program with a number of other speakers including Dr. George Goodheart, Dr. Tom Rogowskey, and several other excellent guest speakers with expertise in women's heatth problems. Contact ICAK-USA for more information.