

THE UPLINK

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

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YOU KNOW IT'S THERE, BUT YOU CAN'T FIND IT!

You know the scenario: the patient's complaint, and/or history, and/or postural findings, and/or T.S. line indicators all suggest a certain type of muscle imbalance, yet you are at a loss to find it. In this issue of *THE UPLINK* we discuss a very common TMJ-related pattern which results in the body hiding many problems from our muscle testing and Neuro Metabolic Assessment procedures.

WHEN VERTICAL DIMENSION WEAKENS

For some time, forward-looking dentists and other practitioners have been aware of the importance of loss of vertical dimension in the TMJs as a source of many health problems including recurrent muscle inhibition patterns. However, in many patients, decreased vertical dimension causes a muscle facilitation pattern which hides our expected findings, or any findings for that matter. In these patients, increasing TMJ vertical dimension by placing tongue depressors bilaterally between the molars will uncover these hidden problems, temporarily causing expected muscle weaknesses to be apparent.

When increasing vertical dimension brings out the hidden weakness(es), there will be a positive challenge (inhibiting any indicator muscle) to both TMJs in the direction of increasing vertical dimension. Challenge both TMJs by contacting the posterior lower teeth and pulling the mandible directly inferiorly (*not* anteriorly and inferiorly.) This TMJ challenge can be done unilaterally or bilaterally, but both sides are always involved. Find a phase of respiration (more often inspiration) which negates this weakness and treat in the direction of challenge weakness during the strengthening phase of respiration. Do this 5 or 6 times and rechallenge to ascertain correction. This will allow the expected patterns to show their presence regardless of jaw position.

As you may expect, the need for this procedure shows up in patients who have a history of TMJ problems, missing teeth, or dentures. It is also found in patients with no evidence of TMJ dysfunction, but who tend to clench their teeth often as part of a stress reaction, whether or not they are aware of doing so.

Clenching the jaw is a common part of the flight or flee reaction. When the vertical dimension is decreased for whatever reason, it appears that part of the related sensory feedback produces a pattern close enough to the fight or flee reaction that there is a general facilitation throughout the body; but not enough of a facilitation to cause the All Muscles Strong pattern discussed in Issue #17 of *THE UPLINK*. In fact, this vertical dimension problem allows for normal autogenic inhibition (muscle spindle cell technique to weaken) throughout the body. However, there is enough facilitation to override inhibited muscles and produce strong responses where weakness is expected.

If this decreased vertical dimension problem is recurrent, referral to a dentist is likely in order.

SUMMARY OF PROCEDURE

- 1) Expected muscle inhibition patterns are not found, yet autogenic inhibition works normally.
- 2) Placing tongue depressors bilaterally between the molars causes these expected muscles to test weak.
- 3) Bilateral challenging the posterior molars directly inferiorly produces indicator muscle weakness. This inhibition is negated by inspiration or expiration.
- 4) Correct in the direction of challenge weakness with the strengthening phase of respiration.
- 5) Expected muscle inhibition patterns are now present regardless of vertical dimension.

EXCESS NUTRIENTS CAUSE BACK PAIN

One of the negative effects of the increased nutritional awareness of our society is the over consumption of nutritional supplements. We encounter this far too often. We have seen two nutrients in particular whose

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excesses create low back pain which is chronic and non-responsive to treatment. On the next page we discuss vitamin E excess. In Issue #19 we will discuss low back pain from too much calcium.

■ **VITAMIN E EXCESS:** Most people who supplement with vitamin E take at least 400 IU per day, usually of the alpha-tocopherol form. This is 13.33 times the DV (Daily Value) which is enough to cause toxic reactions in some people, especially considering the fat soluble nature of vitamin E.

It is not uncommon to find recurrent, non-responsive low back pain (or other pain) as a result of excess vitamin E intake. This appears to be due to the inhibitory effects of the excess vitamin E intake on the vitamin E related low back muscles (psoas, gluteals, adductors, hamstrings, abdominals). Three patterns stand out as clinical indications of this excess:

- 1) Recurrent weakness of any of these muscles,
- 2) Multiple weaknesses of these muscles, or
- 3) Correction of one of these muscles leads to inhibition of another in the group.

Simply perform an oral challenge with a vitamin E (alpha-tocopherol) source of 400 IU or greater and observe for weakening of these vitamin E related muscles and/or the small intestine related quadriceps. Usually, very low doses of mixed tocopherols will not induce the inhibitory pattern, and in some patients, low dose mixed E will actually cause a facilitating effect. Treatment should include IRT to all positive reflex areas with oral stimulation of the high dose E.

Why does this happen so commonly? It may be simply due to the excess intake of a fat-soluble substance which is enough to create toxic effects. Or it may be due to the fact that we all need a mixture of naturally occurring tocopherols. (There are eight which exist in nature.) All the tocopherols compete with each other for absorption and an excess of alpha-tocopherol, for example, has been shown to inhibit the availability of gamma-tocopherol, which is the major quencher of the free radical peroxynitrate. In these cases, excess alpha-tocopherol can lead to increased inflammation and pain from the buildup of peroxynitrate free radicals.

■ **SKI WITH WALLY IN 2001:** Mark your calendars.

- 1) Europe: February, 2001. Contact Dr. Joe Mulvihill as soon as possible for details. (See seminar schedule.)
- 2) Steamboat Springs, Colorado: March 8 – 10: THE 7TH ANNUAL "SKI WITH WALLY" SEMINAR.

■ **STOP YOUR PAIN NOW!** is the name of a new 48 page book and 80 minute audio tape designed for doctors and their patients. This self-help product is being introduced by Innovative Healthcare Group, LLC., a company we have started primarily for sharing this and several other self-care products with doctors and patients. We will complete this pain relief system with a follow-up book entitled *Relieving Pain in Arthritis, Muscles & Joints*. This second book discusses nutritional options for systemic pain patterns and it will be introduced in the near future.

The *Stop Your Pain Now!* book presents slightly watered-down versions of Nociceptor Stimulation-Blocking technique (called Immediate Pain Relief technique), Set Point technique (called Touch and Tap technique), and Location, Quality and Memory technique. These are all techniques I have successfully used when advising patients on pain problems over the phone. Since the techniques are so easily self-performed by patients, and the results are so consistent, we decided to make them available to the public on a large scale.

This issue, we are offering special introductory prices on the *Stop Your Pain Now!* book and tape. We think that many doctors, after reviewing this book and tape, will want to make them available for their patients. So we are offering introductory *maximum discounts* for *any quantity* of the *Stop Your Pain Now!* book & tape package.

■ **NEW 100 HOUR AK SYLLABUS IN NC!** Dr. Schmitt has designed a new, basic 100 hour course in applied kinesiology which will be sponsored by the North Carolina Chiropractic Association (NCCA.) The syllabus has been submitted to the ICAK Board of Certified Teachers for approval as a basic 100 hour course. This 8 session series will begin in NC on August 26-28, 2001 at the NCCA Spring Convention and will conclude on December 1-2, 2001. Each session will discuss the muscles for a particular joint and a commonly encountered clinical entity such as adrenal stress disorder, digestive problems, etc. The course is designed to meet present day concerns of many patients.

■ **MASTER CLASSES IN CHAPEL HILL:** Advanced courses for doctors are being taught by Dr. Schmitt in the training room of The Center for Innovative Care, his Chapel Hill offices. These seminars are limited to 20 doctors and cover particular topic areas related to "The *LINKS..*" The next topic will be "Chemistry 1" on Dec. 2-3, 2000. To be included in the special mailings which announce these seminars, please call or fax our office.