

THE UPLINK

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

Issue No. 20

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LITTLE GUYS GET NO RESPECT

In Issue #19 we discussed low back pain (and other pains) resulting from excess calcium intake and parathyroid relationships. In this issue of *THE UPLINK* we will revisit the parathyroid glands and several very common, very important, but often overlooked clinical relationships with these little, but essential glands.

AK assessment of parathyroid activity has been by testing the levator scapulae. A better assessment procedure is to challenge the parathyroid visceral referred pain areas (VRP) by pinching and rubbing (nociceptor vs. mechanoreceptor) stimulation in the manner discussed in *THE UPLINK* Issue #10

Traditional references to VRPs do not include the parathyroid glands. By investigating to see if there are any areas that react to pinching and rubbing in a fashion similar to other VRPs, we have identified the following location which appears to reflect parathyroid activity:

The parathyroid “VRP” location is over the lower half of the throat (above the locations of the related glands.) The parathyroid VRP has a right half and a left half, each relating to the ipsilateral levator scapula. However, weak and strong indicator muscles are usually used for VRP evaluation for two reasons: 1) the systemic impact which is created by parathyroid dysfunction (see below), and 2) the difficulty of repeated testing of the levator scapula.

Typically, pinching the VRP will strengthen and rubbing the VRP will weaken - either a Type 3 inhibition (G-2 submax) or an AI induced repetitive weakness (see *THE UPLINK* Issue #14) in a strong indicator muscle. This occurs in many patients.

GLUTATHIONE AND THE PARATHYROIDS

Years ago, Dr. Goodheart showed me an obscure reference about the role of parathyroid activity in the synthesis of glutathione (GSH). *Selected Papers on Metabolic Faults* includes a paper entitled “Glutathione – The Most Important Molecule in the Body.” In addition to concepts discussed in that paper, glutathione is a major player in liver detoxification pathways and regulates redox reactions in virtually every cell in the body playing an essential role in the body’s antioxidant system.

Difficult patients will often test positive for GSH and it is OK to supplement GSH. However, it is better to aid the body in GSH synthesis. GSH synthesis requires 3 precursor amino acids (CYS, GLU, and GLY), adequate magnesium and potassium, and *normal parathyroid activity*. *The latter is frequently absent when GSH strengthens.*

PARATHYROID STRESSORS

Clinical observations have identified the common substances which stress the parathyroid glands. At the top of the list are bad fats: trans fats and arachidonic acid (typically challenged with oral shortening and lard, respectively.) Other challenges which are often positive are: excess calcium (see Issue #19), excess magnesium, other excess minerals including heavy metals, cortisol (or rubbing the adrenal Chapman’s reflexes) in chronic stress, and food allergens.

Placing the offender in the mouth will cause a positive TL to the Chapman’s NL reflex for the parathyroid (in the belly of each teres minor muscle.) ***Correction is by injury recall technique to the NL reflex with the offender in the mouth.***

CONSEQUENCES OF CORRECTION

Correction of parathyroid imbalances in this fashion will immediately diminish or eliminate many other problems. Neck pain (and other pains as discussed in Issue #19) will immediately improve. Certain headaches, especially those associated with bad fats, will begin to fade away. Factors related to glutathione will change including liver problems.

The little parathyroid glands deserve our respect, and our attention.

■ **LOTS OF “NINES” – NEW PHONE AND FAX:** After 21 years in Chapel Hill, NC, I have moved my offices just up the road to Durham, NC. Although we will maintain the same mailing address (which is actually my home address,) we have new phone and fax numbers:

Phone: (919) 419-9099

Fax: (919) 419-9049

■ **PATIENT LECTURE - STOP YOUR PAIN NOW!** The *Stop Your Pain Now!* book and audio tape have become very popular with patients and doctors alike. My good friend, Jerry Morantz, DC had the idea to use the book as a patient education – practice building tool. Jerry wanted to see how I teach the material to my own patients, since I have taught several non-doctor seminars based on the book. So he invited me to his office last December to teach a *Stop Your Pain Now!* seminar designed for patients as well as for doctors who wanted to observe how I teach such a seminar. The result was a fun seminar with lots of good pain relief responses and a video tape of the seminar which we have decided to make available. See “This Issue’s Special Offer” below for information on the videotape of this 2 hour seminar.

**THIS ISSUE’S SPECIAL OFFER!
VIDEOTAPE OF**

Dr. Schmitt Presenting His

**PATIENT LECTURE ON
STOP YOUR PAIN NOW!**

2 Hour Lecture & Demonstration for Doctors and Patients

Presented in the offices of Dr. Jerry Morantz

\$30.00

■ **BETTER THAN DAVID COPPERFIELD:** The LINGUAL ASCORBIC ACID TEST (LAAT) is a simple test which our staff performs on each patient on each office visit. This valuable test has been used for over 25 years to evaluate vitamin C status, but many are not familiar with its value. Basically, it is a “disappearing ink” type test. A drop of blue dye, which is neutralized by active vitamin C, is placed on the patient’s tongue and the length of time it takes to disappear is clocked. Producers of the test report normal as less than 20 seconds. We consider a LAAT disappearance time of less than 10 seconds as optimal and desirable.

Vitamin C functions as an antioxidant in its ascorbate form. As an antioxidant, it sacrifices itself to protect the body’s own tissues and important chemicals from oxidation. In this sacrificial process, the ascorbate form of vitamin C is oxidized to dehydroascorbate which is inactive as an antioxidant. This inactive form of vitamin C is recycled back to its active antioxidant form by glutathione. (See previous page.) If there are inadequate levels of glutathione or other antioxidants, the antioxidant chain will be compromised and the dehydroascorbate cannot be converted back to its active, ascorbate form.

The LAAT measures tissue levels of vitamin C in its *active* ascorbate form. The dye takes longer to disappear in the presence of low tissue levels of vitamin C or if the tissues contain adequate vitamin C, but it is in its inactivated (dehydroascorbate) form. For this reason many patients who are taking plenty of vitamin C will still show a prolonged LAAT disappearance time.

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A prolonged LAAT disappearance time represents an over-oxidized patient who has: 1) low intake of vitamin C, 2) low levels of other antioxidants necessary to recycle vitamin C to its active form, or 3) a toxic state where the body is using up (oxidizing) vitamin C faster than the body can recycle it.

A prolonged LAAT disappearance time is often the clue to otherwise unsuspected antioxidant deficiencies (of ANY antioxidant) or hidden toxic states. That is why we check it on all of our patients. The LAAT time will change immediately after proper treatment in many patients, without any addition of vitamin C to the system!

A full discussion of this aspect of the LAAT is found in the paper "The LAAT as a Screening Test for Oxidation-Reduction Imbalances" which is included in *Selected Papers on Metabolic Faults*.

Available from AKSP
THE LINGUAL ASCORBIC ACID TEST
Each kit includes about 1000 tests
\$57 includes shipping
See order form

■ **MASTER CLASS SCHEDULE:** Master Classes are publicized to only a small number of doctors. If you wish to be included in these special Master Class mailings, please contact us. The next Master Class is:

• June 2-3, 2001: Chapel Hill. Nutritional Chemistry 2 – "The *System* of Body Chemistry–Part 2" Previous attendance at Nutritional Chemistry 1 recommended, but not required.

■ **NEW 100 HOUR COURSE KICKS OFF:** This 100 hour basic AK course, personally designed by Dr. Schmitt, has been approved by ICAK as an official basic 100 hour syllabus and by North Carolina and other states for continuing education credits. There are 2 main emphases for this course: 1) to present applied kinesiology muscle testing procedures as functional neurological and neurochemical assessment; and 2) to give the practitioner powerful tools in each session which can be put to immediate use in all practices. The course is also designed so that, after Session 1, any session may be attended as a stand alone session, and not dependent on all of the previous sessions. See Issue #19 for listings of topics, and/or contact the NC Chiropractic Association for further information. (See Seminar Schedule for dates and locations.)