

THE UPLINK

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

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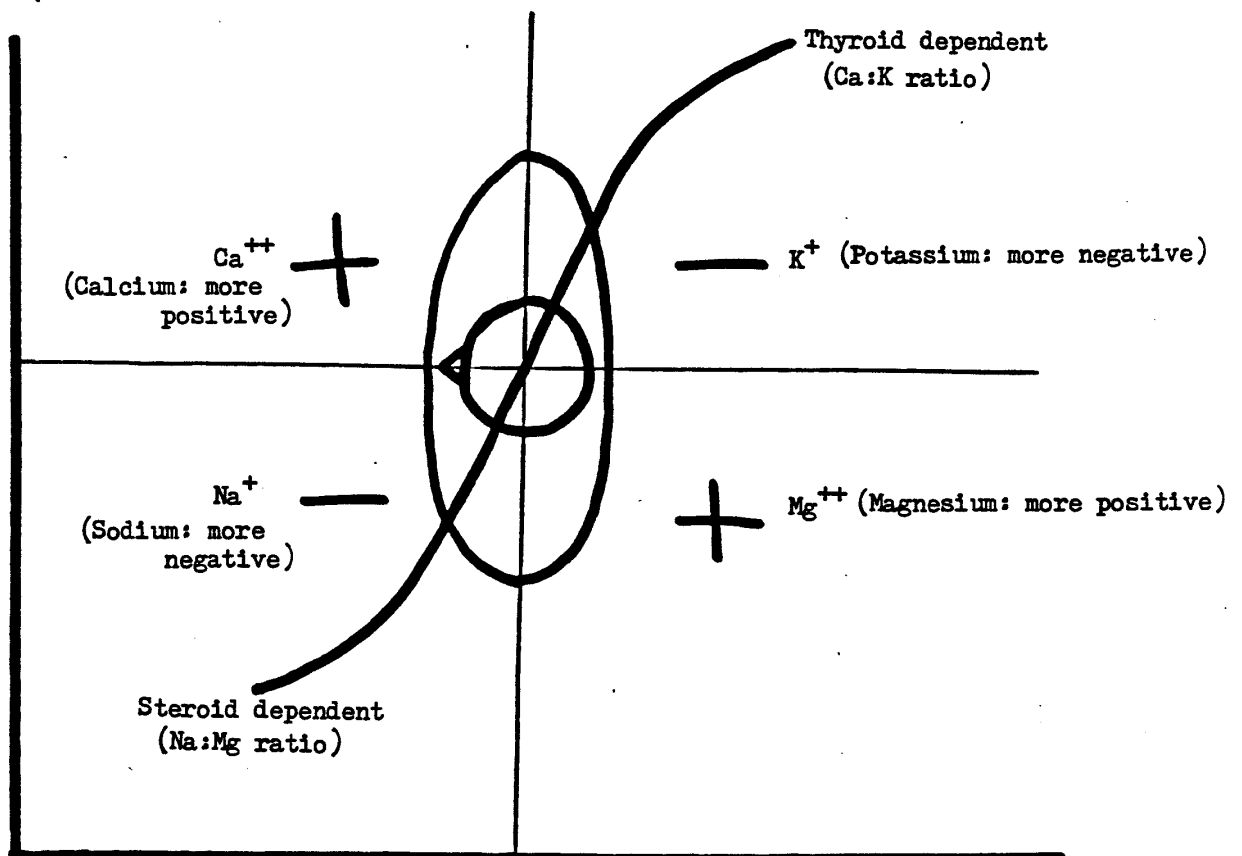
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MINERALS & RESIDUAL WEAKNESS

You think that you have finished treating a patient with musculo-skeletal pain. You ask the patient to move the area and you find out that it still hurts. You work some more, but never quite knock out the symptom... Or it gets better but recurs...

In this issue of *THE UPLINK* we discuss how to identify resistant or recurrent problems which are related to imbalances of the four major cation minerals: calcium (Ca^{++}), magnesium (Mg^{++}), sodium (Na^+), and potassium (K^+).

Muscle balance in each of the four body quadrants is related to the macrominerals: Ca^{++} , Mg^{++} , Na^+ , K^+ . See figures below. This was first discussed in early work on "The *LINKS* Between the Nervous System and the Body Chemistry" in 1983 and is taught in our Master Classes on Nutritional Chemistry. These findings can reflect imbalances caused by both deficient and excess mineral intake.



TYPICAL EXAMPLES

Consider testing any residual muscle weaknesses (following treatment) or recurrent weaknesses with these cations. If the residual weakness is on the right front of the body (e.g., right psoas, right abdominal) test the weak muscle with an oral challenge using calcium. If calcium causes a facilitated response, consider either

adding calcium or treating organs which affect calcium metabolism. (See below.) This is a typical pattern seen in patients with right sided low back pain which is difficult to resolve.

If there is residual weakness of a muscle in the left posterior quadrant (e.g., left gluteus maximus, left levator scapula), test the inhibited muscle with magnesium. If magnesium facilitates the residual inhibition, consider supplementing magnesium and/or treating organs which affect magnesium metabolism. Patients with residual left low back pain (gluteus maximus) and left (or right) neck pain are typical patients who respond to magnesium.

CHECK THE ENDOCRINE GLANDS

Once you have identified that a cation mineral negates a residual weakness pattern, remove the nutrient from the mouth and check each endocrine organ which might affect that mineral. This is easily done by testing the same inhibited muscle while Tling to the Chapman's NL reflex or by rubbing and pinching the visceral referred pain (VRP) area for the appropriate organ. Although any endocrine organ might impact any of these four minerals, most likely you will see the following patterns:

Ca⁺⁺ and Mg⁺⁺: parathyroid, adrenals

Na⁺ and K⁺: adrenals

Also consider the Ligament Stretch Adrenal Stress Syndrome (LSASS) and its relationship to the mineralocorticoid, aldosterone. (See Issue # 12.)

If an endocrine organ is involved, treat the organ as indicated. If other clinical findings warrant, you may consider supplementing with the mineral. Awareness of these patterns will help you out with quite a few otherwise difficult patients.

■ **OTHER REFERRED PAIN AREAS (VRPs)** which are not found on the chart in *THE UPLINK* Issue #10 include the parathyroid glands, located over the lower throat as shown in Issue #20, the adrenal glands and the thyroid gland. Rubbing or pinching these VRP areas guides the doctor to perform the appropriate therapy as discussed in Issue #10. In review, if rubbing a VRP strengthens, this indicates a need for rubbing Chapman's NL reflex. If pinching strengthens, there is a need for Visceral Challenge Technique – i.e., IRT to the NL with an oral challenge with an offender.

Adrenal VRPs: Fred Weiner, DC of Ithaca, New York first proposed the location of adrenal VRPs several years ago and our experience corroborates his findings. Adrenal gland VRPs are located over the lateral portions of the 12th ribs, bilaterally.

There seems to be a VRP for the thyroid gland which is located over the upper chest bilaterally – from the sternum to a few inches laterally over the upper two or three ribs, similar to, but not exactly the same as the location of Chapman's NL reflexes. This is the same area that is occasionally seen becoming red or flushed in some thyroid problems or in thyroid hormone overdose.

■ **CASE HISTORY:** A 66 year old woman, who had been taking 1000 mg. to 1500 mg. of calcium for over two years, presented with recurrent left PSIS pain of six months duration in spite of excellent chiropractic AK care. She had shown a recurrent left gluteus maximus inhibition. Tasting magnesium facilitated the left gluteus maximus. The area of pain was treated with Set Point Technique (tapping left Bl-1 while the patient Tled the left PSIS) and the maximus tested as normal. Placing a calcium supplement in her mouth immediately caused a recurrence of the left gluteus maximus inhibition. (See Issue #19 for a discussion of calcium excess.)

Forward flexion was measured to the point of pain. Oral stimulation with a magnesium supplement increased flexion without pain by 30 degrees. The patient was counseled to decrease her calcium supplement to 1000 mg. per day and placed on a magnesium supplement at 500 mg. per day with permission to increase the dose if the pain recurred.