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THE UPLINK

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

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THE ENTERIC NERVOUS SYSTEM (ENS)

In humans, there are only 200 preganglionic parasympathetic nerve fibers in the vagus nerve at the point the vagus enters the abdomen. There are over one hundred million nerve cells in the small intestine ENS. The ENS can function totally independently from sympathetic (SYM) or parasympathetic (PS) activity, and is the primary nervous system for our GI tracts. In fact, the gut nerves can cancel messages from the sympathetic nervous system that the ENS does not want.

Most of our AK therapies for treating gut function are based on treating SYM or PS activity, via reflexes, spinal, cranial, TMJ techniques, etc. In this issue of *THE UPLINK* and the next, we will present techniques based on ENS concepts that were first presented in a paper at the ICAK meeting in Atlanta in the summer of 2001. ICAK members can find this paper in the *Proceedings* of that meeting.

WHY ILEOCECAL VALVES RECUR

The ICV open and ICV closed syndromes are among the most frequently encountered in practice, and are also among the most common problems to recur. ENS concepts apply to most, if not all, ICV open and ICV closed patients. In fact, using the ENS procedures discussed below explains the common recurrence and helps us guide our patients away from the dietary causes of these problems.

THE ILEAL BRAKE (CLOSED ICV)

Fatty acids anywhere in the intestinal lumen stimulate enteric sensory neurons to cause the "ileal brake" ENS reflex. The ileal brake causes decreased peristalsis of the gut at the ileal area, which is what we would call a closed or spastic ileocecal valve.

The ileal brake reflex probably exists to keep undigested fat from entering the colon (where it tends to stimulate the growth of unfriendly flora.) Fat, even in the duodenum, is enough of a stimulus to bring the ileum to a full stop. When the last of the fat has been digested and absorbed, the ileal brake is released. Therefore, dietary fat, and/or its incomplete digestion are the bases for the ileal brake/closed ICV.

Most doctors find more open ICVs than closed ICVs. When using the following procedure, you will find many more closed ICVs than you have in the past, about the same number as open ICVs.

ILEAL BRAKE CHALLENGE: CLOSED ICV WITH FAT

1. Correct any ICV problems in the appropriate way.
2. Place some good fat (e.g., olive oil, flaxseed oil) in the mouth and see if this creates a positive challenge for a closed ICV.
3. If the challenge is positive, have the patient TL to the Chapman's NL reflexes for the pancreas, liver, and gall bladder to identify which one(s) negate the fat-induced closed ICV challenge.
4. Identify which digestive substances, if any, negate the positive challenge:
   a. Pancreatic enzymes, Pancreas tissue, Zinc
   b. Bile salts, Magnesium, other liver detoxifiers
5. Correct by rubbing each of the positive Chapman's reflexes while the patient holds the fat in the mouth.
6. Supplement as indicated.
7. Decrease fat in the diet if excessive.

OPEN ICV WITH SUGAR

The corollary of the ileal brake is the common finding of an open ICV with a sugar (carbohydrate) challenge. Although this is not something ENS researchers talk about, we have found it to be very important, and very common clinically. The gist of this problem is that excessive CHOs in the gut give rise to an open ICV. This is likely due to the "feeding" of unfriendly flora which interferes with normal ICV activity. Use the following procedure:

1. Correct any ICV problems in the appropriate way.
2. Place sugar (or other carbohydrate) in the mouth and see if this creates a positive open ICV challenge.
3. If the challenge is positive, have the patient TL to the Chapman's NL reflexes for the small intestine (quadriceps NLs, and occasionally abdominals NLs)
4. Treat by rubbing the positive NLs while holding sugar (or other CHO) in the mouth.
5. Decrease carbohydrate in the diet.

These procedures indicate dietary fat and CHO excesses that must be addressed. The open ICV with sugar pattern often accompanies Insulin Insensitivity and Carbohydrate Intolerance (Issues 7, 11, and 29.)

ONE PATTERN CAN HIDE THE OTHER

These two ENS patterns may be found in the same patient. When both occur, one will be present, and the other will not show up until the first pattern is corrected.

■ ***THE SECOND BRAIN*** is the name of the book by Michael D. Gershon, M.D. on which much of this issue as well as the next issue of *THE UPLINK* is based. Dr. Gershon is recognized as the "father of neuro-gastroenterology" and this book discusses both the technical and political development of the field from his unique perspective. The following paragraph contains additional clinical information about the ENS and fat metabolism which is paraphrased from Dr. Gershon's book. This information may help to identify patients with the ileal brake / closed ICV syndrome pattern.

Hormonal and nervous signals to the Sphincter of Oddi cause it to open and allow bile to enter the small intestine. Undigested fats are fermented by bacteria giving off gas. Decreased bile results in the stool becoming pale and clay-colored (bile salts give the stool its brown color), the stool becomes bulky (due to mass of fat and bacteria), greasy, foul-smelling, and lighter than water.

Wherever there is a hormonal signal in the gut which is discussed in physiology textbooks, there is usually a parallel neurological connection. More in Issue 29.

■ **OOPS! THE AUDIO-VIDEO-NOTES PACKAGE** on "Visceral Challenge Technique & Allergies and Hypersensitivities" was introduced as the special in Issue #27, but there was no explanation about what it entailed. So we are offering it as the special once again in this issue with the following overview of the content.

The first part of the program discusses the use of visceral referred pain areas in diagnosing and treating the digestive system including balancing GI tract SYM and PS function. These are the procedures (in addition to the traditional ICV corrections) which are referred to on the previous page in Step 1. ("Correct any ICV problems in the appropriate way.") They are used prior to employing the ENS techniques discussed in this and the next issue of *THE UPLINK*.

The next part of the program presents an updated look at allergies and hypersensitivities. This includes food allergies, airborne allergies, and chemical sensitivities, with treatment procedures and nutritional factors. It reviews how to normalize the hypervigilant immune system including finding hidden immune system problems. There is also a brief summary of the allergy and AK research which was published in the International Journal of Neuroscience in 1998.

■ **ASHEVILLE IN FALL COLOR SEASON:** The NC Chiropractic Association is sponsoring "Head, TMJ, & Dental Pain Relief" with Dr. Schmitt in Asheville, NC at the height of the fall colors. See seminar schedule.

■ **100 HOUR AK COURSE COMES TO DALLAS:** The Special 100 Hour AK Syllabus which Dr. Schmitt has developed will be taught in Dallas beginning on September 27-28, 2003. The location will be on the convenient Parker Chiropractic College campus in Room 110 East. This will be the only presentation by Dr. Schmitt of this syllabus in 2003-2004 and the only plans for a Texas presentation. See the seminar schedule for the dates of all 8 sessions. Chiropractic continuing education has been granted for Texas for Sessions 1 and 8 and has been applied for in Louisiana, Arkansas, and New Mexico.

"Everything You Need to Know About the Texas 100 Hour Course," the "Reading, References, & Resources list," a registration form, and the "Reading List for Session 1" can be found at **www.theuplink.com**. You will also find some interesting "testimonials" from doctors and students who have previously taken this course.

Special *pre-paid discounts* (for both doctors and students) are available. These can amount to getting one session for free if you pre-pay for all 8. There is also a *refresher fee* available if you have taken the same session with Dr. Schmitt at another location in 2001 to 2003. For further information, **call Michelle at (919) 545-8829**.

■ **BY POPULAR DEMAND - THE 10TH ANNUAL "SKI WITH WALLY"** seminar will be held at the Stonebridge Inn in **Snowmass Village, Colorado**, the site of the first "Ski With Wally" seminar in 1995 as well as in 2002 and 2003. The seminar will be held on Thursday, March 11th, Friday, March 12th, and Saturday March 13th, 2004 from 4:00 PM to 8:00 PM each day. The topic has not been finalized, but it will be one with practical value for all AK practices.

We send information about the "Ski With Wally" seminars to only a limited mailing list. If you have not received "Ski With Wally" mailings in past years, contact Michelle at (919) 545-8829 and tell her that you want to be added to the ski seminar mailing list.

If you are interested in CE for this seminar, let Michelle know immediately. We will only apply for CE if enough doctors express an interest.

■ **SKI IN TAOS – LIMITED ATTENDANCE**. For the past two years, Drs. **W**ally Schmitt, **A**ndy Specht, and **T**om Rogowskey, have taught a small ski seminar at Taos, New Mexico exclusively for New Mexico doctors. We have called this the **WAT** Ski Seminar. This year, we will teach the 3rd Annual WAT Ski Seminar in Taos on January 27-31. But this time, we will open the seminar up to a ***very limited*** number of non-New Mexico doctors. Each of the three of us will teach a different topic, each on a different day. Emphasis will be placed on hands-on activity. Attendance is on a first-come first-served basis. We only have room for 20 doctors to attend this seminar, and 12 spaces are being reserved for NM docs. If you are interested, contact Michelle at (919) 545-8829 as soon as possible so you are not left out.