

THE UPLINK

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

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MORE ENTERIC NERVOUS SYSTEM: THE GASTROCOLIC REFLEX

The gastrocolic reflex is an enteric nervous system reflex which causes increased peristalsis in the large intestine following food intake which stretches the stomach. The wisdom of having a gastrocolic reflex is so that when the stomach is stimulated by the presence of new food entering the digestive system, the colon is stimulated to be emptied, as if to make room for the new food entering the GI tract from above.

There is a challenge procedure which seems to be related to this gastrocolic reflex. It involves pinching the stomach referred pain area (at the epigastrium), stretching the stomach by direct pressure into it, and then testing the ileocecal valve or the Houston valve. Since increased intestinal peristalsis is accompanied by decreased sphincter activity, increased activity of the gastrocolic reflex should be associated with an open ICV or an open Houston valve. This is the basis for our 3-step gastrocolic reflex challenge procedure. The procedure is as follows:

GASTROCOLIC REFLEX PROCEDURE

1. Ileocecal valve (or Houston valve) challenge is negative.
2. Pinching the stomach RP area is negative.
3. **3-step challenge:** **1)** Pinch the stomach RP area, **2)** put direct pressure through the abdominal wall to the stretch the stomach, and **3)** challenge for an open ICV (or HV.)
4. If this challenge is positive, an offending dietary substance, when tasted, will also cause a positive ICV open challenge as well as a positive TL to the stomach Chapman's NL reflex.
5. This TL to Chapman's reflex will be negated by rubbing the stomach RP area. This means that we should treat by rubbing the Chapman's NL reflex with the offending substance in the mouth.
6. Recheck the 3-step challenge. It should be negative.

This procedure will identify offending substances which are the source of many hidden digestive problems.

These include recurrence of open ileocecal valve problems and Houston valve problems, the identification of hidden ICV problems which you expect to find but cannot, and the identification of food allergens and other offenders which do not show up by any other functional neurological assessment procedures. See next page.

SUGAR & DUODENAL PRESSURE CHALLENGE

Wherever there is a hormonal signal in the gut (for example, secretin and cholecystokinin produced in the duodenum stimulate pancreas secretion), there is usually a parallel enteric nerve connection.

Enteric nerves from the duodenum and stomach run to the pancreas ganglia where the succeeding nerves affect the release of insulin (and digestive enzymes.) These entero-pancreatic nerves are stimulated by glucose in the duodenum OR by increased pressure in or stretching of the duodenum. So sugar, and/or upper GI stretching cause *the release of insulin* by the islet of Langerhans cells (and secretion of digestive enzymes.)

We wondered if, by applying these enteric nerve concepts, we could find another way to improve pancreatic function – both the release of insulin and enzyme secretion. (Note that two categories of anti-diabetic drugs operate by increasing pancreatic release of insulin. See next page.) What we have found is a fairly common challenge procedure using oral sugar along with manual pressure to the duodenal area. It is positive in a number of patients with glucose handling and insulin problems.

SUGAR/DUODENAL PRESSURE PROCEDURE

1. Sugar in the mouth is negative.
2. Pressure to the duodenal area is negative
3. Pinching the pancreas RP area is negative.
4. *Doing all three* of the above results in an indicator muscle weakening.
5. The weakness is negated by the patient TLing to the pancreas Chapman's reflex (NL.)

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6. Correction is by rubbing the pancreas NL with sugar in the patient's mouth and with intermittent pressure to the duodenum.

You will find many more patients reacting to sugar using this procedure (just as with the Open ICV with Sugar Challenge discussed in Issue #28 of *THE UPLINK*.) This procedure also often accompanies the findings in hyperinsulinism discussed in Issues #11 and #16 and taught in Session 7 of Dr. Schmitt's 100 Hour Basic AK Course.

■ FOOD REACTIONS THAT YOU MIGHT MISS

are typical of the Gastrocolic Reflex Technique discussed on the previous page. When a food irritates the stomach in this way, it triggers increased peristalsis (like a parasympathetic reaction) in the GI tract. This leads to increased peristalsis in the large intestine, ICV, Houston valve, and possibly the small intestine, often resulting in abdominal symptoms, discomfort, bloating, and even diarrhea shortly after ingesting the offending food. Some patients with *recurrent hiatal hernia* are also in this category.

These foods do not create a muscle weakness except for the ICV or Houston valve challenge or on TL to the stomach Chapman's reflex, but no other weaknesses are apparent. Hence, there is a tendency to overlook these offending food(s). Treatment of the stomach Chapman's reflex with the offending food in the mouth can often decrease acute abdominal symptoms. We frequently instruct patients with this gastrocolic reflex pattern to rub the Chapman's reflex area on their own should they accidentally ingest an offender.

■ **CATEGORIES OF ANTI-DIABETIC DRUGS:** The second procedure discussed on the previous page is usually found in our patients who have known sugar handling problems. Many of these patients have been prescribed drugs to deal with their altered sugar metabolism.

There are basically 6 categories of anti-diabetic drugs in common use. They are listed below. Those drugs which increase insulin release by a functioning pancreas are denoted by **Release** and those that increase insulin receptor activity are denoted by **Receptors**.

- 1) Insulin
- 2) Alpha-glucosidase inhibitors (starch inhibitors)
- 3) Sulfonylureas – **Release, Receptors**
- 4) Biguanides (Glucophage) - **Receptors**
- 5) Thiazolidinediones - **Receptors**
- 6) Insulin secretagogues - **Release**

For a complete listing of which drugs are in which categories, and the other effects of each category, **see the free download at our web site: www.theuplink.com**. Look under "Guides" at the bottom of the home page. This is an excellent *one page summary* which you can print out and keep in your office desk to use when reviewing which drugs your patients are taking.

For those doctors who have not previously been exposed to Dr. Schmitt's work on blood sugar handling problems, we have designated "*This Issue's Special*" as the audio-video-notes package entitled "Carbohydrate Intolerance: The Missing Links." See opposite panel.

■ **DALLAS 100 HOUR AK COURSE:** Dr. Schmitt's Special 100 Hour AK Course is continuing on the Parker Chiropractic College campus in Room 110 East. See Seminar Schedule. There has been an excellent and enthusiastic attendance of students, faculty, and field doctors. Chiropractic continuing education has been granted for Session 8 in TX, LA, AR, and NM. For further information, call Michelle at (919) 545-8829.

■ **TOPIC CHOSEN FOR "SKI WITH WALLY":** The 10th Annual "Ski With Wally" Seminar will be held again this year at the Stonebridge Inn in **Snowmass Village, Colorado**, the site of three previous "Ski With Wally" seminars. 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 will be "Hidden Gems: Finding Hidden Spinal Problems & Hidden Nutritional Problems." Structurally, we will take *new looks* at Centering the Spine, Category 3, the iliolumbar ligament, disc wedging, and fixations. Chemically, we will discuss *new information* on activated vitamins, cholesterol, and the immune system.

If you have not received "Ski With Wally" mailings please contact Michelle at (919) 545-8829 and tell her that you want to be added to the ski seminar mailing list. The information for the seminar may also be found on our web site: **www.theuplink.com**.

■ **SKI IN TAOS – LIMITED ATTENDANCE.** For the past two years, Drs. **Wally Schmitt**, **Andy Specht**, and **Tom Rogowsky**, have taught a small ski seminar in Taos, New Mexico exclusively for New Mexico doctors. We have called this the **WAT** Ski Seminar. We will teach the 3rd Annual WAT Ski Seminar in Taos on Wednesday through Sunday, January 28-31. But this time, we will open the seminar up to a *very limited number* of non-New Mexico doctors. Also this year, we will add an optional 4th day and a 4th speaker in the person of Dr. Ben Markham. Dr. Markham's lecture will be on Wednesday. Each of the four of us will teach a different topic, each on a different

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day. You may attend all 4 days of this seminar or just Thursday through Saturday. 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. Registration is almost full at this time. For more information see our web site www.theuplink.com. If you are interested, contact **Michelle at (919) 545-8829** as soon as possible.

■ **100 HOUR AK COURSE IN NC IN 2004:** The North Carolina Chiropractic Association is tentatively planning to sponsor Dr. Schmitt's Special 100 Hour Basic AK Course in the Raleigh-Durham-Chapel Hill area beginning in the fall of 2004. Watch for further announcements at www.theuplink.com.

THIS ISSUE'S SPECIAL OFFER!

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