

THE UPLINK

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

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THE ODOR (ALDEHYDE) SNIFF TEST

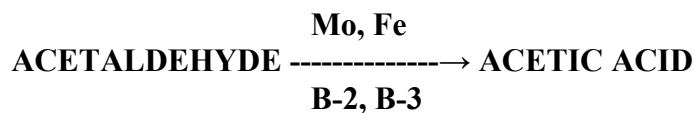
In Issues #26 and #27 of *THE UPLINK* we discussed the Bleach Sniff Test and the Ammonia Sniff Test, respectively. Issues #32 and #33 were about the immune system. In this issue, we add the third sniff test, the Odor (or Aldehyde) Sniff Test which also has immune system implications in some patients. All common scents (including perfumes and the smells of foods like bananas, strawberries, or almonds) are aldehydes. Many unpleasant odors such as tobacco smoke are also aldehydes.

Therefore, the Odor Sniff Test is often found positive (i.e., muscles weaken upon sniffing an odor), especially in patients who report a sensitivity to perfumes, chemicals, smoke, or who have difficulty with smells and odors in shopping malls or stores where fabrics and carpeting are sold.

METABOLIC? OR IMMUNE? OR BOTH?

A patient may react adversely to the Odor Sniff Test in two ways: a **metabolic** reaction or an **immune hypersensitivity** reaction, or both. The **metabolic** reaction occurs when the body is missing one or more nutrients necessary to break down aldehydes.

The metabolism of aldehydes (depends on four nutrients. Molybdenum and iron are catalysts for the reaction which also requires niacinamide (NAD) and riboflavin (FAD) as shown below for acetaldehyde:



The second type of condition that causes a patient to have a positive Odor Sniff Test is an **immune hypersensitivity** reaction. In these patients, there appears to be an immune response to the odor and there are usually free radicals produced with consequent depletion of antioxidants (especially selenium).

When a patient shows muscle inhibition on sniffing an odiferous substance that contains aldehydes, we must test the appropriate nutrients to identify which ones negate the sniff induced weakness and identify which systems are involved: metabolic, immune, or both.

The next step is to reset any circuits that have been stressed by the chemical exposure. Once again have the patient sniff the chemical and then TL to identify the circuits which negate the induced weakness. The most common involvements are Liver, Lungs, Sinuses, Small Intestine, Parotid and the lower sternal immune hypersensitivity area. Correction is by IRT to the Chapman's reflexes following a sniff exposure to the chemical.

PROCEDURE SUMMARY As presented in *Quintessential Applications: A(K) Clinical Protocol*

Identify Strong Muscle:

1. Perform Olfactory Challenge: **Sniff Aldehyde** (Perfume, etc.) – **If Sniffing Weakens:**
2. **Sniff Aldehyde** with Appropriate Nutrient(s) in **Mouth** Negates Weakness
 - a. **Mo, Se, Niacinamide, Riboflavin, Iron, E**
3. **Identify Chapman's Reflexes** (by TL) that **Negate Aldehyde Sniff-Induced Weakness**
 - a. **Liver, Lungs, Sinuses, Small Intestine**, etc.
4. **IRT Chapman's Reflexes** Identified Immediately **After Patient Sniffs Aldehyde**
5. **Recheck Aldehyde Sniff** to Confirm Correction.

CASE EXAMPLE

A number of years ago, my mother had a surprise for all of her children when we returned home for Christmas. She had totally redecorated the first floor of her home and completed the task the day before we arrived. It was a beautiful job, but there was a slight lingering of odors from some of the new fabrics. In Michigan in the middle of winter, there was no practical way to open doors and windows to eliminate the odors.

As the week wore on, everyone in the family developed nasal and/or sinus congestion that progressed to upper respiratory symptoms... everyone except me. As soon as I got a whiff of the smell, I started taking molybdenum. Everyone who I treated over the next few days tested positive for molybdenum, and this was part of the treatment for each of them to help to speed their recovery while living in the newly decorated environment.

PLANTS THAT HELP

There are some plants which absorb toxic odors and which can be used in homes or offices. These include golden pathos and certain types of ivy.

■ **THE QUINTESSENTIAL AK CLINICAL REFERENCE MANUAL** is now available! It has been authored by Dr. Kerry McCord based on the clinical application of AK principles from a neurological and biochemical perspective as taught by Dr. Schmitt. **“Quintessential Applications: A(K) Clinical Protocol”** is organized according to the step-by-step protocol presented in Dr. Schmitt’s seminar *“Critical Concepts for Effective Care.”*

In this 2 day seminar (available on DVD) all basic AK techniques (plus a few more) are correlated into a practical protocol for using AK in clinical practice. During the seminar, 3 patients were treated according to the complete *QA Clinical Protocol*.

Dr. McCord has organized the information from the *“Critical Concepts...”* seminar and produced this state-of-the-art manual to be used as a quick reference by the busy doctor. It is printed on heavy paper and each section is fully tabbed for rapid access.

The *QA Clinical Protocol* can be adapted to any style of AK practice. By addressing the body from a neurological hierarchy, the most effective therapies with the most wide-ranging impacts are performed first. Treatments become more efficient and results are achieved faster.

Quintessential Applications: A(K) Clinical Protocol is published by Dr. McCord’s company Healthworks! and is being distributed through AKSP, LLC. We would like to convey the “words-alone-cannot-express-our-appreciation” type of gratitude to Debbie Hasty, Dr. McCord’s business partner, for the graphics, layout, production, and motivation for this project. Without Debbie’s professional expertise and guidance, **Quintessential Applications** would be nothing more than a computer file, and a ragged one at that.

■ **THE QUINTESSENTIAL NEUROLOGICALLY-BASED COMPREHENSIVE AK COURSE** will begin in October, 2005 in Philadelphia. Dr. Schmitt, assisted by Dr. McCord, will teach the 15 session program entitled **Quintessential Applications** roughly once a month. This new course will be organized around the *QA Clinical Protocol* with the following goals:

- All techniques will have hands-on workshopping
- Each session will integrate the topics of that session with the entire *QA Clinical Protocol*
- One or more patients will be treated using the accumulated *QA Clinical Protocol* at each session
- These seminars will change your clinical thinking processes in accordance with realities of neurology and nutritional biochemistry
- Upon completion, the doctor will be able to implement 100% of the course material efficiently and effectively using the *QA Clinical Protocol*.

■ **IRT CASE:** A 39 year old woman with a history of 22 surgeries presented with classical symptoms of multiple sclerosis (paresthesias in all four distal extremities with much weakness) but no positive diagnosis in spite of numerous neurological tests. Deep tendon reflexes for both patellae were absent. Initial treatment with IRT to all of her 22 injuries resulted in 100% reduction of the paresthesias and weakness in 3 of her extremities and 90% in the fourth. Her patellar reflexes were normal.

NOTE: This brief case has been added to the new **“IRT Stories”** section of www.theuplink.com. If you have an interesting IRT case, please write it up and send it to Michelle michelleaksp@earthlink.net.

**INTRODUCING:
QUINTESSENTIAL APPLICATIONS:
A(K) CLINICAL PROTOCOL**

By Kerry McCord, DC, DIBAK and Walter Schmitt, DC, DIBAK, DABCN

The first ever neurologically-based AK Clinical Reference Manual

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Introductory Price Available through June 15, 2005 – See This Issue's Special Offer Below

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