

THE UPLINK

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

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In this issue of *THE UPLINK* (*THE UP*date on the *LINK*s Between the Nervous System and the Body Chemistry) we introduce the new name for Dr. Schmitt's clinical procedures and discuss LQM Technique. LQM technique, which has been used for ten years, stands for "Location, Quality, & Memory" and was so named by Dr. Sam Yanuck because its previous name was long and cumbersome, not unlike these last two sentences.

"FM^{AK} USING NMA"

The linking of the nervous system and the body chemistry with AK is the most comprehensive approach to assessing and treating functional problems available. Muscle testing is elegantly used for Functional Neurological Assessment and for enhancing Functional Medicine. The essence of the *LINK*s can be termed Neuro Metabolic Assessment (**NMA**). Since NMA exponentially amplifies principles of functional medicine, we are adopting the model of "raising Functional Medicine to the AK power" (**FM^{AK}**) using **NMA**. We are now organizing our techniques in a modular protocol oriented format.

LQM TECHNIQUE

When pain occurs, it is because nociception has reached the brain. Nociception is actually interpreted as pain in the emotional centers of our brains. We can address some of the emotional aspects of pain with Emotional Recall Quick Fix. (See Issue 2 of *THE UPLINK*.)

The **Location** of the pain, the **Quality** or nature of the pain, and the **Memory** of the pain complete the brain's interpretation of pain. After a reasonable healing time has taken place, the cortical areas for pain interpretation should be inactive. However, in many chronic pain patients, activating the brain areas for location, quality and memory of the pain causes general muscle weakness similar to that which may have occurred at the time of the injury.

LQM Technique is quite simple. The doctor asks the patient to activate the cerebral cortex for each of the LQM factors and tests to see if a strong indicator muscle weakens. When weakness occurs, find one of the acupuncture head points ("B & E" points) which negates the weakness. The point will be ipsilateral to the problem. You may identify it by having the patient TL each point, or more simply, tap each of the six points once or twice until you find one which negates the weakness. This is the point to be tapped, about 100 times, while the patient mentally activates the LQM factor being tested.

LOCATION

Ask the patient to think about the location of the previous injury. It is useful to touch the area in question and say, "Think about this area where you had the injury. Don't think of what it feels like, or what it felt like, but just the area." Test a strong muscle.

QUALITY

Ask the patient to think about the quality of the pain or the nature of the pain. If the pain is present at the moment, say, "Think about how the pain feels." If there is no pain at the time of the examination, say "Think of how this feels when it hurts." Test a strong muscle.

MEMORY

The memory activation has two parts. the first is an extension of the Quality of the pain. 1) Tell the patient, "Think about when the pain was at its very worst." 2) Say. "Recall the memory of when the accident occurred." Test a strong muscle after each.

TREATMENT

Often 2 or 3 or even 4 of the LQM factors will be positive. Each may be negated by the same or by different acupuncture head points. Treat each of the 3 (or 4) LQM factors individually. Then retest to ascertain complete correction. LQM technique resets the historical aspects of nociception so that they don't interfere with ongoing daily activity. LQM is a common feature in any patient who has constant or occasional pain in the area of previous injury. Once corrected, it does not have to be repeated.

■ **"I KNOW WE CAN'T WIN, BUT IT WILL BE GOOD FOR THE EXPOSURE."** That was the attitude expressed by a mule owner when he entered his animal in the Kentucky Derby. It was also the attitude we adopted when appearing on ABC's **GOOD MORNING AMERICA** program in a segment on alternative approaches to allergies on July 30th, 1997. GMA contacted me at the suggestion of Dr. John Thie and asked me to present AK testing for allergies. The three minute segment also included a naturopath and an iridologist. This was the third part of a three part series entitled "Eat, Drink, and Be Wary." The title had a double meaning as we found out by the editorial position taken by the program. The first day was on the dangers of **eating** hidden peanuts in foods. The second day was on the dangers of lactose intolerant people **drinking** milk. The third day was on alternatives and it was suggested that viewers **be wary** of such approaches. The medical "experts" interviewed did their usual "no scientific basis / placebo" routine. Unfortunately, the "experts" were in error. However, many viewers have heard this so often that they don't pay attention any more, especially when it comes out of an arrogant mouth. All in all, most everyone I spoke with felt that it was better to have had the exposure than not. And at least they spelled my name correctly!

■ **COLLOIDAL MINERALS ALERT!** At the IAACN (International and American Academies of Clinical Nutrition) Conference in Orlando on August 28-31, the renowned researcher, Alexander Schauss, Ph.D. reviewed shocking research on the chemical analyses of four of the best selling colloidal mineral supplements. Not only did these mineral supplements NOT contain what was stated on the label, they all contained TOXIC levels of ALUMINUM! The four supplements averaged over 3 grams of aluminum per liter with the highest being 4.4 gm/l of Al. Since Al excess is implicated in Alzhiemer's disease and other neurodegenerative processes, make sure you and your patients AVOID ANY COLLOIDAL MINERAL SUPPLEMENTS unless you have personally had the product analyzed at an independent laboratory. All four products analyzed had fraudulent labels, so, as we know, what is on the label is no guarantee. *References: Journal of Nutritional Medicine, January, 1997; Health Counselor, February, 1997 and May, 1997.*

■ **2 OF THE BEST CONFERENCES** I have ever attended occurred within a month of each other in May and June, 1998. The Functional Medicine Symposium in Aspen and the ICAK-USA meeting in San Diego have each provided tools which I have checked on **every** patient and found on most patients since these conferences. How often does that happen? We believe we have found AK patterns related to insulin insensitivity / resistance which we will share in a future issue of **THE UPLINK**. The other breakthrough relates to HeartMath. See below.