

T8 Liver

Liver Blood Flow

- In: 75% Portal Vein
25% Hepatic artery
- Out: Central vein
Hepatic vein
Inferior vena cava

Digestion:

- The process of converting food into chemical substances that can be absorbed and assimilated
- Ex. Chymotrypsin breaks down...

★ TQ: Know the difference between digestion and metabolism

Metabolism:

- Sum of physical and chemical processes by which
- Living substance is produced and maintained (anabolism)
- Transformation by which energy is made available to organism (catabolism)
- Ex. Krebs Cycle (TCA Cycle) what happens in cells themselves
- Produces/secretates:
 - Glucose, plasma proteins, coagulation factors, enzymes, cholesterol and lipoproteins, fatty acids, bile and bile salts, etc
 - Stores: glycogen, protein, vitamins, fat, etc
 - Detoxifies: toxins, metabolic byproducts, hormones and drugs

Detoxification

- Any process decreasing the negative impact of toxins and non-toxins on bodily processes
- Biotransformation of endogenous and exogenous molecules into excretable metabolites
- Environmental Working Group
 - www.ewg.org
 - Info on toxins in foods, cosmetics, water

Cholesterol Metabolism

- Cholesterol and fat in chylomicrons to blood via lymphatics
- TGs in CM and VLDL broken down to fatty acids in capillaries
- HDL - takes cholesterol from system to LIVER
- LDL- takes cholesterol from liver to system

Liver-Reticulo-endothelial functions

- Cleanses blood of debris like spleen (via phagocytic WBCs)
- Blood pigments to bile

Common Problems

- Lipid problems- cholesterol, triglycerides
- Fatty liver
- Hepatitis
- Toxin overload, inadequate detox
- Alcoholic or toxic damage
- Sclerosis
- Cancer

Liver Blood Volume Regulation

- Major blood reservoir
- Can store several hundred ml
- Electrolyte and water balance regulation

Common Symptoms

- Liver pain is RARE except in pathology eg. Acute hepatitis
- General sluggishness, weakness, loss of pep
- Severe afternoon fatigue
- Nausea
- Mm achy and stiff in AM
- Muscle and joint pain varies day to day
- Headaches
- Coating of tongue
- Hemorrhoids, varicosities
- Dry skin, "Vitamin A bumps" (roughness on back of arm- follicular keratosis)
- If severe, jaundice, dark urine

Diagnostic Tests

- Palpation
- Lipids- Cholesterol- HDL/LDL, TGs
- Serum and urine bilirubin
- Enzyme levels (ALT [SGPT], AST [SGOT], GGT, Alk Phos)
- Albumin, globulin
- Hepatitis antibodies
- Detox challenges eg. Diagnostics or Great Smokies
- Advance imaging, biopsy

Neurolymphatics

- Posterior: T5-T6, T6-7 R
- Anterior: 5th intercostal, R

Neurovasculars

- Mid clavicular line 5th rib
- Above and lateral to frontal eminence

Nutrition

- Detoxify the bowl
 - Reduce toxic burden and reabsorption of Cholesterol
 - Improve digestion
 - Handle constipation (fiber, fresh fruits and veggies etc.)
 - Handle dysfloria (acidophilus)
 - Possible juice fast if patient is up to it
- Improve the diet
 - Fresh foods
 - Eliminate refined CHO's
 - Eliminate rancid, processed, trans fats
 - Adequate water
 - High quality oils
- General support
 - Raw liver- chewing tablet may clear pain indicators
 - Vit. A- if this doesn't clear dry skin, suspect fat digestion- pancrease, bile salts
 - B complex and individual B's
- Hepato-protective substances
 - Silymarin (milk thistle)
 - Carnitine- inhibits alcohol- induced fatty liver
 - N-acetyl cysteine antidote for acetaminophen overdose
- Detoxification
 - Lipotropic products with nutrients such as Choline, Inositol, Betaine, Beet leaf, Methionine, S.A.M., Milk thistle, B's, Mg., Carnitine
 - Milk thistle
 - Catechin (green tea flavonoid, hepatoprotective)
 - N-Acetyl cystein- sulfhydryl groups, promotes glutathione formation, antioxidant
 - Glycyrrhiza (licorice) - watch for high BP, pseudo aldosterone effect
 - Alpha Lipoic Acid- amanita poisoning, heavy metals, antioxidant
 - Dandelion choloretic, chologogue
 - Artichoke (Cynara Scolyermus)
- Lipid Metabolism
 - EFAs, Lecithin
 - Niacin
 - CoQ 10 if on statins for cholesterol
 - Gugulipid (Commiphora mukul)
 - Digestives- bile salts, pancreatic enzymes
 - Lipotropics- above
 - ★◦ Carnitine- for high triglycerides
 - Fiber- prevents absorption, reabsorption
- Liver Nutrition Hepatitis
 - Alpha Lipoic Acid- Hep C; antioxidants with interferon
 - Milk thistle (Silymarin) Hep B, C
 - Glycyrrhiza (licorice) - antiviral Hep A, C, other viruses
 - Picrorhiza kurroa (ayurvedic)
 - Catechin in green tea and uncaria gambir viral hepatitis C>B>A
 - Antioxidants- hep C

Autonomics- don't change activity directly
 T5-T9 - sympathetics- causes vasoconstriction
 Vagus- parasympathetics- causes vasodilation

Muscle

Pectoralis Major- Sternal Division

CMRT

- Hold nodulated are right TP T2 and right 3rd rib costochondral junction until T2 relaxes
- Hold ant. Right 3rd costochondral junction + circular massage over cecum with fingers flat
- Hand over right trapezius; hand under costal arch at level of 8th rib
- Hold for relaxation

Liver Pump

- Contraindicated in Gallstones, Ulcer, Acute abdomen and Cancer
 - L hand over liver, R over cecum
 - Pump medial and then inferior with left hand
 - R hand presses up with a counterclockwise rotation over cecum
 - Repeat segmentally up the ascending colon
 - Then pump hands together with L hand under post. Lower ribs and R hand on ant. Lower ribs

Adrenal Hormone Synthesis

Cortical Steroids

Cofactors and Precursors:

- Niacin
- B6
- C
- Vit E
- Folic Acid
- Biotin
- Pantothenic acid
- Vit. A
- Calcium

Adrenal Cortex

- No or Uncertain Direct Autonomic Innervation
 - ★○ NO sympathetics or parasympathetics
- Hypothalamic-Pituitary-Adrenal Axis controls steroid production

Adrenal Medulla-Catecholamines

- The Fight or Flight Reaction
- Released by Sympathetic Stimulation
- Epinephrine (Adrenalin)
 - Main adult adrenal catecholamine
 - Increases amino acid uptake into cells
 - Increases glycogenolysis
 - Stimulates adrenal cortex
 - Dilates pupil
- Norepinephrine
 - Only NE prenatally = amounts by 1 yr
 - 5 times more Epi
 - Sympathetic Neurotransmitter
- Adrenal Hormone Synthesis- catecholamines
 - Tyrosine --> Dopa --> Dopamine --> NE --> EPI
 - Precursors and cofactors
 - Phenylalanine --> Tyrosine
 - Copper
 - B12
 - B6
 - Folic Acid
 - Vit C
 - Iron
 - Manganese
- Catecholamine Release controlled by
 - Hypothalamus
 - Preganglionic sympathetic nerves (cholinergic)
- Medullary response increased by
 - Hypoglycemia, glucagon
 - Hypoxia, hypercapnia
 - Nicotine, caffeine

Precursor steal:

- In chronic stress, precursors diverted to make cortisol instead of DHEA
- Ratio is altered
- Aldosterone may go down (NA loss)

Altered Cortisol: DHEA Ratio

- Sex hormone imbalances
- Thyroid symptoms with normal labs- poor T4 to T3 conversion (Wilson's syndrome)
- Obesity
- Decreased bone density- osteoporosis
- Insulin insensitivity= glucose intolerance, increased TGs
- High midnight cortisol- sleep problems

Adrenal Stress Disorder

- Addison's Disease
 - Life-threatening adrenal deficiency

Autonomics Medulla

- Parasympathetics: uncertain or none
- Sympathetics: T1-L2
 - 50% say T7-T9
- Medullary cells are homologous with Sympathetic postganglionic neurons

General Adaptation Syndrome

- Hans Selye The Stress of Life
- Physiology of general effects of any stress
- Distinct from specific effects of specific stressors
- Three stages in all infections and stressful conditions
- Alarm, Resistance and Exhaustion
 - Alarm Stage:
 - General call to arms in acute stress
 - Medulla and Cortex respond
 - EPI, Cortisol and DHEA increase
 - Response can be very rapid
 - Mother lifting car off child
 - Speaker thinking on his feet
 - Students in exams
 - Should be able to come back to normal after emergency passes
 - Resistance Stage- The triad of stress begins
 - Body prepares for continued stress
 - Adrenal cortical hypertrophy
 - ◆ Cortisol and DHEA both increase, then diverge
 - Atrophy of Thymus, Spleen and Lymph glands
 - ◆ Altered Cortisol: DHEA ration
 - ◇ Cortisol increases, DHEA decreases
 - Ulcers in stomach and duodenum, rashes
 - ◆ Dysbiosis, decreased SIgA in Gut, gut wall inflammation, leaky gut food allergies
 - Exhaustion Phase
 - Both cortisol and DHEA decrease
 - Cannot resist any longer-goes into chronic disease stage
 - Degenerative conditions develop

- Requires replacement of hormones and salt
- Adrenal Stress Disorder
 - Not recognized by all endocrinologists
 - Now demonstrable in lab by altered cortisol: DHEA ratios
 - "Tired all the time"
 - "Just don't feel good"
 - Symptoms
 - "Just sick", Fatigue
 - Carbohydrate intolerance
 - Light sensitive
 - Immune problems
 - Allergies
 - Recurrent sacroiliac subluxations
 - Knee instability
 - Hormonal imbalances, male or female
 - Ligaments weak- multiple joint pains

Adrenal Labs

- Sodium/Potassium- serum,
 - Some say hair
- EKG may show a tall, narrow peak T-wave indicative of excess Potassium
- Adrenal Stress Index- salivary adrenal hormones at 4 times in day
Cortisol:DHEA

Orthostatic Hypotension -Ragland's Sign

- Blood pressure drops upon standing
- Systolic should go up ~4-10 mm Hg
- Diastolic same or up
- Medically a 5-10 mm Hg drop in systolic is accepted
- Any drop in diastolic= orthostatic hypotension
- Normal vasoconstriction on standing is due to sympathetics
- Depends on adequate cortisol to sensitize arterioles
- ★• BP drop can be adrenal stress sign
- Other causes- anything which reduces sympathetics or central autonomic control:
 - Hypotensive and sympatholytic drugs
 - CNS diseases affecting autonomics, including genetic
 - Diabetic autonomic neuropathy
 - Wernicke's disease (chronic alcoholism)

Paradoxical Pupillary Dilation

- Pupil dilates during sustained light stimulus
 - Just wobbling doesn't count
- Elevated intracellular potassium
 - Due to Na:K imbalance thought to interfere with cholinergic nerve function responsible for activating pupilloconstrictor muscle

3/10/09

Cortisol shifts protein to sugar metabolism so body will begin to eat it's own protein from muscle

CMRT

- Medulla: Butterfly technique
 - Sympathetic/parasympathetic imbalance
 - Thumbs together about 2" below xiphoid, fingertips over costal arches
 - Depress costal arches with finger tips, then press posterior with thumbs and then release. Repeat
 - If BP low-rapid and light
 - If BP high-slow rhythm to calm system
 - Recheck BP
- Cortex
 - Fingers: thumb and index on parietal
 - 3rd greater wing of sphenoid
 - 4th on zygomatic arch
 - Pump fingers in wave motion
 - If BP low- once a sec
 - If BP high, hold steadily or slow wave motion
- General
 - Preganglionic Technique
 - Contact anterior adrenal NLs and sternum level of nipples: tender, nodulated area
 - Circular manipulation on sternum
 - Monitor NLs until they soften
 - Heavier contacts in hi BP
 - Lighter contacts in low BP

★ **Muscle**
Sartorius
Gracilis

Stress- Treatment Principles

- Structural
 - Full spine adjusting removing pain and biomechanical stress
 - Reflexes for adrenals
 - Stabilize pelvis, sacroiliac
 - Cranial adjusting to normalize pituitary/hypothalamic/adrenal axis
- Chemical
 - Remove chemical stressors
 - Stimulants- coffee, tea, chocolate
 - Allergens, environmental toxins
 - Sugar handling stress
 - Supply nutrition for repair
 - Adrenal glandulars-don't overstimulate
 - Sodium chloride, especially in asthma
 - B-vitamins- especially niacin, pantothenic acid
 - Limit fruit, juices if tasting potassium weakens

- Mental/Emotional/Lifestyle
 - Regular sleep schedule
 - Handle life stresses
 - Balance of work, recreation and rest
 - Moderate exercise, within aerobic limits
 - Regular meals
 - Minimal alcohol, no drugs

Diet: Adrenal Steroids

- Vegetarian diets better for over-estrogen types
 - Decrease androstenedione, estrone, estradiol
- High Carbohydrates (HCF) better for adrenal types who are pushing adrenals
 - Increase testosterone and decrease cortisol, compared with high protein diets
- More protein for adrenal exhaustion, thyroid types, hypoglycemics
 - For rebuilding

Adrenal Supplements

- Adrenal glandulars or Adrenal-Thymus-Spleen glandulars
 - If they weaken, check choline
 - If hyper adrenal, use multiple small doses through day
- Hypothalamus glandulars- after a shock
- Pituitary glandulars
- Medullary hormone precursors and cofactors
 - Phenylalanine (precursor to tyrosine), tyrosine, folic acid, B12, B6, C and vitamin "G", Cu, Fe, Mn
- Cortical hormone cofactors and precursors
 - Niacin (for NADPH), B6, A, C, E Folic acid
- ...

Aldosterone Nutrients

- Not clear whether precursor steal can reduce aldosterone
- Licorice/Glycyrrhiza
 - Suppresses enzyme which breaks down aldosterone
 - Helpful if person loses salt
 - Watch out for hypertension in high doses
- If weakens to potassium, strengthens to sodium- may need sodium
- Adrenal supporting herbs- adaptogens

High midnight cortisol- can't turn off to go to sleep

- Phosphatidyle serine- blunts stress response
- Sometimes hypothalamus glandulars
- Sometimes pineal glandulars of melatonin

3/17/09

Principles of Nutritional Evaluation

- Patient History
- Diet Diary
- Physical Examination
- Laboratory Studies
 - Iron, B12, Vit D, Calcium, Magnesium, Sodium, Potassium are all able to be evaluated
- Address most primary areas of dysfunction 1st

Nutrient Testing

- Helps decide among otherwise indicated nutrients
- Test several muscles and reflexes related to the patient's complain
- Nutrients are always tasted during testing
- Optimum nutrients will
 - Strengthen related muscles
 - May reduce palpatory pain immediately
 - Normalize leg length and evenness of toe-in
 - Should not weaken muscles

Common Sense Nutrition

- Be logical- know mechanisms of action
- Use the fewest possible supplements which each strengthen the most muscles and reflexes
- Dose per clinical judgment and patient response
 - 4-10 times the RDA- usual therapeutic dose
 - Children's dosages in proportion to body weight

Screening for Adverse Reactions

- Nervous system reacts to tasting or smelling the substance with neuro-musculo-skeletal imbalance:
 - Changes in leg length
 - Toe-in becomes uneven
 - Muscles become dysfunctional- weak or non-responsive/non-sedatable (See specialized technique class)
 - Therapy localization becomes positive

Elimination/Provocation Diet:

- Best way to confirm adverse reactions
 - Single food elimination
 - Pick foods to test by
 - Foods which patient already suspects
 - Run down list of common allergens
 - Foods which change muscle testing
- Eliminate suspect food (s) entirely for at least one week
- On convenient day, eat a lot of the test food
- Watch for reactions within a few hours to next day
 - Recurrence of symptoms
 - Respiratory or GI S&S
 - Rashes
 - Headaches
 - Behavioral or mood changes
- Great patient education vehicle
- If severe reaction, try Alka-Seltzer Gold- Na, K Bicarbonate- often will break up reaction. Or Vit C, Mg, Pantothenic Acid, Adrenal glandulars

Allergy Treatment- see handout for completion

T10 Small Intestine

- Where most of digestion happens
- Don't usually have pain in the SI unless it's in the duodenum
- Stomach- some starch to sugar- salivary amylase (ptyalin) continues
- Small intestine
 - Carbohydrate digestion
 - Starch to sugars (pancreatic amylase and disaccharidases from intestinal wall)
 - Digestion of fat
 - Lipids to fatty acids, mono-, di- and triglycerides, cholesterol (bile, pancreatic lipase, intestinal lipase)
 - Absorption of Vitamins
 - B12- needs intrinsic factor- ileum only
 - Absorption of calcium and iron
 - Calcium active absorption assisted by vitamin D
- Common Problems
 - Duodenal Ulcer
 - Infection
 - Candida overgrowth- Leaky Gut
 - Irritable bowel from bacterial overgrowth in the small intestine
 - Inflammation
 - Malabsorption
 - Flat glucose curve
 - Poor digestion, small intestine disease (wall/cellular), intestine is too short (i.e. if resection), lymph blocked, bacteria, parasites, drugs, vascular insufficiencies, diabetes (that damages the wall/vessels)
 - Chron's disease (an inflammatory bowel disease)
- Common Symptoms
 - Stuffy nose after eating
 - Groggy after eating
 - Pain 1 1/2 hours after a meal. Better if lies down- duodenal ulcer
 - Malnourished despite eating "Vitamins don't help"
 - Pan-allergic
 - Gold rings cause discoloration- traditionally assoc. with parasite infections- confirm with stool analysis
- Referred pain
 - Umbilical box- center of tummy around umbilicus
 - Tenderness on neurolymphatics
 - Mid-thoracic and thighs may be sore
 - Dorsum of foot

- Base of the fifth finger
- Diagnostics
 - Comprehensive stool analysis- Diagnos-Techs, Great Smokies etc
 - Cymotrypsin
 - Indicators of inflammation
 - Parasites/Bacteria/Fungi and antibodies
 - GI Series
 - Advanced imaging, camera studies
- Intrinsic Nervous system of the GI tract
 - Myenteric Plexus Motility
 - Submucosal plexus= responsible for cell secretion
 - Modulated by Sympathetics and Parasympathetics
- Muscles
 - Rectus Abdominus
 - Quadriceps - as a group
- Neurolymphatics
 - Ant: medial thigh
 - Post: between L5 and PSIS
- Neurovasculars
 - Duodenum: 1-2 inches above and left of umbilicus, 1:00 position
 - Small intestine: parietal eminence
- CMRTs
 - Hold painful area in umbilical box plus ipsilateral shoulder
 - Manipulate umbilical area with flat fingers until tenderness decreases
 - Modified Liver pump- CONTRAINDICATED in acute abdominal pain, pain with ulcer or undiagnosed fever
 - Fingers in and up on mid umbilical box
 - Other hand over liver lat to med, in and down 6X
 - End with upper traps fiber stimulation + gentle relaxing contact over tender area near umbilicus
- **Small Intestine Nutrition**
- Irritation/Inflammation
 - Avoid foods not tolerated- gluten sensitivity damages villi, leads to secondary lactose intolerance
 - Raw duodenum- if duodeanl ulcers- 1-2 3X/day, between meals
 - Chlorophyll- detoxifier, soother
 - Comfrey-pepsin (short-term)
 - CAUTION: long-term comfrey --> liver problems
 - Crohn's can affect small intestine- thymus, spleen, Vit C, immune support
- Digestion
 - Digestive enzymes
 - Pancreatic
 - Stomach digestants for proper early- stage digestion, pH triggers
 - Vegetable-based less pH sensitive
 - Parotid- food goes through very fast
- Formulas for Leaky Gut
 - L-Glutamine- energy production by intestinal cells, boosts liver glutathione for detox, antioxidant
 - N-acetyl glucosamine- amino sugar involved in forming protective mucus layer and intracellular cement
 - Gamma Oryzanol- from rice bran oil, helps ulcers
 - Zinc- enzymes, absorption of vites, wound and ulcer healing (helps make stomach acid)
 - Cat's Claw- cleanses GI tract, increases phagocytosis
 - Folic Acid-may be deficiency in malabsorption
 - Vita A- strengthens mucus membranes
- Parasitis- can ascend to small intestine
 - Stool analysis: labs give nutrient/herbal suggestions for specific organisms
 - Adults: 3-5 pancreatic enzyme capsules/day
 - Anti-parastitic herbal formulas
 - Black wlanut husks
 - Garlic
 - Pau d'arco
 - Pumpkin seed
 - Acidophilus- also in any bacterial or fungal imbalance
 - Children: Zymex II- Fig proteolytic enzymes- 2-3meal, acidophilus, homeopathic anti-parasitics

3/18/09

T11-T12 Kidney

Common Problems

- Infection
- Stones
- Ptosis
- Nephritis
- Cancer
- Lower back pain
 - Chronic, vague
 - Lumbar m. spasms, may include ipsi lower abdo.
 - Ache with fever- Infection
 - Stabbing flank pain- Kidney ptosis
 - Severe pain radiating to medial groin- Stones. Hematuria
- Inner ear problems due to fluid imbalance
- Skin problems
- Eye focusing problems
- Vivid nightmares
- Edema

Diagnostic Tests

- Urinalysis, urine volume- blood, protein in urine
- Stones often visible on plain film Xray
- KUB films
- BP
- Serum Creatinine, Creatinine clearance, BUN/Creatinine ration
- IVP, CT, MRI, US

Kidney Basic Auxilliary Contacts

1. During Apex Contact
2. Hand under abdomen
 - a. From NLS to ASIS
 - b. Hold each tender spot in turn for release

CMRT-Fluid Retention (see notes)

Kidney Lift

Contraindicated in stones or infections

Challenge:

Inferior on lateral abdomen- weak
Superior Strong

Treatment

Supine, Knees bent
Lateral to psoas below kidney
Lift gently headward
Work bent knee med, and lat to assist motion

Autonomics

- Kidney
 - Para- Vagus
 - Symp- T10-L1
- Ureter
 - Para- S2-S4
 - Symp- T11-T12

★ *GU tract parasympathetic switches from Vagus Nerve to Sacral Plexus at S2-S4*

Muscle

Psoas (external rotator and flexor of hip)

Neurolymphatics

Anterior: 1 inch up, 1 inch lateral to umbilicus

Posterior: T11-T12

Neurovasculars

1.5 inches lat to EOP

Below tip of 10th Rib

3/20/09

Nutrition- Kidney

- Adequate water, not just fluids
- Vit A
- Vit C
- Vit E- low does
- Kidney glandulars
- Raw liver- helps detox and take load off kidney
- In serious kidney disease, like pyelonephritis- reduce salt, limit meat, liquor, coffee, cigarettes, etc
- Natural Diuretics
 - AC-Carbamide (urea powder) - 2 or 3 capsules with glass of H2O 1ce/day- nightmares, chronic urinary tract irritation, "primes the pump." milkd, potassium- sparing diuretic
 - Herbal diuretics
 - Asparagus- also mild diuretic
 - If on medical diuretics which waste potassium- ensure adequate potassium
- Kidney Stones
 - Herbal formulas for kidney stones
 - Low to medium protein diet
 - Drink lots of water
 - Alkaline urine, both am and pm- can use HCL supplement

- Acid urine- Citric acid is a urinary alkalizer, inhibits uric acid stones
- Vit. C doesn't cause calcium oxalate stones
- B6 and magnesium citrate reduce oxalate levels and protect against oxalate stones
- Calcium Citrate Malate reduces oxalate absorption from the gut
- Dietary calcium restriction INCREASES Ca oxalate output. NOT good for calcium stone formers
 - Check 24 hour urine calcium and oxalate before and after Ca supplementation to be sure
 - Potassium reduces hypercalciuria
 - Avoid oxalate containing foods: rhubarb, spinach, kale, sesame

Bladder- Common Problems

- Infection- Cystitis
- Interstitial Cystitis
- Incontinence
 - Urge Incontinence
 - Stress Incontinence
 - Overflow
 - Bedwetting
- Ptosis
- Stones
- Cancer
- Dysuria- pain, burning
- Urgency
- Urinary frequency
- Incontinence, leaking
- Difficulty starting/stopping

Diagnostics

- Urinalysis
- Cystoscopy
- Imaging studies with contrast
- ...

Autonomics Bladder

Parasympathetic- S2-S4

Sympathetic- L1-L4

Muscle

Tibialis Anterior

Visceral Lift

Treatment- Knees bent, lift abdominal contents as patient exhales

Exercise- Bladder

- Kegels- squeeze pelvic floor, hold 5-10 sec. rest 5 sec, repeat
- Retention Control Training- small functional bladder capacity
 - 2-3 days/week in controlled environment
 - Drink 1 liter of H₂O
 - Hold Urine as long as can, gradually increase time
 - Teaches awareness...

Bladder Nutrition

- Cystitis
 - Cranberry juice or D-Mannose - prevents bacteria from adhering to bladder wall
 - Low dose Vitamin C and Immune Support
- Acidophilus/probiotics
- Bedwetting
- ...
- Sulfur donors- MSM (methyl sulfonyl methane)- intravesicular and oral/topical

3/24/09

L1 Ileocecal Valve

Common Symptoms

- Open-flaccid, back flow into small intestine
- Closed- spastic, can't exit small intestine
- General toxic signs and symptoms, lack of energy
- Alternating constipation/diarrhea
- Symptoms worse if on feet a long time
- Pains turn on and off for "no reason"
- Toxicity may create swelling and mimic CTS, Disc, shoulder bursitis, etc

Diagnostics

- Abdominal auscultation, palpation
- Females- pelvic exam, US
- Comprehensive stool analysis to rule out parasites, inflammation, bleeding
- CBC (white blood cells)- rule out appendicitis

ICV CMRT

- Flat hand over T1-T6 TPs. Pt. rests body wt. on hand
- Light monitoring of ICV area until relaxation. (helps with shoulder pain)

Sympathetics: T10-T12

(L1 seems to have the reflex relationship)

Parasympathetics: Vagus

Muscle:

Tensor Fascia Lata- thigh in medial rotation, flexion and abducted

Diet

- Decrease raw/scratchy:
 - 1-2 weeks, reintroduce gradually
 - Raw fruits and veggies
 - Popcorn, peanuts, coarse cereals
- Increase water
- Decrease caffeine, alcohol, spicy
- Chlorophyll- oil soluble
- Raw duodenum
- Comfrey-pepsin (short-term, as long-term comfrey can cause liver problems)
- Acidophilus/Probiotics
- Low dose Vit E
- Choline-precursor to ACh
- Closed may need calcium, vit D, HCL
- Digestive enzymes: if too alkaline gut contents, may lead to poor rectal control (fecal leakage)

L2 Appendix

Problems and Symptoms

Infection
Inflammation
Adhesions
RLQ pain, distention, discomfort
Rebound tenderness, diarrhea, toxic signs, pain worse on standing

Diagnostics

Abdominal auscultation
Rebound tenderness
CBC-elevated WBCs
Females: pelvic exam, US
Colonscopy
Comprehensive stool analysis
Lower GI series

Nutrition

- Diarrhea
 - Acidophilus- a pinch every hour
 - Infants used bifido-bacterium bifidum, ("bifidus")
 - BRAT Diet- Bananas, Rice, Applesauce/purred raw apple, Tea/Toast
 - Broth, yogurt, mild starches and easily digested proteins
 - Avoid raw foods, heavy fats, dairy
 - Increase water to prevent dhydration
 - Psyllium helps chronic diarrhea, eg after GB surgery
- Oral Rehydration Solution if severe diarrhea
 - WHO formula: per liter of clean water
 - 3.5 gm NaCl
 - 2.9 gm KCl
 - 2.9 gm trisodium citrate
 - 1.5 gm glucose
 - Commercial solutions are available (Pedialite)

L4 Colon

Common Problems

- Irritable Bowel/Spastic Colon
- Inflammatory Bowel
 - Crohn's
 - Ulcerative Colitis
- Diverticulosis/-itis
- Dysbiosis/Infection/Parasities
 - "Leaky Gut"
- Hemorrhoids

Autonomics

Parasympathetic = Vagus to mid transverse
S2-4 mid transverse to end
Sympathetic = T11-L4

Ileocecal valve challenge

Closed/pastic: down to right strong
Up to left weak
Treat down to patients right

Autonomics

Parasympathetic: Vagus
Sympathetic: T11-T12

Muscle

Quadratus Lumborum

- Adhesions
- Cancer
- Constipation
- Diarrhea
- Pain, cramping
- Gas

Muscle: Hamstrings (assoc. with rectum)
Tensor Fascia Lata (toe in and abducted)

Transit Time/Retention Time

- Patient takes dye capsule, usually Blue #1
- Transit time = time till dye is first seen in stool
 - 20-30 hours is normal
 - 2-3 hours in stomach
 - 6-8 hours in SI, rest in colon
 - Measures motility of SI and colon
 - Short transit time - too little time to digest food in small intestine
 - Undigested food in colon bacterial and fungal overgrowth, increased gas
 - Some parasites induce hypermotility
 - Treat: Handle parasites or smooth muscle relaxant, magnesium + valerian, eg
 - Long transit time- can become toxic
- Retention time = time till dye last seen in the stool. Normal is < 72 hours. 50-55 hours usual
 - Measure to degree colon mixes things
 - GI tract is not a straight tube
 - A tube + a vat (colon) - mixing
 - Retention time measure colonic mixing
 - Very short- colon spastic or rigid, acts like tube
 - Very long- colon is flaccid, constipation. Bacteriac can make toxic byproducts that the body can absorb

Nutrition:

- Colon
 - Acidophilus, mixed probiotics
 - Low potency iron, eg. Raw liver, may help if TFL weak bilaterally. Test.
 - Digestive enzymes for failures of digestion higher up
 - Bentonite clay- binds endotoxins, cleansing
- Constipation
 - Increase fiber
 - Whole grains
 - Fresh fruits and veggies
 - Psyllium, flax seed, oat bran
 - More water
 - Magnesium
 - Avoid food sensitivities
- Diarrhea
 - BRAT diet- banana, rice, scraped apple/apple sauce, tea/toast
 - Maintain hydration
 - Acidophilus/probiotics- a pinch every hour
 - Eliminate food sensitivities- milk, wheat especially

Valves of Houston- Transverse Folds of the Rectum

- Technique that's called the Valves of Houston is really called a Sigmoid Lift
- Ascending, Descending colon- relatively fixed in place by peritoneum
- Transverse colon, sigmoid colon- looser attachments, more movable
- Sigmoid is narrower
- Descending-sigmoid junction can be a site of restriction or kinking
- Challenge left lower quadrant- usually needs to be lifted toward right shoulder
- Occasionally splenic flexure or hepatic flexure will challenge visceral lift

3/27/09 Hanna's notes

- ★ We went over an article called "Flora Horror" about how hospitals struggle with a serious new gut microbe
- ★ We went over another article called "Nut, Corn and Popcorn Consumption and the Incidence of Diverticular Disease" which said that new research shows that those foods won't actually aggravate Diverticular disease
- ★ Another article - "Boswellia Serrata" (frankincense - anti-inflammatory) - helpful in all sorts of inflammatory ds - worked as well as and sometimes better than medication

Candida Overgrowth

- Limit refined carbs, yeast & molds in diet
- Grapefruit seed extract
- Pau d'arco
- Caprylic acid
- Undecylenic acid
- Biotin
- Homeopathics

Parasites - if found on stool analysis

- Depending on nature & severity of parasite:
 - Natural herbal products
 - Homeopathics
 - Medical approach

Inflammatory Bowel, Diverticulitis

- Hemorrhoids**
- Nutrition for vascular tone
 - C with bioflavonoids
 - Herbal formulas
- Topical vitamin E ointment
- Immune support such as thymus, vit C
- Support adrenals
- Psyllium
- Probiotics, acidophilus, Gut permeability formulas
- Avoid food sensitivities
- Avoid seeds and small hard food fragments (diverticulitis) -
New Study questions this

★ *She demonstrated nutrient/allergy testing*

Nutrient Testing

- Helps decide among otherwise-indicated nutrients
- Test several muscles and reflexes related to the complaint
- Nutrients are always tasted during testing
- Optimum nutrients will
 - Strengthen related muscles
 - May reduce palpatory pain immediately
 - Normalize leg length and evenness of toe-in
 - Should not weaken muscles

Elimination/Provocation Diet

- Best way to confirm adverse reactions
- Single food elimination
- Pick foods to test by:
 - Foods which the patient already suspects
 - Foods which are common allergens -
 - Wheat, milk, corn, yeast, eggs, soy, tomato/potato family, nuts, dyes and colors, tuna, strawberry
 - Foods which create alterations in muscle

Screening for Adverse Reactions

- Nervous system reacts to tasting or smelling the substance with neuro-musculo-skeletal imbalance:
 - Changes in leg length
 - Toe-in becomes uneven
 - Muscles become dysfunctional
 - Weak or non-responsive/non-sedatable
 - Therapy localizations become positive

3/31/09

L3 Gonads

Common Problems

- Female
 - ★ ◦ PMS
 - If it goes on all throughout the month it's NOT PMS
 - If it happens at end of month during luteal phase it is
 - Hormonal Migraines
 - Polycystic Ovaries
 - Think insulin resistant
 - Creates too much testosterone
 - Anovulation/Infertility
 - Menopause
 - Ovarian Cancer
 - Cervical Cancer
- Male
 - Infertility
 - Impotence
 - Andropause: loss of testosterone dominance
 - Hydrocoele
 - Undescended testis in child

Diagnostics

- Female
 - Pelvic Exam
 - Symptom Charting
 - Serum Hormones
 - Salivary Hormones
 - Ultrasound/CT
- Male
 - Physical exam
 - Serum hormones
 - Salivary hormones
 - ★ ◦ Blood sugar- looking for insulin resistance

Progesterone Cream

- Stores in fat- released unpredictably
- Extremely high levels accumulate
- Converts to Estrogen in Fat- Can increase cancer risk
- Cell receptors down-regulated- symptoms of deficiency but actual excess
- Takes months to clear out excess
- If true progesterone need, use oral bioidentical, MONITOR labs!!!

Autonomics

Parasympathetic: S2-S4
Sympathetic: T10-L4

PMS Chart

Start Day 1 of flow

Grade symptoms:

1. Mild, didn't interfere
2. Moderate interfered with activities
3. Severe disabling (had to go to bed)

Muscles

- Gluteus Medius- reproductive glands, uterus, seminal vesicles
- Piriformis- reproductive glands, uterus, seminal vesicles
- Adductors- Reproductive "Climacteric"

4/1/09

Nutrition

- Support liver for ability to detox and balance hormones
- ★ Clear colon to reduce toxic load on liver
- Male and female glandular extracts
- Balance with other endocrines
- Handle insulin resistance, cortisol balance- diet, manage, stress, nutrition
- Control inflammation- antioxidants, diet
- Essential fatty acids
- Adequate protein
- Iodine for breast tenderness
 - Cries easily (very weepy), indecisive
- Female Herbal formulas
 - Vitex (Chaste Tree Berry)- supports LH, progesterone
 - Black Cohosh- selective estrogen receptor modulator, supports estrogen side
 - Soy isoflavones
 - Red Clover- (isoflavones)- some studies say ineffective
- Vitamin E
- Wheat Germ Oil concentrate (Prometol)

PMS

- PMT-A: Anxiety, Irritability, Late Depression
 - High estrogen
 - B6 200-800 mg or Pyridoxal 5
 - Low progesterone
 - Phosphate 20-40 mg
 - Mg 300-500 mg. chelate
 - Vit. E 150 max
 - Reduce dairy, refine sugars, caffeine, animal and total fats
 - Increase fiber to pull down estrogen, vegetable protein
 - PMT-C: Craving sweets, Headache, fainting spells, glucose intolerance
 - Excess refined carbs (worse in second half)- tend to have a low thyroid that gets worse
 - B6 500 mg OR Pyridoxal 5 Phos. 20-40 mg
 - Niacin or Niacinamide
 - B complex
 - Chromium
 - Cis-linoleic acid or GLA
 - Vit E 300-600 IU
 - Hypoglycemic diet
 - Reduce sugar, fat, alcohol, salt
 - Increase complex, unrefined carbs
 - PMT-D: Depression, Lethargy, Confusion
 - Neurotransmitters
 - Progest may be high
 - May have high androgens
 - May have lead toxicity
 - Treat per findings
 - Tyrosine 3-6 g
 - Pyridoxal 5 Phosphate 20-40 mg
 - Magnesium
 - GLA- evening primrose oil 1500 mg
 - Vit E 300-600 IU
 - Zinc 20-50 mg
 - Tryptophan 500-1000 mg if available
 - PMT-H: H₂O Retention, Weight gain, edema, allergy, breast tenderness
 - Renal dopamine deficiency
 - Hi serum aldosterone
 - B6 100-300 mg or P5P
 - Vit C 1000-3000 mg
- ★ *Cant use tryptophan if on SSRIs
Don't give amino acids if on any drugs-
needs to be off drugs for at least 6 weeks*

- GLA 300-360 mg
- Tyrosine
- Avoid Caffeine
- Low salt diet, low fat diet
- Vitamin E 300-400 IU- generally helps breast tenderness but per one study may worsen some PMT-H
- Gingko Biloba
- PMT-P "Pain" Aches, Pain, Dysmenorrhea, HAs, tender breasts (fibrocystic)
 - NO B6 (worsens headaches)
 - Mg 600 mg
 - Vit E 400 IU
 - GLA (300-360)
 - ★○ Reduce caffeine
- Premenstrual Tension- Additional factors
 - Calcium- one study indicates benefit of calcium supplementation in PMT mood, pain
 - Calcium should generally not be given without magnesium
 - Suggested ratio of Ca to Mg
 - 1 Ca: 2 Mg; esp types A and P
 - Several studies indicate benefit from general multiples of vitamin for all types of PMT
 - Consider I₂, appropriate glandulars and thyroid support, especially with hypoglycemia and cravings also with depression

Polycystic Ovary Syndrome Nutrition

- Polycystic ovaries, amenorrhea, hirsutism, obesity, Excess androgens
- Handle Insulin Resistance
- Vitamin D- 50,000 IU/wk
 - Calcium 1500 mg/day
- Liver support, lipotropics

Menopause Nutrition

- Calcium, Magnesium
- High does vitamin E (hot flashes)
- Herbs
 - Vitex (Chaste Tree Berry)
 - Black Cohosh
 - Soy isoflavones
 - Red clover
- EFAs

Andropause Nutrition

- Loss of testosterone dominance
- Male hormone profile: check on conversion of hormones
- "Aromatization" shunting testosterone into estrogens
- Handle insulin resistance, cortisol balance- diet, manage stress, nutrition
- Control inflammation (antioxidants, diet, EFAs)
- Herbs
 - Tribulus Terrestris
 - Males- increases spermatogenesis, LH, testosterone, no change in FSH
 - Females increases FSH and estradiol
 - Peruvian Maca (Lepidium Meyerii) may help spermatogenesis, fertility, hormone levels
 - Panax Ginseng- may increase testosterone and spermatogenesis
- Zinc

4/3/09

Thyroid

Hyperthyroid

- Grave's disease- antibodies to TSH receptor
- Thyroiditis- autoimmune antibodies to
 - Hashimoto's, associated with celiac disease
- Nodule

Hypothyroid

- Primary
 - Late effects of thyroiditis
 - Iodine deficiency
- Secondary to lack of hypothalamic or pituitary secretion

Common Symptoms

Autonomics

Parasympathetic: Vagus
Sympathetic: T1-T2 Middle Cervical Ganglion
Mostly vasomotor effects

Muscle

Teres Minor (external rotator of the shoulder)

- Hyper
 - Nervous/jittery
 - Heart pounding
 - Weight loss
 - Increased hand tremor
 - Exophthalmos
- Hypo
 - Fatigue
 - Poor memory
 - Cries easily (Iodine)
 - Low body temp (not diagnostic)
 - Thinning hair, eyebrows
 - Overweight
 - High cholesterol

Thyroid Labs

- T3, total, free, reverse
- T4, total, free
- Anti-thyroid antibodies
- TSH Receptor antibodies (Graves)

Nutrition

- Soy can interfere with absorption of thyroid meds
- Iodine is needed but excess can suppress thyroid
- Hyperthyroid
 - Vit E may help
- Thyroiditis
 - Vit D helps modulate autoimmune
 - Avoid Iodine- can worsen
- Hypothyroid
 - Thyroid glandulars
 - Thyroid-Thymus-Spleen glandulars
- Hyper cortisol
 - Interferes with T4 --> T3 (reverse T3)
 - Low thyroid symptoms normal labs
 - Treat hypothalamus pituitary adrenal axis
 - Reduce stress
 - Phosphatidyle serine
 - Nutrition to help conversion
 - Zinc
 - Selenium, selenium-cysteine
 - Gugulipid (commiphora mukul)
 - Antioxidants

4/7/09

Quiz Clarification: Eliminate suspected food for an entire week (maybe two)
Then eat a lot for three days- Provocation

L5 Uterus

Common Conditions

- Pregnancy
- Menstrual cycle problems
- Fibroids
- Vaginal infections
- Cancer
- Dysmenorrhea
- Amenorrhea, abnormal cycles
- Hemorrhage
- Prolapse
- Vaginal discharge

Referred Pain

Mostly to back
Inner thigh

CMRT

- Hold upper traps and massage most tender area upper edge of inguinal ligament
- Adjust the pelvis
- Amenorrhea
 - T9-T10 firm pressure until relaxed
 - Broad contact upper pubes
 - Percuss Sacrum

Nutrition

- General
 - Soy can help balance estrogen levels in moderation- Selective Estrogen Receptor Modulator- not an estrogen
 - Low dose Vitamin E
 - Wheat germ oil
 - Female glandulars
 - Female herbal combinations
 - Lecithin
 - Adrenal support

Diagnosis

Pelvic Exam
Pap Smear
Culture of vaginal discharge
Hormone levels

Autonomics

Parasympathetic: S2-S4
Sympathetic: T11-L4

Muscle

Glut Medius
Piriformis

Knee-Chest Exercise

- Home Reinforcement for Visceral Lift
- Start on knees and elbows
- Cat back
- Suck abdominal contents up
- Let back arch forward
- Drop abdominal contents

- Essential fatty acids
- Dysmenorrhea
 - Visceral Lift, handle colon, support liver
 - Calcium/Magnesium
 - Essential Fatty Acids
 - Vit E or Prometol
 - Niacin- to flush- 100 mg 2x/day with Vit C and rutin, every 2 hours during cramps
- Vaginitis
 - Acidophilus orally
 - If candida
 - Anti fungals: Caprylic Acid, Pau d' arco, grapefruit seed extract, biotin
 - Immune support
 - Reduce sugar consumption
 - Vinegar/acidophilus duoche- alternate nights for 4 nights then stop for 3 nights
 - 1 Tb. Vinegar/quart of water
 - Alternate nights: 1/4 -1/2 tsp acidophilus/quart of water

4/8/09

L5 Prostate

Common Problems

- Infection
- Benign Prostatic Hypertrophy
- Urinary symptoms- BPH or any obstruction
 - Difficult starting/stopping stream
 - Lack of force of stream
 - Retained urine, overflow incontinence
 - Frequency, urgency, nocturia
- Prostatitis is painful
 - Dysuria
 - ...

Nutrition

- General
- ...
- BPH
 - Cernilton/Bee Pollen extract
 - Saw palmetto (serenoa repens)
 - Pygeum africanum
 - Nettle root
 - Pumpkin seed
 - Beta-sitosterol (from grains and soy)
 - Zinc
- Prostate Cancer
 - Boswellia serrata (Frankincense)
 - Anti-inflammatory
 - Saw palmetto (serenoa repens)
 - May be preventive, possible treatment
 - Modified Citrus Pectin
 - May slow growth and reduce metastasis
 - Medicinal Mushrooms- maitake, shiitake
 - Anti tumor effects, enhance immunity
 - Vitamin D
 - Beta-sitosterol
 - Lycopene- in tomatoes- slows tumor growth, lower PSA. May reduce risk
 - Low dose vitamin E- may reduce risk
 - Selenium- 200 mcg/day, general cancer protection
 - Vitamin C-may slow growth, improve survival
 - Inositol hexaphosphate (IP6)
 - Inhibits prostate cancer, increases natural killer cell activity
 - Flax seed (lignans) - 3 TB/day, ground.- preventive, SERM

Referred Pain

- Sacral aching
- Lumbar
- Lower thoracics
- Inguinal pain
- Inner thigh pain
- Superpubic
- Front of wrist

Diagnosis

- Rectal exam
- PSA- draw blood BEFORE rectal exam
- Serum/salivary hormone levels-DHT
- Biopsy
- Advanced imaging-ultrasound
- Xray or bone scan for metastasis

Autonomics

Parasympathetic: S2-S4
Sympathetics: T11-L4

Muscle

Gluteus Maximus

Prostatic Lift

Lift isthmus
Lat to med on each lobe
Life isthmus

Knee-Chest Exercise

- Home Reinforcement for Visceral Lift
- Start on knees and elbows
- Cat back
- Suck abdominal contents up
- Let back arch forward
- Drop abdominal contents

Retrograde Lymphatic Test also used

Clinical Application: Case Presentations

For each case presentation, identify:

The likely organ system involved

What muscles you might test to help identify the problem and assess the results of treatment

Additional physical examination or labs you might want to do

1. Busy executive with chronic LBP, joint stiffness, difficulty getting to bed or falling asleep
 - a. Organ differential: Adrenals
 - b. Associated muscles: Gracilis, sartorius, gastroc
 - c. Labs/exam: salivary cortisol and DHEA
2. 25yo epigastric pain, worse after spice food, alcohol, or coffee; left thenar web is tender, pain to left interscapular
 - a. Organ: Stomach
 - b. Muscles: Pec clavicular
 - c. Labs/exam: H. pylori breath test, upper GI series
3. 45 yo man with rotator cuff pain and short of breath; left thenar pad tender; b/l interscapular pain
 - a. Organ: Heart
 - b. Muscles: Subscap
 - c. Labs: Cardiac Enzymes, EKG, Listen to heart
4. 45 yo man, short of breath, persistent cough, wheeze
 - a. Organ - Lung
 - b. Muscles - Deltoid, serratus anterior
 - c. Vital capacity, listen to chest, chest film, etc
5. Patient has frequent infections, lymph node hypertrophy, fatigue
 - a. Organ – immune system (thymus, spleen)
 - b. Muscles – SCM, infrapinatus (for thymus) low traps or mid traps (for spleen)
6. Patient has dark circles under eyes; fatigue, migrating muscle aches & pains, body odor, high cholesterol
 - a. Organ - liver toxicity
 - b. Muscles - pec major sternal div, rhomboids
 - c. Labs - GGT or any enzyme lab, cholesterol, triglycerides, etc
7. First semester college student is depressed; anxious and shaky in late afternoon; headaches
 - a. Hypoglycemia (pancreas, adrenals & liver)
 - b. B vitamins and protein at breakfast
 - c. Organ- liver, pancreas, adrenals
 - d. Muscles - lat, triceps (pancreas), sartorius (adrenals), pec major sternal (liver)
8. 35 yo overweight; eats cheese, pizza and ice cream; RUQ pain; knee pain, x-rays are neg
 - a. Gall bladder
 - b. Muscles- popletius
 - c. Labs/tests- x-ray look for stones, diagnostic US, GGTP, palpate
9. Stuffy nose and recurrent sinusitis; abdominal discomfort; gas; avoids certain foods; diarrhea
 - a. small intestine infection (ie giardia)
 - b. Muscle- quads, abdominal mm
 - c. Labs - stool analysis
10. Severe LBP; pain radiates to inner thigh, no fever
 - a. Kidney stone passing down the ureter
 - b. Muscle- psoas
 - c. Lab/test - UA (look for blood)
11. Alternating constipation or diarrhea; HA; LBP worse standing; R shoulder pain; RLQ pain, feels toxic and wonders about her ovary
 - a. Iliocecal valve or possibly appendix
 - b. Muscles - quads, TFL
12. Long history of antibiotic use for acne and resp infections; eczema, dark circles; mental fogginess and toxic symptoms dark circles and eczema
 - a. Colon (bacterial overgrowth)
 - b. Muscles- hamstrings or TFL
 - c. Labs - stool

13. Mrs. Smith is a 45 year old who got progesterone cream from the health food store. Initially it made her feel good. Now she gets hot flashes and emotional lability even if she uses more cream. Her gynecologist doesn't think she needs the cream but doesn't care if she uses it
 - a. Likely organ
 - i. Differential- too much estrogen
 - ii. Liver
 - b. Associated Muscles: pec sternal muscle

14. Sarah is generally cheerful and positive, but is occasionally irritable, yells at kids over small things, craves sugar. Wonders if she is going crazy
 - a. Likely organ/differential?
 - i. Reproductive: PMS, allergy
 - b. Associated Muscles: piriformis, gluteus medius, gluteus max, adductors
 - c. Labs/Exam: saliva analysis that goes through whole month (female hormone profile) or do symptom charting

15. Joe is 50. Complains of sacral achiness. Nocturnal frequent urination and tired as a result. Thinks he needs a new mattress or should drink less water. Urinary stream is less forceful than in past. Sometimes he finds it hard to initiate urination. He hasn't had a physical for 10 years
 - a. Likely organ/differential: prostate, BPH
 - b. Muscle: gluteus max (or any pelvic muscle)
 - c. Labs/Exam: Digital exam, PSA, ultrasound, biopsy

What Organ or Conditions?

16. Intolerance of fatty foods: *gallbladder*
17. Pain after spicy or acid foods: *stomach- high acid*
18. Feel heavy after eating protein: *low acid in stomach or pancreas*
19. Groggy after eating carbohydrates: *insulin resistance*
20. Feels better after eating: *low blood sugar*
21. Feels better after eating salty foods: *Adrenals without salt*
22. Groggy after meals: *SI or Irritable bowel, sometimes gallbladder if gassy veggies*
23. Cranky if skips meals- *hypoglycemia*
24. Cranky about 1 week out of the month- *PMS*
25. Poor memory: *Thyroid, Adrenals, sometimes allergies*
26. Depression/lack of motivation: **andropause (not enough testosterone), thyroid, blood sugar*
27. Cough: *Lung, Postnasal drip, cardiac*
28. Difficulty breathing lying down: *CHF, bad valves, orthopnea, bad emphysema*
29. Chest pain lying down: *heart, hiatal hernia or reflux*
30. Chest pain with exertion: *heart, anything structural, really bad lungs*
31. Chest pain with deep breath: *ribs, heart*
32. Headache: *hypoglycemia, vascular, allergies/sinuses, subluxation*
33. Alternating constipation and diarrhea: *ileocecal valve, Irritable bowel*
34. Right lower quadrant pain: *appendicitis, ovary*
35. Left lower quadrant pain and diarrhea, fever: *diverticulitis, ovary, infection, colitis*
36. Flank pain radiating to the inner thigh: *kidney stone*
37. Suprapubic pain: *bladder, uterine, prostate*
38. Polyuria: *kidneys, prostate (frequency rather than volume), diabetes*
39. Nocturia: *Prostate, bladder infection, drinking too much water*
40. Dysuria: *Bladder infection, stone*
41. Poor wound healing: *diabetes, lack of zinc, lack of protein*
42. Multiple small joints hurt: *inflammatory arthritis, adrenals*
43. Muscles stiff in the morning, better with motion: *muscle weakness, dehydration, any type of toxicity (liver for example-once get up and lymph moves around feel better)*
44. Wakes in the night and can't fall back asleep: *high adrenals, too much caffeine, anxiety*
45. Fatigue yet can't fall asleep: *high adrenals, too much caffeine (Magnesium, B6 help this)*
46. Hard to lose weight: *thyroid, insulin resistant diabetes, male/female hormone imbalance*
47. Hard to gain weight: *thyroid, gut problem where having hard time absorbing*
48. Hand tremor: *thyroid, adrenal push*