

Chiropractic resolves severe digestive burning: A case report

Scott Cuthbert

Narrative: A 64-year-old-female with severe substernal burning pain and diaphragm came to our office for examination. She had been seen previously for TMJ disorder and bilateral knee pains, which were swiftly and effectively corrected. She was a nurse, and believed medical care should be given for most human ailments. When she developed severe gastric burning, she went to Manila first. Medications were given, but whenever she stopped taking them, the problem returned more severely. She returned to our office for an examination for this problem.

Temporal bone cranial dysfunctions corrected her AK findings related to the digestive system, (diaphragm muscle weakness, bilaterally inhibited pectoralis major (clavicular division), and a reactive psoas-diaphragm pattern) but would all return upon standing and walking.

Further investigation led to a trial of betaine hydrochloride orally. The muscle and cranial dysfunctions were re-tested and the pectoralis major (clavicular division) was now found bilaterally strong, and there was no evidence of the temporal bulge or parietal descent cranial dysfunctions, and the reactive psoas-diaphragm complex were no longer present.

Zinc supplementation is often necessary in the natural treatment of digestive enzyme disturbances and hydrochloric acid deficiencies. The patient took betaine hydrochloride with meals for 2 weeks and now frequently eats chilli made with hot chilli peppers (a staple on Negros Oriental Island in the Philippines) and any other spicy Filipino food she desires. There has been no return of her symptoms of hyper-or-hypochlorhydria.

Applied Kinesiology's systematic examination system for digestive system problems proved adequate for this patient's severe problems and quickly effective.

Indexing Terms: Chiropractic; hyperchlorhydria; substernal pain; Applied Kinesiology; betaine hydrochloride.

Introduction

A 64-year-old female presented to my Philippines clinic seeking treatment for severe digestive burning. She had previously been a patient for temporomandibular joint disorders and bilateral knee pains.

When she originally came to the office for treatment of those conditions, she was extremely skeptical of natural health care because of heavy indoctrination throughout her career as an Operating Room nurse that medication was the best solution for any health problem. Our original treatment was successful for her. However, when the digestive disturbance

... Chiropractors face patients with indigestion and other severe stomach disorders and pains. There are chiropractic technologies for diagnosing the causes and creating the corrections for these problems. This case report is another piece of the outcomes-literature on this subject'

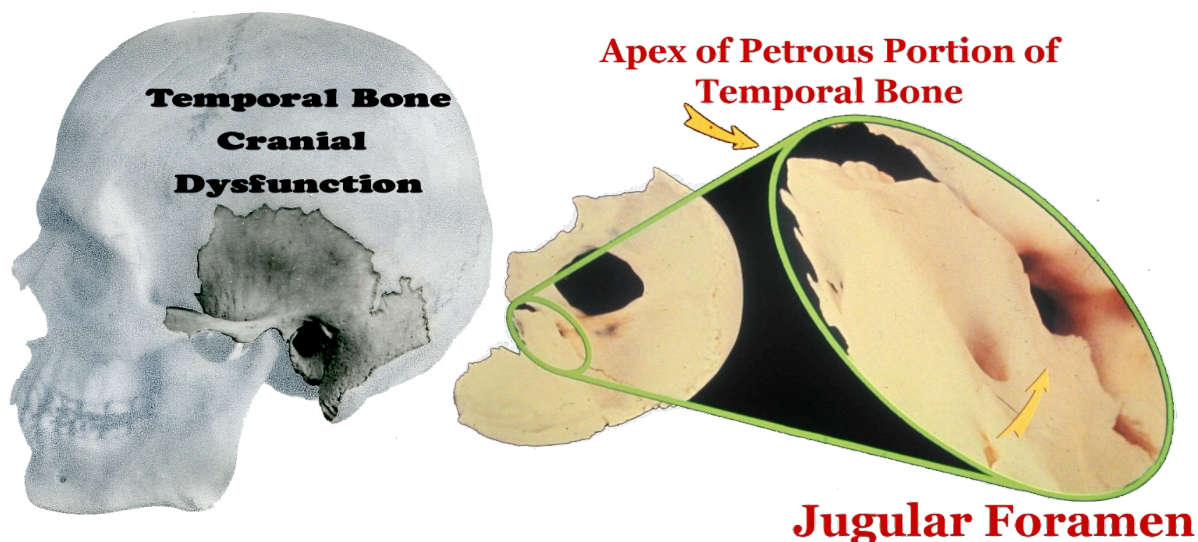
occurred, she did not think of natural health care; she went back to her standard approach of allopathic medicine.



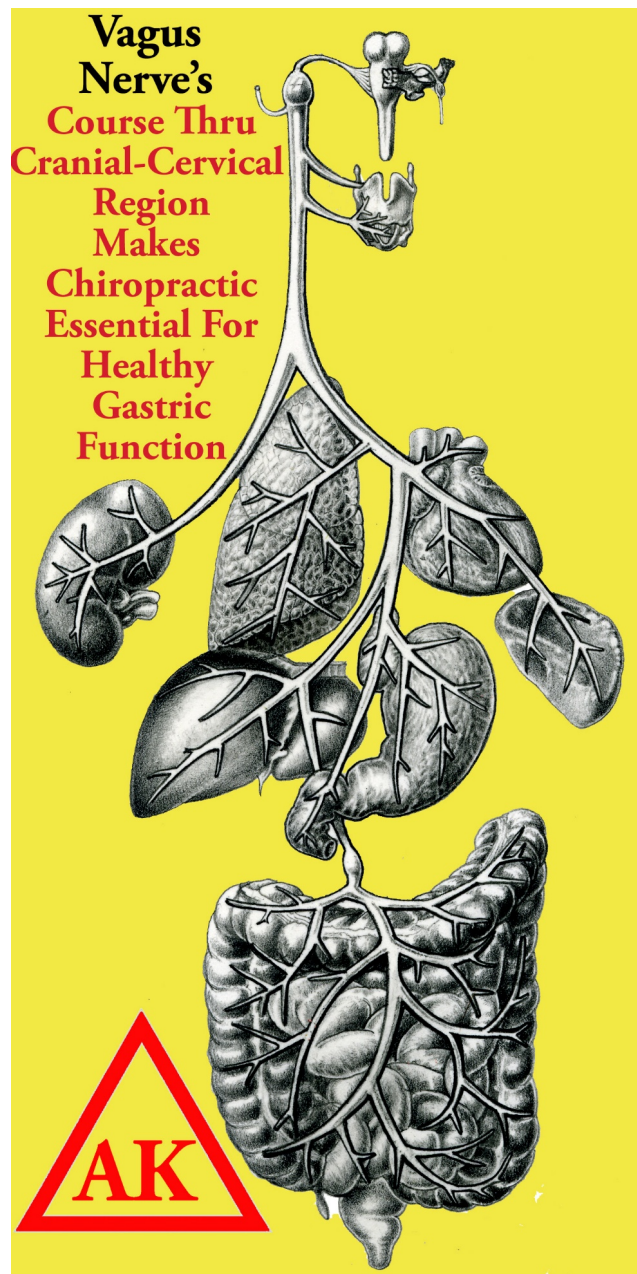
Upper GI x-rays were taken with a barium esophagram swallow as well as a gall bladder study, for which she traveled to *St. Luke's Medical Center* in Manila.

Thorough physical evaluation could find no problem to cause the symptoms she was experiencing. The medical diagnosis of hyperchlorhydria was made, and the physician told the patient that she had a '*nervous stomach*', making it necessary for her to take antacid medication with every meal for the rest of her life. The patient did this for about three weeks, and the symptoms completely abated as long as she took the medication. If she skipped the medication with any meal, the symptoms returned, interestingly enough, more severe than before.

Fortunately, this patient retained enough of our previous broad-scope Chiropractic natural health care education to reject taking medication for the rest of her life; she decided to come in for evaluation and treatment. Upon examination, weak bilateral *pectoralis major* (*clavicular division*) and *rectus femoris* muscles were found, which were both strengthened by half an inspiration held while testing. In Chiropractic Applied Kinesiology (AK) this indicated a '*temporal bulge*' cranial dysfunction (affecting the vagus nerve), which was confirmed by cranial challenge, which strengthened these bilaterally inhibited muscles as well.



**Temporal Bulge
Cranial Challenge
and Treatment
Vectors**



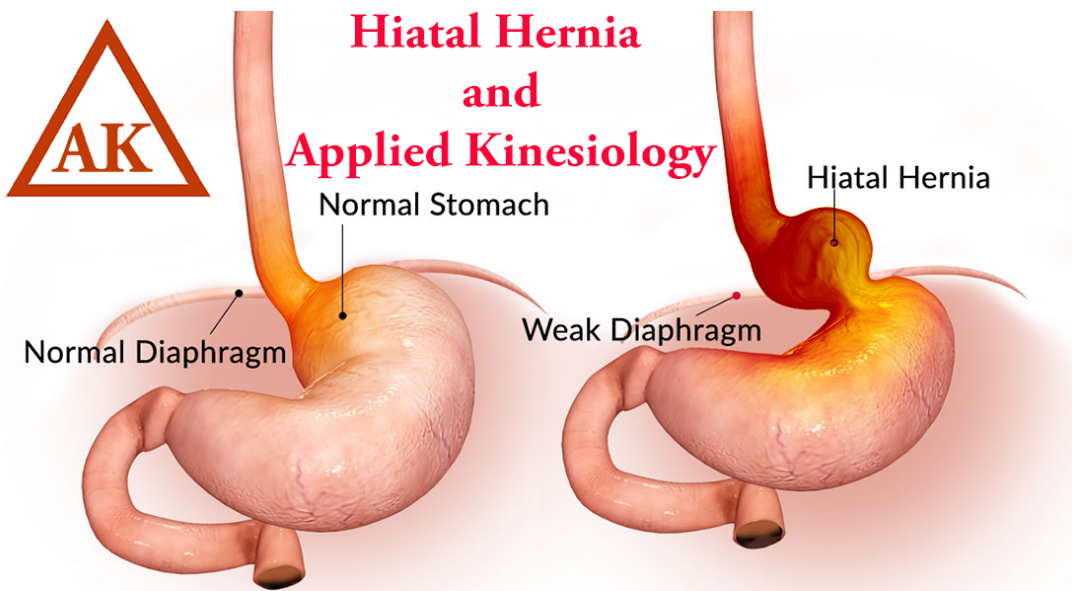
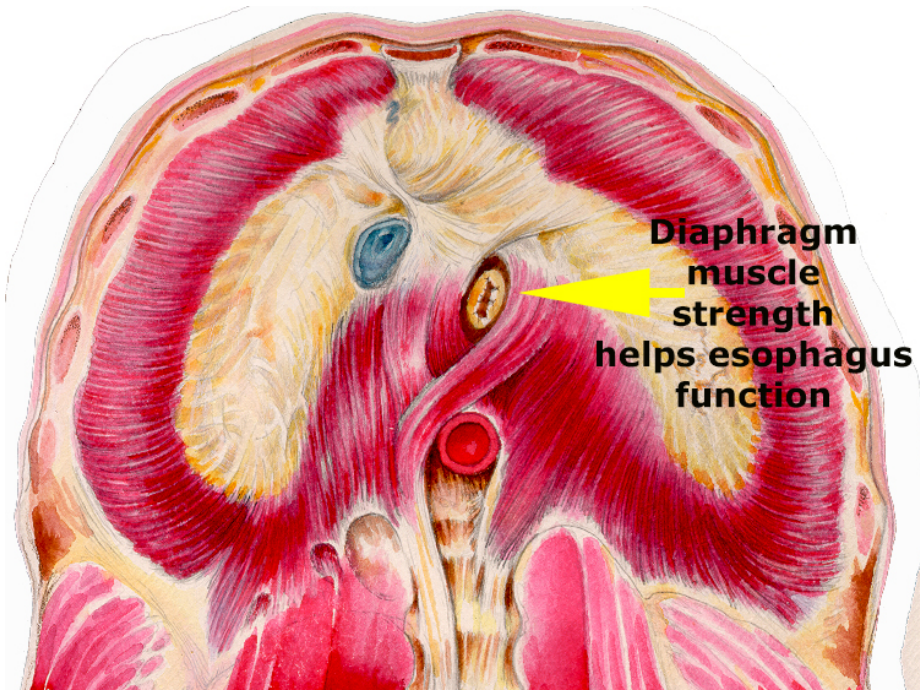
Dysfunction of Temporal Bone

and its effects on the Jugular Foramen and Vagus Nerve

A parietal descent cranial dysfunction was also found on the opposite side. Furthermore, a diaphragm deficiency was found, correlating with the substernal burning pain experienced by the patient, often called a '*hiatal hernia*'. The key to the diaphragm weakness was found to be the reactive *psaos*.

Because of the difficulty in obtaining the corrections, the patient was asked to walk for a short distance and then re-tested to make certain the bilateral *pectoralis major (clavicular division)*, *rectus femoris* and the *diaphragm* weakness did not return. After walking, the condition was present exactly as it had been prior to treatment. Another attempt was made to correct the temporal bulge causing the *pectoralis* weakness and to correct the reactive *psaos-diaphragm* complex. Again, correction was very difficult, and the condition returned after the patient walked.

When a correction is difficult to obtain and a condition returns rapidly, some problem not yet located is recreating the involvement.



Hiatal Hernia

Diagnosis and correction

The patient was asked when she had last taken an antacid tablet; she answered approximately three hours earlier. With no further attempt to correct the temporal bulge and reactive *psoas-diaphragm* complex, she was given *betaine hydrochloride* to suck on. After she had sucked on the tablet long enough to get a good taste and to swallow some of the material, the pattern was re-tested. The *pectoralis major (clavicular division)* was now found bilaterally strong, and there was no evidence of the temporal bulge or parietal descent cranial dysfunctions, and the reactive *psoas-diaphragm* complex were no longer present.



The *betaine hydrochloride* made all these changes with no other treatment given. Since the patient had some of the antacid tablets she had been taking with her, she was then challenged with this formula. By simply sucking on the antacid tablet for no longer than 15 seconds, the temporal bulge/parietal descent complex returned, as well as the bilateral *pectoralis major (clavicular division)* weakness and the reactive *psoas-diaphragm* complex. Again, she sucked on a *betaine hydrochloride* tablet and the entire abnormal picture was alleviated, and walking no longer caused its return. The patient was given *betaine hydrochloride* tablets, suggesting she take one with each meal, for two weeks.

Zinc supplementation is often necessary in the natural treatment of digestive enzyme disturbances and hydrochloric acid deficiencies. Without enough zinc, patients often fail to make the enzymes needed to digest their food, and they can't make neurotransmitters like serotonin, dopamine, and gamma-amino butyric acid (GABA) and the liver can't make the enzymes it needs to function. Many hormones can't be made as well (including male and female hormones). (1)

Luckily, zinc is one of the nutrients that Chiropractors can test for without needing an expensive blood test. Goodheart first suggested this taste test for the Chiropractic profession in 1985. (2)

The Zinc Taste Test is simple, quick, inexpensive, and accurate. To do the test, the patient holds about two teaspoons of saturated zinc solution in their mouth for 10 seconds. The taste of the solution should be very strong if their body has sufficient zinc levels. If they are deficient in zinc, they either taste nothing, or the taste is very faint. (3)

There is a delicate balance between zinc, magnesium, and copper. We often prefer to give a multiple mineral product to avoid this issue. It should be noted that 90% of zinc is tied into carbonic acid anhydrase which makes HCl in the stomach, and sodium bicarbonate in the pancreas among other digestive enzymes.

Conclusion

Goodheart and others have shown that many other common signs of zinc deficiency are poor immune function, recurring cranial dysfunctions, a loss of the sense of taste or smell, indigestion and bloating after meals, wounds that heal slowly, acne, reduced sex drive, prostate hypertrophy, female and male hormone problems, depression, agitation, and anxiety, chronic yeast infections, macular degeneration, hair loss, dandruff, premature greying of the hair, and white spots on the fingernails.

Our patient now frequently eats chilli made with hot chilli peppers (a staple on Negros Oriental Island in the Philippines) and any other spicy Filipino food she desires. There has been no return of her symptoms of hyper-or-hypochlorhydria.

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About the Chiropractors

Scott Cuthbert, BA, DC practices in the city of Dauin on the island of Negros Oriental in the Philippines and is the Associate Editor with the *Journal*.

He has served on the Board of Directors of the *International College of Applied Kinesiology USA*. Dr Cuthbert is the author of three textbooks on applied kinesiology (in addition to 15 *Index Medicus* and over 50 peer-reviewed research papers) on Chiropractic approaches to functional health problems. *Images courtesy of David S. Walther, DC, with permission.*

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