

# Easy In-Office Test For Pain

*"When a patient tastes a substance there is a neurological connection between the nerves in the mouth and the hypothalamus!"*

A number of doctors have asked me about neurolingual testing and the rationale behind it, so let's look at neurolingual testing and how it can be clinically effective in your practice. Dr. Goodheart used to say "measure, measure, measure." Find something to measure. Do the therapy or treatment and re-measure the same indicator. See if anything happened. This statement spawned the concept of neurolingual taste testing.

When a patient tastes a substance there is a neurological connection between the nerves in the mouth and the hypothalamus. The hypothalamus communicates to the muscles to relax or strengthen. What moves the muscles? Nerves. So although you are testing a muscle, you are in reality indirectly assessing the nervous system via the muscles. It's a very exciting concept.

So let's apply this to a patient. Test a patient who is



in pain or has a limited range of motion. When referring to pain, ask the patient to identify a position that causes pain. Go into that position and then rate the pain on a 1 - 10 scale. Find out if there is more than one source of pain: neck pain, knee pain, back pain, joint pain? Is the pain different upon movement vs. a stabilized position? Take note of the different base line scores and write them down.

A compromised range of motion often reflects muscle tension or constriction.

Sometimes this constriction reflects a state of overcompensation because a supporting or corresponding muscle is in a weakened state. Now let's look for range of motion inhibitions. Assess the range of motion 3 times and measure the 4th time. By measuring the 4th time we eliminate the stiffness factor and get a true reading or measurement.

Let's discuss some examples. Have the patient turn their head to one side and then the other to see if there

is a difference. How about touching one's ear to their shoulder? How close can they come? Have them try to touch their toes. Use a ruler and see how many inches they are from the floor.

Here's one you may not think of, standing on one leg. Balance on one leg and time it. If they balance longer than 30 seconds, they pass. Then have them stand on the other leg. Is there a difference in their balance? Use the leg that has the least muscle control as your indicator. Now try it with their eyes closed. Look for differences.

So the first step is to establish a baseline to compare to. Next, have the patient taste a nutrient. It's very important that they taste it for the neurological connection to be present. Once the substance is tasted, repeat the indicator test. Observe and measure if there is a difference in muscle strength, range of motion or a reduction in pain. Although this change is temporary, it provides a window into your patient's metabolism and whether the substance would assist the healing process.

Select nutrients based on the condition you are trying to treat. For example, if a patient is experiencing pain, have them taste different EFAs to support prostaglandin pathways: Blackcurrent Seed Oil, Biomega-3 fish oil, Sesame Seed Oil, Flax Seed Oil, or a blend of oils like Optimal EFAs or Mixed EFAs. See which oil decreases the pain or increases range of motion. You can try nutrients to support Krebs Cycle function like Bio-B 100 or Bio-3B-G. Now try herbal formulas that reduce cytokines like KappArest or Sculacia.

Based on patient histories or lab tests, we generally have a good idea of the therapy

we want to use. The question is which nutrient would be the best for this exact condition. Neurolingual taste testing can help determine which nutrient or combination of nutrients will bring the best results.

By the way just as a substance can cause a positive benefit, don't be alarmed if the pain or range of motion gets worse. This response is temporary and will cease when the patient takes the substance out of their mouth. Use the negative response to track what may be happening. For example, if you give essential fatty acids and the pain is worse or range of motion is further inhibited, I would suspect that the patient may have a problem digesting fats. They may have a gallbladder problem. I would have them taste a product like Beta-TCP or Beta Plus that I know will assist with gallbladder function.

As you know I am a big fan of providing foundational nutrient support in physiological doses. So providing supplements like ProMulti-Plus or an essential fatty acid blend is important. Most people eat so much junk I believe they need additional vitamins and trace minerals to support basic biochemical functions. However I try to individualize nutrients whenever possible.

Measuring range of motion, pain indicators and then neurolingual taste testing does take more time until you get comfortable with the process. But I believe Dr. Goodheart was right. The more tools I can integrate to measure progress, the more I increase patient retention and ultimately patient success.

Thanks for taking the time to read this week's edition. I'll see you next Tuesday.