

Adrenal Function Taste Testing

"This case study shows how a simple in-office test helped to discover what nutrients were needed for a patient to recover from chronic pain."

I want to share a powerful case study of chronic pain and mild depression and how a simple in-office test rectified the condition in minutes. It's a case of one but this chronic case was so easy to fix, I wanted to share it with you so you could keep it in mind with your resistive patients. I know it sounds corny but it was almost miraculous.

A vibrant senior female patient had experienced chronic low back and hip pain for years. The almost monthly recurring pattern went like this: her right hip (or low back) would start to hurt; often just a dull ache at first, but the pain would increase over several days even though she tried to "self-medicate" with ice, heat, topical pain creams, and often ibuprofen.

After 3-4 days of nursing the pain, she would finally give in and go to her favorite chiropractor for an adjustment. The adjustment always helped turn things around, although the pain would still take a few days to subside.

Along with the seven days or so of pain came mental fog, mild depression and loss of



her normal zest for life. The couch was her best friend during that week or so. This pattern went on for several years, happening monthly or every other month.

Regular viewers know the cytokines released from her back pain probably crossed the blood brain barrier in her brain and the ensuing inflammation in her brain caused the depression. She explained that she felt like she was in a fog during those periods and was so discouraged she was almost crying when the pain would start to return.

Recently the pain came again, increased in intensity for several day; but this time, the

chiropractic adjustment had no effect on her pain. Her one trusted escape from the pain was not working. She felt like crying and didn't know what to do.

A wellness clinician knowing how to utilize in office testing checked her leg length and found that her left leg was an inch shorter than the right. This pattern is common and associated with "adrenal" dysfunction. Since she had been seeing a chiropractor for years, the clinician assumed it wasn't a structural problem. By utilizing neurolingual taste testing, he attempted to lengthen the short leg by having her taste different nutrients and then

check her leg length. Here's a simplified picture of the physiology.

When chronically stressed the post ileum will contract which pulls the hip up resulting in a short leg. When tasting a nutrient or food the hypothalamus recognizes it and responds. If the body needs a particular substance to restore homeostasis, a message is sent to the muscle to relax via the parasympathetic nervous system. If a neutral substance is tasted nothing happens. If a substance may cause harm the sympathetic nervous system may cause further contraction of the muscle causing a temporary further shortening.

Utilizing neurolingual taste testing, the clinician decided to try different nutrients to see if they made a difference. Typically, the three products that are the most effective are: Cytozyme-AD for repair usually in the mild hypo cortical mode, ADHS or Adrenal Hyper Secretor to balance someone who is in a hyper cortical phase, and ADB5-Plus for the patient who is in the exhaustion phase.

He tried Cytozyme-AD first to see if neonatal calf adrenal tissue made a difference. Interestingly, Cytozyme-AD relaxed her muscle and the short leg was now only a 1/2 inch shorter, 50% better. Next, he rinsed out the patients mouth and had her take a few steps to allow her body to return to the original condition. In a few moments her left leg shortened again back to the one inch mark.

As you can imagine, this type of testing takes time and appropriate scheduling is important, but once you've done it a few times it is actually quite fun. It's a challenge to discover what the body wants to use to recover.

Normally the next two nutrients would be ADHS and ADB5-Plus; but instead, knowing the patients history, he skipped ahead and tried Neonatal Multi-Gland which, as the name implies, is a broad spectrum of neonatal organ and glandular concentrates.

Neonatal Multi-Gland works for those patients that are really spent, the ones that need a reset. He asked her to take a few steps to reset her pelvis and low and behold the short leg was balanced.

He did check ADHS and ADB5-Plus individually just to make sure he had the right one. Neither one made any difference.

Once the best nutrient had been chosen, he asked her to chew a tablet immediately and then take two tablets three times a day. Within ten minute she felt better, she was even better in an hour, and the very next day her back and hip pain were totally gone. She kept saying throughout the day that it was a miracle! And the deep mental fog was gone too, and she got her zest for life back.

Now this case was kind of a grand slam because often you have to retest the patient in 30 days and coach them to get off sugar, drink more water and continue with manipulative care; but she was doing all the right things and still got caught in this cycle.

Her maintenance dose of Neonatal Multi-Gland was two tid for 8 weeks and now she is cutting back to one tid.

Please review the previous TM on Adrenals to understand how to use blood to assess either hypo or hyper cortical function. Sometimes when I am in a hurry, I just give ADHS for hyper-cortical function and when I know they are hypo-cortical I give ADB5-Plus and then re-check in a month. But when I am on my game I like to individualize the nutrients.

We've put together an adrenal test kit for those who are interested in this type of testing for a nominal fee; see the link to the right.

People want to be tested and this is a low cost method to individualize your therapy. Thanks for reading this week's Tuesday Minute edition. I'll see you next Tuesday.