

What you don't know about stress *is* hurting your practice.

by Dr. Ken Vinton

Chiropractors wishing to increase their retention, and further help their patients, often perform workshops on stress. Unfortunately, what most doctors describe during those workshops are really *stressors*, not stress. And not understanding the difference is hurting your patients' results and your practice confidence and income.

Prior to the advent of psychoneurophysiologic monitoring, there was no definition of stress that everyone agreed upon, what appeared stressful for one person (like a roller coaster ride) may be pleasurable or have little effect on others and we all react to stressors differently.¹ By definition **stress is a psychoneurophysiologic response that does not lie in the event, but rather in our beliefs and neurologic inability to recover from the event.** (If I yell BOO! it's ok that your heart races, muscles tense, etc., but they should return to normal within a few minutes. If they don't, then the nervous system has become stressed.)

Hans Selye in 1936, noted in numerous experiments that laboratory animals subjected to acute but different noxious physical and emotional stimuli (blaring light, deafening noise, extremes of heat or cold, perpetual frustration) **all exhibited the same pathologic changes** of stomach ulcerations, shrinkage of lymphoid tissue and enlargement of the adrenals. He later demonstrated that persistent stress could cause these animals to develop diseases similar to those seen in humans, such as heart attacks, stroke, kidney disease and rheumatoid arthritis. At the time, it was believed that most diseases were caused by specific but different pathogens. Tuberculosis was due to the tubercle bacillus, anthrax by the anthrax bacillus, etc. What Selye proposed was just the opposite, namely that many different insults could cause the same disease.² So, how do you measure stress? (Hint: you monitor the CNS)

I introduced advanced psychoneurophysiologic monitoring into my practice in 1996, and even though I had worked extensively with videofluoroscopy, static EMG, and various thermal-reading devices, I was completely blown away by what I discovered. I attended many technique seminars, met with researcher gurus, and questioned many leaders in our profession to try to make sense of what I was seeing. None had answers for what I had uncovered (primarily because none had ever studied, real time, the human nervous system, measuring 12 separate psychoneurophysiologic parameters, both before, during or after various forms of adjustments on hundreds of patients over hundreds of visits). It was time for a completely new paradigm, expanded definitions, and for sure, updated technique and management styles. It's just beginning to happen now, after 13-years of laying the groundwork.

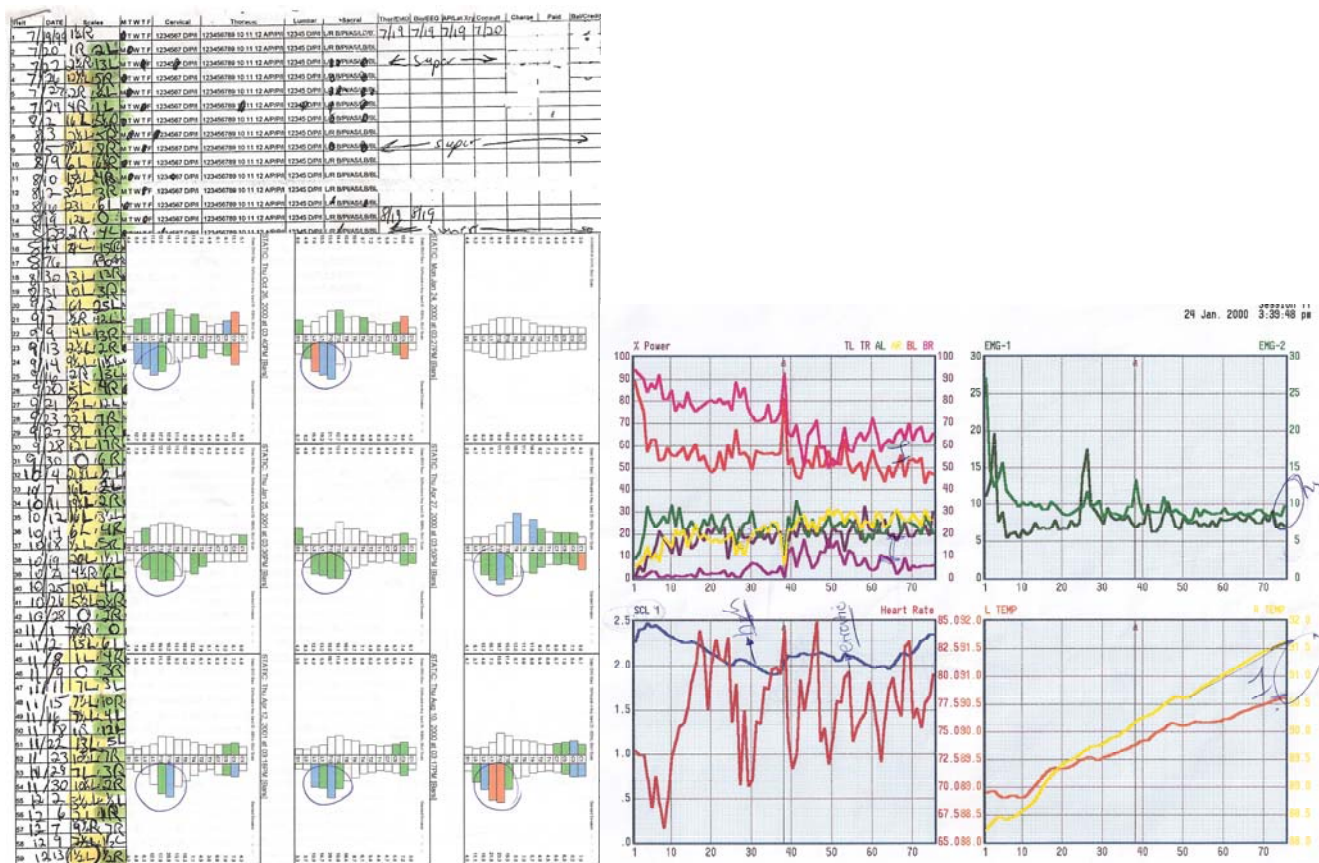
John Hopkins recently performed a study of stress, and concluded that asking a person whether they are stressed or not is worth absolutely nothing! They stated that while having their neurophysiology monitored and given tasks and stressors, subjects would have hideous responses, of which they were completely unaware.³ Another study from Yale University School of Medicine was reported on ABC News⁴ and explained that the standard exercise treadmill stress test paled in its findings compared with mental stress testing. In fact, they concluded that mental stress trumped every other known risk factor for heart disease (being male, overweight, Type A, smoking, lack of exercise, etc...). Given that it is estimated that 85% of all doctor visits are either caused by or made worse by stress, that it's estimated to cost our disease-care system in excess of \$300-billion each year, and is the #1 cause of subluxation, I'd say it's a pretty important topic to know more about...wouldn't you?

In 1998 I studied 33 patient files extensively. My premise was that health was function x time, and that disease was malfunction x time. I correctly predicted 32 out of 33 cases as to whom would go on to develop serious disorders (much like Selye). Mind you, I didn't know what they would get, but that they had things

were coming based upon their psychoneurophysiology. But what about the 33rd case? The woman's sister called 2 days after I ended the study to tell me that her sister wouldn't be in for her scheduled appointment, that she was just diagnosed with stage 2 uterine cancer. That made it 33 out of 33 (I knew something was coming, she just hadn't been diagnosed yet.)

Below, was one of the 33 cases. Louise had 94-adjustments from 1999-2001. The first chart has her pre/post adjustment bi-lateral weight scale findings (to determine cerebellar function), which did show improvement after each adjustment, but consistently revealed "stuckness" to the left prior to each adjustment (indicating cerebellar overload).

Her sEMG findings are pasted sideways on her travel card and demonstrate consistent heightened activity in the right lumbar area. As one might imagine malfunction x time = dis-ease. She too was diagnosed with uterine cancer...but why wouldn't her body "hold" it's adjustment(s) and why did the exact same pattern continue to repeat for the 2 years studied? (Remember, every cell in your body is replaced within 2 years,⁵ and that it is our repeating patterns of consciousness that are the blueprint from which new cells are made...healthy or unhealthy. So, again, why wouldn't she hold her adjustment? Why did she produce cancer?)



The answer is total, system-wide, psychoneurophysiologic dysregulation...stress. Her NeuroInfiniti evaluation is pictured, and clearly shows a brain that is hemispherically unbalanced (which has just recently been shown to be a precursor to dementia later in life), and repeatedly "stuck" in a highly excited/agitated state, and not experiencing the deeper states of awareness and healing. Her trap and temporalis muscles were repeatedly 10x normal, indicating fight/flight and emotional bracing (teeth clenching). Her skin response was consistently 2-3x normal, indicating limbic system fight/flight. Her heart rate was consistently elevated,

erratic and with poor variability. And, lastly, her fingertip temperature was split L/R greater than ½ degrees, indicating hypothalamic dysregulation, also affecting the endocrine system. Now, place on top of that, poor nutrition, inadequate rest, and lack of exercise and you have a recipe for disaster.

Louise had 12 or so re-evaluations during this 2- year period, and after each one, the result and their consequences were explained. Sometimes adjustments alone are enough to reset this dysregulation. Other times (like this one) in addition to a regular program of adjustments, neurofeedback re-training, awareness training, and education are required. Does this help answer the question of “how do I know what schedule my patient really needs?” Do you honestly believe that the 3x-2x-1x system has any relevance in a case like this? It’s past time for a new conversation in Chiropractic.

As sometimes happens, Louise chose to ignore the findings, and continue her adjustments at 1x per month (her choosing). To date, no amount of education, articles, or videos have swayed her to address the underlying cause of her subluxation pattern. When this happens, it used to challenge my belief in chiropractic, but now that I know exactly is happening with her neurologically, I’m comfortable in giving her options to participate in her care, and we’ll wait for the next crisis...together. And maybe then she will consider addressing her neurologic dysregulation.

¹ American Institute of Stress www.stress.org

² American Institute of Stress www.stress.org

³ New Mind, New Body by Barbara Brown, PhD

⁴ Reuters-Health, Nov 11 2003

⁵ <http://abcnews.go.com/video/playerIndex?id=3396750>

⁶ Quantum Healing or Ageless Body, Timeless Mind by Deepak Chopra

Dr. Ken Vinton is a 1989 Palmer College graduate with research honors, and has studied extensively in and outside of Chiropractic with leaders in the fields of healing, consciousness, neuroscience, psychoneurophysiology, energy medicine, business and marketing. He has run both cash and insurance-based practices, and since the late 1990’s his practice has maintained a patient retention in the multiple hundreds (based in large part to the demonstrable proof of neurologic dysregulation as seen in the NeuroInfiniti exam findings) and has had the awesome pleasure to help train doctors from literally every corner of the globe. Dr. Vinton practices in a solo practice and can be reached at: **drvinton@hotmail.com**

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