

Secrets of the Sandman – AK and Sleep Factors

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Abstract

The objective is to share information about factors that relate to sleep disruption and potential corrections that can be applied by a clinician who understands applied kinesiology principles and techniques. Sleep problems elicit the use of top selling drugs and supplements. Sleep deprivation causes health and safety issues across all spans and ages and increases risk factors for future disease processes if not addressed. The purpose of this paper is to present solutions from an applied kinesiology viewpoint that may assist in improving the quality of sleep or decrease the incidence of some types of sleep problems when applied.

Key Indexing Terms

Sleep, Stress, Snoring, Chiropractic, Applied Kinesiology, Hypothalamus, Pineal Gland, Melatonin, Cortisol, Circadian Rhythm, Insulin, Growth Hormone, Herbs, Manual Muscle Test- MMT, Nutrition, Physiological Phenomena, Functional Medicine, Obstructive Sleep Apnea (OSA), Postprandial. Proprioceptors. Muscle Inhibition

Introduction

Sleep is crucial to heal and grow. A trend in sleep problems is currently a public epidemic. Poor sleep translates into poor function, cognition, alertness and diminished health along many hormonal and functional paths. In themselves, these are all public hazards as they may contribute to injury and accidents, notwithstanding ill health.

“The most common sleep disorders include insomnia, sleep apnea, narcolepsy, restless legs syndrome (RLS), and circadian rhythm sleep disorders often triggered by shift work or jet lag” (Help guide.).

According to the CDC, in a recently conducted survey, nearly 50 million people reported problems concentrating during the day related to sleep problems. 24 million indicated that lack of sleep interfered with driving. 18 million reported that sleep deficiency interfered with job performance. That's 23.2%, 11.3%, 8.6 % of all United States Citizens respectively.

Jargon relating to Sleep.

Pseudoephedra is a drug used for symptomatic relief of snoring, The pharyngeal arches are an embryologic term that refers to the developmental arches present in the developing embryo. These develop into muscles of the mastication, and many structures in the head and neck and relate to a developmental and neurologic nexus to all structures which arise from it. Sleep apnea, OSA- is obstructive sleep apnea. Proprioceptors are nerve endings

that relay sensory input. “Meridian therapy” is the stimulation of acupuncture points that alter function and energy in energetic pathways called “meridians.” “Nutritional support” would be those supplements given to assist structural corrections. “Diet modification” means changes made to patients’ diets. “Grounding” refers to any method of getting a patient in contact with natural earth. It is believed to de-stress the body and assist by decreasing stress levels and hence improve muscle testing outcomes, CPAP is “continuous positive airway pressure,” a therapy aimed at opening the airways to the lungs from the oral cavity. Insomnia is inability to sleep, narcolepsy is a condition characterized by frequent and uncontrollable periods of deep sleep, restless legs syndrome (RLS) a condition characterized by frequent and uncontrollable periods of deep sleep. Circadian rhythm is any biological process that displays an endogenous, entrainable oscillation of about 24 hours.

Sleep factors

There are many factors that may be related to the causation of poor sleep. This paper focuses on a few of those that when addressed have proven to be workable solutions for improving this condition in a clinical setting. Other factors will be explored in future papers.

Factor 1 -Insulin dominant snoring patterns

Last year I wrote of the role that insulin played in snoring; we know that insulin plays an important role in many biological processes. “It is the communicating factor that allows the body to access the very thing that keeps it going – glucose. Without proper utilization of glucose, either stored or provided by the diet the muscles are left to metabolize and store glucose and they have a limited capacity to do so. As age increases so to does the incidence of insulin resistance, and sleep imbalances. There is a purported correlation between snoring, and the reported squealae - diabetes. The correlation does not acknowledge that insulin causes snoring, but quite the opposite – that snoring causes diabetes. This insulin overabundance may impact smaller groups of muscles.(Svenia) There is evidence in mammals that an increase in sympathetic tone increases insulin and may decrease blood flow in skeletal muscle, thereby making them weaker and more susceptible to injury. This, of course, opens the door for another factor which is adrenal dysfunction. The bottom line here is that at this time elevated insulin levels which are epidemic may cause muscle dysfunction which can compromise structure and lead to snoring which may disrupt sleep.” (Doehner)

Factor 2- Electromagnetic sensitivity and wakefulness

In 1985 Becker wrote of experiments and observations of the impact that electromagnetic fields could have on the human body based on more than 4 decades of research -1975. Today we see direct evidence that he was correct. Just consider the pineal gland for example.

The pineal gland manufactures melatonin. It harmonizes with and is deactivated by electromagnetic fields in the visible light spectrum. Its nature and function are stimulated by darkness or the absence of visible light fields. This stimulation of darkness and lack of

certain wave forms allows it to produce melatonin. The production of melatonin is dependent and limited by the presence of serotonin and the presence of visible EMF which is naturally absent from darkness. The pineal is “on call” from melatonin stimulating hormone (MSH) which is made in the pituitary.

Below is a summary of how melatonin is created in the human body:

Tryptophan (from diet) → serotonin (also from gut microbiota) + NO EMF (via retina of eye via hypothalamus) + MSH → melatonin.

Melatonin induces fatigue and sleep, impacts blood pressure, intestinal function, endocrine function, menstrual function, ovarian rhythms, immunity and activates Anti-oxidants- making it important for anti-aging.

Electronic devices that emit ELF's (extremely low frequencies) seem to confuse the pineal gland. The frequencies of visible light cause a decrease in melatonin production as if it were day. The ELF's seem to have the same effect as a harmonic of visible light frequencies - although artificial and not identical. The sleep loss would also create an increase on the adrenal stress axis and cause an increase in insulin, cortisol levels and result in incomplete sleep and then dehydration.

Several clinical opportunities arise based this knowledge.

Using darkness we can challenge a previous intact muscle to see what effects darkness has. In particular we use the rectus group, piriformis, and immune system related muscles to assess the impact lack of melatonin has on their function. (Walther)

We can challenge gut related nutrients, such as probiotics, L glutamine and see what impact they have on the rectus group in the darkness.

We can use Ultra high frequency (UHF) and extremely low frequency (ELF) devices such as microwaves and cell phones to challenge darkness and determine if they indeed they are causing an inhibition in melatonin production. A challenge with lights off only would not completely address melatonin production because both the visible spectrum and man-made harmonics inhibit melatonin production.

We can challenge with a melatonin supplement. Supplementing with melatonin may contribute to more problems than are solved such as pineal atrophy and dependence.

Factor 3 – Adrenal dysfunction – can't sleep, and sleep-wake-stay wake patterns Adrenal symptoms come “in many different flavors.” Sleep imbalances are a large subject and just one of those flavors. A contemporary and common finding is that of elevated cortisol. Cortisol elevation leaves one wakeful at varying times but often at 1-3AM in the morning as it pushes insulin release and gluconeogenesis, stressing the liver. Hence, in some patients we see problems during the liver horary period.

Epinephrine, another adrenal finding, on the other hand stimulates mental alertness. This

would be found in the sympathetic dominant individual who cannot get to sleep. This patient will often find solace in and test positive for nutrients that slow sympathetic tone down and increase parasympathetic tone. They include valerian, tryptophan, calcium/magnesium duo, and even paradoxically adrenal glandulars, and tonics. Sleep loss creates an increased tone on the adrenal stress axis and causes an increase in insulin secretion.

The time when these nutrients are administered is perhaps more important than the amount of nutrient. These must be given at bedtime with the caveat that they may make sleep worse. In most cases however, they act paradoxically by nourishing an over-stressed, taxed, sympathetic dominant physiology. Nutrients given in this manner somehow allow the body to reflex into the parasympathetic state where it should be, and the patient falls asleep.

Factor 4 – thyroid dysfunction

Aberrant thyroid activity may interfere with a good quality of sleep. Hyperthyroid activity can be the cause of sleep problems. If that is true than a corollary is that a functional hypothyroid imbalance can cause sleep disturbances - or any thyroid imbalance for that matter. This is typically found in our modern society in the “javaphil” - people who consume lots of caffeine for years. They deplete their stores of selenium. Selenium seems to “check” the thyroid and control hyper-function, whereas iodine seems to speed it up.

Further thyroid imbalance may be observed based on the “5-element” law's brother-sister effect. Here it is attributed to adrenal imbalances. Schmidt in previous papers has spoken about a teeter-totter effect and the need to address thyroid and then the adrenal sub-function in order to help patients reach optimal health (Schmidt).

Factor 5 – 24 hour clock imbalances

Dr. Goodheart in his paper, “Chinese lessons for modern chiropractic,” stated “...the chiropractic concept of interference should not be limited to only the Intervertebral foramen, but should include, in fact any area and the delimitation only serves to delimit your results if you do not think of the patient as a whole man...” [sic]

With this admonishment from the 1970s comes the idea that when there are sleep problems, the problem may not always be where the problem is from a “part management” perspective. If one cannot sleep, this does not mean that the brain is automatically the reason why, nor the time period we are in (Walther). Synergy comes into play here. Application of the “24-hour clock” can be helpful. “Then and now technique” would be helpful with a supplement taken to support the affected organ just prior to retiring - liver and large intestine are most common. When listening to a patient explain their sleep imbalance a clinician must note the time of the sleep disruption. Inevitably, it will be “can't go to sleep” – adrenal or relative thyroid - 9-11pm; “can't stay asleep” - cortisol and/or liver(1-3am) and sometimes lung (3-5am) and large Intestine (5-7am).

Using “then and now” we can TL the horary point for the time we are in or “now,” then when can TL the time that the patient awakes - “then.” If positive we then find the nutrient that negates that weakness and we instruct the patient to take the supplement just before bedtime daily with a caveat that it may promote wakefulness and if so, that they should change the time of dosing to dinner, if eaten before 7pm. Otherwise it should be taken at lunch.

Factor 6 – elevated histamine

Histamine over-activity is a less known cause of sleep issues. It is a CNS stimulant and promotes wakefulness. Antihistamine medication makes people drowsy as a side effect.

Schmidt as a step in the QA protocol brilliantly insists on using a histamine challenge to uncover histamine imbalances and to find corrective nutrition. Histamine elevations will often occur for many gut related problems including hypersensitivities from consuming cooked and the same food repeatedly. This results in immunoglobulin based immune reactions which can take several days to show. Therefore challenge should be performed on routine foods that are consumed by a patient who is unable to sleep. Then antihistamine based nutrients can be administered such bioflavonoids, vitamin c, and zinc.

Also, the enzyme that metabolizes histamine may be the culprit. Often overproduction of the mediator is blamed, but insufficient elimination may be the true cause. This could be related to liver dysfunction or insufficient Diamine Oxidase (DAO). Diamine Oxidase inactivates histamine and may be deficient. The following foods and supplements such as fish oil may be helpful in this case.

Healthy saturated fats:

Grass-fed butter

Avocado

Fatty fresh fish

Pasture-raised chicken eggs
(unless it’s a sensitivity)

Phosphorus

Calcium

Zinc

Magnesium

Vitamin B12

Iron

Epinephrine

Factor 7 – Omega 3 deficiency

Higher levels of omega-3 fatty acids are associated with better sleep. This is postulated to be the result of lowered inflammatory states and decreased stimulation of cytokines. There would be a resultant decrease in action of the mediators of inflammation allowing for parasympathetic dominance – a requirement for sleep to take place. A muscle test challenge may be performed as per Schmidt in his QA protocol and the use of blood spot fatty acid test are helpful in clarifying the status of the patient.

Discussion

The current management of sleep related disorders seems to not include “actual living.” Actual living includes existing in our advanced and highly technological society. This

society at this time places emphasis on quantity while sacrificing quality; on having something done for the body, rather than having the body do it.

We are also starting to see the fruits of poor consequential analysis of our inventions and practices. It is manifesting as a disturbance in sleep and is a sure way to degrade a persons health rapidly.

A clinician will do well to listen to a patient who has complaints about sleep and moves these to the top of the list of issues to address. Lack of sleep will camouflage or sabotage the truth when it comes to patient examination and management. It can cause emotional imbalances, liver issues, headaches backaches, adrenal dysfunction, musculoskeletal problems, abnormal heart beat, hallucinations and the list continues. In wartime sleep deprivation is a valid military intelligence tool.

The protocol in summary is as follows:

1. The patient is “grounded” or large magnetic is used.
2. Lights are turned off
3. If A strong muscle not goes weak.
4. The following challenges are made in the dark;
 1. Omega 3
 2. Cortisol – homeopath vials for challenges
 3. epinephrine homeopathic is challenged
 4. selenium or iodine is challenged
 5. UHF/ ELF from electronics will make a change in muscle function.

Supplement as is found on the challenges above and follow-up with patient in one week. Remove any UHF.ELF devices from the area with at least 10 ft of clearance.

Conclusion

The sleep problems can be addressed using muscle testing outcomes. The knowledge that we have about functional health and muscle testing can be used to help our patients get a goodnight sleep and thus facilitate life and longevity. Nutrients that help as outlined above should be administered and certain lifestyle changes already described should be implemented.

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