

Newsletter

InterClinical Laboratories



MORE QUESTIONS AND ANSWERS

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Dr. Watts, I am studying the link between patients physical symptoms and their emotions. In particular I would like to relate a person's awareness of what is causing their physical symptoms and how this is played out in their biochemistry. I have found your work to be very interesting and wonder if you have any information that may guide me? Dr. I.N.-NSW

THERE IS A GREAT DEAL OF RESEARCH involved in recognising the link between emotions and health conditions. A new branch of study that you are probably familiar with is called psychoneuroimmunology (PNI). PNI explores the relationship between emotions and the immune system, but emotions can affect many other tissues, organs, and systems of the body. Emotions are difficult to assess since they are feelings experienced by the person. However, emotions can affect behaviour as well as produce physical changes that can be measured. For instance, if you have ever been under stress such as being stuck in heavy traffic while trying to reach airport on time to make your flight, the alarm stage of stress can set in. Your anxiety levels can build to the point that you will begin having measurable body sensations, such as perspiration, respiration, heart rate, blood pressure, etc. We can imagine what can eventually occur if this alarm stage of stress becomes more and more severe, or prolonged. This is an example of a psychosomatic reaction, in that the emotion sets off a chain of events affecting the physiology, and caused the emotion to be felt throughout the entire body.

On the other hand physical conditions can also affect emotions, referred to as a somatopsychic reaction. Some of the major symptoms of prolonged vitamin deficiencies include psychological disturbances. Heavy metal toxicity is associated with hyperactivity in children, as well as emotional disturbances in adults. Many patients with physical disturbances, (abnormal chemistry) are often diagnosed as having a mental condition before their underlying problems are found. You are probably familiar with cases such as this. Over the years I have found many patients prescribed mood elevators, or anti-depressants who were actually suffering from hypothyroidism, or iron deficiency.

As you know we categorise diseases into sympathetic and parasympathetic groups. Generally speaking, emotions can also be grouped according to metabolic types. As a simple example, depression is common in the Slow Metabolic type while anxiety is common in the Fast Metabolic type. Depression is associated with living in the past and anxiety is associated with worry about the future. The Fast and Slow metabolic types are very similar to what has been called type A and B personalities. Each metabolic type has distinctive biochemical processes and patterns making them susceptible to these emotions. From my research I have found that disease develops in stages like a stairway. We digress from health to disease a step at a time. Each step downward leads us closer to an impending "Disease". We may pass through a number of conditions before developing a clinically recognizable condition such as diabetes for example. This is why blood sugar disturbances can produce so many different symptoms in different individuals, depending upon their stage of progression, or digression I should say. Emotional disturbances can develop in the same manner. For example, fright is an appropriate response to some type of frightening circumstance. However, fright can be intellectualized and progress to fear and eventually a phobia, such as an unrealistic fear of water, dogs, cats etc. If the chemical imbalance becomes extreme, then the emotions can become pathological, such as acrophobia, agoraphobia, obsessive compulsive behaviour, anxiety neurosis, etc. Anger is another emotion that is experienced at the spur of the moment, but anger can be suppressed. Suppressed anger is the most common emotion associated with hypertension. Eventually suppressed anger can develop into hostility which is associated with arthritis and other chronic disease.

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TMA patterns not only reflect the neuroendocrine dominance of an individual but may also reveal clues about their emotional make up. Stress affects the neuroendocrine response or dominance. This response will then be reflected in the mineral patterns controlled by the neuro-endocrine system. Stress whether physical or emotional affects people in different ways. Two people under the same type of stress can manifest completely different physical symptoms. One may lose their appetite, the other may have an increased appetite. One may lose weight, the other may gain weight. One may have an arthritic condition flare up and the other may have an arthritic condition that improves during the stress. This is due to the end-organ response based upon sympathetic or parasympathetic dominance. When the brain perceives a stress the signal goes to the cortex where there is a cognitive recognition of the stress. The signal also travels to the limbic system which stimulates an emotional response. These signals are then integrated and if perceived as a threat the hypothalamus triggers a sympathetic or parasympathetic response involving the throacolumbar region or the craniosacral cord region and thereby eliciting an end organ response enervated by these neuro branches. In the Fast Metabolic type the sympathetic neuro-endocrine branches are dominant, which affects the cardiovascular system. Any emotion that farther stimulates the sympathetics would also in turn heighten a cardiovascular response. This is why anxiety and anger are associated with cardiovascular disease. Suppressed anger can be classified as a sympathetic emotion. As you can probably guess anger illicit an adrenal response which in turn elevates sodium and potassium retention. TMA's typically reveal elevated sodium and potassium levels in Fast

Metabolic types who are susceptible to hypertension and other cardiovascular conditions. So we can see a very close relationship between tissue sodium and potassium elevation and anger. I relate excess tissue iron to hostility. Too much iron can also adversely affect the cardiovascular system. The Slow Metabolic type as we mentioned before experiences depression. Depression is a stressor having a suppressing effect upon the metabolic rate. Depression is associated with osteoarthritis and glucose disturbances. Elevated tissue calcium and copper are most commonly related to depression.

I have found from my experience that emotions and chemistry go together. Many times emotions can be improved with specific nutritional support. Sometimes on the other hand, a person's chemistry may improve with changes in their emotions. If a person is seen with an emotion that has been suppressed for many years, improving their chemistry can cause these past emotions to surface. This is normal, but some people become anxious about this and often make a conscious decision to prevent these emotions from resurfacing. These are often the individuals that will not respond readily to therapy until these emotional issues are addressed and dealt with.

I hope this short discussion will be helpful to you. I think you are in a very interesting area of study and practice. Also, you will find our representatives in your country to be most helpful to you in utilizing TMA in your practice.

EDUCATIONAL MATERIAL NOW AVAILABLE

BOOK

Trace Elements and Other Essential Nutrients

Clinical Application of Tissue Mineral Analysis by **David L Watts**

LECTURE–AUDIO TAPE:

Nutritional Therapeutics and Hair Tissue Mineral Analysis

Dr David L Watts live at the Sydney University

27 SELECTED ARTICLES BY:

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