

December 2021

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Sensing Life Through Our Nervous System: Addressing Sensory Processing Disorders



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Sensory processing disorders (SPD) are major disruptors in people’s lives. Initially little was understood about the condition but its prevalence has encouraged more awareness for providers seeing these cases, as well as the parents who notice challenges in their children. These stand out as abnormal physiological processing in response to touch, taste, smell, hearing, sight, and proprioception. Here are some examples of how this might present:



- Aversion to foods due to texture or smell
- Feeling uncomfortable with clothing material, seams, Or tags
- Loud sounds that are distracting or overwhelming
- Difficulty with processing temperature changes

These examples may appear to be irritating or startling to any of us at a given time, however, the difference for an individual with SPD is that the body has difficulty adequately regulating the sensory information pathways. Instead, a dysregulated feedback mechanism continues resulting in them shutting down completely or building to the extent where it can be utterly overwhelming. These conditions are very common for individuals with spectrum disorders, so pronounced that it is one of the characteristics included on the diagnostic evaluation for autism.

Dr. Bruce Lipton said it best, “*The function of the Nervous System is to perceive the environment and coordinate the behavior of all other cells.*” This nervous system is designed to be adaptive and work immediately and intelligently to the dynamics of life. Chiropractors are educated to identify where disruptions in the nervous system occur. We are an essential resource in helping those with SPD. An outside/in approach that includes nutrition (anti-inflammatory diet), medications (commonly for ADHD or other mood stabilizers), therapies (occupational, speech, or counseling), and detoxes can be valuable but will not address the incoordination within the body. Removal of subluxations is by far a superior care option that can be used in conjunction with other external approaches for the improvement of the person’s sensory perception and response.

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The “G”Note is published
March, June, September
& December

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What are some contributors to sensory conditions? Naturally we must consider the 3 T's. Trauma is one of the most significant disruptors, specifically, a birth trauma that compromises the upper cervical neurology, or a pre-term/early birth. Toxins can influence in the forms of poor diet (parents and child's), the environment, vaccines, and other pharmaceuticals. Stressors from thots can include birth intervention, a hospital birth rather than home, or the challenges associated with having a health label such as autism. Failure to adapt resulting in the subluxation will display in the following disruptors:

- **Dys-Afferentation:** appropriate proprioception will diminish which will increase nociception. This doesn't mean pain only, but rather increased stress pathways repeatedly sent to the brain.
- **Dys-Autonomia:** the autonomic nervous system is not able to respond appropriately and fluidly to the demands of the environment.
- **Dys-Ponesis:** neurophysical reactions that the body does not regulate appropriately.

Studies are limited addressing sensory processing disorders, but as research expands more is revealed to support why proper support of the nervous system is vital. A study from 2010 used a form of heart rate variability on subjects that had normotypic development compared to those with sensory processing disorders (Schaaf et al., 2010). It revealed that those with SPD had a lower baseline vagal tone compared to those with typical development. Further, the SPD individuals continued to have a lower vagal tone for almost all sensory challenges which included visual, auditory, olfactory, tactile, and vestibular. Whereas a higher basal vagal tone reveals better regulation of behavior and social competence. These results relate back to what was described by Porges in the polyvagal theory. Rather than operating in the protective capacity of the ventral vagal pathway of the parasympathetic system (awareness, processing, communicative), sustained stressors lead to sympathetic dominance (hyperarousal, fleeing, rage) that if continued, develops into the dorsal vagal pathway of the parasympathetic system (shutdown, withdrawal, hypoarousal).

We have an obligation to educate patients in our office, especially the parents, about the harm of thots, traumas, toxins and the disruptive capacity it has on their children's neural development. At times the chiropractor will be the first provider to address sensory challenges in young patients. This can be affirming to parents that notice differences in their child's behavior, but proper support is key. Connect with birth workers, speech and occupational therapists in the area to also educate them. What we want to avoid, or at least intercept, is the commonly occurring pathway: constantly sick children that might be highly irritable, stressed out, with the potential for future diagnosis such as spectral disorders or mood disorders like ADHD and depression. We have the opportunity to change this trajectory by addressing the most vital component, the subluxation, and help their body process the environment as nature intended.

Citations:

Schaaf, R. C., Benevides, T., Blanche, E. I., Brett-Green, B. A., Burke, J. P., Cohn, E. S., Koomar, J., Lane, S. J., Miller, L. J., May-Benson, T. A., Parham, D., Reynolds, S., & Schoen, S. A. (2010). Parasympathetic functions in children with sensory processing disorder. *Frontiers in integrative neuroscience*, 4, 4. <https://doi.org/10.3389/fnint.2010.00004>

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