

RAISING HEALTHY KIDS



Dr. Ravi Jitta



Big Picture Overview - The Core 4

1. The nervous system 🧠 is the boss, make sure it's functioning at full potential and power ⚡ at all times.
2. Movement 🏃 is life - for babies, kids, all of us.
3. Sleep 💤 is everything - you can't get too much.
4. Live clean - kids and chemicals 🧪 don't mix.



Steps 1-3: Eat 🍼, Sleep 🌙, Poop 💩

C1 (Atlas) - The “Boss” of CNS/ANS
C2 (Axis) - The “Connector, Coordinator, and Communicator” of the CNS / ANS
Vagus Nerve - The “All the Things” nerve
T6 - The “Chopper Upper” region
T12 - The “Sorting & Warehousing” region
S2 - The “Poop 💩 Button” region

neuro fuse box

THE EFFECTS OF SUBLUXATION

THE NERVOUS SYSTEM CONTROLS AND COORDINATES ALL ORGANS AND STRUCTURES OF THE HUMAN BODY

ATLAS AXIS

C1

C2

C3

C4

C5

C6

C7

T1

T2

T3

T4

T5

T6

T7

T8

T9

T10

T11

T12

L1

L2

L3

L4

L5

PELVIS

SACRUM

	CAUSE	EFFECT
	Primary & Secondary Functions	Possible Symptoms
C1-C3: Upper Cervical	- Autonomic Nervous System - ENT System - Vision, Balance & Coordination - Speech - Immune System - Digestive System	- Vagus Nerve - Brainstem - Cerebellum - Inner / Middle Ear - Sinuses - Pituitary Gland - Face, Jaw & Teeth - Eyes
C4-C7: Lower Cervical	- Nerve Supply to Shoulders, Arms & Hands - Sympathetic Nucleus - ENT System - Metabolism	- Inner Ear, Tonsils & Throat - Vocal Cords - Back & Shoulder Muscles - Nerves to Arms, Wrists & Hands - Thyroid Gland
T1-T5: Upper Thoracic	- Upper GI - Respiratory System - Cardiac Function	- Upper Back & Shoulders - Esophagus & Upper GI - Lungs, Bronchi & Upper Respiratory - Cardiac / Heart - Chest / Sternum
T6-T11: Mid Thoracic	- Major Digestive Center - Detox & Immunity	- Gallbladder - Liver - Stomach - Pancreas - Spleen - Middle Back & Shoulders
T12-T11: Lower Thoracic	- Stress Response - Filtration & Elimination - Gut & Digestion - Hormonal Control	- Adrenal Glands - Kidneys - Ureters - Small Intestine - Reproductive Organs
L1-Sacrum: Lumbo-Sacral Spine	- Lower G.I. (Absorption & Motility) - Gut-Immune System - Major Hormonal Control	- Large Intestine - Bladder - Ovaries & Uterus - Prostate Gland - Lymph Circulation - Lower Back & Pelvic Muscles - Nerves to Legs, Knees & Feet - Parasympathetic Plexus

When tension and stress build up in an area of the spine, it creates interference and overloads the nerve or nerves nearby, creating what is known as a subluxation. This subluxation acts similar to a blown fuse in your house. When a fuse blows in your home, certain areas or appliances may not function until that power is restored. Similarly, by finding and correcting any subluxations in your spine, specific chiropractic adjustments help restore power and function to those parts of the body.

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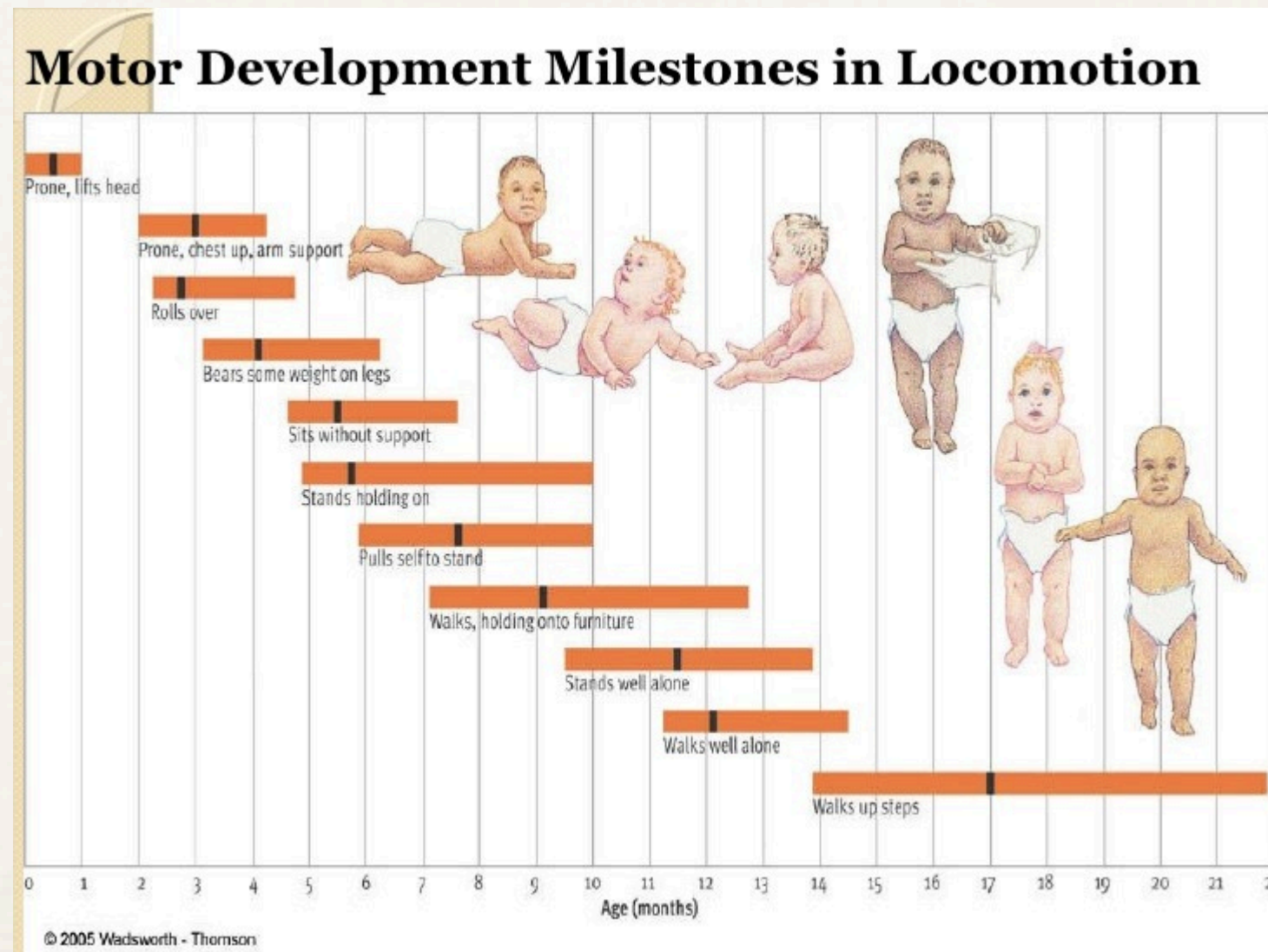
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Step 4 - Movement Matters Most

Brains are built bottom up, back forward, over time

1. Eat 🍼, Sleep 💤, Poop 💩
2. Motor
3. Immune (ENT and Respiration)
4. Gut
5. Speech
6. Social
7. Behavioral
8. Emotional



Movement!

*Pushing back developmental milestones
doesn't change how we are created to grow
and develop*

Movement/Motor Function works directly
with the Immune Drainage and Plumbing
system development



changes made to **DEVELOPMENTAL MILESTONES**

per the CDC as of 2/8/22



CRAWLING

IS NO LONGER A MILESTONE

WALKING

CHANGED FROM 12 TO 18 MONTHS



TALKING

PUSHED BACK 3-6 MONTHS



PX DOCS

Step 5 - Be Prepared to Kick the Sick 🤒 w/o



Fever as an important resource for infectious diseases research

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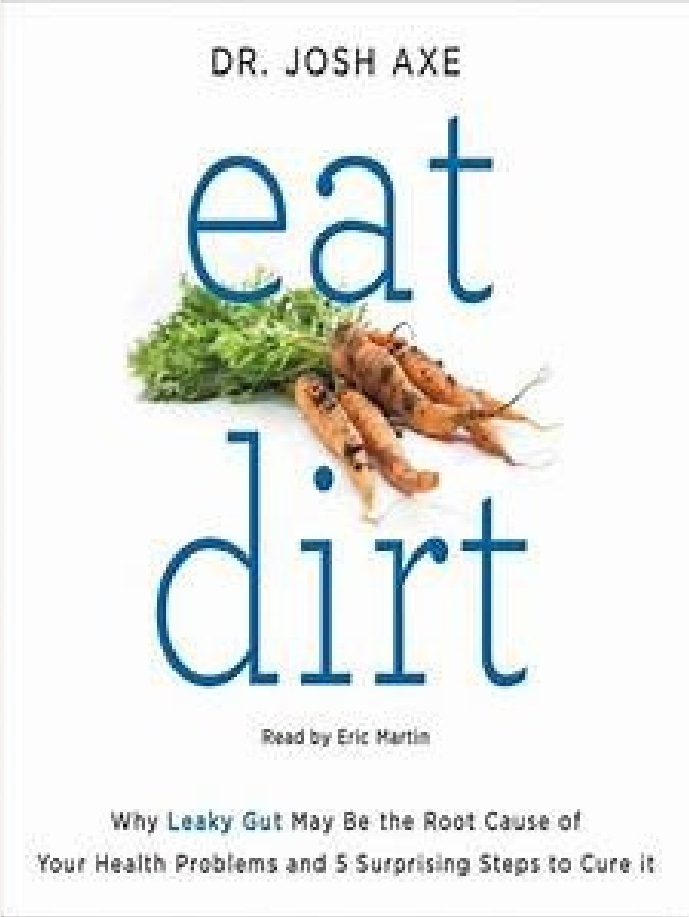
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Summary

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Fever or pyrexia is a process where normal body temperature is raised over homeostasis conditions. Although many effects of fever over the immune system have been known for a long time, it has not been until recent studies when these effects have been evaluated in several infection processes. Results have been promising, as they have reported new ways of regulation, especially in RNA molecules. In light of these new studies, it seems important to start to evaluate the effects of pyrexia in current research efforts in host-pathogen interactions. Viruses and bacteria are responsible for different types of infectious diseases, and while it is of paramount importance to understand the mechanisms of infection, potential effects of fever on this process may have been overlooked. This is especially relevant because during the course of many infectious diseases the organism develops fever. Due to the lack of specific treatments for many of those afflictions, experimental evaluation in fever-like conditions can potentially bring new insights into the infection process and can ultimately help to develop treatments. The aim of this review is to present evidence that the temperature increase during fever affects the way the infection takes place, for both the pathogen and the host.

Keywords: Fever, infectious diseases, immune system, computational tools, RNA structure



Cough management: a practical approach

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Abstract

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Cough is one of the most common symptoms for which patients seek medical attention from primary care physicians and pulmonologists. Cough is an important defensive reflex that enhances the clearance of secretions and particles from the airways and protects the lower airways from the aspiration of foreign materials. Therapeutic suppression of cough may be either disease-specific or symptom related. The potential benefits of an early treatment of cough could include the prevention of the vicious cycle of cough. There has been a long tradition in acute cough, which is frequently due to upper respiratory tract infections, to use symptom-related anti-tussives. Suppression of cough (during chronic cough) may be achieved by disease-specific therapies, but in many patients it is often necessary to use symptomatic anti-tussives, too. According to the current guidelines of the American College of Chest Physician on "Cough Suppressants and Pharmacologic Protussive Therapy" and additional clinical trials on the most frequent anti-tussive drugs, it should be possible to diagnose and treat cough successfully in a majority of cases. Among drugs used for the symptomatic treatment of cough, peripherally acting anti-tussives such as levodropropizine and moguisteine show the highest level of benefit and should be recommended especially in children. By improving our understanding of the specific effects of these anti-tussive agents, the therapeutic use of these drugs may be refined. The present review provides a summary of the most clinically relevant anti-tussive drugs in addition to their potential mechanism of action.

“NOT ALL EXPOSURE TO GERMS AND BACTERIA ARE
INHERENTLY BAD” - DR. JOSH AXE
“FEVER IS AN OVERALL DEFENSITIVE PROCESS
FOR THE HOST...”
“COUGH IS AN IMPORTANT
DEFENSE REFLEX...”



The Real, Root Cause - Interference

1 / Para-sympathetic / Expressive Immune Function
2 / Sympathetic / Suppressive Immune Function
balance -> Inflammation -> Interference
Interference = Faulty signaling brain  to body  

Recent advances in basic science



The vagal innervation of the gut and immune homeostasis

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ABSTRACT
The central nervous system interacts dynamically with the immune system to modulate inflammation through humoral and neural pathways. Recently, in animal models of sepsis, the vagus nerve (VN) has been proposed to play a crucial role in the regulation of the immune response, also referred to as the cholinergic anti-inflammatory pathway. The VN, through release of acetylcholine, dampens immune cell activation by interacting with α -7 nicotinic acetylcholine receptors. Recent evidence suggests that the vagal innervation of the gastrointestinal tract also plays a major role controlling intestinal immune activation. Indeed, VN electrical stimulation potentially reduces intestinal inflammation restoring intestinal homeostasis, whereas vagotomy has the reverse effect. In this review, we will discuss the current understanding concerning the mechanisms and effects involved in the cholinergic anti-inflammatory pathway in the gastrointestinal tract. Deeper investigation on this counter-regulatory neuroimmune mechanism will provide new insights in the cross-talk between the nervous and immune system leading to the identification of new therapeutic targets to treat intestinal immune disease.

INTRODUCTION
Accumulating evidence supports the idea that an intricate communication network exists between the nervous and immune systems, and that this crosstalk could play a crucial role in the regulation of the immune response.¹ The interplay between those diverse systems occurs through a complex set of neurotransmitters, cytokines and hormones that act as counter-regulatory mechanisms able to dampen inflammation and restore homeostasis.¹⁻² On a systemic level, neuroendocrine mechanisms reduce inflammation by the hypothalamic-pituitary-adrenal (HPA) axis through the anti-inflammatory effect of glucocorticoids, by the hypothalamic-pituitary-gonadal axis through sex hormones, and by the hypothalamic-pituitary-thyroid hormone axis through thyroid hormones.³⁻⁴ Although modulation of the immune system by the nervous system, in particular the adrenergic nervous system, has been introduced decades ago,⁵ interest in the role of the autonomic nervous system as a key player in immune homeostasis has recently increased exponentially. In 2000, Tracey and coworkers demonstrated that vagus nerve (VN) stimulation potentially suppresses cytokine production in a rodent model of sepsis.⁶ This discovery has led to the introduction of the concept of the cholinergic anti-inflammatory pathway,⁷ a hard-wired connection between the immune and nervous systems closely interacting to regulate inflammation. It is currently supposed that

inflammatory mediators activate sensory nerves and send signals concerning the state of the inflammation to the central nervous system. The latter, through efferent nerves, releases neuromediators that influence immune cells and modulates local inflammation.⁸ Consequently, it is now clear that the nervous system is able to regulate inflammation in peripheral tissues and to restore local immune homeostasis.

In the present review, the current knowledge and the clinical implication of the intestinal cholinergic anti-inflammatory pathway will be discussed. Readers interested in the sympathetic modulation of the immune response are referred to excellent reviews on this topic.⁹⁻¹¹

THE CHOLINERGIC ANTI-INFLAMMATORY PATHWAY

While studying the anti-inflammatory effect of the inhibitor of p38 MAP kinase, CNI-1493, it became clear that this compound suppressed carrageenan-induced paw oedema at doses at least 6-logs lower when injected intracerebroventricular than required for a systemic effect.¹² This potent anti-inflammatory effect was abrogated after bilateral vagotomy. Conversely, recording of the efferent VN electrical activity revealed an increase in discharge rate after infusion of CNI-1493, suggesting anti-inflammatory properties of VN activation. Similarly, electrical stimulation of the transected peripheral VN for 20 min prevented the development of an acute inflammation in response to carrageenan injection in the paw and increased survival in a model of sepsis⁶ by reducing cytokine (tumor necrosis factor (TNF)) production of splenic macrophages. This anti-inflammatory effect could be reproduced in vitro using isolated human macrophage cultures; the release of TNF, interleukin (IL)-1 β , IL-6 and IL-18 in response to endotoxin was significantly reduced by acetylcholine (ACh) and nicotine. In a search to pharmacologically mimic the effect of VN stimulation, Wang *et al* identified the α 7 subtype of the nicotinic acetylcholine receptor (α 7nAChR) as the main receptor by which splenic macrophages are modulated.¹³ The anti-inflammatory effect of VN stimulation is lost in α 7nAChR knock-out mice, can be blocked by specific antagonists α 7nAChR, and is mimicked both in vivo and in vitro by α 7nAChR agonists.¹³ Based on these findings, the 'cholinergic anti-inflammatory pathway' was introduced, whereby the VN modulates the immune response in the spleen providing an additional protective mechanism to the host (figure 1). This mechanism protects against the lethal effects of cytokines by restraining the magnitude of a potentially fatal peripheral immune response.⁶⁻⁸



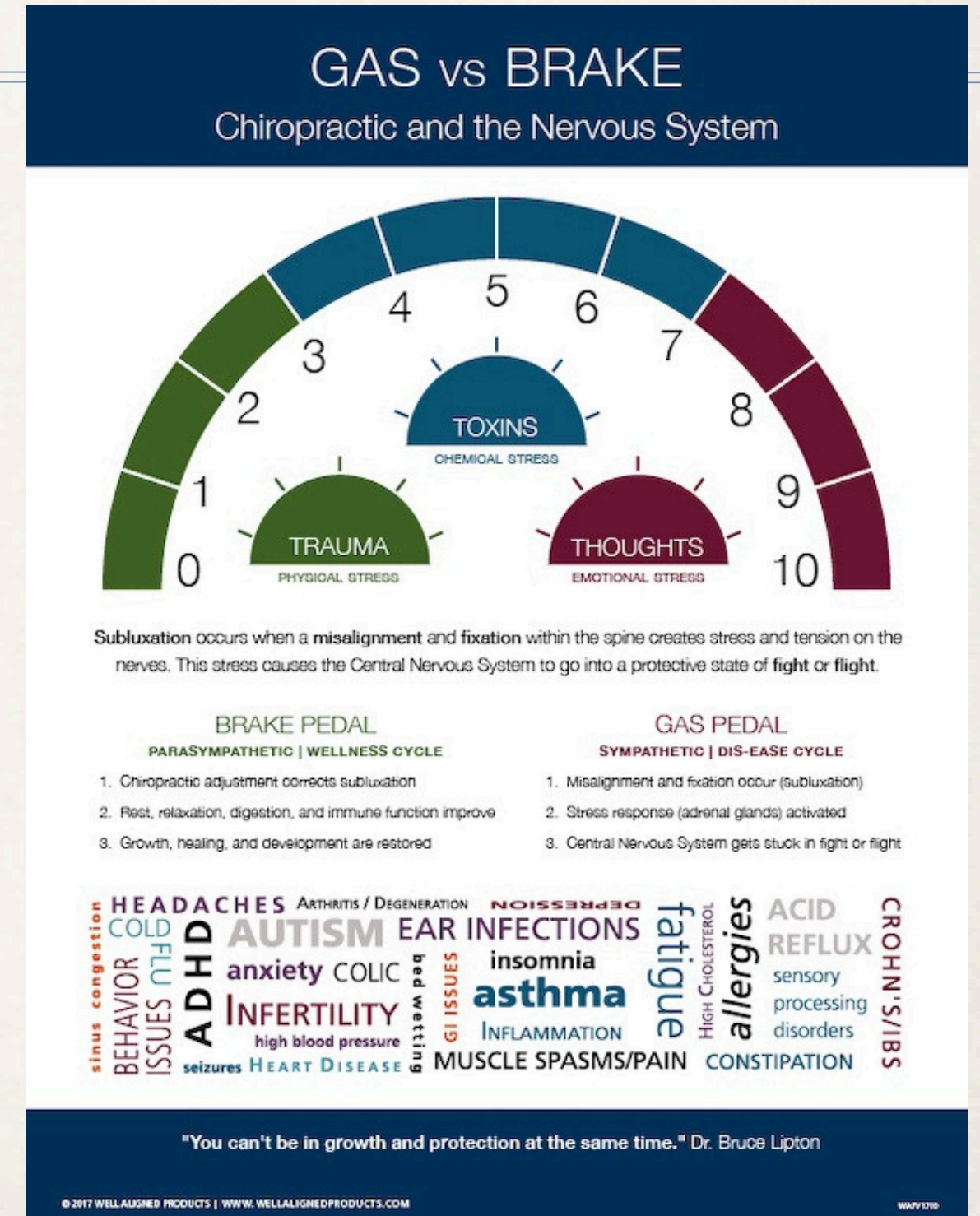
To cite: Matteoli G, Boeckstaens GE. Gut 2013;**62**:1214-1222.



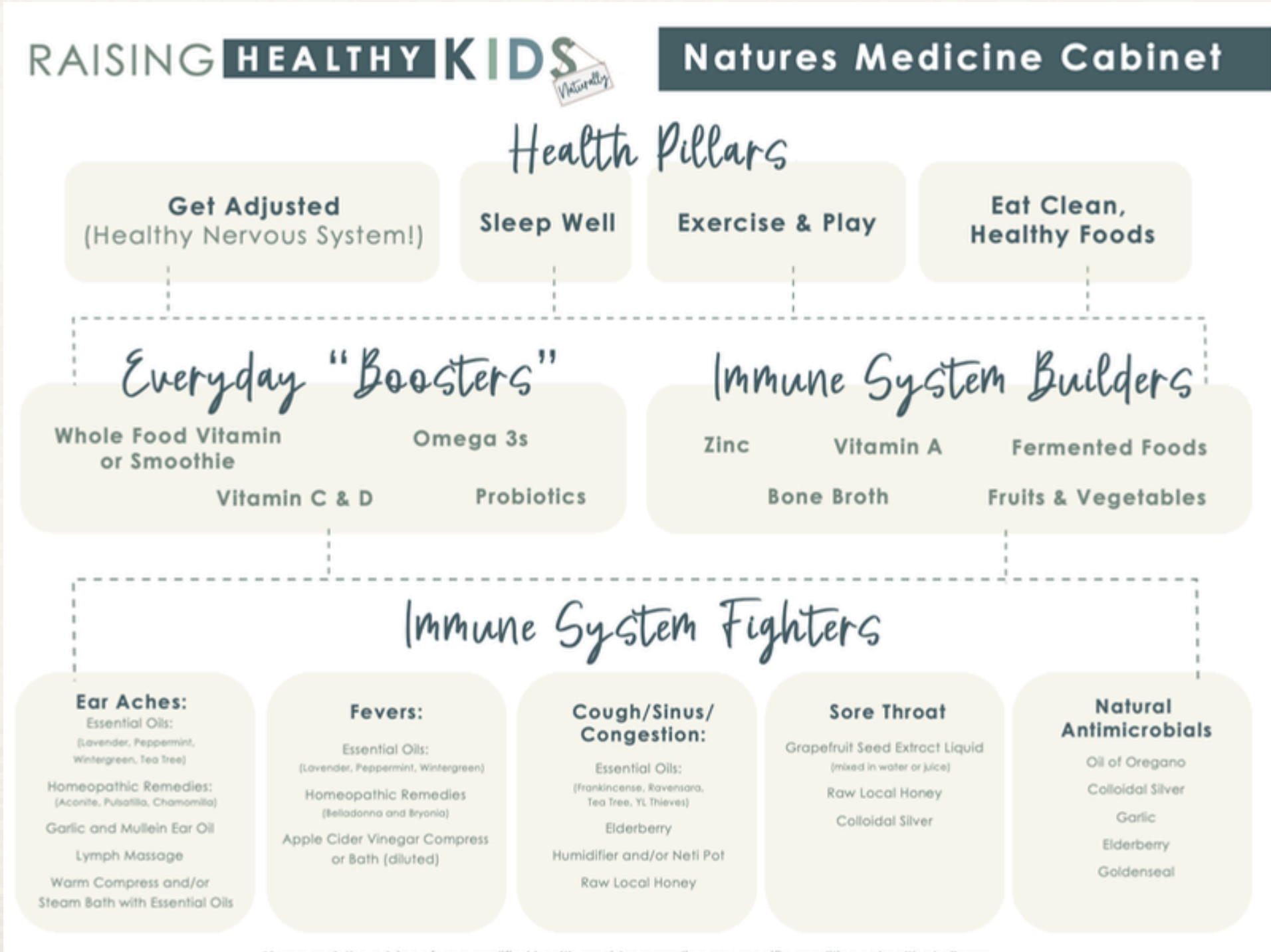
The Missing Link - The Nervous System

The Harmonizer of the Immune System

Plumbing and Drainage (Movement! Step 4)
Balanced, Organized Responsive Signaling! (Step 5)



Step 6 - Stock up Nature's Medicine Cabinet



Step 7 - Kick the Sick - Sequence and Order Matter Most

1. Health Pillars 1st!
Nervous system 🧠💪
Sleep Well 😴
Eat Clean, Healthy Foods 🥗
Exercise, Play, Move 🏃

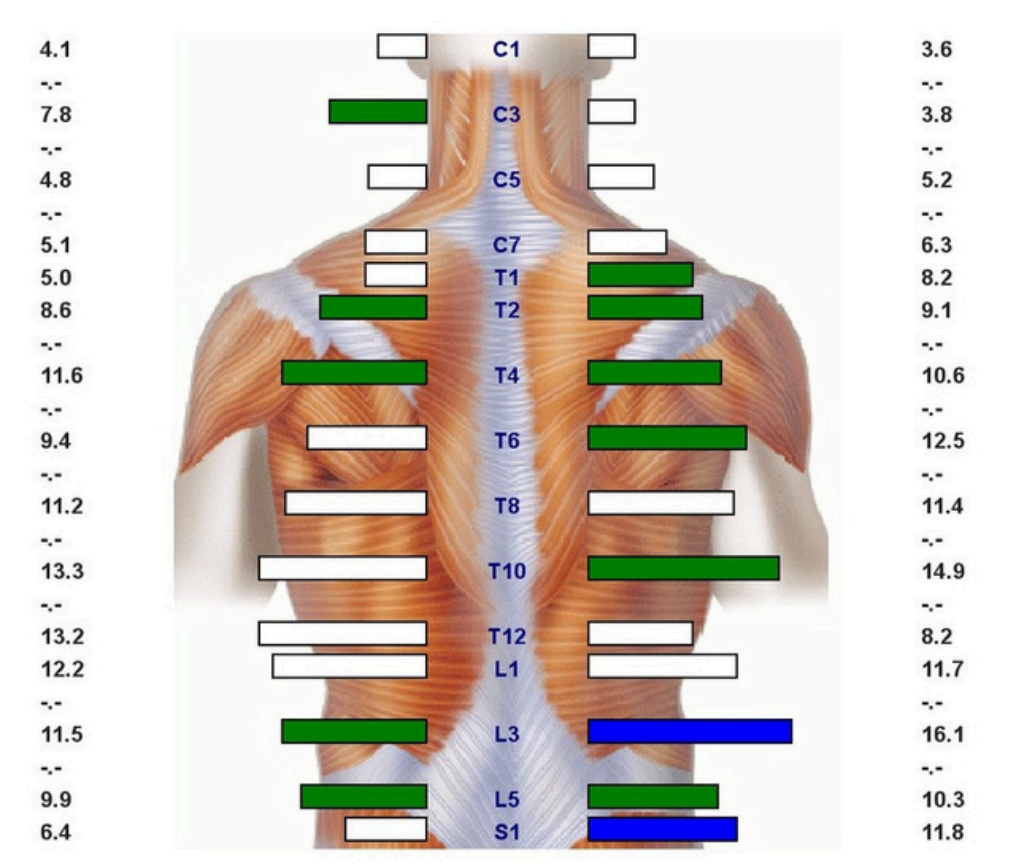
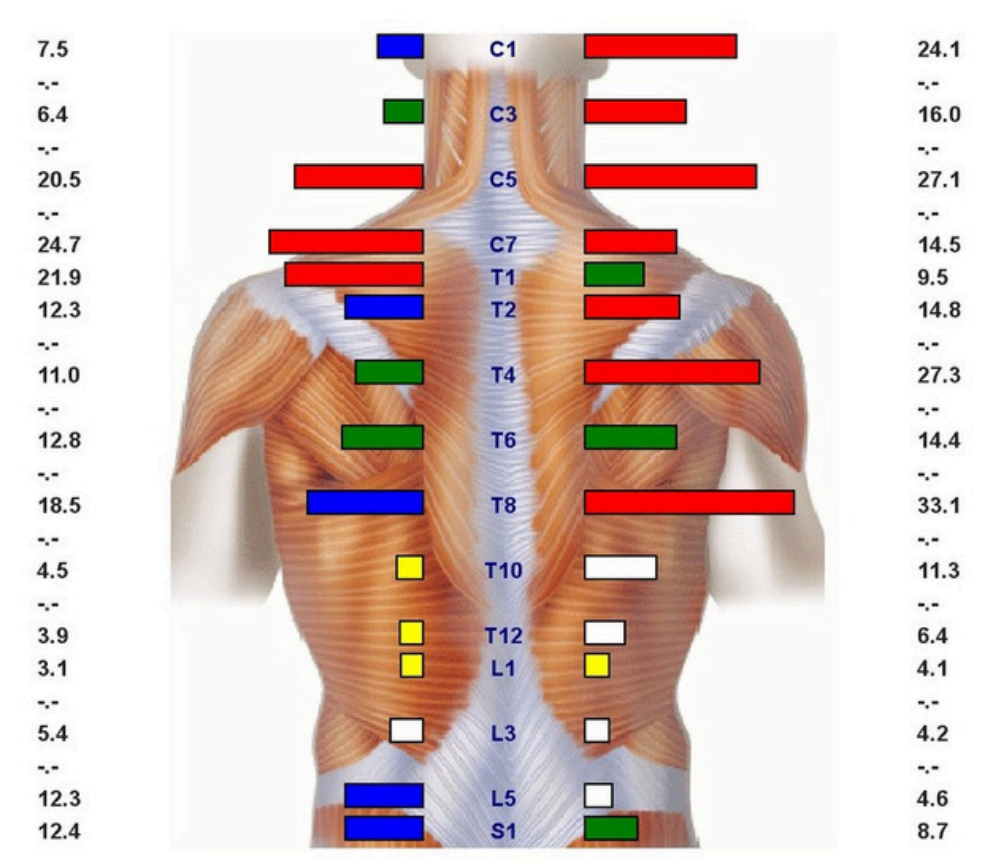


2. Boosters and Builders provide the extra credit 🧐🎓

3. Use the right Immune “Fighters” that work with the body



Axton's Story - Chronic Ear infections, antibiotics, scheduled for tube surgery



Photos from PWC Chiropractic's post

in Timeline Photos

PWC Chiropractic
Published by Matt Hill [?]
February 3

Parents deserve to know about other options

Chronic ear infections. Pneumonia over and over again. Constant fluid in his sinuses + ears + lungs. Mild to moderate hearing loss.

6 different antibiotics in 5 months. Breathing treatments and nebulizers. ER visits regularly. ENT visits that strongly recommended ear tubes and tonsil/adenoid removal.

A mom that literally knew NO different. She didn't know what else to do. She hated the idea of surgery but just wanted her child to be what every parent hopes for: healthy and happy. Developmentally, she knew his letters and sounds and words were delayed because of the hearing loss. Physically, she knew he was constantly miserable. Emotionally, she knew he was a wreck because he just wanted to feel better.

A pediatrician that was willing to recommend a different approach. Another way. "Try PWC Chiropractic" she told mom.

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Action Steps:

1. Continue to ASK QUESTION and FOLLOW the right people and tribe
2. Follow the 7 Steps Outlined here consistently, NOT perfectly
3. Get Scanned at TFC



Are You Ready To
Get To The
Root Cause?

The **ONLY** Nurse Practitioner owned business in McHenry County. Complete Services- Pediatric Primary and Functional Medicine services.

Emergency Care- We are available 24 hours a day 7 days a week via telephone access WITHOUT an answering service

OUR SERVICES

