Abnormal Posture and it’s Affect on Stress and the Central Nervous System Function
Dr. John Bergman

Autonomic Nervous system has 2 parts: SYMPATHETIC and PARASYMPATHETIC

SYMPATHETIC — Fight or Flight
-Activated by: physical, chemical, or emotional
  - Increases Heart Rate
  - Increases Blood Sugar
  - Increases LDL Cholesterol
  - Decreases Blood to the Gut
  - Increases Respiration

PARASYMPATHETIC — Rest and Digest
-Activated by: Rest, low stress
  - Increases Tissue Repair
  - Increases Digestion
  - Increases Nutrient Absorption

3 Types of Stress Activate Sympathetics:
- Physical = Birth, Back Packs, Sports, Car Accidents, Poor Posture, Subluxations
- Chemical = Poor Diet, Vaccinations, Medications, Toxicities, Subluxations
- Emotional = Perception of Environment

Biomechanical Facts
Muscles — 2 types: Postural & Phasic
Postural — Increase in Tone Under Stress

- Discs of the Spine can be reshaped by changing the force loading on them!
- Muscle Spasms only come from increased nerve signals!
- Abnormal Posture leads to increased muscle tone!
- Restoring normal structure may restore normal function!

Abnormal structure Causes Abnormal Function

Before After

What you can Do!!!
Know that SYMPTOMS indicate a problem of structure or function !!!
Know that the Nervous System controls and coordinates ALL the systems of the body!!!
Know that the Human is a Self Repairing and Self Healing Organism !!!

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Blood Pressure Readings: Which Number is More Important?

Systolic blood pressure, the maximum arterial pressure during contraction of the left ventricle of the heart, is an important factor in predicting mortality risk for heart failure patients.

Systolic blood pressure is typically the first number in a blood pressure reading; for example, 120 when the blood pressure is reported as 120/80.

Heart failure patients with high systolic blood pressures had lower death rates; those with low systolic pressures may have a more advanced disease and a poorer prognosis. Mortality rates were more than four times higher for those with systolic pressures of less than 120, in comparison to those who had pressure over 161.

These conclusions were gleaned from research on more than 48,000 heart failure patients seen at 259 U.S. hospitals between March 2003 and December 2004. Journal of the American Medical Association November 8, 2006; 296(18): 2217-2226

Daily Aspirin Dangerous and ineffective

A recent issue of the Journal of the American Medical Association carries a study that tested low dose aspirin (100mg per day) against placebo in 3,350 healthy subjects between the ages of 50 and 75.

On average, each subject participated for more than eight years.

Results: No statistically significant difference was found between the two groups in fatal or nonfatal coronary events, strokes, angina, transient heart attack or all-cause mortality.

In short, low-dose aspirin use produced virtually no benefits.

The authors write: "Any effect of aspirin on cardiovascular events needs to be balanced against the potential for harm. ...The trial results suggested an increased incidence of major hemorrhage and gastrointestinal ulcer, although not severe anemia, in the aspirin group, and more participants in the aspirin group than in the placebo group had fatal intracranial adverse events."

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