

REFLEX PAIN

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PREFACE TO THE FIRST EDITION

The past ten years has shown many scientific advancements. The field of Spinal Therapy, like the fields of mechanical, electrical and other sciences, has likewise advanced. Advancement in Spinal Therapy has been somewhat curtailed due to the lack of special institutions for research and due to the lack of funds to build and maintain such institutions.

The treatment rooms and the bedside have been our laboratory. In these places we have studied sick people. We have carefully noted the reactions of these people to various forms of therapy, and it is upon these observations that material for this book has been gathered.

There are in our profession some who for various reasons will not welcome anything new. Such has been the case in all branches of science.

We publish this book with a feeling of pride and we know that the contents of this book, when properly applied, will be the means whereby many thousands of sick and suffering people shall again be made normal.

Each part of this book is the result of careful study and application. Each part has a designated place in Spinal Therapy. No part of this book can be applied without due regard to the other parts.

The human body when normal is perfectly balanced, when abnormal is imbalanced. We have carefully detailed the manner in which you shall be enabled to detect imbalances and the manner in which you shall be able to restore balance. Pursue the contents of this book with but one thought in mind: I WILL BECOME A MORE SKILLFUL PHYSICIAN.

In the preparation of this book we have consulted many recognized authorities upon their special works and at this time we wish to mention a partial list of these authorities: Grays Anatomy; Cunninghams Anatomy; Thompsons Art Anatomy; Bridgmans Constructive Anatomy; Landois Physiology; Kirks Physiology; Mennell on Backache; Deaver's Surgical Anatomy; Taskers on the Principles of Osteopathy; Regional Diagnosis by Bing, and many others.

We wish at this time to thank Mr. Rex Werner for the art work contained in this book.

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REFLEX SPINAL PAIN

INTRODUCTION

The subject of Reflex Spinal Pain has received very little attention from any profession. Pain has usually been attributed by Spinal Therapists to being the result of vertebral pressure upon nerves at the intervertebral foramen. This conception has often times led many conscientious Spinal Therapists to attempt correction at the wrong segment or segments, resulting in a continuation of the pain and causing the patient to seek elsewhere for relief.

We make the statement that pain, no matter where situated or of what cause, is influenced by a reflex arc being transmitted through some segment or segments of the cord to a pain center in the brain. It is admitted by some that the cord has a certain amount of pain sense, but we conceive this pain sense as a protective action and not as an interpretation of pain. When one touches a hot object with the finger, a movement is reflexly set up which draws the finger slightly away from the hot object, but complete removal of the finger from the hot object and the interpretation of heat is not accomplished until the reflex has reached the center in the brain which interprets the injury as being painful, due to a burn.

Certain nerve endings, as for example, the optic nerve, have the power of protection but not the power of interpretation of pain. An object may be deflected from the eye, even before the eye itself is conscious of the fact that injury may be committed or has been committed.

Fractures, dislocations, lacerations, bruises, sprains, strains, contusions, and a host of other conditions seem far flung from the conception of disease as being produced by pressure upon nerve tissues at the foramen, but the fact remains that the extreme shock suffered by the nerves under the part affected produce such violent motor and sensory reactions that circulation is interfered with at the intervertebral foramen, and unless this condition is corrected along with suitable therapy to the injured part, absolute health will never be restored.

We have demonstrated that even the severe pains following fractures may be controlled by suitable application of spinal therapy. If a sensory impulse does not reach the brain cells, a motor reaction will not follow, and by suitably treating certain involved segments, this sensory and motor reaction is so controlled that although the injury exists the patient is not conscious of pain. Some may say that this is merely palliative therapy, but those who can think and analyze clearly will know that when a part is at rest, it heals more quickly and when a part is constantly disturbed by sensory and motor reactions, it can not and does not rest. The first Law of Nature is to produce protection to a part, and this protection is established by inflammatory reactions, in order to produce stiffness. When this occurs the parts are less easily moved, therefore are automatically placed in a state of rest. With suitable therapy, this inflammatory reaction is greatly lessened and therefore enables healing to more quickly take place. Inflammation, by producing fixation, also produces atrophy and infiltration of connective tissues.

Even when a part is placed in a cast for absolute fixation, Spinal Therapy can still enable quicker healing because the part is kept in a state of relaxation. When

we have relaxation we have a free action of the circulatory fluids, and this is positively essential to correct healing.

Reflex Pain therapy offers you no panacea. This technic offers you no easy way out. This technic affords no one the ability to accomplish successful therapeutics without thinking. Often times the tracing of a reflex path is a very complicated matter and details much exact technic, but the time has come when we should be big enough to assume whatever responsibilities our profession offers us. Those who think an Utopia is at hand are indeed, deluded. An Utopia may be attained by hard thinking and hard work. When one has mastered the principles of Reflex Spinal Pain, one has indeed placed himself or herself in a position to command a great deal of respect for the profession practiced.

In applying this System of therapy one must keep in mind at all times that the reactions of the body to different stimuli are different. A stimuli that is of sudden onset produces sudden symptoms and these are usually symptoms of severe pain. When one sprains an ankle, in a few minutes one is conscious of an agonizing pain. If one has sprained an ankle several years ago and it still is troublesome, you could not say that the same pathology existed then, as when the accident first took place, and if you attempted to treat the ankle with the same manner of therapeutics as you would use in the acute stage, you would be sure to meet, with a certain amount of disappointment. A sudden infiltration of tissues with fluids maintains a definite acute pathology. A chronic infiltration of fluids maintains a pathology peculiar to its being, and the pathology of chronic conditions affects the cells of the spinal cord in like manner.

A patient that is suffering from an acute brachial neuritis acts entirely different than does a patient who is nursing a case of brachial neuritis of some years standing; yet most of you think of neuritis as being neuritis and you do not think of the reflex pathology that has taken place or is taking place and you wonder why some patients get well and others stay sick. We have often seen patients go through a healing crisis such as pneumonia and come out of it with the absence of many chronic complaints that they suffered with before the acute crisis happened, yet many of you become frightened when a patient develops an acute reaction, and do your best to cover it up in any way that you can possibly command. Your opportunity to thoroughly clean house in chronic patients is when they become acutely sick. Nature has taken the offensive and you should help and not hinder.

In treating acute patients, it must be constantly borne in mind that the spinal cord cells in one or more segments are overactive, that excessive stimulation exists, and that this alone is oftentimes the cause of excessive motor and sensory reaction to occur in the part or parts affected. In such a condition even the simplest system of analysis would arrive at the conclusion that nothing should be done that would increase activity, and certainly nothing of a stimulative nature should be applied to any segment or segments, When overactivity of any cord cell bundle exists, the organs, tissues, bones, etc., that receive innervation from that segment are put into a state of overactivity. It is likewise true that if a member of the body be in a state of excitement, that this will reflexly increase the irritation of the cord cells. Stimuli applied at a distance from the cord to any area of the body, will excite a stimulative reaction in the cord. It must also be borne in mind that any tissue has a fatigue point, or a point when stress becomes strain. When this is reached the opposite of

what was occurring takes place. If overactivity ruled and fatigue ensues, then underactivity with its chain of enervating symptoms follows. This then brings the patient to a point where they become chronic and as such must be treated by a system that is different from the one that would rightfully be applied to the body when in acute distress.

Counter-irritants applied to a painful area will oftentimes overcome the pain, because they exhaust the cord cells that innervate that painful area. Fatigue ensues, then enervation exists and the part, although not healed by natural forces, stops hurting and all seems well, until the second phase of cyclic life sets in. At this time the condition manifests itself in a chronic phase of disease and this chronic phase may even more severely endanger life than did the acute phase.

Place a heavy burden upon one shoulder, carry this burden, you will find yourself bracing against this added weight. You may carry this burden without strain for a period of time, which represents the acute reactions to the burden, but the time must come when compensations set in and at such times Nature either strengthens your burden laden muscles by an overgrowth of tissues or if this can not be done, your shoulder lowers itself, your bony framework becomes twisted, your pelvis becomes lower on one side, one limb becomes shorter, your chest narrows on one side, respiration and heart action are interfered with, life becomes a grave thing to consider, yet the primary cause of your complete physical breakdown is the added weight you have placed upon one shoulder. In this exaggerated instance, before the period of fatigue sets in, the mere removal of the burden from the shoulder would effect a cure, but when the period of fatigue has begun, the mere removal of the burden would be insufficient because damage is done. Circulation is interfered with; bones and tissues are wrenched and twisted and strained. In this period circulation must be restored, the framework readjusted and yet we can not say that even the best therapist can do a perfect job.

In treating chronic patients, you must bear in mind that the condition was once acute, that this condition passed through the periods of stress, strain and fatigue. Tissues have been destroyed, circulation is interfered with. Compensations have occurred, for without compensation no one would ever be in a chronic condition for all would die in acute stages of disease. Most people under the care of physicians, in acute disorders, cure themselves by compensation, especially is this so if the condition has become chronic. When a patient tells you that he had acute lumbago thirty years ago, that adjustments give relief, but that the trouble never clears up, you will immediately know that the adjustments as given were of the same variety that would be used on an acute case. Not so long ago the writer saw a patient that had gone through this experience. Some twenty-five years ago an attack of severe lumbago was experienced. In a weeks time the patient was enabled to walk without assistance, the pain was gone, but motion was far from being free. The Chiropractor who was then consulted, gave a recoil on the fifth lumbar. The patient was enabled to immediately straighten up and had free motion. This same treatment was tried many times later for acute stages of this same condition with this same patient and always failed. One instance the Doctor performed a miracle because his adjustment fitted the case. In hundreds of other instances this miracle was disputed, because the adjustment as used did not fit. You might as well try wearing a number 6 shoe on a number 12 foot as to try using the same kind of an adjustment on an acute patient as

you use on a chronic patient. Remember if you do, that your acute patient will get well if you use an acute treatment technic, but if you use the same technic on a chronic case, it will take years for the patients to say they feel a little better.

It has been the consensus of opinion amongst doctors that it would take a chronic patient months if not years to recover. In using the Sacro Occipital Technic we have seen chronic patients respond immediately and in many instances have seen one treatment completely restore the patient to health. If the correct thing is done in the correct manner and if enough vitality remains, the patient must respond. Some patients will recover from chronic ailments without acute reactions, while others will react acutely. No one has ever yet figured out how to make every patient do exactly as you would like them to do and for that reason this technic is flexible enough to meet all crises as they occur.

It must be borne in mind that the technic must not be fitted to the patient by what the patient says is wrong, for if a patient complained violently of lumbago and you fitted your technic to the patients verbal statements, you would often times find that the patient was complaining far out of accord with the severity of the condition. The technic is to be fitted to the patient by what your tests reveal to be wrong, not altogether by what the patient says is wrong.

A patient may complain that the trouble is in the foot, while your analysis shows that the trouble is at the occiput. In this instance, if you adjusted where the patient complained you would accomplish nothing, but if you adjust where the lesion is, the pain in the foot will disappear.

The human body is a segmental union, all parts must function harmoniously to have perfect balance. We must not treat the segmental spinal area that corresponds to the segmental body area empirically, for often times an area of the spine far removed from the injured segmental body area will be the indicated lesion to correct. By tracing your reflex spinal areas, as set forth in this book, you will be enabled at all times to arrive at the correct lesioned area.

It is easy to say that an Atlas or Axis is always the trouble and refuse to look further. You may say that you cared for a case of sciatica and that you adjusted Atlas and the patient got well, but you will also have to admit that you have cared for many cases of sciatica when an Atlas adjustment had no influence upon the restoration of the patient to normal. No one can chart the human body and tell you where to adjust for any disease or how to adjust for any disease. General rules can be laid down, plans for analysis can be adopted, but a scrutinizing search must be made by the operator to locate the lesioned area. We shall not endeavor to tell you where to adjust for mumps or any other condition. We shall lay down laws of physical conduct that shall guide you in your search for the offending segmental area and shall show you how to correct this area when found.

When we close the last chapter of this book we shall not tell you that this is the last word in Spinal therapy, but we shall tell you that research work shall from time to time uncover new ideas. When these ideas appear, whether we develop them or who develops them, if they are good, we shall tell you to adopt them.