Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

A Challenge - Impossible?

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I gave a lecture and demonstration on proprioceptive postural reflexes in Pittsburgh in 1973. A patient came to me immediately afterward with a cold, numb arm of about two years' duration. She and her husband were both chiropractors, so of course, this seemed impossible. Still, she could not palpate or adjust with that problem, and many techniques had been tried to make a correction.

We found a Zenith Hylo table on display and placed the patient prone. Her husband, another DC and myself all found the same subluxations: Occ-C1 (major), C5-6 and L5-S1. We all found the right superior oblique muscle very tight and tender. The entire right upper quadrant - from ear, to scapula, to fingers - was partially numb, and at least 10 degrees colder than the rest of the body. The lower cervical was the direct innervation to the fingers, but the upper cervical subluxation seemed to be the major problem.

I had conducted several problem-case clinics before, and found that most DCs performed manipulation adequately well in the areas from C2 to L4. However, with the almost universal symmetry of the upper cervicals and the pelvis, most DCs did a poor job of adjusting these areas. Since I had just shown slides of the bones, muscles and contacts, the audience of about 600 understood the procedures. Each of the other DCs double-checked the temperature and the muscles; then we went directly to the right ear. By tilting the patient's right ear forward, down and outward, there was an immediate relaxation of the right superior oblique muscle. Tilting that same ear up and back (just the opposite direction) tightened these muscles again. If you picture the face of a clock over the right ear, the optimum vector was at 4:30 forward and down with about 30 degrees lateral tilt. This slightly stretched the posterior and superior muscles of the ear. Again, these were double-checked by the other chiropractors.

After explaining to the audience what we were doing, I again continued the intermittent ear-tipping. This alternation was about once per second, with the tilt in the proper direction, then a relax and a retilt. All of us palpated and felt that the shoulder and arm were doing very well.

The patient had had a cardiac arrest two years earlier. An adrenalin shot into the heart muscle had started her up again, but from that day, the arm had been growing numb. Again, I resumed the ear-tilting for about one more minute. By this time, the arm was warmer than the rest of the body, and she was getting a few "tingles" in her arm. With that much improvement in about 10 to 15 minutes (discussion included), I brought the table up and she dismissed herself. She said that the arm was already beginning to feel different. During the evening there would be time she still experience no movement, but the next morning she was 50 percent better.

While the table was rising, one DC asked, "You're not going to adjust her?"

"I palpated, found the subluxations, found the cold area, moved the joints and watched the symptoms improve. It was all done by hand," I replied. "That was an adjustment. There was complete clearance. What more do you want?"

It is not always necessary to do a thrust on any joint to make an adjustment. I have moved an Occ-

C1 subluxation and cleared a 29-year-old constant headache with only one light perianal contact on the buttock for less than two minutes. No neck contacts were made. A dynamic thrust is usually used, with good results. Still, the key is the relief of interference. A "bone" is never subluxated. A subluxation includes two bones; muscles; ligaments; (usually) an I.V. disc; and vessels and nerves, both local and peripheral. All this was included by D.D. Palmer (and by Hieronymus, in 1746). Listing of a bone usually indicates a direct contact. Still, a contact can be quite a distance away.

Dr. Harold Lester had worked with heavy trucks. He told a group of us in Atlanta, Georgia, "Imagine this loaded, 50-ton truck. I ask you to push it on up a hill."

"Who - me? That's impossible!"

Then he shouted, "Push it!" And when I pushed it, it started moving. When I stopped, it stopped moving. D.D. would say, "Innate moved it." The clergy would say, "God moved it." If I had bragged that I moved the truck up the hill (seemingly impossible), it would have backed right over me.

There is a lot we still do not know about spinal mechanics. Certainly it was impossible for me to push that truck up the hill; it was also impossible to warm the patient's arm and recover sensation to the arm by tipping an ear. That ear-tip improved proprioceptive input, moved the joints and cleared the interference. Impossible - yet many chiropractors saw it done. A few are doing it very well - try it.

Don't wait for a cold, numb arm. With every difficult patient, carefully palpate the suboccipital area. With the patient prone, tilt the ear forward on the side of the tight superior oblique muscle. D.D. may have thought it impossible to thrust T4 and restore hearing, but it happened. Many MDs (and many more laymen) know that it is impossible, yet it happens every day. If one is still misdirected with the "hard-bone-on-soft-nerve" and "stepping-on-the-hose" idea, then it is truly impossible.

What are thousands of proprioceptors doing at every spinal level? Are they just decorations? The neurophysiology of proprioception distortion will be much better understood each year. When the truck moved up the hill, I knew that I was not doing it. It was "impossible," but it moved only while I was pushing properly. There is a cause-effect relationship; do not be afraid!

With problem cases, just palpate the suboccipital area very carefully, then tilt the ear gently and precisely. When Occ-C1 moves well and the muscles relax, C4-5 moves, relieves the interference and allows the arm to warm up. Then, the "truck is moving." This works at every level of the spine. Monitoring is still best at the superior oblique muscle while tilting the ear.

When you achieve this, you will be doing the impossible - and each time it will become easier.

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