Dynamic Chiropractic

Is it Possible to Eliminate Pain Instantaneously by Applying Neurophysiological Reflexes?

Trigger points frequently cause numerous musculoskeletal and even visceral symptoms,[1-14] including: lumbar and sacroileac pain, headache[5] and head pain, migraine,[5] cervical pain, temporomandibular joint dysfunction, shoulder and rotator cuff pain, impingement syndromes, sciatica,[6,7] ITB syndrome,[14] tinnitus,[5,15,16] fibromyalgia[7] and even post-surgical abdominal pain.[3] Pain ascribed to cervical and lumbar disc syndromes really might be due to muscular trigger points.[6,7,9,10] Trigger points are regions of impaired circulation in muscles that are very tender to pressure.[5,6,7,8,11,13,14]

Several years ago, I lifted an iron weight during a triceps exercise. The bar was too heavy for me. As I straightened my arm, it completely gave out; the weight dropped toward the table. By overloading my triceps, I had triggered the Golgi tendon organ (GTO) reflex (also known as the inverse myotatic)[1,4] of my triceps, turning the muscle *off*. It occurred to me that if I could devise a technique to inhibit muscles like this, I might be able to eliminate painful trigger points as well.

The clasp knife reflex prevents muscle injury and can be used to eliminate painful trigger points instantly. When the tension along a muscle becomes too great, the muscle relaxes. It "lets go." This is a neurological protective reflex so that if you pick up something too heavy, it doesn't tear your arm muscle. This is known as the inverse myotatic reflex,[1] the clasp knife reflex,[4] the Golgi tendon organ reflex (GTO), or autogenic inhibition (all these terms mean the same thing).

When my triceps failed, I figured I had accidentally discovered a way to inhibit the muscle neurologically. The activation of the clasp knife reflex might cause a sore point to no longer be sore. If I could do that deliberately on a muscle that had a trigger point in it, the trigger point might disappear.

This might then aid in relieving chronic symptoms that were maintained by that point. I eventually discovered numerous reflexes that when applied consistently reduce or eliminate the palpatory pain of trigger points and often their associated symptoms. (In addition to the GTO reflex, we found several other reflexes that successfully turn off trigger points.)

We have a much broader definition of trigger points than usual. Any tender point in a muscle, tendon, ligament or bony surface may respond to treatment. The point will be very tender when first palpated; the reflex is then applied. If the right reflex is stimulated, within a few seconds the point will no longer be tender to pressure! In many cases, the patient's symptom related to that tender point will improve as well. The symptom may improve within minutes of the first few treatments or it might take several visits. When I started demonstrating this to large groups of doctors, I was surprised to find out that symptomatic improvement often occurs within hours of the first treatment, even in decades-old problems! Follow-up in many cases has shown the improvement to be permanent.

This procedure is neurological, not mechanical. The goal here is not to treat a trigger point repeatedly, like previous techniques such as ischemic compression, but to eliminate it. When the right reflex for a trigger point is stimulated, the point will not be tender within a few seconds; it will disappear. With most other procedures, the trigger point still is painful after treatment, and on subsequent visits. This is not uncomfortable; it quickly eliminates pain. It does not work by mechanically treating soft tissues, such as myofascial procedures, but neurologically eliminates the situation maintaining the trigger point, and so the point immediately returns to normal.

Eliminating a trigger point is objective improvement. In many cases, the patient's symptom caused by that trigger point also will improve, which is subjective improvement. This may happen immediately or it could take several treatments. (Of course, not all patients respond.)

Three Types of Pain

- Spontaneous pain is the patient's symptom. This is the pain that brings him into your office with the headache, low back/joint pain, etc.
- Palpatory pain occurs in excessively tender areas of the body when palpated or pressed, often in the bellies of muscles. They often are a few inches away from the patient's symptom and often contribute to or cause the symptom. Eliminating these areas of palpatory pain often will eliminate the symptom. These points are objective signs; they can be charted and usually will improve or disappear with one or more treatments.
- Pain on movement is when the muscle, joint, ligament, tendon, neck, low back, etc. hurts when the patient moves it. Often, eliminating trigger points will eliminate pain on motion.

Most doctors find that the majority of trigger points treated will relax and disappear within seconds of using one of the pain-neutralization techniques. If the vector wasn't quite correct, there might only be a partial improvement. When the application is changed slightly, the improvement often would get to be 90 or 100 percent.

At a demonstration for a state chiropractic association, 95 percent of the 150 doctors there reported they felt a trigger point vanish within seconds when applying the technique. In March 2006, I gave a presentation to a group of holistic MDs at the International College of Integrative Medicine. Robert Rowen, MD, editor of *Second Opinion* newsletter, wrote: "A chiropractor spoke about his technique for instantly relieving painful trigger points. He performed his technique on many of my esteemed colleagues. The majority got immediate relief, even with very long-term chronic problems."[12]

Not all pain is due to trigger points, obviously, and eliminating the trigger point might not always affect the symptom. Sometimes the trigger point will disappear during the treatment but keep coming back because of improper patient activities or ergonomics. Of course, in some cases the trigger point doesn't change at all. However, most doctors find that the majority of trigger points and their accompanying symptoms will be reduced with each visit and be very much improved or gone after 3-5 treatments.

I've now demonstrated these techniques to many hundreds of DCs and MDs. Many of these doctors have had instant improvement and elimination of chronic symptoms when their trigger points have been erased, including long-standing cervical and lumbar disc problems, frozen shoulders, severe TMJ dysfunction, migraines, unexplained abdominal pain, etc.

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