

What If ...

...THE BODY'S AUTONOMIC FUNCTIONS REALLY ARE AFFECTED BY THE SPINE?

Today's chiropractic considerations include palpable, observable musculoskeletal changes found in the presence of disturbed autonomic function. Although autonomic function may be of primary concern, autonomic imbalance appears to be intensified in the presence of biomechanical/kinesiological joint hypomobility. It is also true that the final manifestation or dysfunction of some autonomic pathway or reflex may be the end result of a long-standing (chronic) somatic dysfunction, i.e., the result of one or more of the components of the subluxation complex. Spinal fixations (hypomobilities) are capable of disturbing the normal functioning of reflex arcs associated with both autonomic and cerebrospinal systems, as they both produce changes in the musculoskeletal system.

Within the past few decades, interest in the somatic component of heart disease has led to numerous studies by many diverse groups and hospitals throughout the world. A review of world literature to learn what hypomobile spinal segments have been found in patients having cardiac dysfunction indicates that there are upper thoracic fixations. Cervical hypomobilities are also frequently involved.

There are about twice as many fibers entering the cardiac plexus from the thoracic nerves as enter from the cardiac nerves. It should then be of little surprise, most interesting to the diagnostician, that thoracic and rib fixations are critically important in cardiac disease.

Motion is not consistent throughout the thoracic region. That is why motion palpation demands practice so that even the slightest fixation can be detected. A very interesting observation which you can confirm in your own practice is one which shows a marked change in the amount of motion during the aging process, as well as the resultant postural changes and their secondary compensatory spinal pathomechanical aberrations. Gross spinal hypomobile patterns are almost always associated with a "cross-over" at the cervicothoracic junction that will usually occur until the primary fixation is dealt with. The "primary fixation" is taught in all MPI spine courses.

It has long been observed by chiropractors that some of the named syndromes of the lower cervical and upper thoracic regions do not appear until postural mechanics have been compromised. The scalenus anticus syndrome (the specific adjustment for this syndrome is taught in the "Somatic Component" and "Spine 2" MPI seminars), cervical rib syndrome, costoclavicular syndrome, and the hyperabduction syndrome are not problems generally found in children or young adults, but are found in the elderly when postural changes and associated considerations have resulted in aberrant or hypertonic muscles, tension pressures, and hypomobilities of spinal joints. This type of stress and strain is not just limited to the somatic structures, such as the many synovial articulations we so often joint play and treat with great care and respect, but will be evidenced in visceral and vascular issues as well. The vascular component of the subluxation complex will not be discussed here other than to say that vascular changes include ischemia, hyperemia, passive congestion, and altered trophicity.

These changes are fundamental to every chiropractor and student as they arise as a result of altered structure and function. In other words, they are components of the somatovisceral and viscerosomatic

reflexes that are two of the four basic reflexes that form the substance of MPI's "Somatic Component of the Subluxation Complex" seminar.

The importance of these concepts in relation to spinal dysfunction and somato/visceral aberration and disease has gone far beyond the realm of theoretical speculation or innate intelligence, and is vital to each and every chiropractic examination, diagnosis, and treatment.

Remember, diagnosis is only a function of applying one's knowledge of anatomy!

Keith Innes, D.C.
Scarborough, Ontario,
Canada

Editor's Note:

Dr. Innes will be conducting his next Somatic Components of the Subluxation Complex seminar in Davenport, Iowa, on March 28-29, 1992. You may register by dialing 1 (800) 327-2289.

MARCH 1992