RECEPTOR TONUS: A NEURAL THERAPY

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It has been known for sometime that certain sensitive points in the body, of such low threshold value, that by their very existence, without any outside stimulation, fire impulses into various nerve circuits. The trouble produced depends upon which nerve circuits, in which nerve system such physiologically unlawful impulses happen to invade. We know from the Law of Facilitation, that once such a circuit is established, the deeper and more ingrained it becomes. Apparently such noxious points, or trigger points, as they are called by many, can occur not only in the human nervous system, but also in the nervous systems of animals. It is one of the characteristics of a nervous system that such a thing is possible. It is a part of, and related closely to, the law of facilitation, which underwrites what we know as memory. As Speransky says, the nervous system keeps a record of the past history of the organism.

We know that ligaments and tendons also, due to their rich innervation of sensory receptors and proprioceptors, possess this characteristic. This is the reason that a point in a tendon or ligament not only can produce a neuropathy of the joint, but may be referred to remote points.

Thus we have these two entities to deal with. But there is a third, if we hope to realign body structures to proper norm. This is the function of tonus. We need not define it here, but it is the function that keeps the structure of the body in balance with its immediate environment. I mean by this, the positioning of the body for proper movement in order to cope with the immediate environment such as in walking, jumping, throwing, reaching, etc.

It is through the operation of this function that the body is able to produce a curvature of the spine, lifting the ribs on one side, in order to give a hypertrophied heart more room.

If there were no such thing as the tonus function, the body would slump, like a sack of grain. Abnormal curvatures, misalignments, pelvic or body sway, vertebral rotations, etc., are all produced through the operation of the tonus principle. Here is where Davis' Law applies. The principle of this law is this: If muscle ends are brought together the pull of tonus is increased, which shortens the muscle, may even cause hypertrophy, and if muscle ends are separated beyond normal, tonus is lessened, or lost. It is this latter type of muscle that is usually called weak, but actually it is NOT A WEAK MUSCLE. The tonus of the muscle has been reduced. Here is where

a great many investigators and clinicians make a mistake. Whenever you can restore tonus to a muscle more or less instantly, the muscle was not weak. A truly weak muscle is one that has lost its strength from disuse. Noxious points may fire into a circuit of MOTOR INHIBITORS in the spinal cord which will likewise produce a non-functioning or inhibited muscle. This is usually pronounced weak. THESE MUSCLES ARE NOT WEAK. This point can not be overemphasized.

So when vertebral misalignments, curvatures, etc., exist, we must realize that if something causes a tightening of a muscle, its antagonist must, perforce, relax. This makes a one-sided pull of tonus, and if it exists in the body a sufficient time, will distort it.

Then it is apparent that we have three things with which to deal, to wit: Noxious or trigger points, ligaments and tonus.

Now it would be well here to redefine this system:

1. The detection and elimination of noxious points which generate nerve impulses. Such impulses coming from sources other than proper centers are physiologically unlawful. They set up devious routes in the nervous system, and may produce trouble anywhere in the body. They may lock a muscle, seemingly paralyze or weaken it. In the autonomics they may produce vasodilation or vasoconstriction of blood vessels with consequent ischemia, hypoxia, pain, cellular degeneration. They apparently invade any system of nerves, including the cranial nerves, or even brain centers.

2. The elimination of hyper- or hypotonia of muscles. Only when this is accomplished is it possible for osseous structures to assume normal relationships. Aberration of the tonus system is the cause of misalignment and curvature.

3. The normalizing of ligaments and tendons. When under tension from muscle or joint pull, or when a ligament has been injured, something happens to the nerve receptors and they become foci of irritations which, as previously stated, may cause trouble in remote places, or through Hilton's Law, produce trouble in the joint locally. Let us state Hilton's Law: A nerve trunk which supplies a joint also supplies the muscles of the joint and the skin over the insertions of such muscles.

Very Important

As an additional preliminary, it would be well again to state a few axioms.

1. The nervous system is a SIGNAL SYSTEM ONLY.

2. The state of a cell not activated to function is QUIESCENCE. (Craton).

3. The record of injury is ALWAYS IN THE NERVOUS SYSTEM. (Speransky).

4. A noxious point is ALWAYS PAINFUL to properly applied pressure.

5. A hypertonic muscle is ALWAYS PAINFUL to properly applied pressure.

6. A hypotonic muscle is ALWAYS PAINFUL to properly applied pressure.

7. Ligaments may GENERATE NOXIOUS IMPULSES. (Hackett)

All work is SPECIFIC to, and EXCLUSIVE to the nervous system. And it does not make any difference where you begin the corrective treatment; however if the major trouble of a case is, say the low back, then it would be well to begin there. If it is a shoulder case, or a case of headache, it would be wise to begin in the neck and shoulders. Here, for fear of being haphazard, let's begin on the shoulders with the patient prone.

SHOULDER TRIGGER POINTS (90%)

Look about 2½ inches to left of the spinous processes, on a level with the lower border of the scapula. Let the fingers glide along until a slight difference is found in the smaller muscles. If such point is sensitive, it should be treated. Press down about twice the weight of your arm, using the thumb for the contact. Some points are so tender that some patients can stand no more than the weight of the hand. Use the thumb if the point is on a rib. If it is between the ribs, then the wooden or plastic T shaped instrument with the oval rubber tip is the proper thing to use, for it is smaller, more specific, and can go down between the ribs farther than the thumb. If on the rib the instrument, or "T" as we call it, will slip off. Remember these points may be no larger than the tip on a match head. Hold the pressure for about three to eight seconds. Five seconds is probably the best. Nothing is gained by holding a long contact. These points do not leave while pressure is being applied, but later. Treatment starts the process. It is far better to hold a point several times at five seconds at a time than it is to hold it for thirty or sixty seconds. Prolonged pressure produces a pressure anaesthesia which will beguile the operator into thinking he has eliminated the trigger point. When this occurs, the point will more than likely return.

No?

Some say that a rubbing, stroking, circular movement, or a "vibrating" contact should be used. This is merely complicating the process, and gaining nothing. Those who say this are trying to camouflage this work, and usually call it something else. What is being done here is inhibition. You are trying to inhibit a facilitated process. You are trying to achieve quiescence in these particular points. What is accomplished is a raising of the stimuli threshold so that the point will cease firing impulses into the nervous system.

After holding pressure on a point, say on the level of the lower border of the scapula, move in a straight line upward along the internal margin of the scapula about one inch. Here, usually, another point may be found. Treat it in the same manner, and move upward about another inch and look for another point.

LEVATOR ANGULI SCAPULAE (90%)

At the superior angle of the scapula press on the tendon of the levator anguli scapulae muscle. A trigger point is found here in about 90% of all people.

The application of the Receptor-Tonus Method consists of the following:

1. The detection and elimination of noxious points which generate nerve impulses. Such impulses coming from sources other than proper centers are physiologically unlawful. They set up devious routes in the nervous system and may produce trouble anywhere in the body. They can "lock" a muscle, or paralyze it, or just weaken it. In the autonomics they produce vasodilation or vasoconstriction of blood vessels with consequent ischemia, hypoxia, pain, cellular degeneration. They apparently invade any system of nerves including the cranial nerves, or even brain centers.

2. The elimination of hyper- or hypotonia of muscles. Only when this is accomplished is it possible for osseous structures to assume normal relationships. Aberration of the tonus system is the cause of misalignment and curvature.

3. The normalizing of ligaments and tendons. When under tension from muscle or joint pull these structures infiltrate. Being rich in nerve supply, especially sensory and propriceptors, they become foci of irritations.

All work is SPECIFIC to, and EXCLUSIVE to, the NERVOUS SYSTEM.

There are a number of axioms brought into use in presenting the logic of this approach. An axiom is like a firm foothold to a mountain climber. It is a fulcrum, an anchor, to logic, and should be kept constantly in mind. They are:

1. The nervous system is a SIGNAL SYSTEM ONLY.
2. The state of a cell not activated to function is QUIESCENCE. (Craton)
3. The record of injury is ALWAYS in the NERVOUS SYSTEM.
4. A noxious point is ALWAYS PAINFUL to properly applied pressure.
5. A hypertonic muscle is ALWAYS PAINFUL to properly applied pressure.
6. A hypotonic muscle is ALWAYS PAINFUL to properly applied pressure.
7. Ligaments may generate NOXIOUS IMPULSES. (Hackett)
8. Subject to the trophic nerves the hormones CONTROL THE CHEMISTRY OF THE BODY.

Trophic Nerves

GENERAL CAUSES OF DISEASE

1. Genetic)
2. Environmental, psychological)
3. Neurological) All may produce stress
4. Chemical imbalance)