

Chiropractic Manipulative Reflex Technique (CMRT).

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Originally called "Bloodless Surgery," Chiropractic manipulative reflex technique (CMRT) encompasses the relationship between somatovisceral and viscerosomatic reflexes and therefore between the somatic and autonomic nervous systems. R. J. Last in his book "Anatomy: Regional and Applied" points out:

"There is only one nervous system. It supplies the body wall and limbs (somatic) and viscera (autonomic). Its plan is simple. It consists of afferent (sensory) and efferent (motor) pathways, with association and commissural pathways to connect and coordinate the two. There is no more than this, in spite of the many pages devoted to its study." ¹

Bloodless Surgery was historically used in chiropractic as a term describing soft tissue treatment affecting an organ and its related vertebral relationship or viscerosomatic and somatovisceral reflexes. ^{2,3} Bloodless surgery was also used to describe methods of manipulating joints and soft tissue without related to the viscera. ⁴

James F. McGinnis was a chiropractor that relocated to California in the early 1920s, where he earned a naturopathic doctorate. In the 1930s he became one of the best known of several chiropractic bloodless surgeons and traveled around the nation to teach his methods. ² Around this time Major Bertrand DeJarnette, DO, DC, developer of sacro occipital technique, was also practicing and teaching extensive methods of bloodless surgery. DeJarnette published a comprehensive book on the topic entitled, "Technic and Practice of Bloodless Surgery" in 1939, which remains the most complete discussion on the topic to date. ³

DeJarnette continued to teach and practice bloodless surgery through the 1940s and began its modification to use more reflex applications and referred pain indicators as a method of affecting organ symptomatology. In the 1950s he furthered his investigations into reflexes and their affect on the viscera and related vertebra. By the early 1960s DeJarnette modified the nature of sacro occipital technique's method of bloodless surgery from its 1939 procedures, which might take 2-4 hours of preparation and treatment, to procedures that could be practiced in a span of 15 minutes. ^{5,6} For multiple reasons he decided to change the name of his method of affecting referred pain pathways, viscerosomatic / somatovisceral reflexes, and direct organ manipulation to chiropractic manipulative reflex technique (CMRT).

CMRT is used as a method of treating the spine or vertebral visceral syndromes associated with viscerosomatic or somatovisceral reflexes, ⁷⁻⁹ dysafferentation at the spinal joint complex, ¹⁰ and visceral mimicry type somatic relationships ¹¹. Treatment involves location and analysis of an affected vertebra in a reflex arc by way of occipital fiber muscular palpation, similar to trigger point analysis or Dvorak and Dvorak's spondylogenic reflex syndromes ¹². Once specific vertebra reflex arcs are located, corroborated with referred pain pathways, and clinical symptomatology, then the specific vertebra to be treated is isolated by pain provocation, muscle tension, and vasomotor symptomatology. Often times if a vertebral dysfunction is chronic or unresponsive to chiropractic spinal manipulation then a viscerosomatic or somatovisceral component is evaluated. ¹³ Treatment of the viscerosomatic or somatovisceral component is performed using soft tissue manipulation, myofascial release techniques and reflex balancing methods. ⁶

Bloodless surgery, was used and taught by SOT chiropractors since 1939 and was practiced extensively in the 1930s and 40s. Since 1960 it has been called CMRT, and focuses predominately on the vertebra and viscerosomatic/somatovisceral reflex relationships. CMRT is listed as a chiropractic technique throughout the chiropractic literature.¹⁴⁻⁸ SOT clinicians using these methods of CMRT for years, are publishing their methods in the literature, helping to develop an evidence base for this method of care.¹⁹⁻²⁷

CMRT, just like all of chiropractic and manual healthcare warrants further clinical study. Until chiropractic has the sufficient funds and tools to perform all the necessary research to help substantiate everything we do in our clinical practice we must be careful not to throw out or impugn aspects of chiropractic that support its position as being “complementary or alternative.” When only 1-2% of the research is in on most innovative forms of manual medicine, even those practices for decades, we must be careful not to throw out the baby with the bathwater as we attempt to strictly define what is “evidenced based” and what is not.

REFERENCES

1. Last RJ, **Anatomy: Regional and Applied**, Sixth Edition, Churchill Livingstone: New York, 1978:20.
2. Keating JC James F. **McGinnis, D.C., N.D., C.P. (1873-1947): Spinographer, Educator, Marketer and Bloodless Surgeon** *Chiropractic History* , 1998; 18(2): 63-79.
3. DeJarnette MB, **Technique and practice of bloodless surgery**, Privately Published, Nebraska City, NB, 1939.
4. Taylor H, **Sir Herbert Barker: Bone-Setter and Early Advocate of "Bloodless Surgery."** *Journal of the American Chiropractic Association*. 1995 Jul; 32(7): 27-32.
5. DeJarnette MB, **Chiropractic Manipulative Reflex Technique**, Privately Published, Nebraska City, NB, 1964.
6. Blum CL, Monk R, **Chiropractic Manipulative Reflex Technique**, Sacro Occipital Technique Organization – USA, Winston-Salem, NC, 2004.
7. Budgell BS., **Reflex effects of subluxation: the autonomic nervous system.** *J Manipulative Physiol Ther.* 2000 Feb;23(2):104-6
8. Budgell BS, **Spinal Manipulative Therapy and Visceral Disorder.** *Chiropractic Journal of Australia.* 1999 Dec; 29(4): 123-8
9. Sato A **The reflex effects of spinal somatic nerve stimulation on visceral function.** *J Manipulative Physiol Ther.* 1992 Jan;15(1):57-61.
10. Seaman DR, Winterstein JF, **Dysafferentation: A Novel Term to Describe the Neuropathophysiological Effects of Joint Complex Dysfunction. A Look at Likely Mechanisms of Symptom Generation.** *Journal of Manipulative and Physiological Therapeutics.* 1998 May; 21(4): 267-80
11. Szlazak M, Seaman DR, Nansel D, **Somatic Dysfunction and the Phenomenon of Visceral Disease Simulation: A Probable Explanation for the Apparent Effectiveness of Somatic Therapy in Patients Presumed to be Suffering from True Visceral Disease,** *J Manip Physiol Therp.* 1997 Mar;20(3) : 218-24
12. Dvorak J, Dvorak V, **Manual Medicine: Diagnostics**, 3rd Edition, (Translated from German) George Thieme Verlag, Stuttgart, Germany, 1988: 326-33

13. Heese N, **Viscerosomatic Pre- and Post-Ganglionic Technique**, *Am Chiro*, 1988 Mar :16-22.
14. Peterson DH, Bergman TF, **Chiropractic Technique: Principles and Procedures**. (Second Edition) Mosby: St. Louis, MO, 2002: 493, 497
15. Gleberzon BJ, **Chiropractic 'name techniques': a review of the literature**. *European Journal of Chiropractic*. 2002; 49: 242-3.
16. Gleberzon BJ, **Chiropractic "Name Techniques": A Review of the Literature** *J Can Chiropr Assoc*. 2000;45(2): 86-99.
17. Bergmann TF, **Various Forms of Chiropractic Technique**, *Chiropractic Technique*. May 1993; 5(2):53-5.
18. Cooperstein R, Gleberzon BJ, **Technique Systems in Chiropractic** . Churchill Livingstone: New York, NY April 2004: 209, 211, 214, 217.
19. Curtis G, Young M, **Chiropractic management of idiopathic secondary amenorrhœa: a review of two cases**. *British Journal of Chiropractic*. Apr 1998; 2(1):12-4.
20. Cook K, Rasmussen S, " **Visceral Manipulation and the Treatment of Uterine Fibroids: A Case Report** ", *ACA Journal of Chiropractic* Dec 1992; 29(12): 39-41.
21. Blum, CL, **Role of Chiropractic and Sacro Occipital Technique in Asthma**. *Chiropractic Technique*, Nov 1999; 10(4): 174-180.
22. Blum CL, **The resolution of chronic colitis with chiropractic care leading to increased fertility**. *Journal of Vertebral Subluxation Research*, Aug 2003:1-5.
23. Blum CL, **Normalization of Blood and Urine Measures Following Reduction of Vertebral Subluxations in a Patient Diagnosed with Early Onset Diabetes Mellitus: A Case Study**. *Journal of Vertebral Subluxation Research*, Dec. 7, 2006:1-6.
24. Blum CL, **Resolution of gallbladder visceral or mimicry pain, subsequent to surgical intervention**, *International Research and Philosophy Symposium*. Sherman College of Chiropractic, Spartanburg, SC, Oct 9-19, 2004: 10-11.
25. Holbeck M, Tomson A, Blum, CL, Monk R, **The Effects of the Sacro-Occipital Technique on the Quality of Life in Lung Cancer Patients Undergoing Chemotherapy and Radiation Treatment**, *Proceedings of the Integration of Complementary and Alternative Medicine into Clinical Practice: Evidence-Based Medicine*, John Hopkins University: Baltimore, MD, June 8-10, 2005.
26. Blum CL, Globe G, **Angina visceral mimicry syndrome: A proposed collaborative integrative treatment model**. *Journal of Chiropractic Education*, Spr 2006;20(1): 51-2.
27. Blum CL, **Visceral Mimicry Syndrome and Cholecystectomy: A Chiropractic Case Study**, *FCER's Conference on Chiropractic Research*, Sep 15-16, 2006 - Chicago, Illinois.