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Structural Patterns & Principles of Treatment in Asthmatic Patients

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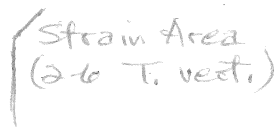
Once upon a time, I was unconvinced that the spine had any influence on a case of asthma. Today, I am convinced that it is the one most important factor in the cause and treatment of this disease.

I have never seen a case of bronchial asthma in which there was not present tenderness and restricted motion in the cervical and upper thoracic spinal areas.

Furthermore, in a series of 20 cases of asthma studied over a period of 8 years, 100% had "strain areas" in the region of thoracic segments, 2 - 6. A "strain area" is herein designated as being the "apex" or "junctional" point of a list or scoliosis as viewed in an upright standing A.P. spinal xray. Thus:



One might term it "the point at which there appears to be the most marked "change of direction" of the vertical axis of a vertebral segment as related to its fellow above or below."

In this series of cases, the strain areas were in the following incidence:

2 T - 10%
3 T - 15%
4 T - 40%
5 T - 20%
6 T - 15%

Coincidentally, but seemingly significant, 100% of these cases likewise revealed "segmental disease" or disturbing organic changes in tissues segmentally related to the areas of strain. The gross patterns, incidentally, were similar to those of a series of 150 cases of heart disease.

100% of these cases, likewise, underwent either complete clinical cure or constantly progressive improvement, even though they had been removed from their previous medication that they had been dependent upon. This result was obtained as long as they maintained themselves on a program of what we will call "spinal reconstruction" or physiological rehabilitation of the spine, if you will.

Several were not able to co-operate on the program — moving out of town or having accidental circumstances which hospitalized them. All cases could not be followed up, but those who did continue on a program of spinal reconstruction either were totally relieved, or as long as they were within my vision and observation, they were continuing to progressively improve at all times when seen.

Treatment was primarily to the somatic areas. A few supplementary factors also were considered which we will now mention.

In addition to the thoracic and cervical spinal and rib mobilization, which we applied to these patients, all of these cases received therapeutic attention, in varying degrees, to the other possible accessory etiological factors wherever they might exist. I have reference to infection of the upper respiratory and buccal cavities, allergy factors, rectal tenesmus, etc. I consider these as possible accessory contributing factors to the etiology of asthma. Bowel and dietary toxicity circumstances, constipation, obesity, malnutrition and foci of reflex activity were likewise respected and treated. These factors were intentionally handled without the use of drugs, purposely, as a control. For example, recommending dental care for tooth infection; hydrogen peroxide mouth wash for a gingivitis; gargling for tonsil infections (which are quite common in persons of all ages); "tonsillar massage" (a technic

to aspirate pus from the tonsil when tonsillectomy is contra-indicated or refused); "mandibular pump" (for infection of the ear, nasal area and lymph glands, tubal and gingival inflammatory or infective processes — which are commonly present). I also consider them as segmental disorders of the same processes of disturbed nerve innervation which evolves from our lesion areas, which disturb heart and respiratory function.

Indeed, this is possibly the one most important factor which devitalizes these tissues and makes them susceptible to infection. We treated the patients purposely with these non-surgical and non-pharmacological methods — mandibular pump, sinus heat, vitamin B, vitamin C, calcium, rectal divulsions and a home program of rectal dilation, if we felt it was advisable. A dietary balance was established as best as practicable, with special reference to a balanced diet with omission of refined flour and sugar products. Weight loss was encouraged.

We purposely ignored the "nervous" or "tension" factors, again as an experimental control. So many psychiatrically indoctrinated believe that asthma is "all nerves", or "all tension". Certainly mental concern, responsibility and problem solving are factors, but they seem more to be merely triggers rather than a basic localizing etiological element. Intentionally omitting psychotherapeutic recommendations to these patients and purposely avoiding sedatives, we attempted to evaluate the role of corrective treatment to the mechanical situation of the spine, ribs, and soft tissues.

We chose to avoid a patient being able to say, "Well, that nerve relaxer you gave me, I think that did it." It is important to emphasize herein, that we should not merely educate the patient to follow our directions regarding treatment, but also we must point out to him what is making him better, if there is a question mark in his mind as to whether or not it is the spinal somatic treatment that is making him better, then the best way to convince him is to administer

nothing but the spinal and dietary approach, if you can control him satisfactorily in an adverse environment.

In some of these cases, we let our patients know that they could have some supplementary medication if they so desired, and they were given prescriptions to keep in their pockets and to get filled should they want added bronchial dilation at any time. About 50% of the patients filled their prescriptions and used the medication only a few times because they didn't need them more than that; and then only with episodes of unusual provocation of nervousness, fatigue, or weather-change circumstances. All stated that they "had never gotten by with so little medicine so successfully."

Although the non-manipulative treatment measures directed toward the possible accessory etiological factors were frequently instituted, there was sufficient evidence by which to conclude that it was the somatic-mechanical factors that were the most certain to control the therapeutic response. To my very skeptical nature, I was very satisfied with that conclusion, and the patients, likewise, were quite convinced that it was the somatic-mechanical factors, rather than the dietary, infectious, etc., elements which were "getting the results".

Considering then, all of these other possible contributing causes of asthma, in this series of cases, it was the constant incidence of finding costo-vertebral strain areas in 100% of the cases which best qualified these factors to certainly be considered the key causes or the etiological common denominators in the patient with the asthmatic process and the patient with the other segmental disease processes. To me, asthma is not an entity anymore than any other disease which merely names the organ and then describes the pathology therein. It is a part of a symptom complex, a process of progressively changing segmental somatic intricacies disturbing to the sympathetic and circulatory system; a symptom of a more basic etiological factor which seems certain to me to be spinal-somatic degenerative disease process.

To demonstrate the very high incidence of segmental disease, it is necessary to indulge in a most thorough history taking session with each patient, as well as in a meticulous physical and laboratory examination.

If this is done on every patient, I believe we will almost always certainly find a visceral or somatic, functional or organic counterpart to the segmental disease process.

Case # 1. The main complaint of this gentleman was asthma. He had a severe dermatitis of the hands, which was his second complaint. He had not come to an osteopathic physician for the dermatitis, but for the asthma. He was relieved of his dermatitis however, for the first time in his life. He had been to skin specialists many times before with little or no success. We believe this was corrected by the attention to the segmental process. Spinal examination revealed lesions and strained areas in the area of the upper thoracic and cervical spine. He suffered from headaches commonly. Examination also revealed a ptosis of the left eyelid, and a smaller left pupil. Regardless of pathology and neurological diagnoses, the fact remains that these are evidences of segmental disease.

Funduscopic examination revealed mild early atrophy of the left optic nerve. On transillumination of the sinuses, the right frontal and right maxillary showed diminished transluminancy; the turbinates were swollen, edematous and pale, indicating allergy of the mucous-laden membrane. There was more obstruction on the right, due to edema. Nose drops and antihistamines relieved this condition temporarily, but it persisted nevertheless. Upon spinal-somatic corrective treatment, relief of asthma was complete and lasting.

Furthermore, all of his subjective segmental symptoms were likewise relieved shortly and, to date, permanently. It is my estimation that 75% of segmental disorders will resolve under lesion corrective treatment. We must, of course, recognize the many

irreversible processes that require surgery, etc.

I certainly am convinced that lesion correction and normalization of the body chemistry and circulation are the most important factors in preventing irreversible tissue changes.

Before discussing the next case, I want to emphasize that I was thrilled to see in Dr. Beilke's superb presentation that he had postural xrays of the dorsal area in his little girl patient with the low back condition. Dr. Beilke said, and I strongly agree, that he "bet she is going to have heart trouble because the groundwork is being laid." I think we will all be rewarded if we make it a practice to take thoracic postural xray studies in all cases.

Most patients have upper thoracic vertebral strain areas, usually part of the lesion process. They should all be asked, "Do you have any heart or chest symptoms or discomfort?" They usually say, "No." After you have let them say,"no", you should ask: "Do you mean you don't even know what heart symptoms feel like?"--And you don't know what a pain in the chest, a tightness in the chest, a palpitation with fatigue or tiredness feels like?" "Oh, well, yes, but everybody gets that," they will say. But I have found by meticulous questioning that everybody does not get that ! So many do have these symptoms, but these same persons have upper thoracic lesion patterns also. They are so very common that both doctor and patient consider them as normal. In my opinion, these are segmental spinal circumstances which express themselves only when nerves are fatigued or excited; and although extremely common, are not serviceable physiology but instead dissipated inefficient unphysiological disturbances. I believe that the healthy body does not get these symptoms. When we get "nervous" and "tense", we should merely get "nervous" and "tense", but we shouldn't get a localization of a symptom. Patients have many, many symptoms, but we must ask in the right manner to bring it to light. Patients may come in for

a bowel condition or a gynegological condition. We may say: "Do you have a low backache?" —— "Oh, no, I don't have a backache." —— But if we say: "Do you mean you don't even know what a low backache feels like?" They will almost certainly say, "Oh, well, yess, but that's just with my mentrual period, or just when I get tired." We again must emphasize that even with menstrual periods women normally should not get a backache. Even when we get tired, we should not normally get a backache. We only get backaches, I believe, when there is something wrong, something unphysiological which interferes with, rather than cooperates with, other related physiology. I am, of course, referring to the state of balance or stability of the spine, pelvis and lower extremeties especially. (Also organic or functional visceral reflexes so commonly contribute with muscle tension production and consequent lesion formation.)

The emphasis here then, is on the importance and advantages of early diagnosis and treatment by an osteopathic doctor, getting at causes and preventing disease processes which the ordinary doctor cannot match, nor hardly conceive at this date.

Case # 2. This patient had asthma; she also had bleeding gums. Some may say, "Doesn't everyone have bleeding gums?" I don't believe so. People get bleeding gums when there is devitalization and/or a dietary situation perhaps aggravating it. There must be a devitalization, and I have found that these devitalized tissues that get sick — even minor sickness — even functional in the early stages, are in the segmental areas of lesion patterns.

This patient also took colds easily, she had hot flashes, and the hot flashes segmentally involving just this upper thoracic cervical area. Might hot flashes be due, in part, to segmental problems? Why do not the hot flashes involve every inch of the body? Perhaps in some they do.

The top of a tree is susceptible to the wind. The cervical dorsal area is somewhat

the same, susceptible to the strains of postural attitudes and the indirect influence of the hands, arms, eyes and their uses. Consequently, cervical dorsal lesion patterns and their physiological consequences are most common. This patient, furthermore, had post nasal drip, asthma, arterial venous constriction in the eye grounds (cerebral arteriosclerosis) and yet, xrays of the other parts of the body did not show hardening of the arteries elsewhere.

This is segmental distribution of disease in evidence again. Diminished sinus transilluminancy was present in her right frontal and right maxillary areas; tonsil infection was present. (Most adults with tonsils have infected tonsils; but usually only a persistent squeezing pressure on the pillars will cause pus to exude.) She had a systolic murmur and persistent arrhythmia of the heart. I considered this cardiac problem as a segmental disease together with the asthma and all these other symptoms and findings in turn related to the lesion process. She had supraclavicular retraction and diminished respiratory excursion, more on the left. She had rales at the base of the lungs.

Ordinary physicians say that these conditions are separate disease entities. Unless we look at these as segmental disease effects, we have missed the origin and the scientific treatment. Upon correctional treatment to the spinal and somatic lesions, all subjective symptoms in this patient disappeared.

Case # 3. This patient had been to a famous specialist for "nervousness of the heart", asthma and cervical dorsal pains. He said that there "was nothing wrong". However, he later said, "Well, we'll try something the osteopaths do." He put her on cervical traction and she got a little better. When she came to me 5 years ago, we found she had the common cervical dorsal lesions and strain areas shown by xrays. We put her on spinal reconstruction and her heart symptoms all disappeared within a few days. The response was dramatic and the symptoms remain

cured to this date.

In our history taking, we elicit how often the patient has had his symptoms. Under what circumstances? How long did they last? Have they been getting better, worse or the same? Then, if under treatment, they get better in a couple of days or weeks, we can then compare the longest periods of relief in the past with the length of relief they are getting under manipulative treatment. This helps them appreciate their progress. We establish to the patient that these symptoms respond immediately to things that they have not had done before, i.e. spinal and somatic attention. They usually get progressively better and stay better. In this patient, for instance, all of her heart, spinal and asthmatic symptoms disappeared and remained that way. What, then, is the point? The symptoms "cleared" even though her husband still ran around with another girl which was to her a basic problem; even though her children were having trouble with school and had had a couple of fractures; despite new financial trouble. There were, then, abundant environmental stresses and strains which were attributed by the psychiatrist and the allopath as being causes for the palpitation, asthma, and pressure and pains. And yet, with spinal reconstruction and removal of lesion patterns, she had just as many of those environmental stresses and strains, and even more which developed later, and yet she said, "I am never bothered with those symptoms any more." I emphasize this to place importance upon and to inspire confidence in the lesion factor and the treatment of it.

It may seem that we are emphasizing such minor situations as hot flashes being localized in a certain area. I have every reason to believe, furthermore, that even seborrheic dermatitis of the sternum and scalp, which is very common in patients with heart disease, is a manifestation of lesion patterns segmentally distributed.

Summarizing somewhat then, if we will only take upper thoracic postural xray studies

as Dr. Beilke showed us, we will find practically always (96%) obvious, easy to see deviations from normalcy or change of direction in the spine which we term strain areas and which, to me, are contributory to the cervical thoracic lesion processes. And, of course, they are due to what? Besides anomalies or bony changes, such as arthritis, etc., Beilke has presented so very clearly and convincingly the most important and practical aspects of cause and cure. He emphasizes the importance of the shortness of muscles, ligaments, and fascia on the concave side of spinal lists and scoliotic areas. The patient must of necessity have short muscles and ligaments on the concave side. Dr. Cathie has also emphasized this fibrosis, due to ischemia, due to tension, due to swelling, and due to shortening. All tissues atrophy and shorten as we get older. And an injured, or fibrotic or degenerated and ischemic tissue shortens faster than those of normal tension with consequently better circulation. We cannot, therefore, expect anything but a progression of our curvature, list, and lesioning processes. Is this theoretical or can we support it? We purposely did not manipulate some of these people for some time. In those patients who wanted to economize and who felt so well from a few corrective treatments, we purposely did not treat them but nevertheless xrayed them 1 and 2 years later. We find that the spinal lists and curvatures progress. It does not get better without treatment. It gets only worse.

<u>Case # 4.</u> This is one case that did not want to have spinal reconstruction. We have become so confident of the importance of spinal reconstructive treatment that we can prophesy quite accurately that the patient will become progressively sicker -- if they choose to ignore the somatic components in disease processes. This patient presented herself with asthma, and a "nervous heart". Her brother was an allopath and she wanted "pills". So I gave her pills, and she felt "fine". I said, "I am purposely going to cooperate with you on this basis, as long as you understand

that it is not, in my opinion, the best in medical care. I believe that although you may feel some better for a while, that you will become progressively worse. I hope I am wrong; but you should attend to this spinal factor." That was 2 years ago and the lady died of coronary thrombosis and myocardial infaction a few weeks ago.

I hardly believe this was coincidental. We have seen it happen too frequently. I don't say that we should try to prophecy to patients exactly what they're going to have, but we can surely prophecy with great confidence that they're going to persistently have trouble in the involved area.

Case # 5. This is an asthma case. She had marked lesions and strain areas in the upper thoracic segments. She had cancer of the breast, possibly as segmental disease. She died of a heart attack while she was recovering from the cancer of the breast. For years she had gone to a chiropractor and a couple of other D.C.s because of a cervical dorsal pain. She invariably went back to them for more treatments. She spent several hundred dollars over a period of a couple of years having manipulative aspirin. She developed cancer of the breast and she died of a coronary thrombotic attack. She would not indulge in spinal reconstruction. The allopaths and too many of our own specialists commonly say, "You've got heart disease —— that's it. There's your trouble." Or, "It's cancer of the breast. That's it." They don't look as far as they might for all the other factors that might be of physiological influence. If we have any confidence in the osteopathic concept, we know that these lesion processes have to cause internal functional disease and if ignored, organic disease. But the problem has been to look for it, and then to do something about it. Some of our greatest proponents of Dr. Still's philosophy, so-called "ten-fingered osteopaths" ignore the organic component. This indicates, to me, that they really don't have confidence that these lesions that they are treating really do cause disease. If so, they should look for it !

"They just cause neck and backaches", in the opinions of a lot of us. We cannot merely treat the neck and backache. We know that there must be organic disease and functional disease needing other attention if there are lesions present. Infection, cicatrix, malnutrition, ptosis, inflammation, malnutrition, toxicity, strictures, neoplasms, etc., are present and perhaps irreversable and need surgery, pharmacology, diet, and other mechanical or manipulative measures.

I will close by saying that in the session on treatment we will discuss and demonstrate what treatment the doctor gives in the office for these specific patterns and what treatment the patient does at home in his program of spinal reconstruction. The patient should do daily home treatment to maintain the office corrections we render and to "counteract" or "neutralize" the gravitational forces which cause lesions to recur rapidly and persistently if nothing is done to prevent such. Unless we remove fibrotic, and shortened tissues and perhaps balance the pelvis, we have not removed the cause of the lesion.

In pursuing optimum health then, the lesion must not be our final destination. We must scientifically prod further and seek and treat the causes of the lesion !

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