

# MANIPULATIVE TREATMENT OF ASTHMA

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The asthmatic patient comes to us with one symptom only- a difficulty in breathing. Dr. Still in speaking of asthma, as always, called attention to the fifth, sixth, seventh, eighth, ninth and tenth ribs on either side being out of their perfect physiological position. Dr. Still also spoke of the variance of the presence of symptoms in that on one day your asthmatic patient is distressed and on the next day is free of all symptoms. To my mind this led to the thought that there must be something behind asthma which is not constantly present.

Call to mind the anatomy of the tenth pair of cranial nerves which originate in a nucleus in the floor of the fourth ventricle in the brain, pass down through the neck thorax to their ultimate distribution in the abdomen. The vagus nerve carries sensory nerve stimuli from the stomach and intestines back to the brain and motor stimuli out particularly in asthma to the bronchioles of the lungs. The vagus nerve supplies the external canal of the ear with sensory nerve fibers. This calls to mind a patient who came with only the symptom of itching in the ears and I told her this was 'from her stomach. She looked at me so dumbfounded that I burst out laughing and apologized for having laughed due to her astonishment and then I made a drawing showing how the vagus nerve supplied the external canal of the ear and had everything to do with the stomach. This explains the reflex action arising in the stomach or small intestines being transmitted back to the brain and since the brain cannot be effected by such stimuli their continuance is transmitted by commissural fibers to the motor nerves. Asthma, to my mind, is a reflex condition arising from materials causing stimulation of the sensory ends of the vagus nerve in the stomach and intestines and transmitted back to the nucleus of the nerve and thence over the motor nerve path to the bronchials of the lungs.

In our treatment of Asthma you have two stages, one is the acute stage and the other is the fundamental underlying cause. Behind all disturbance of function there is a disturbance of structure, whether we are able to find it or not and this disturbance of structure must be corrected for a permanent relief from asthmatic symptoms. Keeping in mind the variance of the presence of symptoms then leads to the seeking of an exciting cause and to my mind this exciting cause is sugar, or anything made from sugar or the other carbo-hydrates. The first fermentation of any sugar or carbo-hydrate is an alcohol and the fermentation of an alcohol is an acid. Every individual who makes homebrew wine is fearful that it will become vinegar. The alcohol resulting from the fermentation of sugars and starches is a simple alcohol and must not be confused with the distilled processed alcohol put up in bottles. This simple alcohol is relatively a moon-shine alcohol which is deadly.

The major structural disturbance you will find to be an occipitoatlantal lesion. The second region where we will look for trouble is in the upper dorsal area, where disturbance may affect the second or third dorsal vertebrae. The third area of trouble is usually in the lower dorsal region of the tenth, eleventh and twelfth dorsal vertebra. Recall again the connections of the vagus nerve through the stellate ganglion which lies immediately in front of the second dorsal vertebrae and gives us the connection between the vagus and the spinal nerves. The vagus nerves are the cerebral sympathetics. The next major connection of the vagus nerve with the spinal nerves is through the superior cervical ganglion. If a middle and lower cervical ganglion are present these also will receive a connection from the vagus nerves. The upper cervical region is the shortest distance to the nucleus of the vagus nerves. Recall for a moment the origin of the phrenic nerve from the fourth cervical segment of the spine, which in turn is motor to the diaphragm. We have recalled this anatomical set-up of the vagus nerves, the phrenic nerves and the spinal nerves so that you may have a picture in your mind as to how stimuli arising in the stomach and intestines from fermenting sugars and starches may be transmitted back to the brain or more particularly the nuclei of the vagus nerves and transmitted to the motor nerves which

in turn produce a contraction of the muscles of the bronchiols of the lungs or the diaphragm and present the symptom, difficulty in breathing.

Now as to treatment: First, is your treatment of the acute stage of asthma where you will find the patient unable to lie down and either sitting up in a chair or propped up in bed with the most distressing symptoms, and of which they are scared to death that they will die. And, you are scared too

If the patient is sitting up or in bed begin the treatment of the acute stage by having them drink a cup of very hot water with the juice of one-half a lemon or a whole lemon in it. Repeat this every ten minutes while you are in the home. If the patient is sitting in a chair, stand at their side and place the thumb of one hand on the base of the occiput just above the center of the atlas and with the finger resting along the side of the neck put your other hand over the forehead and push the entire head back over your thumb at the base of the occiput and while pressing back lift up on the occiput. Count twenty and let down easily, rest a few moments and repeat. This should relieve the acute attack within a reasonable length of time.

Another method is the one shown to you by Dr. Perrin T. Wilson during the past several years, of standing beside the patient on the side opposite to where the arch of the atlas is prominent and usually you will be standing on the left side of the patient because the most prevalent deviation will be a left unilatero-flexion lesion of the occiput. Place the patient's head against your chest using a small pillow so 'that they cannot push your ribs out of place. Then place the fingers of your left hand under the right; jaw and the thumb of the right hand with the top of the thumb just behind the ear, with the shaft of the thumb against the occiput just above the arch of the atlas. Press gently but firmly on the head to exaggerate the side-bending of the occiput, then pull forward on the jaw and at the same time lift up with the right hand on the occiput and set it forward and up on the articulation with the atlas.

If your patient is in bed propped up on pillows sit behind them and with a pillow between the top of their head and your chest, place the second fingers placed by the index fingers along the occiput, just above the atlas and while pushing down gently on the patient's head, lift up with your fingers and rock up and down, side to side, or back and forth, to release the tension of the ligaments holding the occiput to the atlas and axis. Often with this simple procedure you can rock the atlas into place on the axis and the occiput on the atlas. Also, while still keeping the head in the same position against the pillow separate your thumb and index finger of one hand apart and place it under any of the vertebra of the cervical region and with the other hand under the chin now rock the head up and down, side to side, back and forth or rotate, with the object of adjusting any of the vertebra easily and gently without shock to the patient.

Neither of these manipulative measures require any force or great strength and they may be repeated every few minutes until the acute attack begins to lessen Do not forget the lemon juice and water. which neutralizes the alcohols and acids in the blood and this simple procedure in combination with the manipulation should give you a very gratifying result within twenty-four hours. Immediately instruct the patient not to eat any sugar or carbo-hydrates until you see them again. Have them eat fresh, raw vegetable salads and any of the fresh, raw citrus fruits such as lemons, limes, grapefruit, strawberries, pineapple, but no oranges. Due to the fact that the oil of orange contained in the orange is a poison when the oranges have not grown to maturity on the tree, the orange becomes a detriment to the clearing of your asthmatic patient. The above procedures together with the use of lemon juice and water at least every hour while not sleeping for 24 hours, should give a most gratifying result.

The next part of the treatment has to do with the eradication of the disturbance of structure which is the fundamental underlying cause of asthma. We will direct our attention first to the lower dorsal region which controls the elimination function of the goblet cells of the mucus lining of the bowel which eliminates the poisons from the blood stream and the solitary lymph follicles which eliminate the poisons from the lymphatic circulation. Also from this lower dorsal region comes the control of the elimination function of the kidneys. The internal secretion of the adrenal glands and the internal secretion and hormone action of the ovaries and testicles are controlled from this lower dorsal region. The lesions usually found in the lower dorsal region will be a right latero-flexion lesion of the tenth, eleventh and twelfth dorsal vertebra, with the ribs on the right side being in a position of inspiration

and down. Have the patient lie on the stomach with their face rotated toward you to increase the efficiency of the treatment. Now reach with one arm around and under the thighs just above the knees and with the thumb of the opposite hand holding the spine of the ninth vertebra, twist the patient's body from the tenth dorsal down, over and on to your thigh. Do not lift the lower limbs with your arm, just roll and twist with the patient's weight on to your thigh. Change to the opposite side having the patient turn their face toward you and again twist the body on to your thigh and on to the table. Thoroughly work in this lower dorsal region to remove all thickenings of ligaments which are holding the vertebra and ribs out of position. This particular method will set up quickly the eliminative function of the bowels and kidneys. With the patient still lying on the stomach, stand along their left side with their face to their right side. Now, lift the right thigh and leg over the left thigh, then with your right hand at the ankle of the patient and with the thenar process of your left hand, holding the ninth rib on the right side, push down on the ankle firmly enough to feel the separation of the tenth rib from the ninth where the angle joins the transverse process of the vertebra. You may also swing the ankle away from the table to increase the pull. Now hold the tenth rib and separate the eleventh from the tenth. Now hold the eleventh rib and separate the twelfth from the eleventh. Now hold the twelfth rib and stretch the muscle fibers of the erector spinae mass of muscles. Now, with the fingers of your left hand on the shaft of the ninth rib, just mesial to the inter axillary line, pull down and out on the right angle to separate the shaft of the tenth rib from the ninth. Now, hold the tenth rib and pull the eleventh away from it. Now, hold the eleventh and pull the twelfth from it. Now, hold the twelfth and stretch the muscle fibers. The next area of adjustment will be the ribs particularly spoken of by Dr. Still, the fifth, sixth, seventh, eighth, ninth and tenth. The vena asygos major and minor veins lay on the front of the dorsal ribs coming through the diaphragm and effected by the contraction of the diaphragm or the malposition of the ribs. Any interference with the drainage from the organs of the abdomen by the vena asygos major or minor will stagnate impure blood in the mucus line of the stomach and intestines and aid in the reflex we have spoken about before. One of the easy methods of adjusting these ribs is to stand facing the head of the patient who is lying on his back on the table and with your hands under his thorax and with your fingers placed on the angles of a pair of involved ribs have the patient reach behind your back and clasp his hands together. Now bend back against the patient's hands and with a slight lifting motion of your fingers you will arch the thorax up, thereby spreading all of the ribs and aid in the drainage of all the impure blood and lymph from the organs of the abdomen and thorax. As you relax your pushing against the patient's hands behind your back the thorax is returned to normal. Now, move to the next rib and lift, then come back to normal. Repeat this with each rib. This movement is a most marvelous lymphatic pump. Any of the ribs can be corrected with this same method. If the rib is in a position of inspiration and up, then place your fingers just above the angle of the rib and in place of bending back with your body against the patient's hands behind your back, just hold your fingers at the ribs still and push your back straight back. If the ribs are in the position of inspiration and down, then put, your fingers under the angle of the rib and then bend back so that you separate the ribs in front and at the same time exert a slight upward pull with the fingers and the ribs should be easily adjusted. The next area is that of the upper dorsal region which to many of our profession is worse than trying to put the horizontal words into the vertical position of a cross-word puzzle. The upper dorsal deviations in asthma are usually of a compound rather complex nature in that the second dorsal vertebrae may be in the position of right latero-flexion and the first dorsal vertebrae in the position of left latero-flexion. The best method for the adjustment of this complex condition is to have the patient lie on their stomach with the head over the end of the table. You now kneel on your right knee and with your right hand under the chin of the patient drop their head down, place the thumb of your left hand on the left transverse process of the third dorsal vertebra, hold firmly, increase the flexion of the head, then rotate the head so that it rests with the ear on your forearm-now with your chest against the head push the head toward the left shoulder in a side-bending movement-wait until the patient thoroughly lets loose and then with a slight upward rotating movement of the chin, set the second dorsal vertebra in its proper position with the third. Before rising mark the second dorsal position by holding one of your fingers of the left hand against the spinous process, now turn to the opposite side and bending on your left knee, hold the head as before, but with the thumb of your right hand on the right transverse process of the Second, now place the first in its proper position with the second. Our next and most important readjustment area is of the upper cervical with the occiput. For, as we explained before, the anatomical relationship of the

superior cervical ganglion with the nucleus of the vagus nerve give us the key to the quick and permanent eradication of asthma. With the patient lying on their back and a pillow between their head and your abdomen, repeat the procedures mentioned under the acute stage with the patient in bed, namely; place the fingers of your hand under the occiput and rock head up and down, back and forth, from side to side, to remove all thickenings in the ligaments which are holding these vertebra out of position. There are forty ligaments holding the occiput and the atlas and axis and any lesion puts one-half of these on tension and the other one half relaxed. Nature thickens ligaments to maintain the malposition which must be removed. Now, you may use the other method of the thumb and index finger cradled under the vertebra. Again rock the vertebra into position. Do not use any severe force until you have proved that the thickenings are so thick that force is required to break them up prior to absorption. We are oftentimes dumb-founded at the very small amount of force needed when thickenings are removed and forceful but delicate leverages are thought out. Now the bugaboo of most all practitioners is the occiput on the atlas. The usual lesion is uni-lateral with the pivot joint through the center of one of the articulations. This lesion is usually a left uni-lateral flexion lesion of the occiput, superimposed on a left latero-flexion lesion of the atlas on the axis. Many times the occiput can be most easily corrected by the method given you by Dr. Wilson and explained under the acute stage, with the patient on the chair. If the lighter method of adjustment is not sufficient then you may use this slightly more drastic, but extremely specific method of adjustment. Place a pillow between your abdomen and the head of the patient. Then, with the second finger of your right hand along the occiput, just above the right arch of the atlas and the second finger of your left hand on the left arch of the atlas, lift the head slightly from the pillow, side-bend to the right shoulder as far as the head will go toward the shoulder. Bend your knees even to the floor, if necessary and let the head of the patient drop back in extension as far as it will go, but resting in complete relaxation on your abdomen or chest. Now, carefully, without changing the position, rotate the head to the left as far as it will go, then while maintaining the side-bend, extend, and rotate position, again side bend the head to the midline. Then lift up so that the head will be in a right angle to the thorax and the face pointing toward the left shoulder, bend the head toward the left shoulder, ask the patient to let loose thoroughly, then rotate the head slightly to the left with your right hand. This above method of adjustment pivots the head in the left articulation of the occiput and atlas, lifts it forward, up to the right on to the right articulation. With the absolute perfect adjustment of the occiput and atlas and the other articulations together with the eradication or proper regulation of the eating of sugar and other carbo-hydrates, should give you a permanent relief from asthma.

The disturbance of structure is the fundamental underlying cause of asthma and the wrong food chemistry is the exciting cause of the acute attack produced through a reflex over the sensory ends of the vagus nerves and manifested by symptoms over the motor nerves. May I call your attention to another very important factor behind asthma and that is the use of corn sugar or glucose in the making of candy or the canning of fruit. Instruct all of your patients not to eat any fruit canned with corn sugar because corn sugar makes moonshine corn whiskey and this is acknowledged to be deadly poison. This thought with reference to glucose and corn sugar may be used in many of the other conditions, other than Asthma.