

## THE BRAIN VISCERAL REFERRED PAIN AREA

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### ABSTRACT

Every organ has a cutaneous area to which it refers pain. Visceral referred pain (VRP) areas exist throughout the body. The location of the brain VRP will be discussed.

Key Words: visceral referred pain, supraspinatus, brain, viscerosomatic

### INTRODUCTION

Visceral problems will result in either a muscle inhibition or over-facilitation pattern.<sup>1</sup> Activating a VRP area with some type of sensory stimulation, usually rubbing (mechanoreceptor stimulation) or pinching (nociceptor stimulation), will elicit a muscle response if the VRP is related to the organ with a problem. The VRP areas are extremely useful in guiding the physician in whether to perform more sympathetic (pinching strengthens) or parasympathetic (rubbing strengthens) activity.<sup>2</sup> Although the brain is the most complex of all organs and the different parts serve their own unique functions, there appears to be a common VRP for the entire organ, and knowing such can be very helpful in identifying brain related disorders and imbalances, both functional and pathological.

### DISCUSSION

The viscerosomatic relationship of the supraspinatus to the brain can be used to identify the VRP of the brain. Understanding when to provide more sympathetic or parasympathetic activity to the organ is important as it will determine treatment procedures. The author has found a referred pain connection for the brain to be present over the posterior arch of atlas, just slightly lateral to the posterior tubercle. The VRP is present on the same side of supraspinatus inhibition or over-facilitation, and is most often only unilateral.

The Chapman's reflex (CR) for the supraspinatus-brain is just below the coracoid process as well as posterior to the transverse process of atlas.<sup>3</sup> Therefore, if brain involvement is present, this CR should therapy localize (TL). Whether to rub the CR to create a net parasympathetic response or to perform visceral challenge technique to create a net sympathetic response requires the use of the VRP.<sup>4</sup> Rubbing or pinching over the skin covering the posterior arch of atlas will guide the physician towards the treatment necessary to help improve brain function.

If there is an inhibition of the supraspinatus and rubbing over the VRP causes facilitation, then there is a need for more parasympathetic activity. If pinching over the brain VRP

negates the inhibition, this would indicate a need for more sympathetic activity. Visceral challenge technique with the appropriate offender will correct this problem. Having the patient TL to the supraspinatus-brain CR with the offender on the tongue, and performing IRT to the ipsilateral talus or atlanto-occipital joint will negate the supraspinatus inhibition. The same procedure would hold true for a supraspinatus which is over-facilitated, and therefore cannot be turned off with normal autogenic inhibition. The physician would use the same VRP areas during the assessment to see which one would normally inhibit (turn-off) the over-firing muscle.

The [common] imbalance between the right and left side of the brain results in either a unilateral inhibited or over-facilitated supraspinatus with a contralateral normal functioning supraspinatus, or a unilateral inhibition and contralateral over-facilitation. Excess excitatory neurotransmitters such as aspartic acid, glutamic acid, and homocysteic acid are often responsible for brain imbalances.<sup>5</sup> Cytokines resulting from immune system stress as well as dietary offenders such as hydrogenated fats, excess caffeine, aspartame, MSG, and food allergies (histamine), should also be considered. Often the supraspinatus muscle may be functioning normally but will test weak (or over-facilitated) only when the offender is introduced, in which case the ipsilateral VRP can be used to guide the treatment.

## CONCLUSION

There is an apparent brain visceral referred pain area which exists over the posterior arch of atlas, slightly lateral to the posterior tubercle, and is ipsilateral to the side of brain involvement. This area may be used to determine the need to rub the brain Chapman's reflex or to perform visceral challenge technique to the organ.

## REFERENCES

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