

A Newly Discovered Muscle-Organ Relationship: The Pectoralis Minor and the Parotid Gland

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Abstract

The relationship between muscle dysfunction and organ or gland dysfunction has been a foundation of applied kinesiology since Goodheart began correlating the two in the early years of AK. There has been no previous consensus on a specific organ or gland relationship with the pectoralis minor muscle observed previously with consistency. The direct relationship of this muscle to the parotid glands will be proposed.

Introduction

The pectoralis minor muscle originates from the 3rd, 4th, and 5th ribs near the costal cartilage and inserts on the coracoid process of the scapula. Testing this muscle is usually done in one of two ways. One test is to have the supine patient lift the shoulder of the tested side off the table while the doctor directs pressure to try to elongate the pec minor fibers.¹ A second variation of the test explained by Beardall is to have the patient flex the arm 45 degrees across the body while keeping the elbow straight and the humerus at full external rotation while the doctor applies pressure on the forearm to try to abduct the arm.²

The parotid glands are the largest of the three main salivary glands. They overlie the mandibular ramus and are anterior and inferior to the external ear, one on each side. The function of the parotid glands is to produce serous fluid (saliva), secrete ptyalin (also known as amylase) for carbohydrate digestion, and also to stimulate the thymus gland to produce T cells for proper immune function. Goodheart also notes that the parotid works with the thymus to “tag” food for specialized use in the body³ as well as deiodinate food in the mouth so that it is readily available for the thyroid after gastrointestinal absorption. The immune relationship of the parotid is clearly observed in diseases such as Sjogrens Syndrome and mumps. Saliva from the parotid glands typically contains 30-160 ug/ml of IgA immunoglobulin.⁴

Discussion

The visceral referred pain (VRP) areas are very important and useful in understanding muscle-organ relationships and how to properly treat a visceral imbalance. 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 whether to perform more sympathetic (pinching strengthens) or parasympathetic (rubbing strengthens) activity.⁵

The VRPs of the parotid glands are directly over the glands themselves. Rubbing over the parotid VRP will strengthen an inhibited ipsilateral pec minor if there is a need for more parasympathetic activity. This also signifies the need to rub Chapman's Reflex (CR). The CRs for the parotid glands, observed by Goodheart, are parasternal bilaterally at intercostal spaces 2, 3, and 4. If pinching over the parotid VRP strengthens the inhibited pec minor then a need for more sympathetic activity is indicated. This is very common, as the parotid glands tend to act like sponges, interacting with toxins such as heavy metals, food allergies, and certain medications. This perhaps explains the association of pectoralis minor findings with poor lymphatic drainage.⁶ The duct-associated lymph tissue (DALT) is an important part of the immune system of which the parotid is composed of. The epithelial cells of the DALT in the parotids take up antigens and transport them to the adjacent immune cells.⁷

The most common stressors of the parotid glands include the following: heavy metals, food allergies and intolerances, chemical sensitivities, (notably aldehydes, hydrocarbons, and sulfites), partially hydrogenated (trans) fats, hormonal issues, and immune system issues such as viral or bacterial infections. This leads explanation to the common findings already known with the pec minor, many of which have been observed by Schmitt: the need for molybdenum and selenium (chemical sensitivities)⁸ – the need for essential fatty acids (trans fat intake) – the need for niacinamide (thymus and hormonal stress) – the need for vitamin A (thymus and thyroid gland nutrition) – and the need for antioxidants (heavy metal toxicity and food allergies).⁹

Conclusion

The pectoralis minor muscles have a direct relationship with the parotid glands. This is verified by correlation of the parotid glands VRPs, the CRs of the parotid glands, and the specific role of the parotid glands in regards to an individual's health and the findings associated with an inhibited pectoralis minor muscle when the parotid glands are compromised.

Due to the impact of proper parotid function on an individual's health, specifically the immune system and thyroid, the observation of an inhibited (or over facilitated) pectoralis muscle which previously had no organ relationship now enables the doctor to more thoroughly investigate and treat the patient leading to greater success.

References

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