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Proving Spinal Visceral Relations in General Practice

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Proving Spinal Visceral Relations in General Practice

A 15 year medical research project has recently been concluded involving carefully taken x-ray studies of 500 patients each attempting to stand straight.

Whereas, on first impression many patients seem to present excellent posture (the vast majority, 96%) actually could not create vertical or straight spines at the back of neck. They instead possessed vertebral segments which deviated quite obviously from vertical and from each other. These took the forms of curves and lists.

Studies by both fluoroscope, x-ray, and manual palpation or diagnostic procedures of touch testing were likewise made. It was established that unlike other unaffected segments these areas suffered either an apparent absence of, or for certain a restricting limitation of the desirable normal motion usually expected between the vertebrae, ribs and associated soft tissue in the area.

Repeated examinations revealed that these asymmetries were daily persistent and in a consistent pattern characteristic of each patient's spine. Furthermore, if not successfully halted or corrected by treatment they became more progressively pronounced with aging.
Many patients were free of all spinal discomforts for many hours, and days at a time. However, whenever they did suffer a tiredness, a che, soreness, or kink or sprain of the back or neck it repeatedly occurred most commonly in those areas of detectable abnormal mechanics and dynamics.

90% of these cases are grossly and distinctly seen to possess lower extremities varying 1/8" or more inches in height with some degree of tilting or unleveling of the pelvis. The bottom of the spine rests therefore, on a base that is not horizontal. These figures are supported by many scientific investigators.

The majority of patients recalled past injuries and strains involving the pelvis, back or neck muscles, and joints in the areas of their current distress. In their areas of continued trouble, the history must be searched. 82% of this study group had frequent or occasional symptoms of or findings of some sort of trouble involving some internal organ which received its supply of nerves from these involved segments of the spine. By physical examination, x-rays and laboratory evidence the internal condition was determined to be either organic (a disease) or functional (a recurrently disturbed function of the nerves) a recurrently disturbed function of the organ).

Meticulous questioning of the patient was concerned with minute details that are believed to be generally disregarded in ordinary medical circles. There was search for the presence of any and all symptoms frequent or only occasional, with tedious diligence.