

Part 11 - Early Chiropractic – Reflex Therapeutics Continued

I previously introduced the concept of “zone (reflex) therapy” as developed by Drs. Shelby Riley and George Starr White (Honorary Dean of LACC from 1919 to 1924). Here I will address the work of Terrence Bennett, DC, ND (deceased). Ralph Martin, DC, ND (deceased) published the lectures of Dr. Bennett as *Dynamics of Correction of Abnormal Function* in 1977 (neurovascular dynamics). Dr. Martin was, among other things, president of LACC, a member of the governing body of the ACA and a co-founder of the ACA Council on Diagnosis and Internal Disorders. Dr. Bennett’s work was a key element in the impetus for the formation of the ACA Council on Diagnosis and Internal Disorders.

Dr. Bennett started working on his concept of neurovascular dynamics in the 1920s and he was an active participant in getting the 1922 Act passed in California. In his 1954 book, *A New Clinical Basis for the Correction of Abnormal Physiology*, Dr. Bennett compared and contrasted his work with, among other things, zone therapy. (He also refers to “Acu Puncture”.) As pointed out in Part 10, zone therapy utilized a variety of methods, including dry needling and electrical modalities, to stimulate areas on the surface of the body in order to reflexively affect distant tissues and organs. Dr. Bennett focused on specifically defined “points” and used primarily manual touch and stimulation.

Reflex Points

In his book, Dr. Bennett identifies one of his primary guiding principles to be the fact that “[P]ottinger and others had said that every internal organ, gland and tissue had either a direct or reflex connection with the surface of the body.” (Bennett, p. 2. - derived from Pottinger, *Symptoms of Visceral Disease*, C.V. Mosby, 1922.) Based upon this proposition and other aspects of Western anatomy, physiology and his own clinical experience, Bennett mapped out particular points on the body that he correlated with specific tissue, gland and organ function, and dysfunction.

Dr. Bennett identified 38 specific points on the cranium and anterior torso that were used for diagnostic and/or treatment purposes. The cranium points are still used by AK practitioners, but there are, as far as I know, only a few chiropractors in the United States still utilizing the torso points.

The essence of Dr. Bennett’s reflex system is to assess the patient’s complaints for evidence of disturbed gland, tissue, organ or organ system dysfunction and to evaluate the known correlated “points” for signs of altered texture, contraction and/or induration. Then, in order to adjust the abnormal function of the correlated gland, tissue or organ back towards maximum functional capacity, a slight pressure is applied (to render the point-tissue semi-anemic) until a “pulse” is felt. The pressure is then continued within the time-range established in the Bennett protocols and according to patient response.

Obviously, one should study the entire corpus of Dr. Bennett’s work in order to fully appreciate this system of reflex therapeutics. This is not the time or place to delve further into those specifics. However, it is worth pointing out that Dr. Leon Chaitow, an English naturopath/osteopath, has a useful description of the use of the Bennett points (and good pictures showing their locations) in his current book – *Soft-Tissue Manipulation*. Dr. Chaitow also correlates Bennett’s points with the Chapman (osteopathic) points and point locations used in “Traditional Chinese Medicine”.

Functional Unit

Equally important from both a clinical and legal standpoint is the concept of the “**functional unit**” described by Dr. Bennett. Dr. Bennett explained that his work was directed at the “effector mechanism” which regulates the body’s physiology and described that mechanism, in part, as follows: “... so the arteriole, the capillary, the tissue space, the cell, the lymph capillary, which also lies in this same area, and **we have a functional unit which is common to all tissue in the body.**” (Dr. Martin’s published Bennett notes, p. 6)

Dr. Bennett’s **functional unit** is comparable to the **functional unit** described by Alfred Pischinger, MD of the University of Vienna Medical School in 1975. (See generally, H. Heine, ed. *Matrix and Matrix Regulation, Basis for a Holistic Theory in Medicine*, Haug Intl.) Of course, we now know much more about the components and the mechanisms of action of the whole functional unit as, for example, detailed by James Oschman, PhD in his 2003 book, *Energy Medicine Therapeutics and Human Performance*. I have previously outlined some of Dr. Oschman’s key points in this publication and those articles may be reviewed at www.prescott-law.com > Ch. Journ. Art. > Third Series (A Wellness Paradigm).

Pischinger’s work has played a significant role in the development of “functional medicine” in Europe, especially in Germany, Austria and Switzerland (e.g. the Paracelsus clinic). The Europeans have developed sophisticated instruments for evaluating and treating the functional unit – “the living matrix”. (AK has also contributed to this development.) In commenting on one such diagnostic instrument (computed regulatory thermography), Dr. Schultz-Ruhtenberg of Minden, Germany, stated a critical point: “we can finally **see** what the body is doing before it becomes dysfunctional enough to create an irreversible problem.” (Similarly, Drs. Bennett and Martin used their hands to “**see**” the body’s functional status - so too, of course, do some other sublaxation-oriented chiropractors and acupuncturists.)

A 2002 study showed that 75% of the German population is using alternative medicine and the concept of functional medicine and early intervention are large factors in that development. (In Europe, functional medicine is sometimes also referred to as biological medicine.) European functional medicine also involves extensive use of homeopathic remedies, Western concepts of herbal medicine and what is often referred to as “bio-puncture” - including the injection of homeopathics, etc at point locations on the body surface.

Legal Implications

In Parts 8/9 we established that prior to 1922 “mixers” were treating the sick and afflicted with a materia medica including nutraceuticals, herbs, heat, cold, light, electricity, etc. We have now also shown that prior to 1922 chiropractors were treating the sick and afflicted through the body’s innate capacity to affect the functional condition of specific internal tissues and organs upon stimulation of the body surface. It is important to note that these early forms of chiropractic were based upon Western anatomy and physiology and not Oriental, metaphysical, yin/yang concepts.

Section 16 of the California Chiropractic Act precludes discrimination against any “particular school of chiropractic, or any other treatment” and also protects the right of chiropractors to further

develop these early schools of chiropractic thought. However, the Chiropractic Board has the responsibility for the safety and protection of the public and should therefore establish education, training and testing standards before authorizing chiropractors to actually practice in these areas in that these forms of practice have been generally dropped from the current education and training of chiropractors.

It is time to resurrect these early chiropractic concepts. Of course, the right of individual chiropractors to limit their practice to subluxation and/or musculoskeletal only practice must also be protected. Resurrecting these early forms of practice opens the door to the certification of particular practice rights. This is a tricky legal issue and I will return to that issue in Part 12.

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