



Introduction to Chiropractic Manipulative Reflex Technique (CMRT) (Chapter 1)

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Extract

Originally called '*Bloodless Surgery*', *Chiropractic Manipulative Reflex Technique* (CMRT) encompasses the relationship between somatovisceral and viscerosomatic reflexes and therefore between the somatic and autonomic nervous systems. R. J. Last in his book, *Anatomy: Regional and Applied* points out:

'There is only one nervous system. It supplies the body wall and limbs (somatic) and viscera (autonomic). Its plan is simple. It consists of afferent (sensory) and efferent (motor) pathways, with association and commissural pathways to connect and coordinate the two. There is no more than this, in spite of the many pages devoted to its study.' (1)

Bloodless surgery was historically used in chiropractic as a term describing soft tissue treatment affecting an organ and its related vertebral relationship or viscerosomatic and somatovisceral reflexes. (2, 3) Bloodless surgery was also used to describe methods of manipulating joints and soft tissue without relating to the viscera. (4)

James F McGinnis was a chiropractor who relocated to California in the early 1920's, where he earned a naturopathic doctorate. In the 1930's, he became one of the best known of several chiropractic bloodless surgeons and traveled around the nation teaching his methods. (2) Around this time Major Bertrand DeJarnette DO, DC, developer of *Sacro Occipital Technique* (SOT), was also practicing and teaching extensive methods of bloodless surgery.

DeJarnette published a comprehensive book on the topic entitled, *Technic and Practice of Bloodless Surgery* in 1939, which remains the most complete discussion on the topic to date. (3) DeJarnette continued to teach and practice bloodless surgery through the 1940's and began its modification to use more reflex applications and referred pain indicators as a method of affecting organ symptomatology. In the 1950s, he furthered his investigations into reflexes and their affect

on the viscera and related vertebra. By the early 1960's, DeJarnette modified the nature of SOT's method of bloodless surgery from its 1939 procedures, which might have taken the doctor 2-4 hours of preparation and treatment, to procedures that could be practiced in a span of 15 minutes. (5, 6) For multiple reasons he decided to change the name of his method of affecting referred pain pathways, viscerosomatic/somatovisceral reflexes, and direct organ manipulation, from *Bloodless Surgery* to *Chiropractic Manipulative Reflex Technique* (CMRT).

Essentially evidence-based practice (EBP) is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to help guide health care decisions.

CMRT is used as a method of treating the spine or vertebral visceral syndromes associated with viscerosomatic or somatovisceral reflexes, (7-11) dysafferentation at the spinal joint complex (12), visceral mimicry type somatic relationships (13), and type 'O' organic disorders. (14) Treatment involves location and analysis of an affected vertebra in a reflex arc by way of occipital fiber muscular palpation, similar to trigger point analysis or Dvorak and Dvorak's spondylogenic reflex syndromes. (15) Once specific vertebra reflex arcs are located, corroborated with referred pain pathways and clinical symptomatology, then the specific vertebra to be treated is isolated by pain provocation, muscle tension, and vasomotor symptomatology. If vertebral dysfunction is chronic or unresponsive to chiropractic spinal manipulation, then a viscerosomatic or somatovisceral component is often suspected. (16) Treatment of the viscerosomatic or somatovisceral component is performed using soft tissue manipulation, myofascial release techniques and reflex balancing methods. (6)

To summarize, bloodless surgery has been used and taught by SOT chiropractors since 1939 and was practiced extensively in the 1930's and 40's. Since 1960 it has been called CMRT, and focuses on the vertebra and viscerosomatic/somatovisceral reflex relationships, organ position, blood and lymphatic circulation, and other nonmusculoskeletal supportive protocols. CMRT is listed as a chiropractic technique throughout the chiropractic literature. (17-21) SOT clinicians have been using these methods of CMRT for decades and are publishing their methods in the literature as a means to develop an evidence base for this method of care.

CMRT, just like all chiropractic and manual healthcare warrants further clinical study. Until chiropractic has the sufficient funds and tools to perform all the necessary research to help substantiate everything done in clinical practice, dismissing or impugning aspects of chiropractic that support its position as being a '*complementary or alternative*' healthcare intervention need to be avoided. Biological plausibility, (22) coupled with clinical experience and expertise, along with positive patient outcomes from care has supported SOT chiropractors' utilization of CMRT for adults and children (23-25) over the years. During the past two decade's, doctors using CMRT began sharing their clinical experience in the form of case reports, (26) to help guide future research investigation.

When there has been only 1-2% of the research performed on most innovative forms of manual medicine, even those practiced for decades, care must be taken to avoid '*throwing out the baby out with the bathwater*' when attempting to strictly define what is '*evidenced based*' and

what is not. Essentially evidence-based practice (EBP) is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to help guide health care decisions. (27-32) Ideally this will incorporate low risk and biological plausible conservative measures balanced with a doctor's clinical experiences as research is gathered to substantiate or modify a method of care, such as CMRT.

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