

How Pain Signals Travel to Your Brain, and How to Block Them In Seconds. Permanently.

Practical Application of the Nobel Prize Nominated Gate Theory of Pain in the Chiropractic Practice.

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Note: the following procedures are not for pain management only. In many cases the underlying cause of chronic pain is eliminated, as well as the pain, and healing of chronic syndromes occurs.

Most chiropractors deal with patients in chronic pain on a daily basis. Surveys of many audiences show that over 75% of D.C.s themselves suffer from chronic pain! Using the techniques in this paper, many doctors attending training classes have gotten long lasting relief from pain syndromes lasting for decades. At a recent seminar one doctor got relief after 30 years of constant back pain; another had instant restoration of full shoulder movement without pain, after 36 years of being unable to move his arm more than 20°

Nobel Prize Level Discovery Applied to Chiropractic

The Gate Control Theory of Pain was first described by Ronald Melzack, Ph.D., a Canadian psychologist, and Patrick Wall, a British M.D., in 1965 in an article in the journal, *Science*. The article has been cited almost a thousand times by other authors, and the theory has been described as "the most influential ever written in the field of pain". Wall was nominated several times for a Nobel prize in medicine for the gate theory. The gate theory led to the development of the whole pain management specialty in medicine, including epidural steroid injections for severe back pain and the TENS unit.

We'll describe here some new applications of the gate theory to heal chronic myofascial pain instantly, in many cases. The gate theory provided a theoretical framework from which we were able to devise soft tissue manipulations, without any type of devices, that consistently reduce or eliminate pain, often permanently. This has been demonstrated repeatedly to more than 1500 D.C.s at state association conventions and other seminars.

Pathways of Pain, and Non Pain

Briefly, the pain gate theory states;

1. Pain is conveyed to the brain through the spinal cord by small type C fibers, that convey impulses relatively slowly.

2. Type A Beta fibers are larger and faster- they convey **non painful** stimuli such as touch, light pressure, etc. This is known as epicritic sensation.
3. **If the larger, faster type A touch fibers are stimulated properly by specific, unique stimuli, they can inhibit the smaller, slower type C pain fibers.** The net result, under the right circumstance: no pain!
4. Pain impulses thus pass through a spinal gate: if the gate is OPEN, pain signals pass through to the brain. If there are inhibitory impulses (e.g. from touch fibers), the gate is closed and pain is not felt.

The gate theory explained why massage, acupuncture, hypnosis, and TENS units could sometimes overpower and turn off pain sensations. Rubbing your elbow when it hurts can temporarily make you not feel the pain. However, the effect is so minimal and short lived that it's not actually therapy; it's just an observation. We've developed a clinical use for this observation.

What's Needed is The Right Stuff

The gate theory predicts that the **right stimulus to non pain fibers** would overpower and shut out the transmission of pain from pain fibers. Most methods in practice up until now have attempted to use electricity, rubbing, acupuncture etc. to block pain but not very effectively.

- Even if TENS is effective, it takes hours of application, and the results are short lived. It requires a device and may actually be painful.
- Acupuncture requires needles, which many patients dislike. Results are often not immediate, or long lasting.
- Massage is often temporary, and doesn't usually produce lasting results.

A Method of Turning Off Objective Signs of Pain

The gate theory implies that **specific stimuli** should directly turn off pain- NOT JUST the **subjective** pain, but also turn off **objective** indicators such as palpatory pain (tender areas or "trigger points") and pain on motion (for example, it hurts when you turn your neck or raise your arm.)

In other words, on examination the doctor finds tender areas or myofascial trigger points related to the patient's pain, or painful limitation of motion. He then does one of the procedures which we've found often instantly eliminates the painful area or painful movement. These techniques include:

1. A pain elimination grid: stimulating tissue in a very specific vector around a trigger area often produces an immediate, lasting resolution of all tenderness and pain.
2. Tissue bending: stimulating distal but related nerve pathways for 10 seconds often immediately eliminates pain.
3. The epicritic technique: very light stimulation of mechanoreceptors (activating epicritic or light touch fibers) above an area of pain often not

- only resolves pain but has even been found to reduce inflammation in sinus problems, ear infections, etc.
4. Gently stimulating the soft tissue above spinal nerve roots in a specific fashion often causes instant erasure of related pain, as described previously in *The American Chiropractor* ⁴.

In our experience, in almost all cases one of these techniques will erase the tenderness of a painful area within seconds. About 40% of the time the correction will be long lasting after one treatment. Most patients after several treatments will no longer have tenderness in the trigger area. Most patients will also have a marked reduction or elimination of their symptoms, even if they had them for many years. Thus this practical application of the Gate Theory of Pain is not just for pain management but also reduces inflammation and restores normal function.

For more information, please see www.painneutralization.com, or call Dr. Stephen Kaufman, D.C. in Denver at 800-774-5078, or 303-756-9567.

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