

# PAIN CONTROL CHIROPRACTIC

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## 手術克痛療法

梁覺玄編

黃漢生譯

國際克痛學會（美國）

INTERNATIONAL PAIN CONTROL INSTITUTE  
U. S. A.

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## **PAIN CONTROL IS SIMPLE**

Truth is simple. When something becomes complicated, or vague in definition and understanding, you may be sure of but one thing. It is wrong. Or, at least partly wrong. Chiropractic, as it is practiced today, is a hodge-podge of technique, each one different, most of them complicated, and most of them 90% wrong.

Chiropractic, as practiced today, is not a science, for we are unable to agree among ourselves as to which technique is best, or even to agree which method of x-ray analysis is correct. If we expect to claim that Chiropractic is an exact science, we must keep it simple, . . . not only in explanation but also in application. The test that any Chiropractic technique must face in order to be judged scientific, is that those using the system must be able to accurately predict and duplicate their results. Such a system or technique must be simple.

The Chiropractor of the future must be the master of the nerve system. He must study and understand its innermost secrets . . . and concern himself with the normalizing of nerve function. His method will be teachable, duplicable, and uncomplicated. This is the simple truth.

## **CHIROPRACTIC PAIN CONTROL—1966**

Chiropractic pain control is still in the formative stage. Although much is known about pain control, it is much like an iceberg, in that the larger part is still hidden from view. During the past two years since I have been teaching pain control, much new knowledge has been gained. Many new developments have come forth, and a great deal of progress has been achieved. I am fully cognizant that many techniques have come and gone in the Chiropractic profession, but pain control differs from all other techniques in one major way. It differs because with pain control, results can be **duplicated** in case after case, once—twice—or a hundred times, and with predictable results.

# 手術克痛療法

## 克服疼痛是簡單的

真理是單純的，當一些事物變為複雜或在定義和理解上含糊時，你會確實地知道一件事，這是錯誤的，最少也在部份錯誤了。

整脊療法在今天的使用上是一種什錦的技術，是每種不同的，其中多數是複雜的，多數是百分之九十錯誤的。

整脊療法在今天的使用上不是科學的，因為在我們當中，我們都不能同意這種技術是最好的，也不同意那X光檢驗的方法是正確的。

如果我們欲承認整脊療法是完全科學的話，我們就該使它成為簡單化……不但在解釋方面，還要在實用方面，任何手術療法的技術是一定要面臨科學化的考驗，讓那些使用這方法的人，應有準確的判斷和相同的效果，而這種方法或技術一定要簡單的。

將來手術療法醫師，應該是一位神經學專家，他一定明白神經系統內在的秘密……和有關他怎樣使神經的組織正常化，他所採用的方法是可傳授別人的，可再行實驗的，而不是複雜的。這就是那簡單的真理。

## 手術克痛療法——始於一九六六年

手術的克痛現時仍在初成長的階段，雖然很多人都明瞭什麼是克痛，它十分像一座冰山，大部份仍然在視力之外，在過去的兩年間，由於我曾教授那十分新的知識克痛療法，這是我首創的，很多新的發展隨之而來，很多新的發明亦相繼成就。我完全認定很多的技術會發現及改進在整脊療法醫務上，但克痛療法與別的療法最大不同之點在乎克制疼痛，效果是可以重演的，在每一件醫案裡，一、二以至一百次都收到預期的效果。

Most of the results achieved with pain control can be explained by presently known neurophysiology, but in other areas, pain control is establishing new frontiers and standards that destroy previous scientific beliefs concerning anatomy, physiology, and especially pathology. In answer to the "scientific world" who contend that "it can't be done", my reply is, "we have already done it, and we can do it again and again and again." To my fellow Chiropractors, who may be skeptical, I can only answer "there is no argument against a cured case."

### **PAIN — A DISEASE**

Most doctors consider pain as an indicator of disease or trauma. This attitude is wrong . . . pain should be considered, in most instances, a disease entity in itself, since it is caused by an interference in normal nerve function. In the doctor's mind, pain should be dealt with as a disease occurring coincidentally with the other health problems. In most cases, the pain should be dealt with first, for if it is severe, it is devastating to the entire nerve system and has profound psychological impact on the vitality, mentality and morale of the patient.

### **PAIN PRODUCES PATIENTS**

Hospitals are overflowing, medical doctors are overworked . . . dentists' appointment books are filled weeks in advance . . . drug stores are doing a land office business . . . yet, **most Chiropractors need more patients.** Why? The answer is simple—nine out of ten patients, seeking a doctor, are in pain. The majority are only interested in getting rid of their pain.

Those seeking medical care are well aware that they may not get well. They know full well that some part or organ may be cut off, cut out . . . or suffer a dangerous reaction as a result of the treatment. Yet they are willing to risk surgery, reactions and even death, because they can be reasonably sure that their pain will be relieved.



最常見克痛療法的效果，可以用現時衆人皆知的神經生理學作解釋，在其他的地區，克痛療法現時建立了一個新的前哨和標準，並將以前信奉有關科學化的「解剖學」，「生理學」，特別是「病理學」推翻，在答覆這個「科學世界」的人，爲「這是不可能的事！」而爭論，我的答覆就是「我們曾經這樣做，並且再次再次又再次的可能」，對我們整脊療法醫師的同道們，或許有懷疑的，我只有告訴他們：「鐵案如山，毋庸強辯」。

## 疼痛——是疾病的一種

大多數的醫師都以疼痛是疾病或外傷的徵兆，這是錯誤的態度，在大多數的病例裡，疼痛該是一種疾病的實體，在疼痛裡面，因爲疼痛的原因是由於正常的神經組織內一種干擾，在醫師的心意裡，疼痛的處理應該作爲一種疾病與其他健康的問題同時發生的，在很多的例子裡，如疼痛是嚴重的，治痛應在最先，因爲疼痛會使到整個神經系統受傷害，同時在病者的心理上受了深深的打擊，對病者的活力上，精神上，鬥志上都蒙受影響。

## 疼痛產生病者

醫院是常滿的，醫生是過度工作的……牙醫的登記冊要幾星期前預訂……藥房正做着地產管理處的生意……可是整脊療法醫生需要更多的病人，是什麼原故呢？答案很簡單，十個病人當中有九個當疼痛時去找醫生，大都着重除去他們的疼痛。

那些找尋醫治的，很清楚他們是不會醫好的，他們知道要全部痊癒除非將某些臟器割除……在治療的結果上忍受一種危險的反應，仍然他們也甘願去冒外科手術的危險，不良的反應或甚至因手術後而死，因爲他們有理由相信，他們的疼痛因此會被除去。

Conversely, most Chiropractors are helpless in the face of pain. Usually the patient is examined, adjusted, and sent home (still in pain) with instructions to "see how you get along." In addition, sometimes the patient is advised to "put some heat on it," "pack it in ice," "take an aspirin," "take an enema," "stay in bed." Thus, patients have learned from hard experience that the Chiropractor's office is not the place to go to get rid of pain. Perhaps you do not agree. Perhaps you are mentally saying to yourself "this may be true of other Chiropractors—but it's not true of me." Then, ask yourself . . . deep in your own heart . . . do you believe you can consistently—in a matter of a few minutes (sometimes seconds) stop the pain in cases of kidney stone, sprained ankle, earache, toothache, pleurisy, etc.? Ask yourself if you would feel competent to stop the pain following an amputation? Or a severe burn? Or the agonizing pain of a full-blown sciatica? And what about those cases of tic douloureux? Do you jump with joy when a case comes into your office—knowing that you can immediately stop the pain? Well, chances are—unless you have studied PAIN CONTROL, cases like the ones above make you want to call for help from the medical doctor . . . or at least have an understanding with the patient that it may be a considerable length of time before the pain will subside. However, for the doctors trained in Chiropractic PAIN CONTROL, such cases are routine. They live and practice with the assurance of experience . . . knowing that such painful conditions may be relieved in only a matter of minutes or seconds. They march confidently through life knowing that they will always have as many patients as they wish to care for . . . knowing that the doctor who can **control pain** always has a full reception room and a full appointment schedule because . . . PAIN PRODUCES PATIENTS.

### **SENSATION OF PAIN**

Many methods of stimulation can evoke pain. Both superficial and deep pain can be elicited by thermal, electrical, mechanical, chemical, mental and emotional stimuli.

相反地，很多整脊療法醫師面對着這些疼痛。是毫無辦法的，通常病人被檢驗後，糾正後就叫他回家（仍然在疼痛中），告訴他「看看過一些時怎樣」，有時會囑咐病者「用多少熱力敷在上面」，「冷敷」，「服食亞斯匹靈」，「行灌腸法」，「在床上休息」。如此病人從艱苦的經驗得知那些整脊療法醫生的診所不是一個除去疼痛的地方，或者你的內心對自己說：「別的整脊醫生是真的，但我却不是這樣」。好吧，請問你內心的深處……你可否肯定地相信，在數分鐘內（有時在數秒鐘內）可停止腎石，扭傷足踝，耳痛，牙痛，胸膜炎等等的疼痛嗎？再問問你自己是否你能勝任用根絕的方法把疼痛停止呢？或者嚴重的燙傷？或者嚴重的坐骨神經痛？同時對那些病性抽搐又怎樣呢？當一個病者入到你的診所時你會否高興得非常，你會知道你能立即把疼痛停止嗎？好吧！除非你學過克痛療法機會就多了，如上述的很多病症使你需找藥物醫生幫助……或最少也找一位明瞭病者情況的在疼痛平息之前也需要一段較長的時間。無論如何，那些經過手術克痛療法訓練的醫生，這些醫案是常見的，他們的存在和診治有經驗作保證……知道這些疼痛情況只需數分鐘或數秒鐘內便停止，他們整個生命都有信心向前邁進知道他們時常有無數的病者給他們照顧……知道那些能克服疼痛的醫生候診室和登記冊上時常都滿座的，因為「疼痛產生許多病者」。

## 疼痛的感覺

很多興奮的方法，都能引起痛感。表面的痛感由於熱力，電力，機械，化學，精神上，感情上的刺激而引起。

## **PAIN**

Magnus Blix and Alfred Goldscheider, in 1884 and 1898 respectively, and working independently, proved that the human skin contains specific spots that yielded only a single sensation characteristic for that minute spot. Thus, these tiny spots when stimulated produced the selective sensation of cold, warmth, pressure, or pain. Later, researchers were able to stain the naked nerve terminals and thereby prove the specificity of pain as a sensation. Since pain is a sensory phenomenon transmitted through its own neural network, pain is usually an important warning of danger; yet it is not essential to biological adjustment. Those congenitally lacking the ability to experience pain or those who have had the pain mechanism surgically interrupted, eventually adjust themselves to their environment. Pain as an alarm mechanism is not a dependable criteria since the intensity of pain is not proportional to the severity of the tissue damage.

Extensive tissue damage may be unaccompanied by significant amounts of pain. During World War II, recently wounded men were questioned by Beecher concerning the intensity of their pain. Although these men had suffered extensive soft tissue damage, compound fractures and penetrating wounds of the head, chest and abdomen, they were mentally clear. Only one-fourth had severe or bad pain, and the remainder reported moderate or slight pain, with a few reporting no pain at all. It is a well known fact that by using hypnosis, the threshold of pain can be raised or lowered. But not so well known is the fact that it is also possible, under hypnosis by raising or lowering the threshold, to increase or decrease immensely the amount and degree of tissue damage resulting from noxious stimuli, even of relatively low intensity.

## 疼痛

麥拿士碧力士與阿爾佛烈高士打在一八八四年和一八九八年分別研究，並證明人類皮膚內有「特異點」產生單一的感覺成爲這小點的特徵，如此這細小的「特異點」產生那特有的冷感，暖感，壓力或疼痛，最近這一羣研究者曾經可以把裸露的末梢神經染色，由此證明，疼痛的特性是一種感覺。因此疼痛是知覺的一種現象，是靠它自己的神經網傳導，疼痛常常是一個重要的危險警告；雖然對生物的調整不甚重要。有些人先天性缺乏疼痛經驗的能力，或者有些人的疼痛被外科手術後中斷，結果只好在他們的情況裡治理他們。

疼痛就如一個警鐘，而不是一個可靠的標準判斷，因為痛感的程度是不與組織傷損的嚴重性成正比的。

延展性的組織損傷不會與疼痛的有效數字同時發生的，在第二次世界大戰時，傷者被問及痛苦的程度，雖然他們在患上延展的軟性組織損傷，複雜的折骨，頭胸腹穿破傷損，但神智是清醒的，只有四分之一是嚴重劇痛，其餘是中度或輕微的痛苦，還有幾宗是絕無痛苦的，很多人都知道使用催眠的方法，在疼痛開始的時候，是可以提高或減低的，但很少人知道另一個可能發生的事實，在開始時使用催眠術提高或減低痛苦會無限地增加或減低那肌肉組織數量上和程度上的損壞，成爲有害的刺激，甚至比較輕傷的也會如此。

## **THE PERCEPTION OF PAIN**

The perception of pain is effected by analgesic agents. In this way pain differs from sensations such as sight, touch, smell, hearing and vibrations, in that morphine, codeine and alcohol have no effect on the threshold of sensation other than pain. In addition, the spatial phenomenon of summation is not demonstrated to any effect by noxious stimulation producing pain. In my opinion, this is evidence supporting my breakdown of the synaptic barrier hypothesis, along with the busy nerve circuits, as the summation phenomenon could not be expected when the synaptic barrier or synaptic resistance is low or non-existent. Further supporting the pain control theory is the fact that the intensity of two pains existing separately, at the same time, is no greater than that of the more intense of the two. In fact, Hippocrates first noted that the existence of one pain, actually raises the threshold for perception of another; e.g., people in pain often bite their lips and tongue, squeeze their fingernails into their hand, or in some instances, pound their heads against the wall.

## **TRANSMISSION OF PAIN**

Impulses for pain originate in naked nerve terminals. From these terminals impulses are transmitted to the posterior root ganglia or the corresponding sensory ganglia. Pain is a specific sensory experience, separate and distinct from all other sensations, and is transmitted through its own neural network. Sensations such as pressure, heat and cold have their own end-organs . . . but may also induce pain by exciting the pain mechanism as well. The cell bodies of all sensory nerves are located in the posterior root ganglia. From that point, neuron dendrites, which transmit the pain, enter the cord along the posterior horn where the impulses switch to a second neuron (synapse) whose cell body is in the posterior horn. At that point, they are immediately transferred, directly or by way of additional internuncial neurons to the opposite side of the cord—by way of the anterior commissure. From that point, no additional synapses are involved as the impulses ascend to the lateral nucleus of the thalamus.

## 疼痛的知覺

痛覺因鎮痛劑而生效。在這方面，疼痛與感覺的不同，正如視線，觸覺，嗅覺，聽覺和振盪等，「嗎啡」「可待因」和「酒精」除了疼痛之外，對開始的感覺是沒有作用的。再者，這空間總合的現象不可由有害的刺激所產生的疼痛來顯出任何的效果。在我個人的意見，這就是證據用來支持我所倡導「神經鍵壁破壞」的假說，沿着繁忙的神經線路，這總合的現象在神經鍵壁或者神經鍵的阻力是過低或者不存在時就不能出現，其他支持這克痛療法理論的就是在兩種不同程度的疼痛同時分別存在時，就不會有更大的痛苦超過這兩種，事實上醫聖希波克拉底氏最初曾告訴我們，「一種疼痛的存在，實際上會提高到最初的疼痛或知覺到另一種疼痛」。例如：人們在疼痛的時候常常是緊咬口唇和舌頭，或緊握他們的拳頭，甚至有時還用他們的頭撞牆的。

## 疼痛的傳導

原始的疼痛感應應在裸露的神經末梢。由這些末梢的感應傳導至神經節根後面或相當於知覺神經節。疼痛是知覺特有的經驗，與所有其他知覺有分別和顯著的是由它自己的網狀神經傳導的。如壓力，熱和冷的知覺有它自己的末端器官……但也許由機能性的疼痛興奮同時引起，所有知覺神經細胞的本體是分佈在神經節根後面，從這點看來，傳導疼痛的樹狀突神經軸，沿着後角進入神經索，那裡的感應傳到第二神經軸（神經鍵），它們的細胞本體就在後角之內，在這點它們立即傳遞，直接的或由附加居間的神經軸之路線到達神經索的對方——前連合之路線。在這點，沒有附加神經鍵與側面視丘核心的上行感應有關。

Some authorities have demonstrated that some fibers, however, do not cross at all, but pass along the spinotectal tracts to reach the root nuclei of the mesencephalon. The impulses ending in the thalamus are thought to give branches off to the reticular formation, where it is believed they contribute to the mechanism of consciousness, in addition to supplying the electrical energy for a variety of brain circuits. (It is my opinion that interruption or deviation of this electrical energy interfering with brain circuits may be the cause of many so-called strokes).

### **PAIN THRESHOLD**

Sustained hyperemia and inflammation lowers the effective strength of stimulus required to induce pain, resulting in hyper-algesia; thus, minor and usually non-painful stimuli applied to inflamed areas frequently are painful. Sunburn lowers the pain threshold as much as 50%. Inflammation of the mucus membrane in the nose, esophagus, colon and bladder also reduce the pain threshold. The belief that hyperemia lowers the pain threshold is the rationale behind the fact that normal contractions of the stomach produce pain in the presence of peptic ulcer. In the same way, the inflammation of the mucus lining of the bronchial tree in bronchitis makes the tissue pain sensitive because of the threshold lowering effects of the inflammation. Research shows that the lowering of the pain threshold may be due to the production of a chemical substance containing one or more of the polypeptides. Such fluids have been demonstrated by Ostfeld and Armstrong. **The production of these threshold lowering substances appears to be dependent upon the integrity of the peripheral nerves in the painful area.** These threshold lowering substances are similar to those produced by the cellulomes. This substance has been partly characterized as a polypeptide and shares some of the properties of 5-hydroxytryptamine, but is not identical with it. Some authorities consider this chemical as a pain producing substance rather than a threshold lowering substance.



有些研究當局曾經顯示有某種纖維質絕不會互相交叉的，但沿着腦脊髓管到達中腦的根核，在視丘感應的末端是生出很多奇異形狀的分支，在那裡相信它們分佈到意識中樞，在增加電力的供應給不同的腦神經線路。（這是我的意見，因電力的中斷和偏倚會干擾腦神經線路做成很多打擊的原因）。

## 疼痛關

持久充血和發炎，使感應疼痛有效的刺激力減低，結果做成痛覺過敏，例如輕微的和通常無痛的刺激加在炎性的區域內往往發生痛感，日炙可使疼痛關減低至百分之五十。鼻粘膜，食管，結腸和膀胱的發炎都會減弱疼痛關，充血減低疼痛關的信念在事實的背後可稱合理的，因胃十二指腸潰瘍時胃部作正常的收縮會產生痛感。同樣理由，肺支氣管粘膜內發炎，使到組織有痛的敏感是因為這炎性影響了疼痛關的低減。研究方面證明疼痛關的低減可能是由於化學物的產生含有一個或多個的「多肽」，這種液體是經歐氏和崖氏示範過了。「這些疼痛關低減的生成物顯然是依靠在痛區外圍神經的完整」。這疼痛關減低物與「賽璐龍」所產生的一樣，這種物質曾經部份定形是一種「多肽」和「所路當年」（在人和動物的細胞組織存在）的特性有些相同，但不是同一樣的物質。有些研究機構考慮這種化學物就是疼痛生成物較疼痛關的減低物為適合。