As I watched the 40-pound dumbbell come hurtling down toward my face, I briefly wondered…

“Can Trigger Points Be Turned Off, in Seconds, Using Neurological Reflexes?” by Stephen Kaufman, D.C.

One day, as I was working out with weights, I lifted a dumbbell over my head. The weight was heavier than I could handle. As I extended my arm, my triceps completely gave out; the weight plummeted toward the table. By using too heavy a weight, I had triggered the clasp knife reflex\(^1,^4\) on my triceps. I had turned the muscle completely off, and the weight dropped like…well, like a steel weight! I thought, if I could figure out a way to turn muscles off like this at will, I might be able to turn off muscular trigger points as well.

Trigger Points Are Often Overlooked Causes of Musculoskeletal Pain

Trigger points are areas of ischemia in muscles, giving rise to pain on palpatory pressure.\(^5,^6,^7,^11,^13,^14\) They often cause or exacerbate many types of myofascial pain syndromes,\(^11,^12,^13,^14\) including neck pain, low back pain, headache\(^5\), migraine\(^5\), TMJ, frozen shoulder, sciatica,\(^6,^7\) iliotibial band syndrome,\(^14\) post surgical and non pathological abdominal pain,\(^3\) etc. Even the pain of cervical and lumbar disc syndromes is often caused or aggravated by myofascial trigger points.\(^6,^7,^10\) Spinal manipulation may be therapeutic by indirectly causing an improvement in trigger point activity.\(^14\)

When my arm gave out while lifting the weight, I reasoned that I had accidentally initiated a clasp knife (a.k.a. a Golgi Tendon) reflex in my triceps. This is a defensive mechanism so that, if you pick up too heavy a weight, it doesn’t tear your arm muscle. If I could do that intentionally on a muscle that had a trigger point in it, that point might resolve.

Trigger Points Should Not Be Treated Over and Over, but Turned Off by Using Specific Neurological Reflexes

I felt that, if I could apply a specific stimulation, vector, and pressure by hand to a muscle with a trigger point in it, the intentional activation of the GTO reflex would cause a tender trigger point to immediately lose its tenderness when pressed. This, in turn, might help to resolve chronic symptoms that were caused by that trigger point. I eventually found the first of a series of reflexes that consistently turn off palpatory pain.

A trigger point will be painful when first pressed; the reflex is then initiated by appropriate stimulation to the muscle. If it’s the correct reflex for that trigger point, within seconds the point will no longer be painful when pressed! Very often, the patient’s symptom associated with that trigger point will clear up as well. Sometimes the symptom will improve immediately; sometimes it will resolve after several treatments. Just as it’s normal for the knee to jerk when the patellar tendon is tapped, it’s normal for a T.P. to resolve immediately when the proper reflex is stimulated.

Pain Neutralization Technique (P.N.T.) is not similar to any previous technique for treating trigger points, e.g. ischemic compression or strain counterstrain. The aim here is not to treat a trigger point but to erase it. If the reflex is correct for the involved point, it will not be tender within a few seconds; it will be gone. This treatment is not painful; it eliminates the pain.

As I applied this procedure to many patients with pain, I was surprised to find the majority of trigger points would relax and disappear within seconds of correctly applying this or one of the other Pain Neutralization Techniques. If the direction or pressure of application wasn’t right, there might only be a 50 percent improvement; when I changed the application, the improvement would often get to be 100 percent.

The treatment is effective in the large majority of cases for instantly reducing or eliminating trigger points; but, in some cases, the patient’s symptom does not resolve. Of course, not all pain is due to trigger points; eliminating the T.P. often, but not always, affects the symptom. Sometimes the trigger point will continue to recur; it keeps coming back after each
treatment. However, the majority of trigger points will improve after each treatment and be undetectable after three to five visits. Many patients do things that perpetuate their symptoms, such as snapping their own necks or holding a cell phone between their ear and their shoulder. These activities need to be stopped.

In 1989, I set out to find a reflex that would instantly inactivate trigger points. It took me fifteen years to find the reflex. I discovered several dozen more in the following year.

**M.D.’s Astonished as D.C. Demonstrates Pain Neutralization Technique and Eliminates Chronic Pain in Seconds on One Doctor after Another**

In March 2006, I gave a presentation to a group of skeptical M.D.’s. Robert Rowen, M.D., editor of *Second Opinion* newsletter, was there, and wrote: “Here’s a miracle I wouldn’t have believed if I wasn’t there to witness it. A previously unknown chiropractor spoke about his pain neutralization technique for instantly relieving painful trigger points. What medical doctor would believe such claims from a chiropractor? I listened with curiosity and healthy skepticism. Then he performed his technique on many of my esteemed colleagues, including some very famous ones. The majority got immediate relief, even with very long term chronic problems. It was absolutely incredible!”

I’ve now demonstrated Pain Neutralization Techniques to many hundreds of D.C.’s and M.D.’s. Many of these doctors have had instant improvement and elimination of chronic symptoms, including long standing cervical and lumbar disc problems, frozen shoulders, severe TMJ dysfunction, migraines, abdominal pain, etc.