

Interprétation endocrinienne
des
Centres-Réflexes de Chapman

An endocrine interpretation
of
Chapman's Reflexes

Traduit, présenté, annoté et édité par
Translated, introduced, annotated and edited by

Claude ROUMI

Foreword

For nearly 30 years I have practiced osteopathy and since then, I have tried to improve my diagnosis and find a technique capable of healing, quickly and with pertinence, injuries or dysfunctional organs.

In 1984, while I was preparing my degree in Osteopathy, I read for the first time, during a group session about Chapman's work in a booklet titled "Chapman's reflexes", translated by Alain Abehsara D.O.

After a quick flick-through, I felt that Chapman's technique was a long and strenuous technique, much difficult to integrate in practice. It entailed that, every patient's reflexes had to be examined and treated in the course of one session. How could I possibly find the time to use that technique while I had already spent five years trying hard to combine together the other techniques I learnt?

I kept Chapman's reflexes technique in the back of my mind, hoping that one-day, I would find a proper use and time for it.

Over the years, I've attended many workshops and training sessions, each time eager to gain better knowledge and practice. What I have learnt, in fact, is the necessity to see the patient in his entirety and to adopt a holistic approach of osteopathy.

Ten years ago, while opening boxes in my new house, I fell on the Chapman's reflexes booklet I had read in 1984. I took it as a sign and decided to give it a second chance by studying that technique more in depth.

Step by step, point-by-point, group of reflex by group of reflex, I managed to understand the protocol of Chapman's treatment.

I also discovered the scope of possibilities of such a technique and decided to practice on a daily basis until I get familiar with all its aspects.

In the translated version of Chapman's work, some of the reflexes were not matching with what I could perceive and understand. I decided to refer to the original text "*An Endocrine Interpretation of Chapman's Reflexes*", and to make my own interpretation. This edition comprises several works collected by Ada P. Hinckley D.O., Frank Chapman's wife, Charles Owens D.O., Frank Chapman's brother in-law and W.F. Link D.O. It was written at the beginning of the 20th century in an illustrative American English of its time and referred to the previous works of A.T. Still. I set myself up to the task of translating and interpreting it.

Owens' small-sized edition that I hold in my hands, by, was meant mainly for students; a handbook with broad charts and blank pages to jot down personal notes and findings.

Besides, this English version left me slightly dubious. Sections of the text describing reflexes were not matching properly with the charts and vice-versa. Some other charts were showing more details than there were in the text. Most often, the charts were too small and imprecise.

The translating task of Chapman's work gave me the opportunity to immerse myself into his pattern of thinking. Page after page, reading after reading, I plunged into the depths of the anatomy of the lymphatic system as well as the exact position of the reflexes.

It was imperative to locate reflexes better so that I could simplify and create my own charts.

Some time later, I was invited to teach this technique. By doing so, I gained greater confidence in practice and realized how important and subtle were the touch and the feeling of the reflexes to master the technique.

In the following publication, I kept the original American version of the text for the benefit of the largest number of English readers. But along with it, I appended a French version, meant to give a clearer rendition of Chapman's view.

Annie J. Ollivier, a translator, helped me in converting some of the original text into a more modern and vivid version.

I also chose a different format in order to convey the importance of Chapman's reflexes discovery. And when necessary, I made some additions in italic. The original charts have been enlarged, amended and redesigned according to the original text providing thus a better understanding and application of the technique. Anterior reflexes are marked in red and posterior reflexes in blue. Palpation is the only way to locate precisely reflexes but charts are helpful to visualize them. I also thought useful to affix separately, for those who were interested, a full-length poster depicting all the reflexes.

This book is aimed at introducing Chapman's reflexes to practicing physicians. By teaching them how to locate and feel the reflexes, their diagnosis on organic or functional lesions get more pertinent each time and better grows their knowledge on the innominate-thyroid lesion; a subject that was unheard of until Andrew Taylor Still described it for the first time, followed later by Franck Chapman.

In the first leg of the learning process, this book teaches the practitioner how to *see with his fingers* before going further in the making of a diagnosis; exactly as Franck Chapman wanted the technique to be taught.

As the reader goes through, it becomes obvious that reflexes are very close one to each other. It explains the domino effect that injuries create on the organic, functional and hormonal level.

While working on this book, the urge to pursue my own research grew. I had been trained to the Vodder deep-tissue massage technique and undertook further studies on A. T. Still and W.G. Sutherland's works concerning the lymphatic system, the body fluids, the anatomy of the lymphatic system and embryology. Suddenly I realized the extent and importance of Franck Chapman's reflexes.

When you work with reflexes, the latter release the circulation of fluids which favors and regulates hormonal secretions through the body fluids and confirms the direct links between the hormonal, lymphatic and organic systems, exactly as Franck Chapman figured it out in his work.

Moreover, as mentioned in recent scientific studies, I understood that interstitial liquid, lymphatic liquid, cerebrospinal liquid and blood were primary channels of information in the body.

It is easy, in such a context, to measure the fundamental part that hormones play in osteopathy and when combined with a treatment on reflexes, the patient can also be treated at an emotional level, which is more than often one of the main causes of the symptoms and pathology.

One stage after another, I decided to gather the results of what I have learnt, understood and experienced into a synthesis. I will present in a second book a broader vision and explanation of Franck Chapman's reflexes and the extent of its technique.

An Endocrine Interpretation
of
Chapman's Reflexes
By
The Interpreter

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Par
L'Interprète

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Frank Chapman D.O.

CHAPMAN'S REFLEXES

A FOREWORD BY FRED L. MITCHELL,
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A resurgence of interest in the diagnostic and therapeutic application of neurologic reflexes has prompted the reprinting of the work of Frank Chapman. Interest has been stimulated within the osteopathic profession, especially by the published works of Korr, Denslow, Drucker, Thomas, Abel, et al. Their important research into the characteristics of the facilitated segment, and also the work of Doctors Pottenger, Travell, Judovitch and Bates, and Speransky has focused clinical attention on this aspect of pathologic physiology. Because of this and other research that has been done since the original publication of this book, we are now able to make a more intelligent hypothesis as to where Chapman's Reflexes may fit into total osteopathic care.

The one thing that these pathologic reflexes - or perverted physiologic reflexes - have in common (Travell's myofascial triggers, the facilitated segment of Korr, et al, Chapman's reflexes, etc.), is that they are all organismic responses to various types and degrees of tissue injury, i.e., physical trauma, infection, degeneration, chemical, etc. Emphasis on the psychosomatic aspect of disease has strongly indicated another type of pathologic reflex, the cortico-visceral reflex. Research of the past thirty or forty years on these phenomena has been copiously reported (e.g., in Bykov and Gantt "The Cerebral Cortex and the Internal Organs".) After nearly twenty-five years' experience with Chapman's reflexes, I am convinced that it is a valid contribution to this field.

LES CENTRES-RÉFLEXES DE CHAPMAN

Avant-propos par Fred L. Mitchell D.O.,
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Un regain d'intérêt pour l'application diagnostique et thérapeutique des centres-réflexes neurologiques a incité la réimpression de l'ouvrage de Frank Chapman. Au sein de la profession ostéopathique, l'intérêt a particulièrement été suscité par les travaux publiés par Korr, Denslow, Drucker, Thomas, Abel et al. Leurs recherches importantes concernant les caractéristiques du « segment facilité », ainsi que le travail des docteurs Pottenger, Travell, Judovitch et Bates, et Speransky ont attiré l'attention sur cet aspect clinique particulier de la physiologie pathologique. Pour cette raison et grâce à d'autres recherches effectuées depuis la publication originale de ce livre, nous sommes maintenant en mesure d'émettre une hypothèse plus poussée sur la façon dont les centres-réflexes de Chapman peuvent être intégrés dans une pratique globale de soins ostéopathiques.

La chose essentielle que ces centres-réflexes pathologiques – ou centres-réflexes physiologiques affectés –, ont en commun (les points déclencheurs (triggers) myofasciaux de Travell, le « segment facilité » de Korr et al, les centres-réflexes de Chapman, etc.) est qu'ils correspondent tous à des réactions de l'organisme à différents types et degrés de lésions des tissus : traumatisme physique, infection, dégénérescence, médicaments, etc. L'accent étant mis sur l'aspect psychosomatique de la maladie, un autre type de réflexe pathologique est apparu, le réflexe cortico-viscéral. La recherche effectuée au cours des trente ou quarante dernières années sur ces phénomènes a été largement documentée (par exemple, dans le livre de Bykov et Gantt, *Le Cortex Cérébral et les Organes Internes*.) Après environ vingt-cinq ans d'expérience des centres-réflexes de Chapman, je suis convaincu qu'ils sont une contribution de grande valeur au domaine ostéopathique.

Having had the inestimable privilege of working with Dr. Charles Owens for a number of years, I have felt impelled to write this preface in the hope of clarifying some of the ideas presented in this book. Dr. Owens, unexcelled as a skilled physician, and a gentleman of unquestioned integrity and sincerity of purpose, sometimes found it difficult to put into words what he himself understood so well. Because Dr. Owens emphasized its importance so forcefully, my own special interest in the function of the pelvis was stimulated. The first fruits of my inquiry into this field are to be found in the 1953 Year Book of the Academy of Applied Osteopathy, and more recently and completely in the 1958 Year Book.

Drs. Chapman and Owens were of the opinion that these reflexes were clinically useful in three principal ways:

- 1) for diagnosis,
- 2) for influencing the motion of fluids, mostly lymph,
- 3) for influencing visceral function through the nervous system.

The relative constancy of the anatomic topography of Chapman's reflexes makes it possible to establish the location of pathology without knowing its nature.

In considering the reflex effect on lymphatics, Dr. Chapman apparently assumed the existence of a neuro-lymphatic reflex (in the sense that we speak of neuro-vascular, neuro-muscular, neuro-humeral, etc.) as a part of the body's homeostatic mechanisms. Research in this area is definitely indicated. The somato-visceral reflex has been under investigation at Kirksville.

The practicing physician will find in this book a valuable and usefull therapeutic and diagnostic method. Let me at this point indicate some important details in the use of Chapman's reflexes.

Ayant eu l'inestimable privilège de travailler avec le Dr Charles Owens pendant un certain nombre d'années, je me suis senti poussé à écrire cette préface, dans l'espoir de clarifier certaines des idées présentées dans ce livre. Reconnu en tant que médecin qualifié et homme d'une intégrité et d'une sincérité incontestées, le Dr Owens avait parfois du mal à expliquer avec des mots ce qu'il avait lui-même si bien compris. C'est justement parce que le Dr Owens a souligné son importance avec tant de force, que je me suis particulièrement intéressé à la fonction du bassin. Les premiers fruits de mon expérience dans ce domaine figurent dans le *Year Book* de 1953 de l'Academy of Applied Osteopathy, et plus récemment et de façon plus complète dans le *Year Book* de l'année 1958.

Selon les docteurs Chapman et Owens, ces centres-réflexes étaient cliniquement utiles pour trois raisons principales :

- 1) pour le diagnostic,
- 2) pour stimuler le mouvement des fluides, principalement la lymphe,
- 3) pour stimuler la fonction viscérale par l'intermédiaire du système nerveux.

La cohérence relative de la topographie anatomique des centres-réflexes de Chapman fait qu'il est possible de déterminer l'emplacement de la pathologie sans en connaître sa nature.

En examinant l'effet réflexe sur le système lymphatique, le Dr Chapman a apparemment conclu qu'il existait un réflexe neuro-lymphatique (dans le sens où nous parlons de réflexes neurovasculaires, neuromusculaires, neurohumoraux, etc.) et que celui-ci faisait partie des mécanismes homéostatiques du corps. La recherche dans ce domaine devrait certainement être approfondie. Le réflexe somatoviscéral était à l'étude à Kirksville.

L'ostéopathe trouvera dans ce livre une thérapeutique bénéfique et utile ainsi qu'une méthode de diagnostic. Permettez-moi, à ce stade, d'indiquer certains détails importants dans l'utilisation des centres-réflexes de Chapman.

BRONCHITIS
Reflex Centers

Anterior:

Intercostal space between the second and third ribs close to the sternum, *one or both sides*. (*Identical with the anterior reflex centers of the thyroiditis*).

A gangliform contraction indicates engorgement of the lymphatic drainage for the bronchial tubes.

Posterior:

Across the face of the transverse process of the second dorsal vertebra, midway between the spinous process and the tip of the transverse process, *one or both sides*. (*Identical with the posterior reflex centers of the thyroiditis*).

It is not uncommon to find an auto-intoxication in association with chronic bronchitis, due perhaps, to faulty elimination of the mesenteric glands, thereby leaving a residue to disintegrate and clog the tissues, producing the well known sallow appearance.

In such cases the spleen, liver and pancreas should be given particular attention. The spleen, because it supplies a considerable amount of the material from which the bile is manufactured; the liver, because of the supply of bile for its lubricating and stimulating effect and the pancreas to insure proper chemical reaction within the intestines.

BRONCHITE
Centres-réflexes

Antérieurs :

Dans l'espace intercostal entre les deuxième et troisième côtes, près du sternum, *d'un ou des deux côtés*. (*Identiques aux centres-réflexes antérieurs de la thyroïdite*).

Une contraction ganglionnaire indique un engorgement du drainage lymphatique des bronches.

Postérieurs :

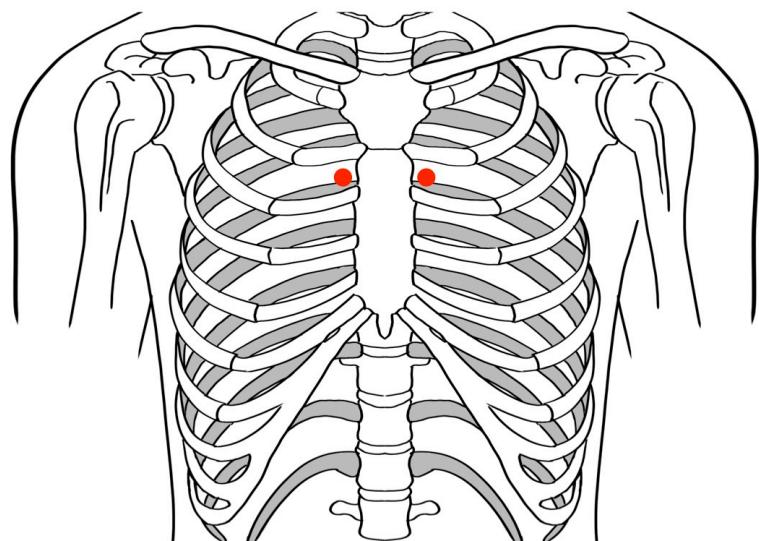
À travers la surface de l'apophyse transverse de la deuxième vertèbre dorsale, à mi-chemin entre l'apophyse épineuse et la pointe de l'apophyse transverse, *d'un ou des deux côtés*. (*Identiques aux centres-réflexes postérieurs de la thyroïdite*).

Dans le cas de la bronchite chronique, il n'est pas rare de trouver une auto-intoxication, en raison peut-être d'une mauvaise élimination des glandes mésentériques, laissant ainsi un résidu qui se désagrège et bouche les tissus, donnant aux expectorations un aspect jaunâtre bien connu.

Dans de tels cas, il faut accorder une attention particulière à la rate, au foie et au pancréas. La rate, parce qu'elle fournit une quantité importante de la matière à partir de laquelle est fabriquée la bile, le foie, parce qu'il produit de la bile pour lubrifier et stimuler, et le pancréas, parce qu'il assure la réaction chimique appropriée dans les intestins.

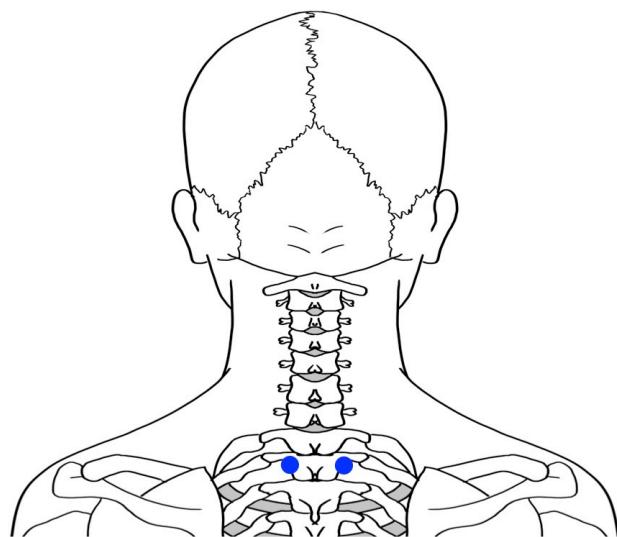
Bronchitis' anterior reflex centers:

Centres-réflexes antérieurs de la bronchite :



Bronchitis' posterior reflex centers:

Centres-réflexes postérieurs de la bronchite :



LOWER LUNG
Reflex Centers

Anterior:

A gangliform contraction between the fourth and fifth ribs, close to the sternum, *one or both sides*, indicates an involvement of the lymphatic drainage of the lower lung, or complete blocking of the lymphatics, with attendant dyspnea in pneumonia, acute miliary tuberculosis, and asthma.

These centers may also be involved in pleurisy or intercostal neuralgia.

Posterior:

Intertransverse space, midway between the spinous processes and the tips of the transverse processes of the fourth and fifth dorsal vertebra, *one or both sides*.

POUMON INFÉRIEUR
Centres-réflexes

Antérieurs :

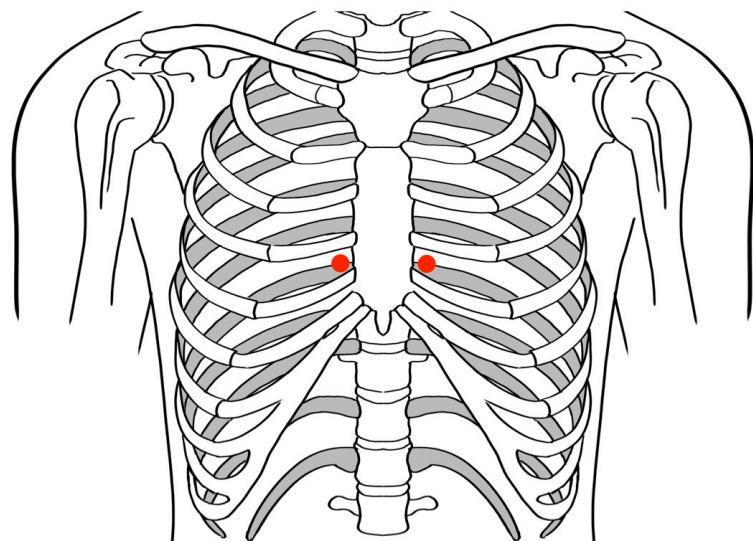
Une contraction ganglionnaire entre les quatrième et cinquième côtes, tout près du sternum, *d'un ou des deux côtés*, indique une affection du drainage lymphatique de la partie inférieure du poumon, ou un blocage complet des vaisseaux lymphatiques, accompagnée de dyspnée dans la pneumonie, la tuberculose miliaire aiguë et l'asthme.

Ces centres-réflexes peuvent également être impliqués dans la pleurésie ou la névralgie intercostale.

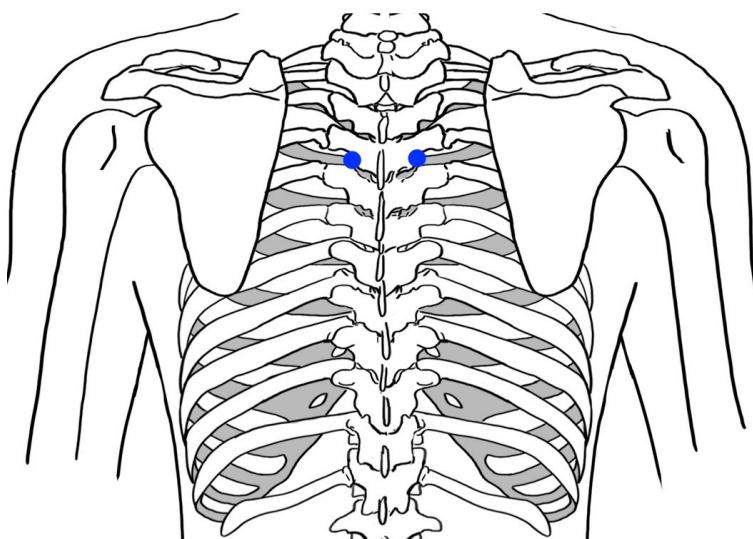
Postérieurs :

Dans l'espace intertransversaire, à mi-chemin entre les apophyses épineuses et les extrémités des apophyses transverses de la quatrième et de la cinquième vertèbre dorsale, *d'un ou des deux côtés*.

Lower lung's anterior reflex centers:
Centres-réflexes antérieurs de l'affection du poumon inférieur :



Lower lung's posterior reflex centers:
Centres-réflexes postérieurs de l'affection du poumon inférieur :



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