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CLINICALNOTE

A history of temporal sphenoidal (TS) diagnosis and its clinical application

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Abstract: Rees studied the TS points extensively and attempted to determine how these reflex points might relate to the body and be used for diagnosis and guiding treatment. His initial theory suggested that the TS points on the skull helped to monitor messages sent from a vital organ as sensory feedback to the brain. He believed that these messages could be measured by an EEG (Rees used an oscilloscope) as micro-voltages of an alpha wavelength. Therefore when an organ was stressed, the matching TS point had an imbalance of alpha wave production compared to the other points, thus setting up a local hyper-excitability or reduced inhibition effect on the active TS point.

From this came a method Rees termed the '*Alpha Wave Enhancement*' technique to address this imbalance and facilitate both afferent and efferent supra-spinal visceral communication.

Indexing terms: Chiropractic; Alpha-wave enhancement; Temporal sphenoid; diagnosis

Introduction

When treating patients it is often essential to find some way of generalising their presentation so we can assess how to treat a patient and follow their progress. Commonly in chiropractic, orthopedic and neurological tests are used to gain a generalisation into the patient's presentation, determine what care might best be rendered and whether the patient has a positive response to this care.

> *... It is believed that when an organ was stressed, the matching TS point had an imbalance of alpha wave production compared to the other points, thus setting up a local hyper-excitability or reduced inhibition effect on the active TS point'*

Temporal sphenoidal (TS) diagnosis is an assessment tool discovered by Major Bertrand DeJarnette and developed by M L Rees in the 1960s. TS diagnosis is based upon palpatory exploration of the circumference of the greater wing of the sphenoid and temporal bones assessing regions of swelling and/or sensitivity to the patient.

Rees considered this TS ring to be a kind of master control panel '*circuit breaker box*' for all vital functions in the human body. He believed that a stressed viscus anywhere in the body flashes its distress (viscerosomatic reflex) signal to the brain through this control panel. He purported that when these reflexes are received at the TS region, the brain interpreted this signal and sought to regulate or improve the function of the distressed viscus.

In the early 1960's DeJarnette handed the TS research project to Rees. In 1963, Rees reported he had observed an interesting change that occurred before and after a chiropractic adjustment in

the area of the patient's external auditory meatus. This occurred at the *Aladdin Hotel* in Kansas City, Missouri, at the annual *Sacro Occipital Technique Clinic*.

Preliminary physical examination purportedly determined that a tortuous external auditory canal was found. After a sacro occipital adjustment, it appeared that the ear canal had normalised, even though direct treatment was not rendered to the ear canal. This clinical response confirmed to Rees the need to follow up on the work of DeJarnette since he believed the patient's response suggested that the temporal bone was connected in some way to body function.

The TS Points and EEG

Subsequently Rees studied the TS points extensively and attempted to determine how these reflex points might relate to the body and be used for diagnosis and guiding treatment. His initial theory suggested that the TS points on the skull helped to monitor messages sent from a vital organ as sensory feedback to the brain. He believed that these messages could be measured by an EEG (Rees used an oscilloscope) as micro-voltages of an alpha wavelength. Therefore when an organ was stressed, the matching TS point had an imbalance of alpha wave production compared to the other points, thus setting up a local hyper-excitability or reduced inhibition effect on the active TS point.

To deal with this effect and attempt to balance this reflex activity Rees developed a method he termed the '*Alpha Wave Enhancement*' technique to address this imbalance and facilitate both afferent and efferent supraspinal visceral communication. Just as direct visceral manipulation procedures are to restore motion, flow, or reflex activity of the central nervous system (CNS), autonomic nervous system (ANS), lymphatics, and viscera, the Alpha Wave Enhancement technique was believed to support the visceral manipulations by restoring or balancing the bioelectric or electro-magnetic fields of the body. Ultimately the goal of the Alpha Wave Enhancement technique is to restore the communication pathways between the CNS/ANS and by locally enhancing alpha wave production in the region of the TS point.

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