By Dr. Derek Conte

Tom, a slender, fortyish family man, entered the office on referral with severe upper back and mid-scapular pain. He said he had been experiencing it for years but that it had become almost unbearable in the last month. He looked flushed in the face and a bit jittery. I decided to take his blood pressure and found it to be abnormally high.

Upon physical examination we discovered unequal leg lengths, postural distortion, and significant weight imbalances taken on bilateral scales. There was great restriction of the upper and middle spine, with several of the vertebrae significantly rotated alternately right and left. The latter is not common but not unheard of either. The same region of the spine was exquisitely sensitive to even mild pressure. I had seen this before and asked him, "Tom, have you ever gotten flustered and felt your chest pounding and became sweaty and nervous and short of breath for no apparent reason?"

"Yes", he said, "How could you know that?" I asked a further question.

"Tom, how much stress are you dealing with, at home and at work?" He said, "Some, but it is manageable".

I then explained some anatomy to him, to help him understand how the stiffness and misalignments in his upper back could be causing such symptoms even though his heart might be perfectly healthy: You see, the upper spine (from T1 to T4 typically) is responsible for relaying messages to the heart and lungs for how fast the heart should beat and how deeply he would breathe. Those messages start in the brain and come through the nerves in the upper back in the form of adrenaline.

Adrenaline aka Epinephrine (used in inhalers for asthma or in the case of cardiac arrest) is a powerful, short-acting hormone which makes the heart beat faster and harder, boosting the blood pressure. In the lungs, it speeds up and deepens the breathing as it opens the airway. It also makes certain vessels constrict which boosts the blood pressure even more. Too much adrenaline, for too long, can even cause the heart to beat unevenly and bring a sensation of fear.

I told Tom If this area of the spine was sharply misaligned, and irritated the nerves to deliver too much adrenaline, there was a chance the pain and anxiety he had been experiencing could be helped by making corrective adjustments to that specific area. He understood, he agreed, and we adjusted him, very specifically. We cleared out the leg length and weight distribution inequalities, and rectified the posture with the first adjustment.

Tom didn't have his second visit until a month later as he was tied up with work and family matters, but he looked like a different guy. Much more relaxed now than before. He happily reported he hadn't had any pain or a single anxiety attack since his first adjustment. He now has a much better understanding of how his body works. That is something we all should strive for. Sometimes, scary things are not so scary after all.

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