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## **Spinal Subluxation and Tonsillitis**

By Peter Fysh, DC

Brandy was eight-years-old when she presented with chronic tonsillitis. Her history was one of recurrent sore throats which would last for a week or more each time. The problem was recurring, almost every month. By history, Brandy's treatment had included various antibiotic medications and salt gargles, but nothing seemed to be helping to rid her of the problem. Removal of the tonsils appeared to be the only remaining option.

Before undergoing tonsillectomy, Brandy's parents brought her to the chiropractor for a spinal evaluation, which one of their relatives had suggested might help. Upon examination, Brandy's tonsils were found to be quite enlarged and red. There was no whitish exudate on the tonsils, which might have typified a streptococcal infection, but the tonsils were enlarged to the point that there was a significantly reduced airway space between the tonsillar pillars.

After completing Brandy's history and establishing the other forms of treatment had been tried and found to be ineffective, the chiropractor sat Brandy's parents down and explained another possible reason why her problem was unresolved. Subluxations in Brandy's spine may be the cause. Spinal problems may be the reason why her body was not able to mobilize all its defenses through the immune system. To clear the problem naturally, the way her body was intended to, would require that her immune system be functioning at optimal efficiency. The chiropractor explained to Brandy's parents that the tonsils were an important part of the body's immune system, one of the first line defenses against respiratory pathogens, bacteria and viruses, which invaded constantly through the oral and nasal passages. To remove the tonsils would be to remove an important part of this young girl's ability to fight respiratory infections.

The tonsils are part of the lymphatic system, a large network of ducts and nodes which exists throughout the body, and which is a vital part of the bodies innate protective immune mechanism. The lymph system is the site where the white blood cells, leukocytes, carry out the process of inactivating any foreign invading

organisms which may attack the body. In addition to being the major site of the body's defensive processes, the lymphatic system is also the major drainage system for interstitial fluids and microscopic waste products from the body. To be an effective drainage system, the lymph ducts of the lymph system need a pump. The circulatory system, or cardiovascular system, has the heart as its pump and relies on active contraction of the muscles through which the lymph ducts flow to move waste products through the system toward the heart. All lymph eventually flows into the blood stream where it is filtered out and disposed of by the various organ systems of the body.

Herein lies the problem. The tonsils are a major part of the lymph system and since all of the lymph ducts leading away from the tonsils must travel through the muscles of the neck, it is necessary for those muscles to be able to exert a pumping effect on the lymph in the ducts and nodes.

Well then, where does the spinal subluxation become involved and how can its correction help Brandy's tonsillitis?

The anatomical model of the spinal subluxation is one of a minor derangement in the function of one or several spinal vertebrae which can produce irritation of the free nerve endings, i.e., small nerve fibers within the intervertebral joint capsules. Irritation of free nerve endings can produce contraction of the muscles supplied by the nerve fibers at that spinal level or region. Contraction of these muscles may then either inhibit or at least significantly restrict the flow of lymph through the lymph ducts which pass through those muscles.

In children, the lymph ducts are naturally smaller than those found in adults and therefore are more easily obstructed and prevented from doing their job of defending the body from foreign invaders and draining the waste products away from the area.

The tonsils rely for their drainage upon the tonsillar nodes and the deep cervical lymph ducts, the latter of which flows through the muscles of the neck, before dropping beneath the clavicle on their way to the heart. It is possible therefore for a minor subluxation of the neck to cause muscle contractions which would impede lymph flow and thereby reduce the functional capacity of the patient's immune system. This slowing of the normal lymphatic clearing process would therefore be responsible for an increase in lymphatic pressure and swelling of the lymph nodes, with resultant increase in the effects of bacterial and viral invasion on the upper respiratory system. An interesting finding associated with this explanation: The side of the patient's neck with the greatest muscle contraction should also be the side of the neck with the

greatest palpable enlargement of lymph nodes, identifiable as small nodules (somewhat like a string of pearls) just anterior and posterior to the sternocleidomastoid muscle on the involved side of the neck.

In Brandy's case, her tonsils were swollen on both sides indicating a possible significant restriction of the lymphatic defensive process and inadequate drainage through the lymph system. Evaluation of her cervical spine indicated several areas of fixation and relative immobility in the upper three vertebrae of her neck, and as expected, associated tight muscles and palpably swollen lymph nodes in her neck. Correction of Brandy's neck problem took just two light adjustments and a couple of follow-up visits to ensure that normal function had been restored. The swollen tonsils responded remarkably to the treatment and within a week had returned to normal size. No surgery necessary.

Brandy's parents wondered how her spinal subluxations had occurred in the absence of a major neck injury. The chiropractor assured them that most children developed spinal subluxations simply from the task of being a child, with all the associated minor accidents and falls which children frequently suffer, but which are usually just treated by wiping their tears and encouraging that they will be OK.

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Editor's Note:

Dr. Fysh is currently conducting pediatric seminars. He may be contacted at (408) 441-1881.

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