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ropathy increases muscle tone and causes concurrent muscle shortening. Thus, when the gut is involved, cramps occur. Muscle shortening, in turn, can mechanically cause a large variety of pain syndromes such as neuropathy, lumbar disc pain, etc., by its relentless pull on various structures.³⁸

According to Gunn, muscle shortening is the key to myofascial pain of neuropathic origin. Stated differently, myofascial pain cannot exist in the absence of muscle shortening, for if there is no shortening, there is no pain. Gunn sometimes refers to myofascial pain as the “shortened muscle syndrome.”³⁸ This phenomenon may explain why different therapies like chiropractic, massage etc. will temporarily help a patient with myofascial pain.

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Reversibility of Chronic Degenerative Disease and Hypersensitivity, Vol I

Clearly, acupuncture in the twenty-first century has a provable scientific basis although there is still some difficulty in translating the ancient writing and concepts into modern physiology. IMS of Gunn is discussed in more detail in Treatment chapter in Volume 4 - Mechanisms of Cardiovascular Disease and Chemical Sensitivity. Gunn's protocol offers a more scientific modification of the Chinese acupuncture system.

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Nervous System

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Muscle shortening is a fundamental feature of musculoskeletal pain syndromes. According to Gunn, the term *spasm* is commonly used to describe muscle shortening in myofascial pain syndromes, but shortening is generally caused by classic contracture. Spasm—that is, increased muscle tension with muscle shortening—comes from motor nerve activity and is seen in electromyography (EMG) as continuous motor unit activity. Spasm cannot be stopped by voluntary relaxation. However, EMG manifestation of a shortened muscle usually reveals motor

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Cannon⁵⁹ and **Gunn**,⁶⁰ each independently, demonstrated that supersensitivity can occur in many structures of the body including skeletal muscle, smooth muscle, spinal neurons, sympathetic ganglia, adrenal glands, sweat glands, and

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acuity in communication appears to have been overcome by the experienced physician/acupuncturists of today. For example, Gunn⁹⁷ has modified the Chinese technique to fit with modern anatomy and has developed a rational protocol for needling damaged areas resulting from bone and muscle trauma, as well as from spondylosis and herniated discs. This IMS modifies the classic acupuncture to the point that the procedures become practical for every physician.

We will attempt to integrate the information and data from **Gunn**, Mann, and other authors into an anatomical and physiological basis for the optimum function of the acupuncture energy system to work.

The variation of the acupuncture points occurs on the arms, legs, and lower abdomen.

There may be several reasons for this variation, but the two most important are first, the degree

This fact correlates with **Gunn's** observations of denervation supersensitivity discussed earlier in this chapter. After a significant chronic pollutant injury where the lowered threshold occurs, especially in these patients with chemical

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... nerve injury, and thus it can be treated by the integrated muscle acupuncture therapy of **Gunn**, as well as by the avoidance of pollutants, replacement of nutrition, medically supervised sauna, massage, physical therapy, and oxygen

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... the neuropathy hypersensitivity of **Gunn**,⁵⁷ the nerve injury supersensitivity of Cannon,⁵⁹ and the experiences observed at the EHC-Dallas and Buffalo. In the experience of Mann, not infrequently, a stimulus on any area as large as one to ...

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... activity-stressed parts of the body, causing “spondylosis,” “discogenic disease,” and “osteoarthritis” among others. Such conditions are currently regarded as primary diseases, but **Gunn** thinks they are secondary to a radiculopathic process

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