Viscero-cutane reflexes investigation pregnants.

Viscero-cutane reflexes exist if can be demonstrated that the internal organs in some shape exchange information with the skin. At inserting IUDs the temperature of a specific uterus related skin area increases 0.2oCelsius compared to the average skin temperature.

In a way the insertion of an IUD is not a physiological situation. It could be that a situation closer to that gives no reaction or a weaker reaction.

In case of pregnancy we more or less have a physiological situation, but the reference temperature is the average abdominal wall temperature. So we can only say something when the differences are big or when the temperature is going to do "something" or when there are obvious differences between women having a normal pregnancy and women having a deviating pregnancy. A problem with these measurements is that the average body temperature of pregnants is higher than that of not pregnants. That is disruptive to small skin temperature changes.

The number of pregnants during the measuring period in a general practice was not big. Eventually 17 women participated. Nine of them had complaints and eight did not. So the measuring group was small. Yet there was a difference in the temperature course of the specific uterus region between both groups but because of the limited number those differences were not significant.

Joining the two groups and watching the temperature course then there was a significant temperature decrease in the pregnancy cyclus in week 34 of the pregnancy. Presumably as a starter for delivery.

At body temperature measurements such a curve has often been looked for but never found.

That means as well that in physiological situations of a pregnancy the uterus area communicates to the matching skin area. That process cannot havve a path other than a viscero-cutane way.

If skin measurements even contain information during physiologicacl situations of internal organs this certainly can be expected in case of disease information transfer.

In 2008 a Danish investigation group investigated the transfer of pain sensation from an intestine to the skin. From patients with a stoma mucosa was touched with a pungent substance causing a pain reaction on a certain spot of the abdominal skin. This appeared to be significantly increased compared to the surrounding abdominal skin.

These findings are completely consistent to what could be expected from the IUD and pregnancy investigation.

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