

## **Basic course Myoreflextherapy**

A neuromuscular regulation therapy, developed by Dr. med. Kurt Mosetter

### ***Basics of Myoreflextherapy***

#### **History and fundamental principles**

Myoreflextherapy has developed from a multitude of different philosophies and sciences. It contains experiences and insights of ancient cultures as well as results of modern physics and present orthodox medicine. On first sight seemingly unfamiliar elements of most different hypothesis interweave to create a new and multilayered concept of treatment and therapeutic competence.

Crucial corner stones of Myoreflextherapy are:

1. Functional anatomy and muscle system
2. Physics and biomechanics of musculoskeletal system
3. Phenomenology and empirical medicine of the eastern hemisphere including traditional Chinese medicine (TCM)
4. Psychology and Psychotraumatology
5. Physiotherapeutic procedures
6. Neurophysiology and neuropsychology
7. Neurobiology

These scientific systems form the base of Myoreflextherapy. Different models and exact theoretical description pour into a multidimensional treatment concept. Thereby, the focus lies not only on a simple connection or therapeutic methods, but mostly on a rich and multidimensional foundation for description and treatment of the same topic – the human being. Closer examination of the individual therapy systems shows an obvious multitude of corresponding elements.

So, different languages, cultural views and seemingly totally different models literally melt together into one point. Physics, anatomy, neurophysiologic basics and special acupuncture points in the end prove to be independent of cultural, geographic and chronological backgrounds. So, this is not about discussing which model is right or wrong, or which point of view might be obsolete or new, but about a profitable therapy concept with more than one consistent solution.

With Myoreflextherapy, first and foremost the muscle-tendon-bone transition is treated in functional connections and kinetic chains. In these spots, tactile stimuli are felt stronger because of a higher concentration of Golgi-tendon apparatus and muscle spindles in these areas. During palpation, painful hardenings, myogelosis and swellings in the connective tissue can be found. Already a slight increase of pressure may lead to pain sensations with referred pain in distant spots within the unbalanced kinetic chain. Following exact palpation and pressure point stimulation of such points, the palpable alterations dissolve after a certain time (seconds up to few minutes). By

increasing the manual pressure at the muscle-tendon-bone-transition, neuromuscular reactions and reactions in the connecting tissue are triggered.

Myoreflextherapy means an immediate spontaneous regulation of tension in the muscle or rather in the muscle system and with that, it means decompression of joints and soft tissue structures. Adjustment stimuli induce the organism to corresponding regulations and to restore a functioning anatomy free of pain. Connected to that is the abolition of manifold symptoms, which can be evoked by muscle-induced disorders of symmetry and chronic abnormal strain. Besides asymmetries in posture and chronic states of pain, these symptoms may affect the vegetative nerve system and cause problems like sleep disorders, general restlessness, visceral malfunctions like essential hypertonia and much more.

So, Myoreflextherapy takes the muscle insertion, as defined by current orthodox medicine (together with its corresponding neurophysiologic exact described muscle spindles and Golgi-tendon-apparatus) out of a theoretical, pre-clinical field and uses it in a practical and holistic treatment.

The medical tradition of the eastern hemisphere describes the same points in a complex system of meridians without especially focussing on an explaining, exploratory character of western medicine. By physics can be shown, that the axis and vectors of the locomotor system's effective powers flow into the same points/spots concurrent with the traditional acupuncture points/meridians. So, a discipline, obliged neither to the western orthodox medicine, nor to the medical traditions of the east, confirms the acupuncture points – based on the functional kinetic geometry of the musculoskeletal system.

### **Neurophysiology**

Because of different phenomena, which can be observed in daily practice, Myoreflextherapy claims to work not only on the peripheral level of reflexes. Surely, its success is rather based on the fact that its periphery at the same time is access for central and higher instances of motoricity and also of information processing in general (and so, in the end, access to the entire organism human being). It would go beyond the limits of this booklet to try to show the vertical network (hierarchical structure) of the total system on all its levels and in all its details. The periphery in this presentation is of outstanding importance, because with its sensors of motoricity, it represents the direct starting point of Myoreflextherapy. It is so to speak a path of access, enabling the person under treatment to lead a therapeutic dialogue with the information processing instances of the organism. At the same time, the periphery with its additional role as an organ of success, offers the possibility of control and registration (palpation) of change.

### **Schematic presentation**

If a muscle is stimulated, an afferent signal takes place. Through its vertical network, these signals are processed in the central nervous system und significant logical answers are created and taken back to the muscles.

When there is a disorder in a movement program, f. e. hypertonus, the muscle spindle's receptor performance is additionally overmodulated (more than the normal level/sensitivity threshold). The central nervous system realizes this overmodulation and reacts with an answer, opposing the overmodulation (regulation).

This regulation system can be perfectly built into muscle loops and muscle chains. By exact anamnesis and by therapists experienced in biomechanics and motoricity, f. e. traumatic influence can be reconstructed and can be understood via the compensation pattern selected by the body. If these compensation patterns are treated with Myoreflextherapy, a spontaneous remission will happen in the best case. That means that the compensation pattern is disrupted by an overmodulation and will be transferred into a movement pattern, familiar to the central nervous system. This optimal situation will only take place, if the sequence and selection of pressure points is well combined and if a compensation pattern based on that has not yet been manifested. If there is such a pattern, a backwards reaction will happen. A new pattern follows the old one, until the initiating pattern is exposed. In case of a structural disorder, we are able to assist the organism in the best possible way to minimize these compensation patterns or to optimize them by neuromuscular plasticity.

The vertical information network with its coordination performance can be divided into different levels of organisation: from the rhombo-spinal level up to the rhombo-mesencephal level. Leading system of the rhombo-spinal organisation level is the reticular formation. Through the reticular formation and circuits to structures of the cerebellum, muscle tension is controlled, which means coordinated on demand of the most different structures. On this level, control systems are programmed for kinetic chains and then memorized. The basal ganglia transfer the movement plan out of the associative cortex into a movement program, so to speak into a temporal and spatial organized stimulus pattern. Each movement and each touch serves so to say as training and programming of complex movements, which compile whole chains of muscle elements (from the limbs to the entire spine) and activate them if needed.

Summarizing we can state with Bergsmann:

“On the neocortical organization level it comes to networking concerning the critical-intellectual evaluation of the environment with the drives, moods and behavioural patterns, ascending from the sub cortex. Integration of sensory reception and locomotion enable the body to perform well-directed movements. But there are also projection zones of vegetative organs, which lead to a modification of consciousness by vegetative afferences. The psychological phenomena during somatic diseases (irritability, depression and so on) develop here, and in this context it should be remembered, that there are not only psychosomatic, but also somatopsychic reactions.”

(Translated from Bergsmann u. Bergsmann, Projektionssymptome, Vienna 1997)

## **Psychotraumatology**

Focussing the psychosomatic and the somatopsychic discomforts as a system being a result of itself, it becomes clear that such afflictions have to be influenced more by somatic structures, that access can be found to central structures like the amygdala, which combines mind (trauma) and movement, and these can be treated.

So, the conclusion can be drawn, that the body offers optimal access for therapeutic treatment of psychosomatic disorders. Myoreflextherapy picks up the patient's physical trauma compensation mechanisms and makes them conscious for him by overmodulation with pressure point stimulation of the affected muscle systems. Thereby it always again comes to the phenomenon of

flashback, triggered by structures of the body. That means, that the patient experiences the trauma again, but this time, the experience is caught up in a positive therapeutic context. Being conscious of the compensatory body pattern enables the patient to alter it actively.

In this context, Myoreflextherapy is also a trauma complementary therapy, which not only replenishes the psychotherapeutic attempt in many cases, but even only makes it effective. Most patients can not get hold of their traumatic memories explicitly. Here, Myoreflextherapy offers optimal access, because it primarily picks up the level of the implicit (body) memory and therefore offers the possibility of a therapeutic setting on different levels.

(Kurt & Reiner Mosetter, Kraft in der Dehnung, Vesalius-Verlag Konstanz 2003)

Further information under [www.myoreflex.de](http://www.myoreflex.de)

## **Description and structuring of the course**

Up to 30 participants can take part in the course and are taken care of by 4 to 6 course directors. The course offers theoretic knowledge as well as practical experience. The practical part will be conducted in small groups (6 to 10 students plus 2 course directors). Each course sequence contains the theoretical and practical teaching of a certain topic (lower limbs, upper limbs, trunk, skull...) and the clinical pictures which can be derived from it. The division into Basic Course I and II solely has didactic backgrounds. The course sequences can not be taken separately.

### **Basic Course I**

#### **Sequence 1, day 1 to day 3**

- Anatomy: pelvic region
- Biomechanics: pelvic, iliosacral joint
- Introduction Myoreflextherapy,
- Basics of Myoreflextherapy
- Anamnesis
- Neurophysiology: Reflex physiology
- Introduction Traditional Chinese Medicine (TCM)
- Corresponding clinical pictures

#### **Sequence 2, day 4 to day 6**

- Anatomy: leg, foot
- Biomechanics: hip joint, knee, ankle
- Fundamental treatment of arthrosis
- Neurophysiology: pain, simulated movement
- Finding of clinical results
- Developing treatment strategies
- TCM: water element
- Corresponding clinical pictures

#### **Sequence 3, day 7 to day 9**

- Anatomy: trunk, shoulder girdle
- Biomechanics: thoracic spine, spine
- Creation of muscle chains, biomechanical pathways
- Neurophysiology, neuroanatomy
- Examples of particular cases
- TCM: earth element
- Corresponding clinical pictures

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**Sequence 4, day 10 to day 12**

- Anatomy: shoulder girdle, arm
- Biomechanics: shoulder girdle, arm
- Projection symptoms, biomechanical pathways
- Far points, balance points
- TCM: fire element
- Presentation models
- Corresponding clinical pictures

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**Sequence 5, day 13 to day 15**

- Anatomy: cervical spine
- Biomechanics: cervical spine, especially atlas
- Palpation atlas
- Atlas-dependent symptoms
- Complex examples of particular cases, strategy exercises
- TCM: wood element
- Neuroanatomy, neurophysiology
- Corresponding clinical pictures

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**Sequence 6, day 16 to day 18**

- Anatomy: skull, osseous and muscular
- Biomechanics: jaw, skull
- Complex treatment of atlas
- Complex examples of particular cases, strategy finding
- Crossmodal therapy strategies
- TCM: metal element
- Corresponding clinical pictures

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**Sequence 7, day 19 to day 20**

- Neuroanatomy, neurology
- Special pediatry
- Presentation models

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**Sequence 8, day 21 to day 22**

- Neuromuscular psycho-trauma-therapy (NMPTT)
- Repetition

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**Examination weekend, day 23 to day 24**

Day 1: written exam, 3,5 hours

Day 2: oral and practical examination in groups with 4 to 6 examinees

**Examination prerequisites:**

- Graduation in a government approved medical, therapeutic training
- 2 therapy protocols
- 10 hours of practice with a certified therapist

Fees: 4100,- Euro (non-binding information)

**Conditions of participation**

Graduation in a government approved medical, therapeutic training. The course can only be booked as whole. If cancelled until 8 weeks ahead of the course there is no charge. When cancelling after that time and up to 21 days before beginning of course (incoming mail) 50% of the fees are due, if cancelling later, also in case of illness, 75% of the fees are to be paid. If the course direction can offer an adequate substitute, there are only administrative costs of 40,- €. Neither health insurance nor accident insurance is included in the course fees. If the course has to be cancelled for reasons not within responsibility of the organizer, the organizer is not liable for expenses, due to this cancellation. The fees are fully reimbursed in that case. If participation in one of the sequences is not possible, it is to be settled with the organizer, how this sequence can be repeated. Only whole sequences can be repeated.

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An application from your side does not mean an automatic participation. Please wait for our definitive confirmation.

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