

Myoreflextherapy and Pain

by Kurt & Reiner Mosetter

>> Body does not distinguish between physical and psychological pain. <<

Myoreflextherapy bases on anatomy, anatomy in function and clinical action relevance. Leading in this concept is the muscular system. Each muscle can be compared to a force vector. The interplay of all muscles is the so-called movement geometry. During therapy, the body is stimulated to regulate, avoidance postures are made conscious and so can be overcome. The inner life of Myoreflextherapy can be described by our psychic emotions, that is, by clinical psychology and psycho-traumatology. Experiences and biographical events express themselves through the muscular system.

What does such a therapy look like?

Muscle induced symmetrical disorders and chronic mis-strain can cause manifold symptoms. They lead to asymmetries in posture, abnormal posture and states of pain. They can lead to dyssomnia and restlessness.

In Myoreflextherapy, after exact palpation and functional analysis, well directed muscular and connective tissue-reflexes are triggered off by a gradual increase of pressure on the muscle-tendon-bone-transitions. Pressure point stimulation is taken as simulated movement by the patient. Exact dosage, strength and time unit of stimulation are of vital significance. Apart from the receptors of the osseous and muscular structures, especially receptors on the atlas transverse process are to be considered for the corresponding reflexes. The release of a muscle induced block in the head joints is profitable not only for the whole spinal chord, but also for the vegetative nervous system with sympatholytic effects.

In the beginning You stated that also psychological pain shows physically. How or why is that?

Chronic long-term strain takes shape in the body. "It creeps under the skin and sits in the neck", as the saying goes. During stress, also emotional stress, muscle tension increases and so, changes the geometry of motion. "It sits in one's neck and bends us by and by". Interestingly, there is a convergence zone in the central nervous system, in the cingular cortex and in areas of the basal ganglia, where physical pain, psychological pain, emotion and emotional evaluation are connected in the same nerve cell networks.

The body does not distinguish between physical and mental stress. From brain science, we know today, that one-sided posture patterns can also cause mental symptoms, because they represent themselves neuronal. For that reason, many people with back pain often suffer concentration disorders, dyssomnia or depression at the same time. More and more people not only psychogenically imagine suffering, but really suffer from something, which can not be seen on a x-ray picture. When a PET or a functional nuclear resonance scanning is carried out, these occurrences and connections are indeed provable.