

Myoreflextherapy

A new Regulation Therapy for Pain and Diseases of the Locomotor System

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Basics

Via muscle insertions, treatment zones have been rediscovered, which have been long known to be important in a descriptive manner by the empirical medicine of different cultural areas.

Muscle-induced disorder of symmetry and chronic miss-strain can cause manifold symptoms. They lead to postural asymmetry, postural anomaly, conditions of pain – but also effects on the vegetative nervous system with sleep disorders, stomach disorders, general unrest and much more. For this complex of symptoms a new method of treatment has been created: the **Myoreflextherapy**.

Hereby, exact palpation and analysis of function, purposive muscular and fibrous reflexes are triggered through gradual increase of pressure on the muscle-tendon-bone-transition.

Exact dosage of direction, intensity and duration of the stimulus are of decisive importance.

Principles and Mode of Operation

Apart from the receptors of the osseous and muscular structures of the whole body, there are first of all the receptors of the atlas transverse process, which are particularly important. These receptors are Golgi's tendon organs, muscle spindles, and mechano receptors. The triggered reflexes are to be explained by spinal reflex paths, the *gate control*, and by central brain performance with corresponding neurotransmitters.

By stimulation of pressure points, too high actual value tensions of the muscle are realized, focussed on and regulated. That means that with the above mentioned feedback control system, it comes via the endogenic movement programs to an adjustment of actual value and theoretical value of the myotonus; too high a muscular tone will be reduced. So the regulation is an active performance of the patient's central nervous system. The therapist so to say only operates „the keyboard of the computer“.

Apart from reactions of the vegetative nervous system with sympatholytic effects, central processes of learning play a decisive role. With the Myoreflextherapy, the vicious circle of muscular tensions – muscular dysbalance - miss-strain of the joints – disturbed circulation – degenerative processes – pain ... can be broken.

Biomechanics

The **anatomy in function** is the center of the new therapy concept. The Myoreflextherapy is all about an immediate release of too high tensions in the muscle and the immediate relief of joints and soft part structures. Hereby, stimulation of reconstruction serve the original movability and lead to efficient biomechanics.

In the first place as a model of further discussion, in this form of Myoreflextherapy are the **physics of the locomotor system**. Therefore the complex vector systems of dynamic and static powers or power impact have to be understood. Each muscle can be compared to a power vector, whereby amount as direction are to be considered likewise. Considering all parts of the locomotor system such as bones, cartilage and ligaments, it shows that general laws of movement can be applied to the organism. The movements of the body and all its parts can be described mathematically. That means, that the biological organism is in a mechanical respect built to follow the laws of power harmoniously. Each violation of this balance leads to corresponding damage.

Pain

The awareness of such violation is **pain**. That means, it is understood as an expression of a disturbance of the geometry of movement. Pain has an important signal and warning function in avoidance of irreversible degenerative self impairment of the organism. So, pain is in many cases to be understood as a performance of the central nervous system. The profound consideration and distinction of pain and it's origin are fundamental for the deeper understanding of the Myoreflextherapy.

Consequent therapy makes pain as a signal for functional disorder loose it's necessity and it will vanish. New scopes for movement are created which lead to balanced situations of strain with recovered health. Via reflexes and movements there unfolds a harmonious integration of the different stimuli influencing the patient (sensory perceptions, performance of muscles and nerves).

Different approaches supply an analogue system of treatment points. Combining empirical medicine, such as models of Traditional Chinese Medicine and the Tibetan Medicine in combination with theories of modern physics and the science of anatomy in function, leads to an exact concept of treatment points.

So, for example against back pain, the following systems of tension band wiring with their agonist and antagonist chains can be treated: ■ The ventral spindle of the muscle chain can in its diagonal be described as follows: biceps brachii, pectoralis minor, pectoralis major, obliquus externus, tensor fasciae latae. ■ The dorsal axis would in this case be represented by triceps brachii, trapezius, latissimus dorsi, gluteus on the contralateral side, on to the biceps femoris, soleus and gastrocnemius muscles. ■ Peremptory in any case are *direct* combinations of pain syndromes dorsal via single muscles with the corresponding treatment points ventral. ■ So, with neck- and cervical spine-pain, points are treated ventral at the sternum of the clavícula and the first and second rib. These points explain themselves via the course of the sternocleidomastoideus muscles and the scalenus muscles. ■ With a prolapsed disk in the aerea of the lumbar spine, there also are treated certain muscle insertions of the iliac crest at its front. In this case the course of the iliopsoas explains these connections.

List of Indications

The list of indications encloses a wide spectrum and should be introduced more detailed. First, there are incidents, which terms already indicate something to do with muscles: Tenderness and tendinitis, chronic muscular tension, Myogelosis, pulled muscle, shortened muscle.

The following syndromes also stand in close correlation to distinct groups of muscles: iliopsoas syndrome, piriformis syndrome, biceps syndrome, trapezius syndrome, rotator cuff syndrome, scalenus-syndrome, oblique superior-syndrome, supraspinatus-syndrome, and Tietze's syndrome.

Considering the topic more far-reaching, the following syndromes should be named, in which more joints and the corresponding groups of muscles and all structures belonging to these segments take part:

thoracic spine-syndrome, cervical spine-syndrome, cervicobrachialgia, cervicocephalgia, lumboischialgia, functional joint blockades, torticollis and tinnitus.

Also symptoms with irritations or inflammations in closer described regions stand in relation to muscle insertions and their structures:

tendovaginitis, intercostal neuritis, scalenus syndrome, coracoiditis, epicondylitis, neuritis ilioinguinalis, peri-arthritis humero-scapularis, functional carpal tunnel syndrome.

Mechanical damages, which originate in functional miss-strain, are a further indication: arthrosis (for instance coxarthrosis, gonarthrosis), protruding disk, disk prolapse, condropathia patellae, hallux valgus, occlusion disorders (mandibula) and scoliosis.

Finally, diseases should be summarized, where treatment with manual pain therapy often show very good results or at least essential relief of the symptoms for the patient:

Sudeck's atrophy, trigeminal neuralgia, muscular dystrophy, Ménière's disease, Parkinson's disease, Scheuermann's disease, multiple sclerosis, polyarthrititis, Bechterew's disease, asthma, spasticity, migraine, functional arrhythmia, functional angina pectoris (Prinzmetal's angina), functional hypertension, vertigo and, myofascial pain syndrome.

Even late results of chronic miss-strain like arthrosis and disk prolapse in an early phase be treated with excellent results, sometimes, even still, when the clinical picture is distinct and advanced.

Summary

It has to be the aim of the therapist, to mediate an awareness about retrieved movement patterns to the patient and thus, make these movement patterns to become a **non-verbal** learning process. This special, newly created and rediscovered reflex treatment offers multiple possibilities in combination with other conform methods of therapy.