



Therapeutic Insight

By John F. Barnes, PT
International Lecturer

The Body is a Self Correcting Mechanism

More and more advanced health professionals are beginning to view the body as it is *in vivo*, a self correcting mechanism.

The myofascial release approach gives us the ability to remove fascial restrictions and restore the body's equilibrium. When the structure has been returned to a balanced state, alignment with gravity is accomplished.

This three dimensional myofascial balance and resultant alignment with the vertical gravitational forces, allow for a return of the body's inherent ability to self correct, and ultimate optimum function and performance.

My friend, Dr. Gerald H. Smith author, and nationally recognized expert and lecturer on cranial mandibular dysfunction and cranio-sacral therapy, has been at the leading edge of this new awareness emerging in the health profession.

We have had many stimulating conversations about the importance of the recognition of the fascial system in evaluation and treatment.

I have been using cold laser therapy for some time now, and asked Dr. Smith to provide us with the following thoughts on cold laser therapy and myofascial release:

Physiologic Therapy

As a physiologic dentist specializing in the field of head, neck and facial pain, I am routinely confronted with patients who have failed to respond to mainstream traditional therapy. It has been my clinical experience that use of muscle relaxers and analgesics serve only to mask the patient's symptoms, while the body struggles to heal itself. The following article is presented to heighten interest in alternative health care techniques, especially in the avant-garde modalities of myofascial release techniques and laser acupuncture.

Since the body is architecturally self-correcting, all treatment modalities should focus on assisting the body's innate healing mechanisms. Physiologic therapy offers the healing arts such an approach. PT may successfully utilize all combinations of the following: diet modification; nutritional support; detoxification; cranial and related osseous structural manipulation; dental orthopedic and orthodontic corrections; biofeedback; hypnotherapy; behavioral modifica-

tion; laser acupuncture and myofascial release techniques. Within limited parameters, the following information presents some of the benefits of the latter two modalities over traditional therapy.

Fasciae is an integral part of the entire body architecture. The *fasciae* of one region becomes contiguous with and confluent with the *fasciae* of its adjacent regions. Encased within its meshwork lie all the muscles, ligaments, organs, blood vessels, lymphatic channels, and nerve fibers. There is virtually no cell in the living organism that lies outside the fascial influence. Whether due to direct physical trauma, structural imbalances from a dental malocclusion, vertebral subluxation or pelvic rotation, an inappropriate fascial strain may be created which has the potential to significantly alter organ and tissue physiology. It is this author's belief that during traumatization or development of the structural imbalance, a proprioceptive memory pattern of pain is established within the central nervous system. Beyond the localized pain response from injured nerves, these reflex patterns remain to perpetuate the pain during and beyond healing of the injured tissue, similar to the experience of phantom limb pain.

Traditional allopathic approaches to relieving patient complaints have focused primarily on masking symptoms through the use of drugs. Clinically invasive, these synthetic poisons produce side effects which tend to complicate treatment. One such example is seen with the nonsteroidal anti-inflammatory drug, *Motrin*. Its repertoire of adverse reactions include fluid retention and edema, blurred and/or diminished vision, inhibition of platelet aggregation, gastrointestinal distress such as diarrhea, vomiting, indigestion, constipation, abdominal cramps, and nausea and central nervous system problems such as dizziness, headache, and nervousness. Of further interest is the fact that *Dorland's Illustrated Medical Dictionary, 25th edition*, defines inflammation as "a localized protective response elicited by injury or destruction of tissue, which serves to destroy, dilute, or wall off . . . both the injurious agent and injured tissue." In reality, inflammation is a necessary and essential protective response in the healing mechanism. Any attempt to disrupt this stage will, in effect, retard the natural healing process.

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Physiologic therapy in the form of myofascial release techniques offer a non-invasive approach to healing. The gentle tractioning forces applied to the fascial restrictions will elicit a vasomotor response, increasing blood flow to the affected area, enhance lymphatic drainage of toxic metabolic wastes, realign fascial planes, and most importantly reset the soft tissue proprioceptive sensory mechanism. This latter factor reprograms the central nervous system computer, enabling a normal functional range of motion without eliciting the old pain pattern. In addition, the laying on of the hands sets up an energy exchange which helps repolarize the dysfunctional area, and assists in the release of spastic muscles.

Because of its great therapeutic benefit, the nonsurgical helium-neon laser has been introduced into the United States. The ultra-low power (1 milliwatt) cold laser is being used primarily for the reduction of acute and chronic pain, and elimination of muscle spasms, as well as enhancement of tissue healing. It has been this author's clinical experience that soft laser is one of the most effective non-invasive, painless modalities in the treatment of post whiplash sequelae, TMJ related muscles spasms and associated soft tissue injuries.

The following case study is presented to support the efficacy of combining physiologic therapies in the form of myofascial release techniques and soft laser acupuncture.

Case Study

Gloria is a 49-year-old female who had been suffering upper left neck and shoulder aches and pains for over a year and a half. The injuries occurred while on duty as an undercover policewoman at a local hotel. While walking down a flight of padded stairs, Gloria reached for the railing for support. The railing, unfortunately, was not secured and pulled away from the wall causing Gloria to tumble down fourteen steps.

The orthopedic examination and x-rays revealed no broken bones and all other diagnostic tests were negative. Gloria followed through with the initial drug therapy of muscle relaxers and pain killers; however, she could not function because of the drowsiness caused by the medication. The next step involved physical therapy in the form of heat packs, ultrasound, transcutaneous electrical nerve stimulation (TENS), muscle massage and joint mobilization techniques. Although some temporary relief occurred, Gloria still experienced pain and stiffness, especially when there was a change in the weather.

Gloria discontinued conventional treatment after six months because no lasting relief was achievable. At this point, Gloria gave up hope, resigned herself to the fact that she would have to live with the pain, and was skeptical that she was ever going to recover from the injury. Approximately nine months elapsed when Gloria's sister-in-law told her about the benefits she had received from soft laser therapy. Although somewhat skeptical of obtaining any major cure,

Gloria set up an appointment.

At her first appointment, Gloria made it clear that she came more out of curiosity about what her sister-in-law had told her than from the belief that she was really going to be helped. Because of the chronic muscle tightness, I employed myofascial release techniques in conjunction with the soft laser. The first visit lasted about one hour, and Gloria left with minimal discomfort and a definite increase in neck mobility. Because the relief lasted longer than previous treatments, Gloria followed up with two additional one hour sessions approximately one month apart. At the end of that three-month period, all her symptoms had resolved, including the flare-ups that occurred with weather changes. Needless to say, Gloria's skepticism vanished quickly.

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The various health professionals need to share knowledge and break down the old barriers for the good of our patients.

Creative thinkers like Dr. Smith give us the motivation and insight necessary to move away from antiquated concepts and techniques to evolve toward new horizons. I have just finished reading Dr. Smith's new book *Headaches Aren't Forever* and would highly recommend it to any reader interested in learning how the body truly functions. *Headaches Aren't Forever* offers the reader a goldmine of information regarding how and why headaches occur, why traditional therapies are unsuccessful, and why myofascial release techniques, manipulation, and soft laser therapy work. Dr. Smith guides the reader through an understanding of the causes of various types of headaches, nutrition and their relationships and through more sophisticated concepts such as the physiological adaptive range and homeostasis.

Headaches Aren't Forever is available from ICNR Inc., 40 Court Street, Newtown, PA 18940.

I would like to finish this "Therapeutic Insight" article with an interesting quote:

"A doctor of the future will give no medication, but will interest his patients in the care of the human frame, diet and in the cause and prevention of disease."

Thomas Edison

Food for thought!

Sincerely,

John

Please send your suggestions, case histories, and questions to John F. Barnes, PT, "Therapeutic Insight," c/o Physical Therapy Forum/Occupational Therapy Forum, 251 W. DeKalb Pike, Suite A-115, King of Prussia, PA 19406.
