myofascial release ? Read this article and below is web site

The 'connection between' Myofascial 'Trigger points' and 'Chinese Meridian System' is obvious ……bottom Line Healy's Health and Fitness is about using WHAT WORKS ! and our team of experts listed on our web site www.healyshealth.com practice these methodologies .
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Source http://www.terrarosa.com.au/define.htm

The Chinese Meridian system originated over 2000 years ago and forms the basis of Traditional Chinese Medicine (TCM). The meridians represent the channel where the invisible Qi or energy flows. Qi (or Chi) is the life force or energy, obstruction of the flow of Qi can cause imbalance in the body. It is also used in Japanese (called Ki) and in Thai (called Sen Lines). There are 14 meridians, and along each meridian there are Qi (or acupuncture) points, where Qi can be manipulated to restore balance. These points can be manipulated using needle (acupuncture) or thumb/ finger pressure (acupressure).

Trigger point is a "highly irritable localized spot of exquisite tenderness in a nodule of palpable taut band of muscle tissue" (Travell & Simons, 1997). Myofascial trigger point can create referred pain. Some researchers have shown that most of the trigger points coincide with the Qi points or lie within the meridians.

Is it coincident that some of the myofascial lines of Thomas Myers' Anatomy Trains coincide with the Chinese meridians? (e.g. the Superficial Back Line = Bladder meridian, Superficial Front Line = Stomach meridian, Lateral Line = Gall Bladder meridian).

Read about Myofascial Release

So what is the relationship between fascia lines, trigger points, and meridian? Dr. Rolf in her book "Rolfing" explained: "Fascial web connects and communicates throughout the body; thickened areas transmit strain in many directions and make their influence felt at distant pints, much as a snag in a sweater distorts the entire sweater. This is probably the mechanism through which reflex or pressure points become manifest."

Fascia is a seamless web of connective tissue that covers and connects the muscles, organs, and skeletal structures in our body. Recent research has proved the hypothesis that the main connection is the fascia network.

Helene Langevin a research professor of neurology from University of Vermont found that most of the Qi points are located in the areas of inter-muscular or intramuscular connective tissue planes. In other words the Qi points are located in areas where fascia planes or network converges. They showed that acupuncture points mostly lie along the fascia planes between muscles or between a muscle and bone or tendon. When a needle is inserted along the fascia plane, it will first penetrate through skin's dermis & subcutaneous tissue, then through deeper interstitial connective tissue. They hypothesized that the Qi meridians are the representation of a network of fascia. A blockage of Qi can be viewed as an alteration in fascia composition. Acupuncture points correspond to the sites where fascia network converges. Thus needling or pressure at the acupuncture or trigger points will have more prominent effect because a point represents convergence of several fascia plane or lines. Thus manipulation produces changes in the cellular level that can propagate along the fascia network (Langevin & Yandow, 2002).

A model explaining physiological effects of acupuncture (after Langevin & Yandow, 2002)

TCM	**Anatomy & Physiology**
Accupuncture meridians	Fascia planes or lines.
Accupuncture points	Convergence of fascia planes.
Qi	Body energetic phenomena (e.g. metabolism, movement, signal transfer).
Meridian Qi	Fascia biochemical signals.
Blockage of Qi	Altered fascia composition leading to altered signal transfer.
Resotration of Qi	Cellular activation leading to restored fascia composition & signal transfer.

Helene Langevin's group further studied the physiological effect of fascia stretching, which is the main objective of myofascial release. Their research (Lagevin et al., 2005) showed that when fascia is stretched, its cell size and shape changed. The fibroblast (the main cell type in fibrous connective tissue) of a stretched fascia looks like a "sheet" while a "shortened" tissue's cellular morphology looks like "dendritic". So when a therapists apply myofascial release, the changes go down to cellular level. The morphological change in the cell can alter the biochemical processes as well.

As Dr. Ida Rolf said "Lines in the body are not mystical, they are where forces balance."

Myofascia and Reflex points

According to Dr. Ida Rolf: "The meridian points and reflex points in the feet are most likely end-points of myofascial strain, the result of imbalance which transmits its difficulty in compensating pattern through the body to the surface. Fascial planes may be the route of mechanical transmission of pain."

"Foot reflexes are peaks of strains. They are nothing mystical; they are where strain goes in the foot. If you are relieving strain above the reflex points (for example in the ankle and shin) you will relieve those points of strain in the

sole of the foot. When a weight goes down and dies in some place, it becomes a reflex point."

"I think that many if not all reflex points in the foot are simply points where gravitational strain inserts and comes together. They are the end of the line we call balance"

Anatomy of fascia

James Oschman in his book "Energy Medicine" explained that:

The fascia fabric is a semi conducting communication network that can convey the bioelectric signals between every part of the body and every other part. This communication network within the fascia is none other than the meridian system of traditional Oriental medicine, with its countless extensions into every part of the body. As these signals flow through the tissues, their biomagnetic counterparts extend the stories they tell into the space around the body.

The European Fascia Group (Schleip et al., 2006) showed that fascia behaves like a sponge, when fascia is stretched there are longitudinal relaxation changes in the collagen fibers and the water is squeezed out. Within a few minutes the collagen fibers recover their original state, and water continues flooding into the tissue to an even higher percentage than before, substantially increasing the elastic stiffness. Fascia seems to adapt with very complex and dynamic water changes to mechanical stimuli, to the degree that the matrix reacts in smooth-muscle-like contraction and relaxation responses of the whole tissue. So when we stretch the fascia, the tissue response we experience may be due to the sponge effect of fascia, like squeezing and refilling effects in the semi-liquid ground substance.

References

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- Langevin HM and Yandow JA (2002). Relationship of acupuncture points and meridians to connective tissue planes. *Anat Rec.* 269:257-265.
- Rolf, IP. 1977. Rolfing. Healing Arts Press.
- Schleip, R, Zorn, A, Else MJ, Klinger W (2006). The European Fascia Research Project Report.http://www.somatics.de/FasciaResearch/ReportIASIyearbook06.htm

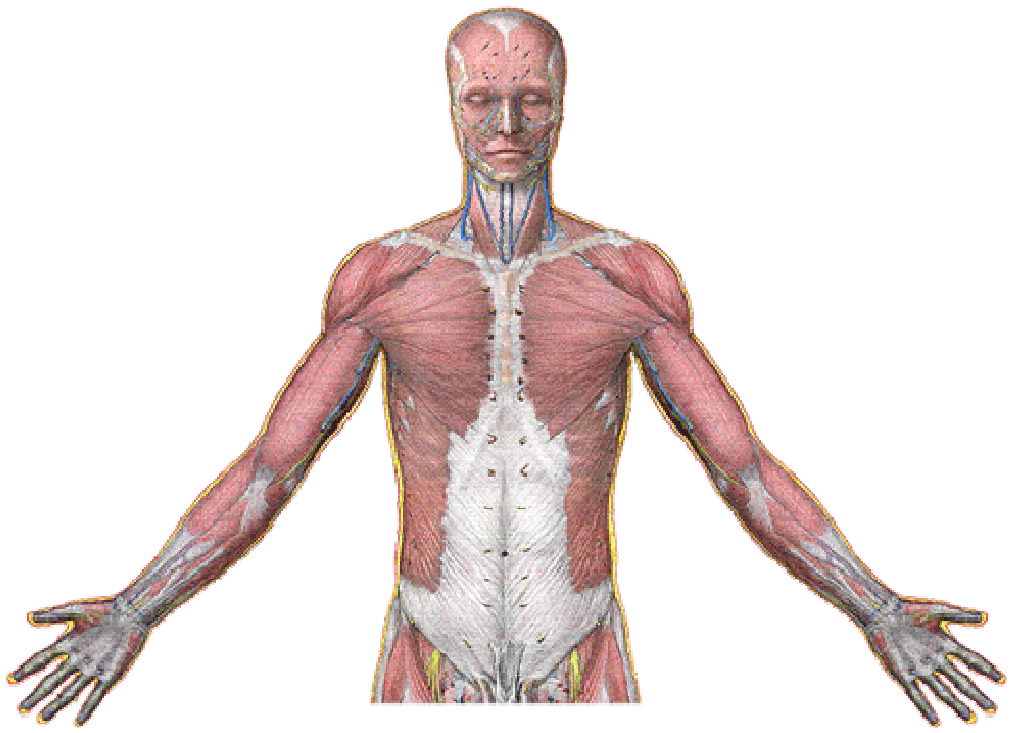
Links

- Helene Langevin: Mechanism of acupuncture, connective tissue research
- European Fascia Research Project
- The Amazing Fascial Web by Leon Chaitow, Part II
- The Architecture of Life : Articles on Scientific American by Donald E. Ingber
- The Ingber Lab
- What is meridian?
- Meridians & Energy
- Neural Correlates of Accupressure
- Fascia 2007
- Anatomy Trains

Fascia

Fascia is a seamless web of connective tissue that covers, connects, and holds the muscles, organs, and skeletal structures in our body. Fascia envelopes every structure in the body, each nerve, bone, muscle, organ pf the body is surrounded by fascia. Muscle and Fascia are united forming the myofascia system. Fascia forms an integrated web that unifies the body, connecting all body parts together. Fascia covers about half of the muscles attachment of the body, thus muscle tone has direct connection with the tightness of fascia.

Read about Fascia & Meridian.



Read the anatomy of Fascia on Gray's Anatomy. ... See pictures of fascia, fascia planes from anatomy lab .

Fascia has been described in various ways, such as body stocking, Chinese finger trap, etc. Fascia is called the organ structure by Ida Rolf. Injuries, stress, trauma, and poor posture can cause restriction to fascia. Since fascia is an interconnected web, the restriction or tightness to fascia at a place, with time can spread to other places in the body like a pull in a sweater. Myofascial release is manual technique for stretching the fascia with the aim to balance the body. The goal of myofascial release is to free fascia restriction and restore its balance.

In medical literature, the term myofascial was used by Janet Travell M.D. in the 1940s referring to musculoskeletal pain syndromes and trigger points. In 1976 Dr. Travell began using the term "Myofascial Trigger Point" and in 1983 published the famous reference "Myofascial Pain & Dysfunction: The Trigger Point Manual". Some practitioners use the term "Myofascial Therapy" or "Myofascial Trigger Point Therapy" referring to the treatment of trigger points, this is usually in medical-clinical sense. Read the definition & history of medical myofascial therapy.

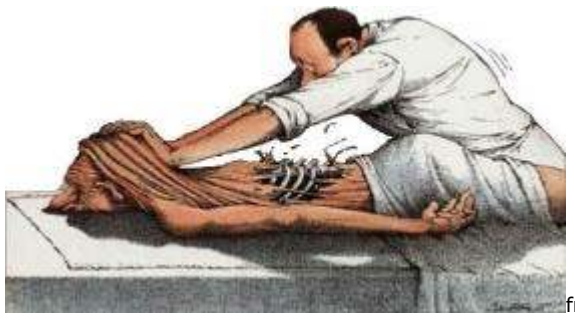
Here the term Myofascial Release refers to soft tissue manipulation techniques. It has been loosely used for different soft tissue manipulation work (connective tissue massage, soft tissue mobilisation, Rolfing, strain-counterstrain etc). There are two main schools of myofascial release: the direct and indirect method.

Website:

- Fascia planes from anatomy lab
- 3D Fascia by Jeff Linn
- Fascia of the Head & Neck
- The Amazing Fascial Web by Leon Chaitow, Part II

Direct Myofascial Release

The direct Myofascial Release method works directly on the restricted fascia, the practitioners use knuckle or elbow or other tools to to slowly sink into the fascia, the pressure is few kg of force, contact the restricted fascia, then put a tension or stretch the fascia. This is sometimes referred as deep tissue. (Read Art Riggs article on Deep Tissue Massage). Direct Myofascial Release seeks for changes in the myofascial structures by stretching, elongation of fascia or mobilising adhesive tissues. The misconception is that the direct method is violent and too painful, it is not essentially aggressive and painful, rather the practitioner slowly going through the layers of the fascia until the deep tissues are reached.


from www.massagenerd.com

According to Dr. Ida Rolf, fascia is the organ of posture. Chemically it is composed of collagen, a unique substance that can be changed with addition of energy. In myofascial release, myofascia can be manipulated by adding energy. This energy is not metaphysical energy, but physical energy. By applying pressure, therapists add energy to the structure.

Robert Ward suggested that the direct method came from the osteopathy school in the 1920s by William Naidner called Fascial Twist. Dr. Ida Rolf developed Structural Integration in the 1950s, a system of soft tissue manipulation and movement education that with the goal of balancing the body in gravitational field. She discovered that she could remarkably change the body posture and structure by manipulating the myofascial system. Rolfing® is the nickname that many clients and practitioners gave this work. (See the history of Dr. Ida Rolf) Since her death in 1979, various schools (from her students) arose which have adapted her original idea according their own flavours, lights and remembrance.

Teachings of direct myofascial release was kept in the school and only available privately until recently (in the 1990s) where texts and courses are offered to general bodyworkers: Art Riggs, Michael Stanborough, Tom Myers, and others.

Michael Stanborough applied direct myofascial release on plantar fascia

Direct myofascial release on the thigh by Michael Stanborough.

Michael Stanborough summarised the Direct Myofascial Release technique as:

- Land on the surface of the body with appropriate 'tool' (knuckles, or forearm etc).
- Sink into the soft tissue.
- Contact the first restricted layer.
- Put in a 'line of tension'.
- Engage the fascia by taking up the slack in the tissue.
- Move or drag the fascia across the surface while staying in touch with the underlying layers.
- Exit gracefully.

As Dr. Rolf said "*Put the tissue where it should be and then ask for movement*".

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