

Fibromyalgia

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What is fibromyalgia really? What do fibromyalgia, chronic fatigue syndrome, chronic pain, headaches, pelvic/menstrual pain and dysfunction, and PMS have in common? These are simply different labels of a common denominator, unrecognized myofascial restrictions. Myofascial restrictions do not show up in all of the standard tests that are now performed, nor have most health professionals been taught how to recognize them.

MYOFASCIAL RELEASE – “THE MISSING LINK.”

Myofascial release is a new state of the art therapeutic approach for the relief of pain and headaches and the restoration of motion.

Fascia surrounds and infuses every organ, duct, nerve, blood vessel, muscle and bone of the pelvic cavity. Fascia has the propensity to tighten after trauma, inflammatory processes, poor posture or childbirth. The American way of childbirth is extremely unnatural and can be very traumatic to the woman, especially if she has a pelvic torsion and/or fascial restrictions prior to delivery, and most do! *

Fascia has a tensile strength of over 2,000 pounds per square inch. In other words, fascial restrictions have the potential of exerting enormous pressure on pain-sensitive structures producing pain or malfunction of the delicate pelvic structures.

Certainly, not all problems have a fascial origin, but restrictions of the fascia are the cause of many of these problems in a surprisingly high percentage of cases, especially when all the tests turn out negative and medication only helps temporarily or surgery did not change the situation.

I cannot tell you how many times I have heard stories of women being seen by doctor after doctor, taking more and more medication, as months, and then years, pass. Desperation sets in...psychiatrists, psychologists, surgery, more surgery...nothing helps. In fact, it continues to get worse over time and begins to spread to assorted symptoms throughout the body. The woman begins to wonder if maybe it is “all in her head.”

Myofascial release is utilized for the treatment of menstrual pain and/or dysfunction, back and pelvic pain, endometriosis and other inflammatory disorders. It can treat the unpleasant and/or painful symptoms of pregnancy and childbirth, recurrent bladder pain and infection, painful intercourse, sexual dysfunction, elimination problems, coccygeal pain, painful episiotomy scars and the list goes on. These problems can in many cases be substantially alleviated or eliminated by myofascial release, nontraumatically and gently.

Inflammatory processes, such as endometriosis, can cause the fascial layers to adhere to adjoining tissue creating pain and symptoms. Many times the fascial tissues will adhere around the bladder and the urethral areas creating the environment for infection, since fascial restrictions impede proper elimination of toxins and waste products from the tissues. If the fascia tightens around the bladder it can limit the bladder's potential to enlarge sufficiently, creating the need to urinate frequently or painfully. When a woman coughs, sneezes or laughs, urine will tend to seep out since there is no give to the bladder.

Scars from abdominal/pelvic surgery, trauma or episiotomy scars can also create havoc in the pelvic area, causing menstrual dysfunction, pelvic pain, painful intercourse, constipation, diarrhea, and/or hemorrhoids. Recent statistics have shown that hysterectomies are performed on the average every 45 seconds in the United States and it has been determined that over half a million of these procedures a year are deemed unnecessary.

Another common problem we encounter is coccygeal disorders from trauma, pelvic torsion and childbirth. A malaligned coccyx can cause a multitude of problems in the pelvic area, including some of those just mentioned, as well as back and neck pain, and/or headaches due to the influence of the dural tube. When the coccyx moves closer to the pubic symphysis, the musculoaponeurotic fibers from the pubis to the coccyx become so slack that they lose their tonus. If the origin and insertion of a muscle move closer together, a great portion of the muscle's power is lost. Typical symptoms of a sacrococcygeal lesion in a female subject are the inability to sit for long periods of time, declining quality of sexual relationships and cystitis...the coccyx can lead to a general decrease in the motility of the entire body, and it should be checked in people who are devitalized or suffering from general depression.*

Myofascial release has helped many women with menstrual and PMS symptoms. Just picture the fascia tightening like a powerful three-dimensional net around the pelvic structures. Then as the woman begins to bloat as her menstrual cycle begins, the combination of fascial tightness and increasing internal pressure begins to exert heavy pressure on nerves, blood vessels, etc., and the cramps begin, the back tightens and all the other unpleasant effects are a reaction to the abnormal internal pressure.

The non-traumatic, gentle nature of myofascial release is reassuring in that the patient need not worry, since these effective procedures will not worsen the patient's symptoms or cause harm.

Myofascial release can free the structures producing pain and can also relieve the emotional pain associated with past unpleasant events or traumas. The painful memories or emotions from beatings, rapes, molestation, or miscarriages seem to be stored in the body's memory.*

Many times the woman has dealt with these situations intellectually, but on the subconscious level, the body (the myofascial structures in particular) stores these past painful events. As myofascial release frees the adhered tissue, the trapped emotions and painful memories fade away leaving the person with a sense of peace. This return to balance is sort of like letting the steam out of a pressure cooker. The comment I hear quite frequently from my patients is "I finally feel like myself again," or "My sense of calm has returned."

Myofascial release is not meant to replace the important techniques and approaches that you currently utilize, but acts as a very important added dimension for increasing your effectiveness and permanency of results in relieving pain and restoring function and the quantity and quality of motion.

References:

1. Visceral Manipulation, Jean-Pierre Barral, D.O. (Europe) and Pierre Mercier, D.O. (Europe) Eastland Press, Seattle, WA 1983 pp 260-261
2. The Wisdom of the Receptors: Neuropeptides, the Emotions and the Bodymind, Candace Pert.

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