¿Are you ready to listen to the story of a 53 old man, carpenter and artist, who finally, after years of illness, is able to start up again enjoying his life professionally, artistically and sportively?

I’m sure you are asking yourself... . . How it is possible?
Description of a case treated in MYOFUNCTIONAL POSTURAL REHABILITATION

Di Rocca

By

Dr. Med. Sandra Isabella Schütz

Specialist in Physical Therapy and Rehabilitation
Expert in Posturology, Mesotherapy, Nutrition and Integrated Medicine
Councilor in the Swiss Society of Mesotherapy, President and cofounder of API swiss
Director of the M.P.R. International School
**Clinical scene in 2007**

Chronic low back pain, deficit L5 left, recurrent vertebral blockades:
- severe degeneration with multiple discopathies and substenosis
- slipped disc with radiculopathy L2-L3, L5-S1
- retrolisthesis L5-S1

**Recurrent cervico-dorsal pain:**
- loss of cervical lordosis, scoliosis left convex
- degeneration, in particular C1-C2
- discopathy C4-C5, C5-C6

Gonalgia, more on left side:
- degeneration of menisci and ligaments, previous trauma, arthroscopy
- femoro-patellar instability
Clinical history

In youth body building

Subjected to following surgeries
  -> appendectomy, inguinal hernia plasty, left knee arthroscopy, both ankle ligaments repair

Since 1984 low back pain
  -> first RX, MRI: L5 sacralization

1998 HE STOPS WORKING, INVALIDITY SINCE 2003
Treatment till 2014

Occasional infiltrations with hyaluronic acid and homotoxical remedies

Oral administration of antiinflammatory and analgesic drugs combined with detoxification of the cell matrix and gut, drainage of the connective tissue, lymphatic system, emunctory drainage and stimulation of excretory organs

Physiotherapy
In 2014

He was included in the study:

The scar as postural disruptor
Clinical-strumental study of 30 patients with painful symptomatology, presenting one or more scars.
Stabilometric-posturometric evaluation before and after mesotherapeutic treatment with Procaine.
¿Something about scars?

In 1940, René Leriche, french surgeon, starts infiltration of scars and... distant pain vanishes!

Pain is the result of an imperfect nerve regeneration during healing process

The scar leads to excitation, to a reflex circle with sympathicotonic action on:
I) stellate ganglion
II) smooth muscle: vasomotoric peripheric phenomena with spasms, cyanosis, dystrophy of cutaneous annexes, secretory hyperactivity, sweating
III) striated muscle: contracture till epilepsy (face), hypotonia, motor deficit
There are various studies done to explain the correlation between scar-pain-dysfunction

*nociceptive role and humoral-hormonal mechanisms*

-> humoro-chemical message in correspondence of free nerve endings

-> permanent local and distant irritative thorn

*proprioceptive role*

-> polysynaptic transmission to motoneurone

-> increase muscle tone to stretch the skin

-> postural disturbance

*mechanic role*

-> on muscle with consequent dysfunction
In 2015

He fell into DEPRESSION

He could NOT MOVE because of pain and functional impairment

He had gained WEIGHT

He was SICK of it all

¿What is going on?
Vagus – trigeminus nerve
Modulators of NS
Gut - Brain Axis

- Stress
- Depression
- Anxiety
- Demotivation

Tyrosine → Catecolamins → Cortisol

Tyrosine → Catecolamins

Triptophane → Serotonin

Serotonin → Dopamine

Decarboxylation of essential amino acids
Health effects of muscle activation

MYOKINES / IRISIN / IL6
- improved muscle strength
- improved endurance performance
- improved insulin sensitivity
- local muscle adaptations

MUSCLE ADAPTATIONS

SYSTEMIC ADAPTATIONS
- improved mood and cognitive function
- increased energy expenditure
- enhanced oxygen uptake
- weight loss
- reduced cancer incidence
- reduced cardiovascular risk factors
- reduced bone loss during aging

S. Schütz RMP International School Arch.
The rule of adipose tissue in regulation of Hypothalamic-Metabolic System

S. Schütz RMP International School Arch.
There is only one solution:...
MPR

- Deprogramming stomatognatic system
- Correct Nutrition
- Detoxification/Drainage
- Gut riequilibration
- Movement
Posturometric evaluation before scar treatment

- Mouth/eyes open
- Barycenter
- Torsion fluctuations
- Overload

Platform: [PAGANO VALTER - 8/29/2014 - Free arcades]
Posturometric evaluation after scar treatment

mouth/eyes open
Posturometric evaluation after appliance of BED

mouth/eyes open
eyes shut
Podalic support before appliance of BED

eyes open

eyes shut

mouth close

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<th>Y mm</th>
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<th>R For</th>
<th>A ming</th>
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RP, DIR 6.33 ° (so) 4.95 ° (ds)
RP, DIR 12.17 ° (so) 12.17 ° (ds)
UD, DIR 12.32 ° (so) 10.99 ° (ds)
Podalic support after appliance of BED
Body torsion before appliance of BED

The diagram shows a graph with coordinates and angles. The table below the graph lists the following angles and values:

<table>
<thead>
<tr>
<th>Angle opposite of X-axis</th>
<th>Angle next to X-axis</th>
<th>Notes</th>
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<tr>
<td>RP</td>
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<td>UD</td>
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The diagram indicates a change in angle when the mouth is close.
Body torsion after appliance of BED

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<th>Angle opposite of X-axis</th>
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<tr>
<td>RP 87.83°</td>
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<td>MI 87.65°</td>
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Stabilometry/barycenter before appliance of BED
Stabilometry/ barycenter after appliance of BED
There is only one solution:...

**MPR**

BodyEquilibriumDevice
Correct Nutrition
Detoxification/Drainage
Gut riequilibration
Movement
THANK YOU FOR YOUR ATTENTION