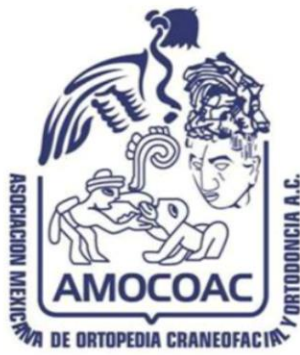


¿ Are you ready to listen to the story of a 53 old man, carpenter and artist, who finally, after years of illness, is able to start up again enjoying his life professionally, artistically and sportively ?

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:**

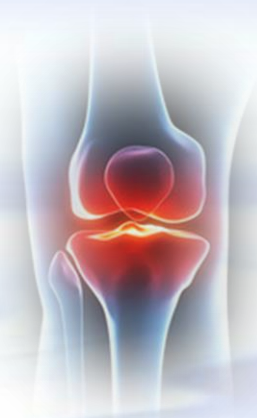
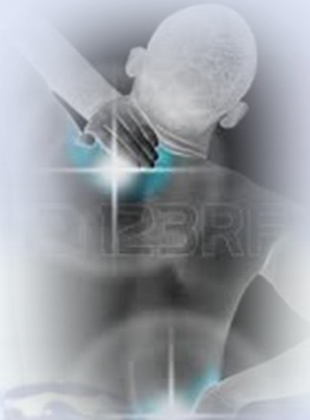
- > severe degeneration with multiple discopathies and substenosis
- > slipped disc with radiculopathy L2-L3, L5-S1
- > retrolisthesis L5-S1

### **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 homotoxic 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-instrumental 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 ?

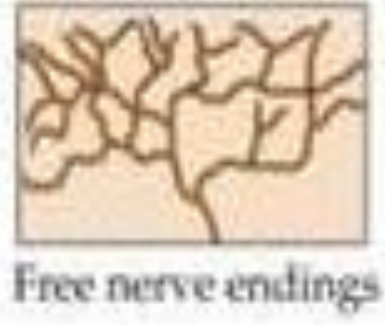
In 1940, René Leriche, french surgeon, starts infiltration of scars and... **distant pain vanishes !**



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

The scar leads to eccitation, 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

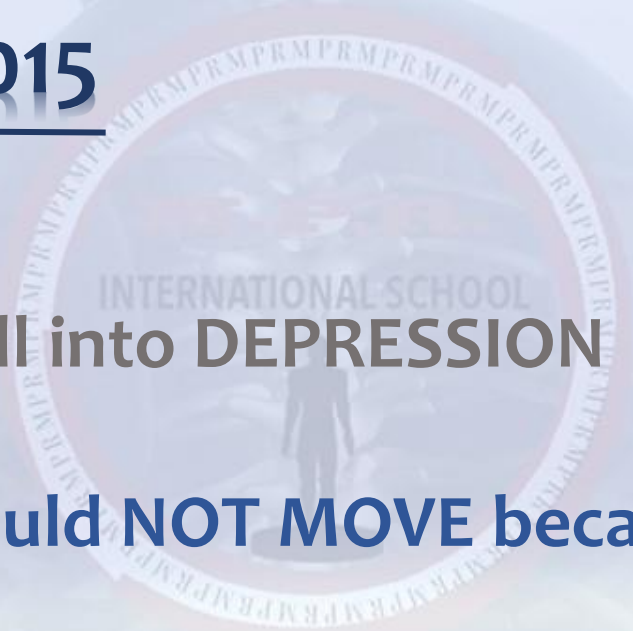
He fell into **DEPRESSION**

He could **NOT MOVE** because of pain and functional impairment

He had gained **WEIGHT**

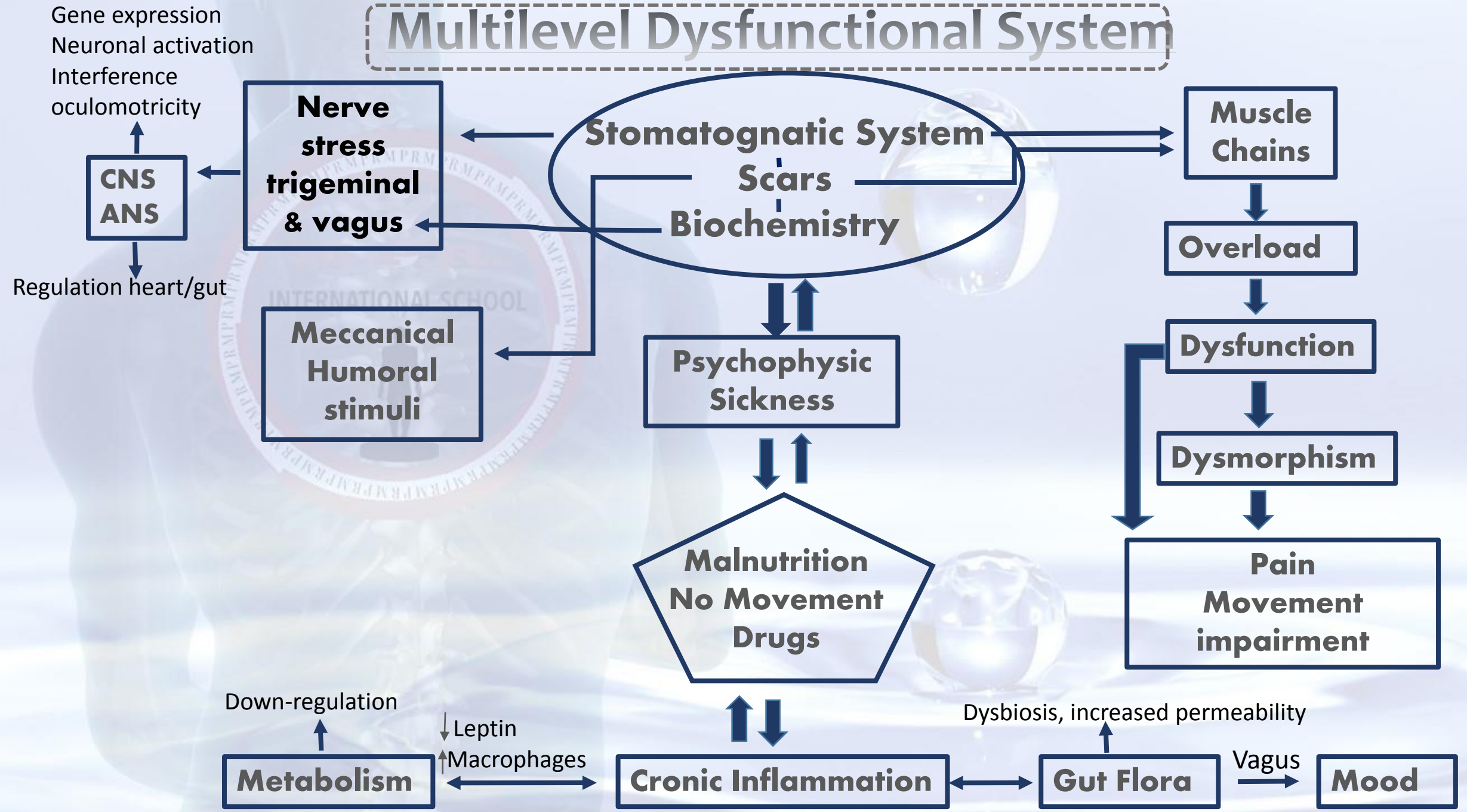
He was **SICK** of it all

¿ **What is going on ?**

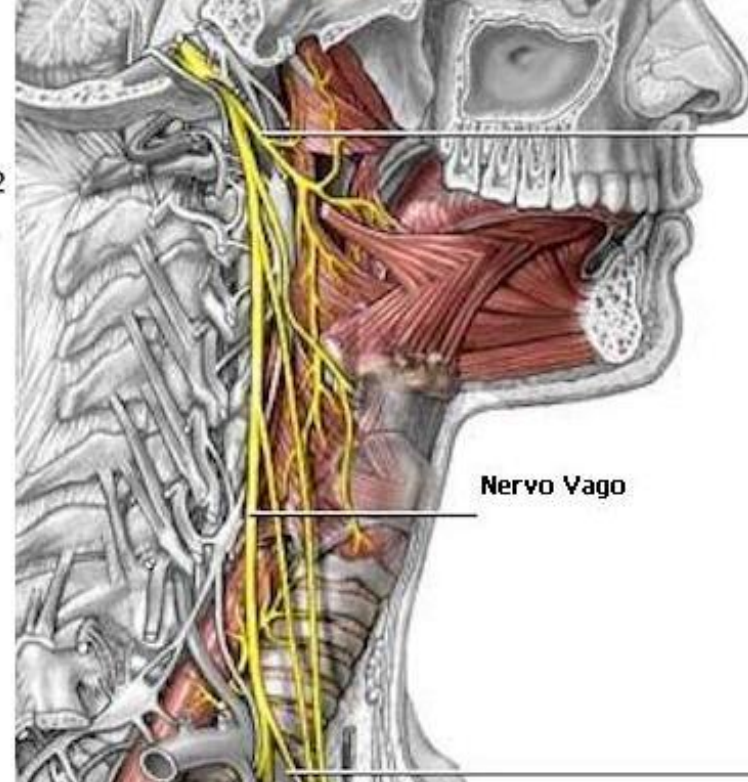
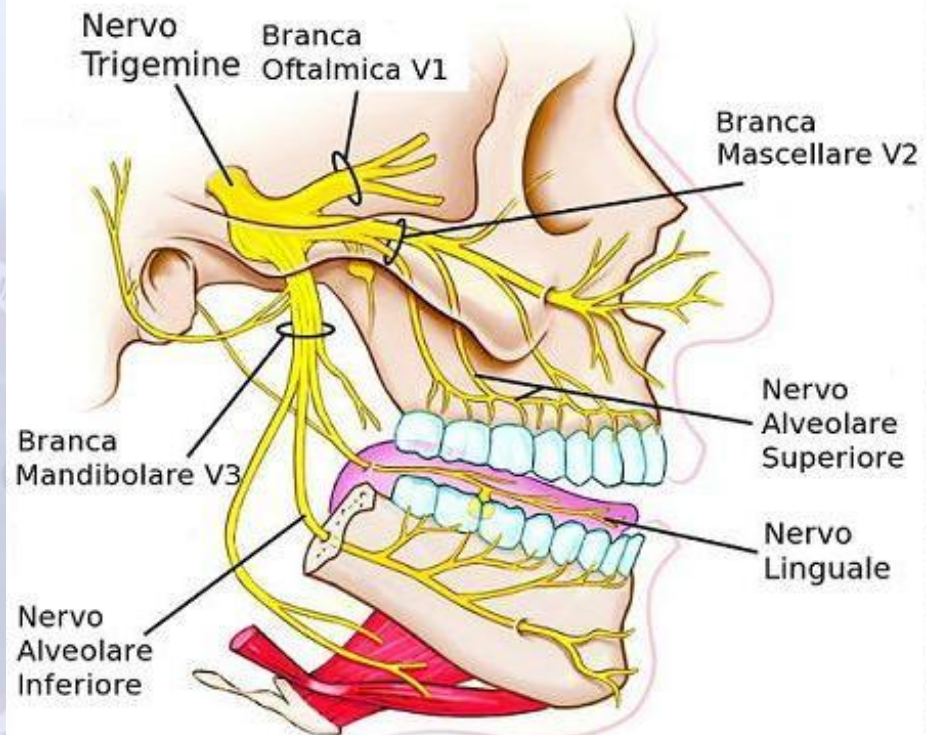




# Multilevel Dysfunctional System

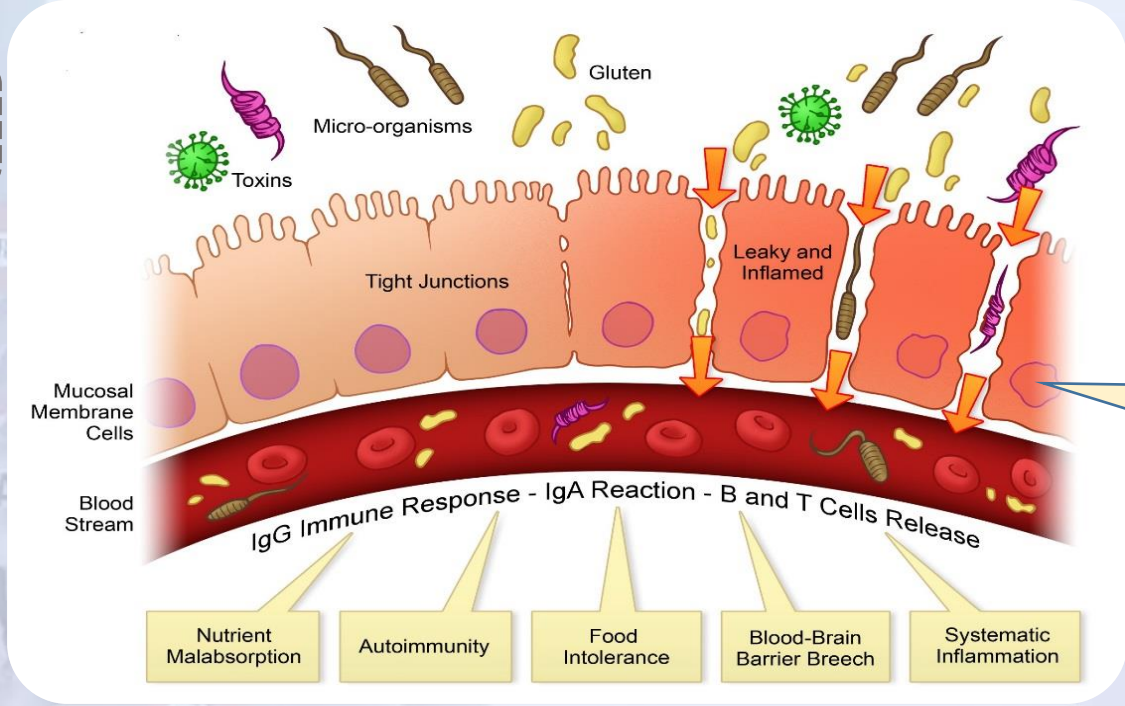


# Vagus – trigeminus nerve Modulators of NS

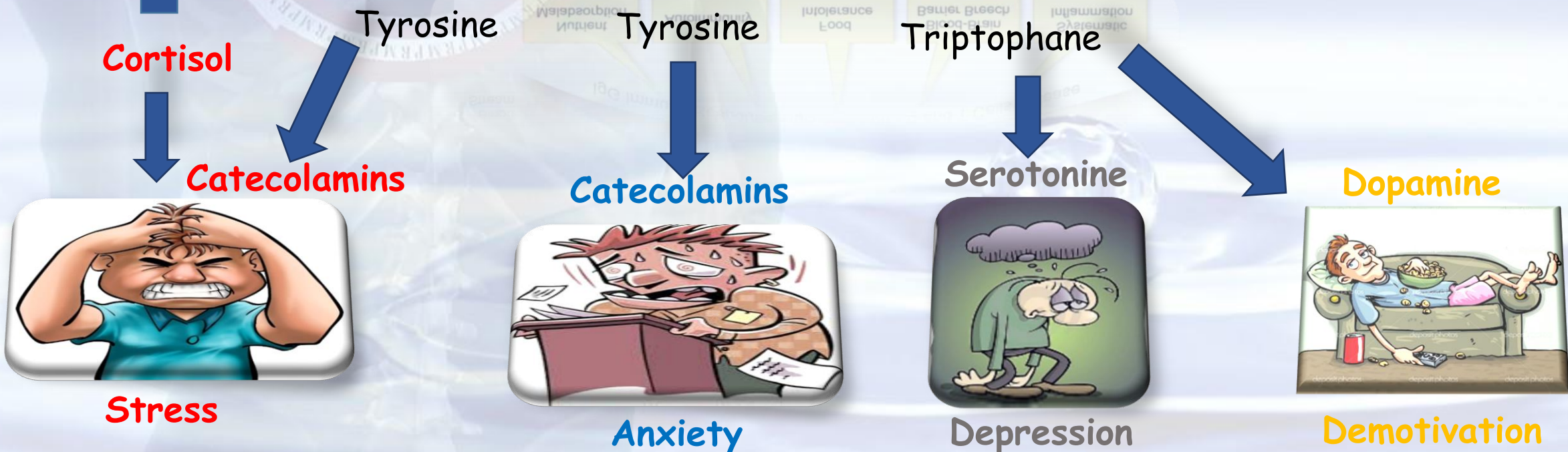




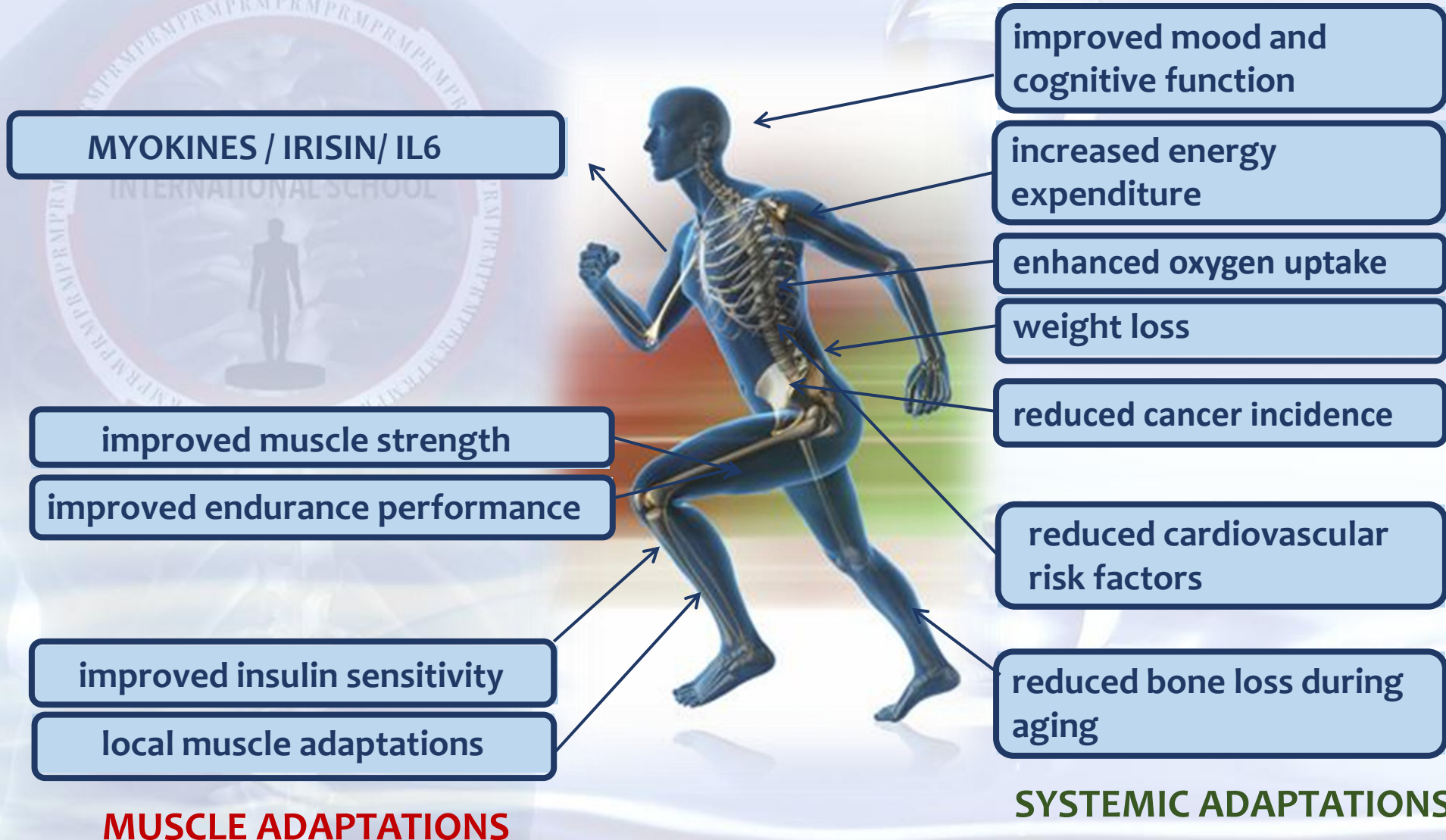
# Gut - Brain Axis



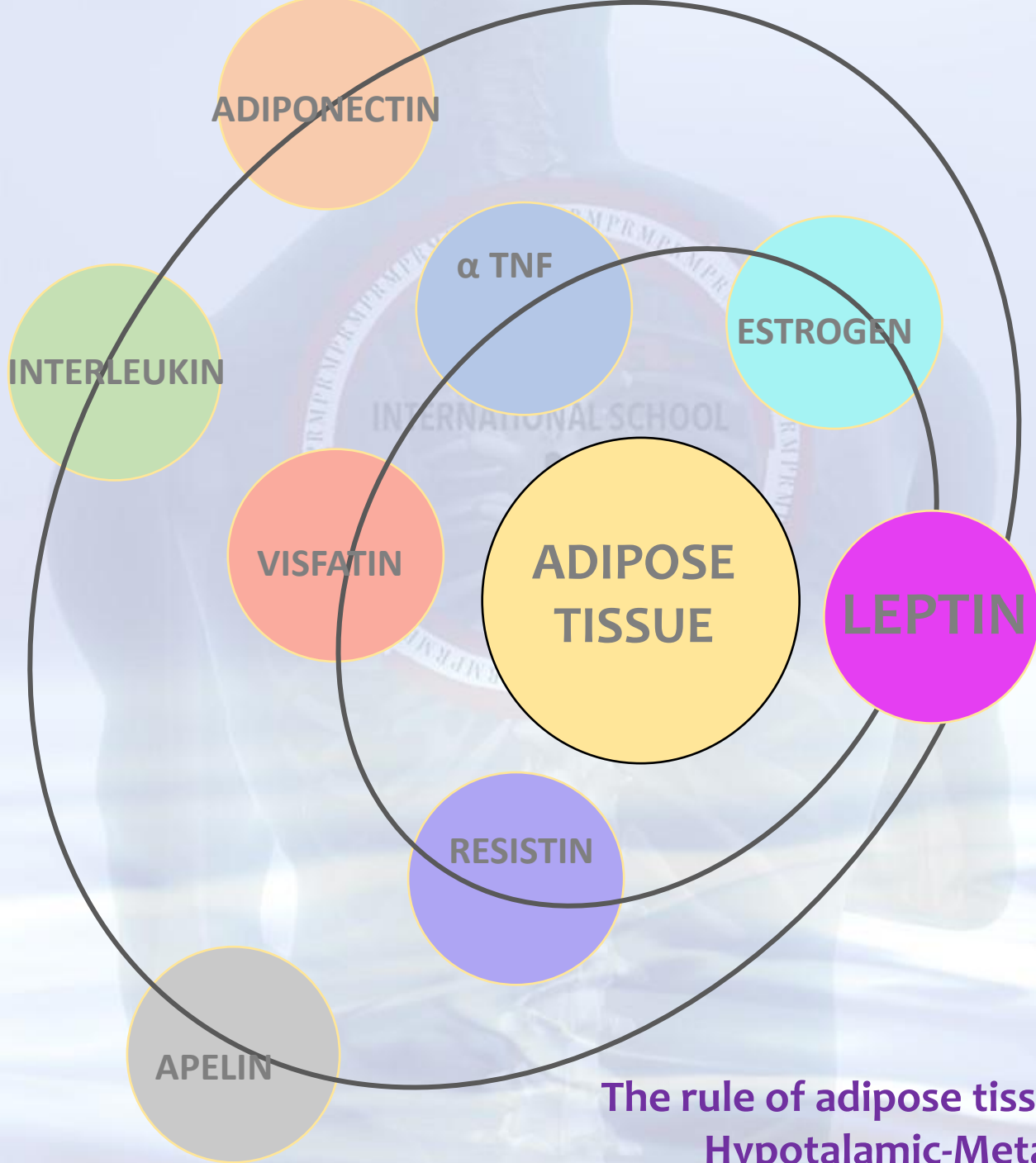
decarboxylation of essential aminoacids



# Health effects of muscle activation







**The rule of adipose tissue in regulation of Hypothalamic-Metabolic System**



*There is only one solution:..  
MPR*

*Deprogramming stomatognathic system  
Correct Nutrition  
Detoxification/Drainage  
Gut riequilibrium  
Movement*















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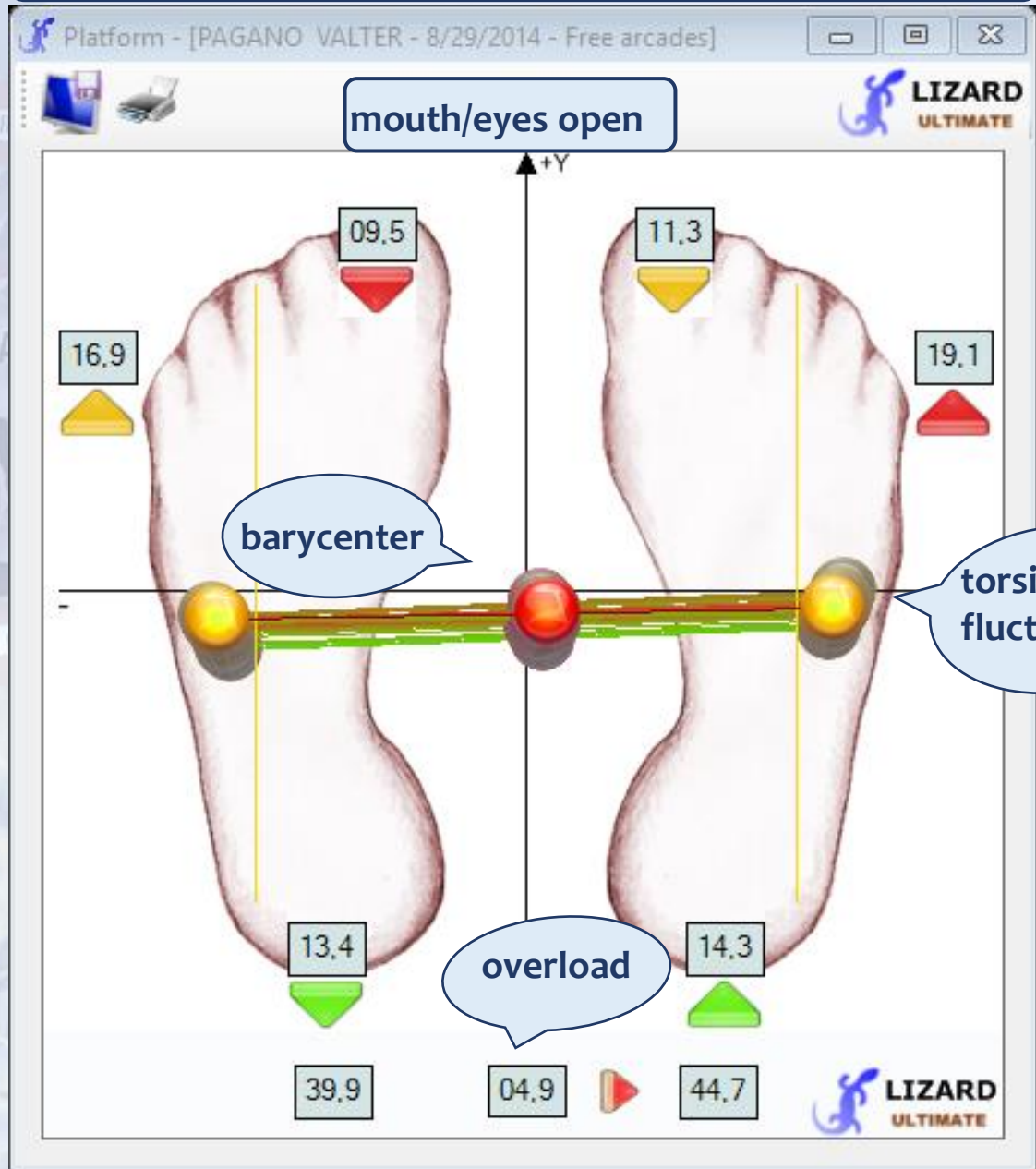




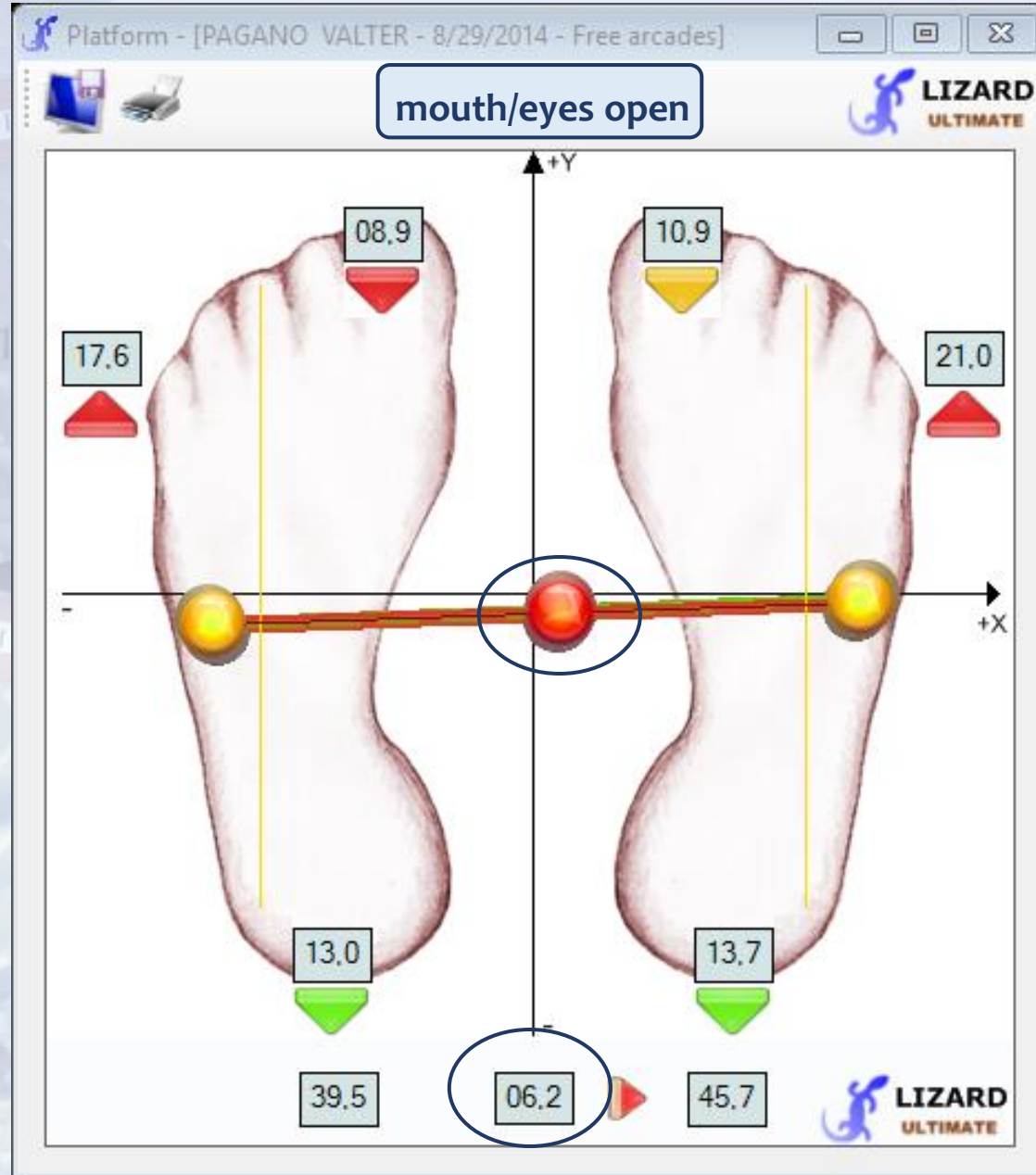




# Posturometric evaluation before scar treatment

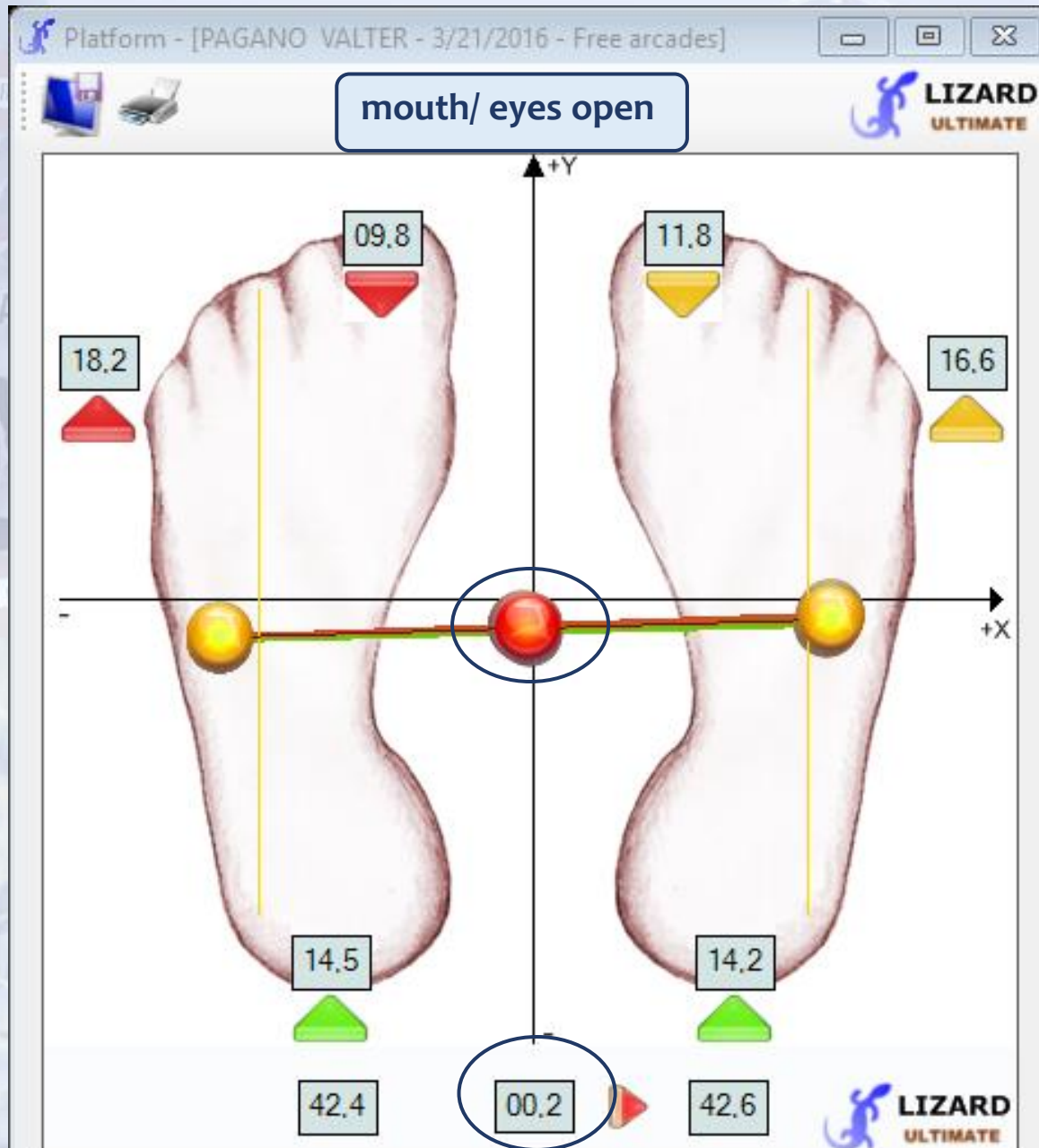


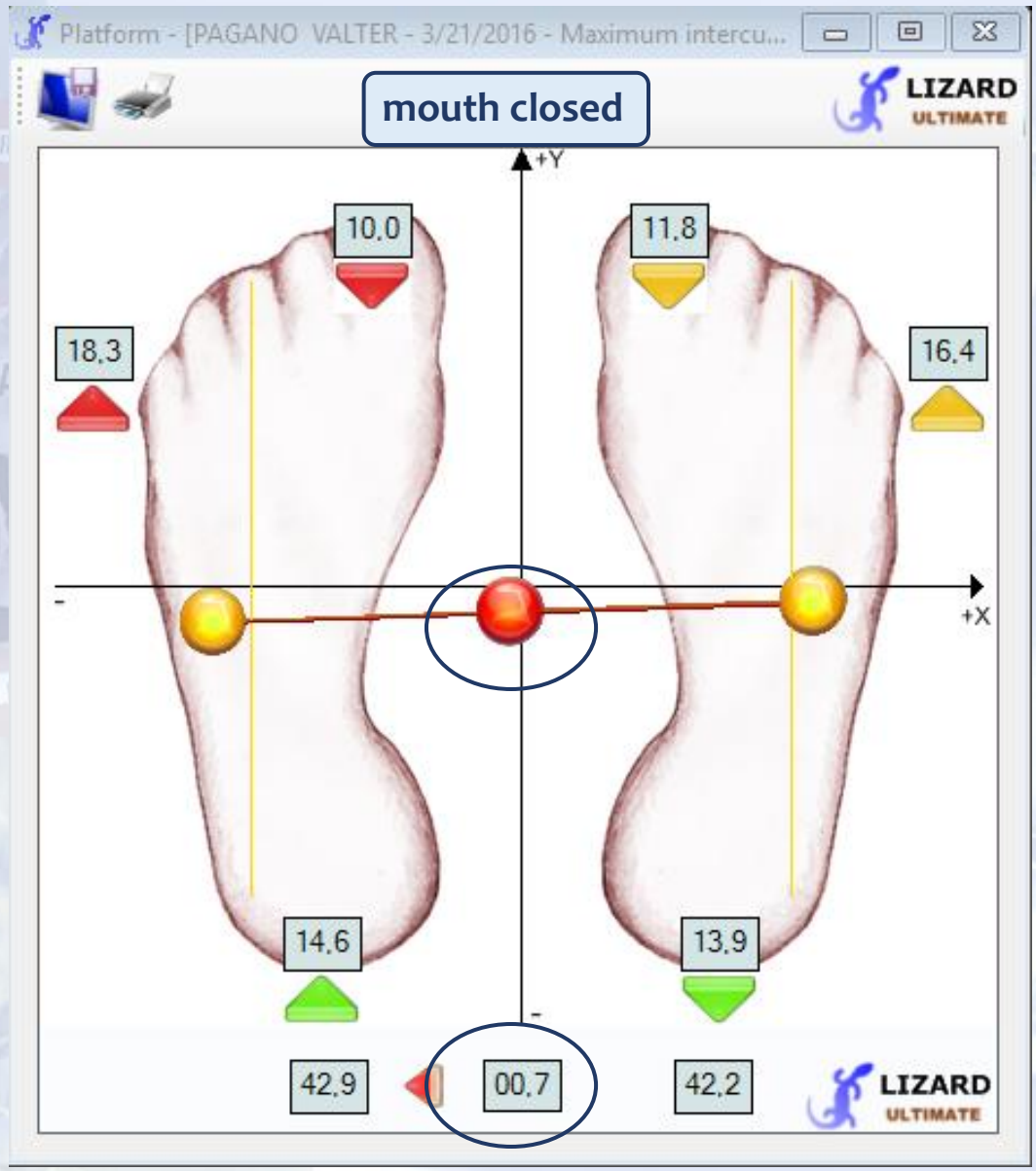
# Posturometric evaluation after scar treatment



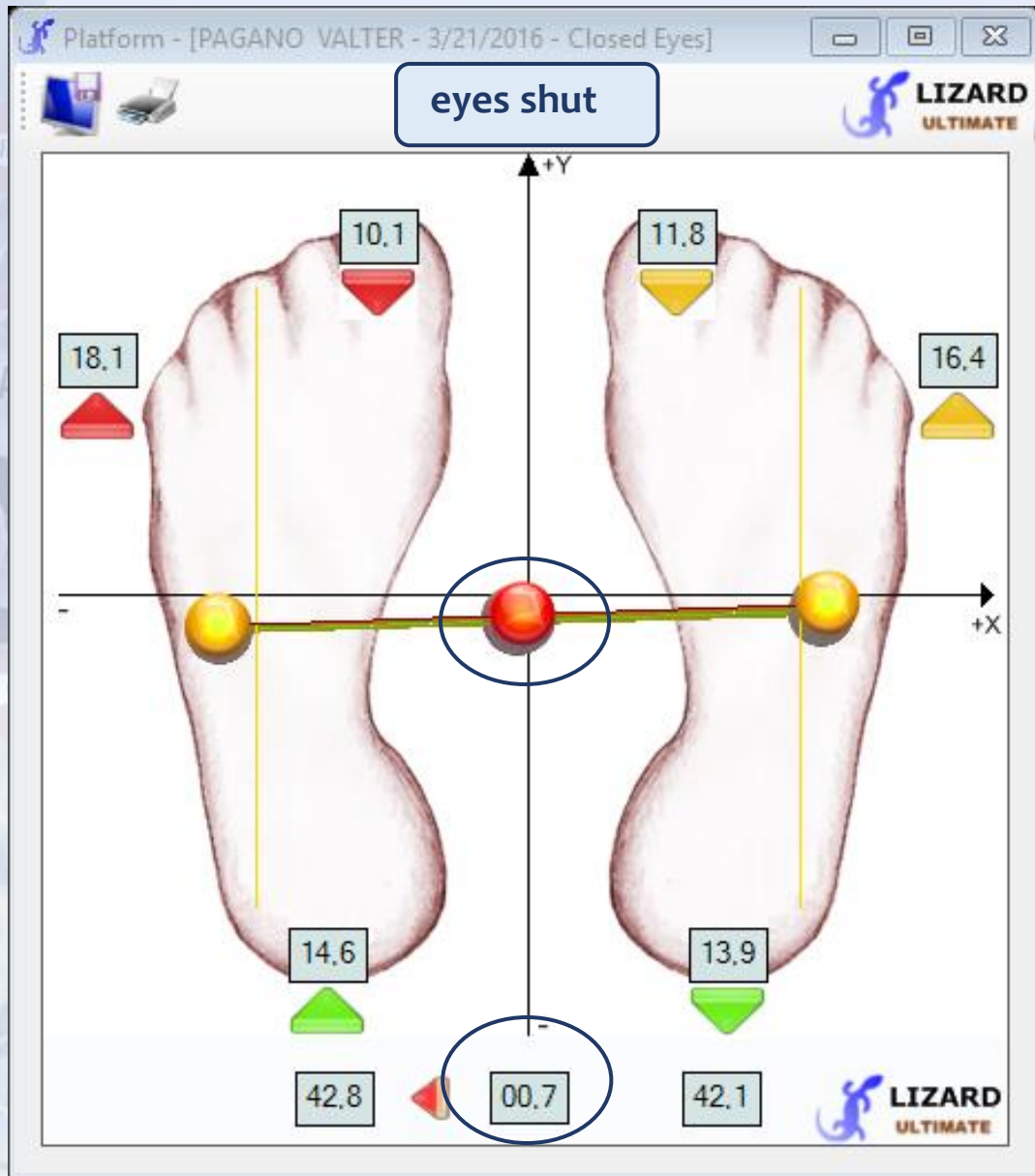


# Posturometric evaluation after appliance of BED

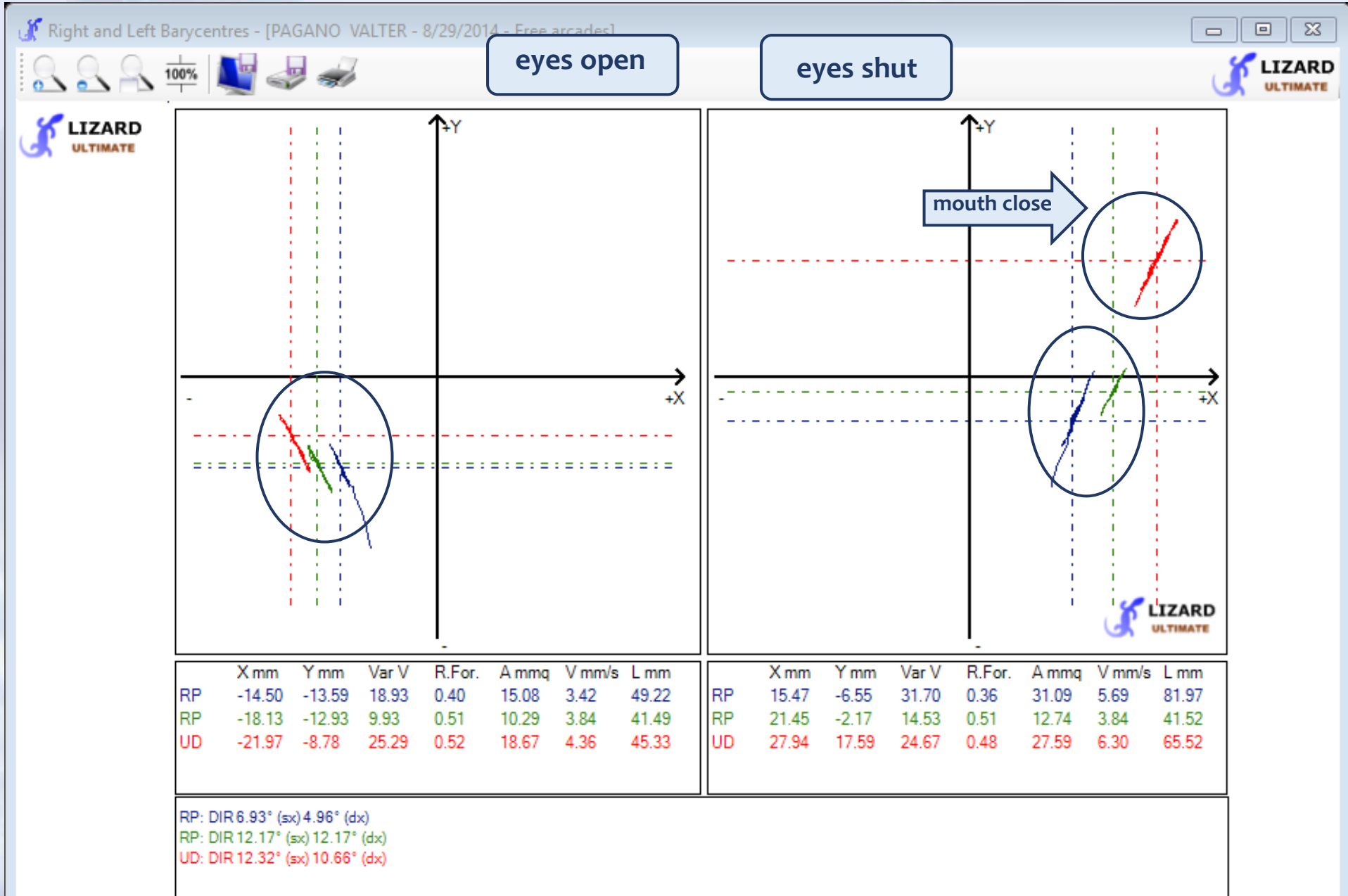






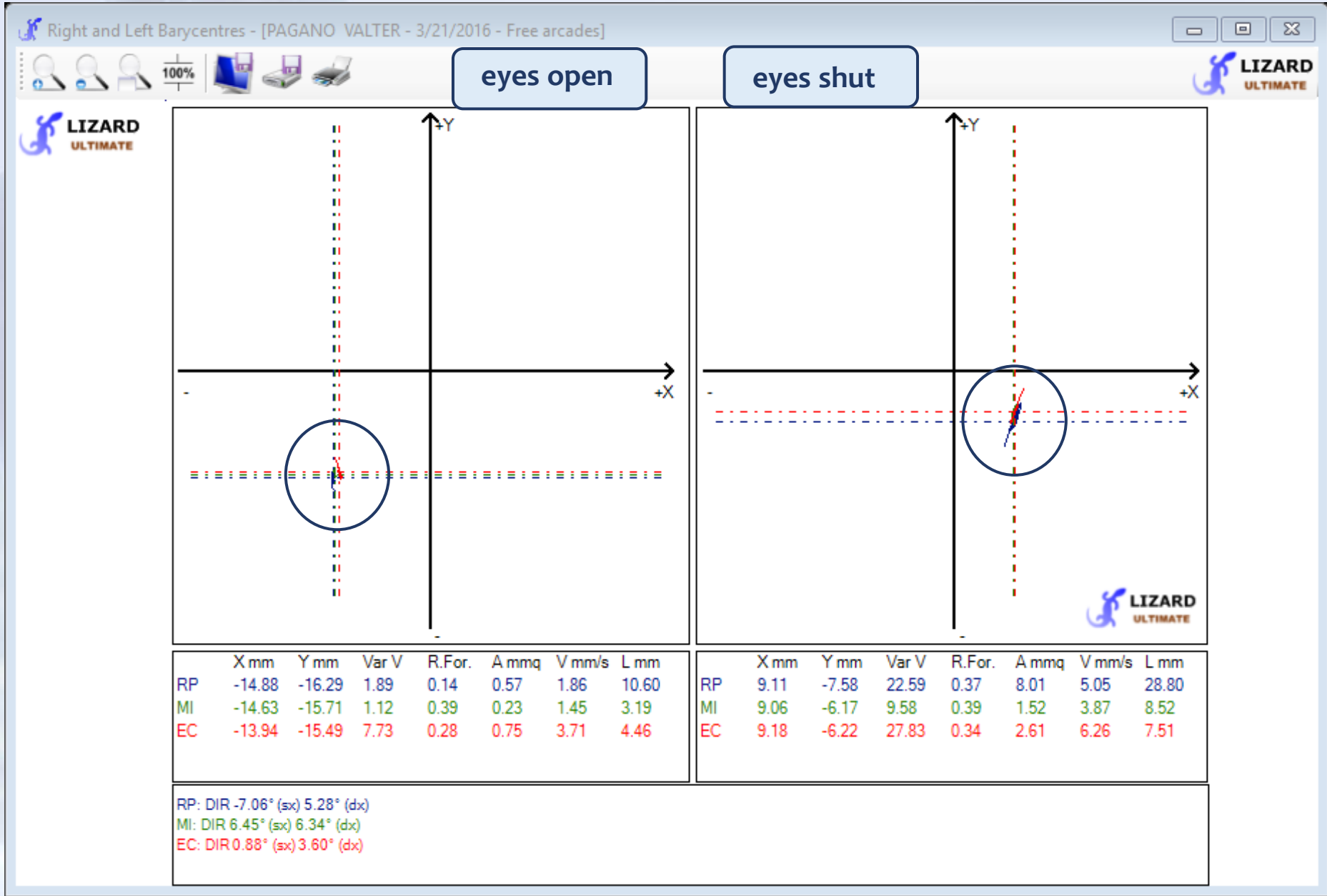


# Podalic support before appliance of BED

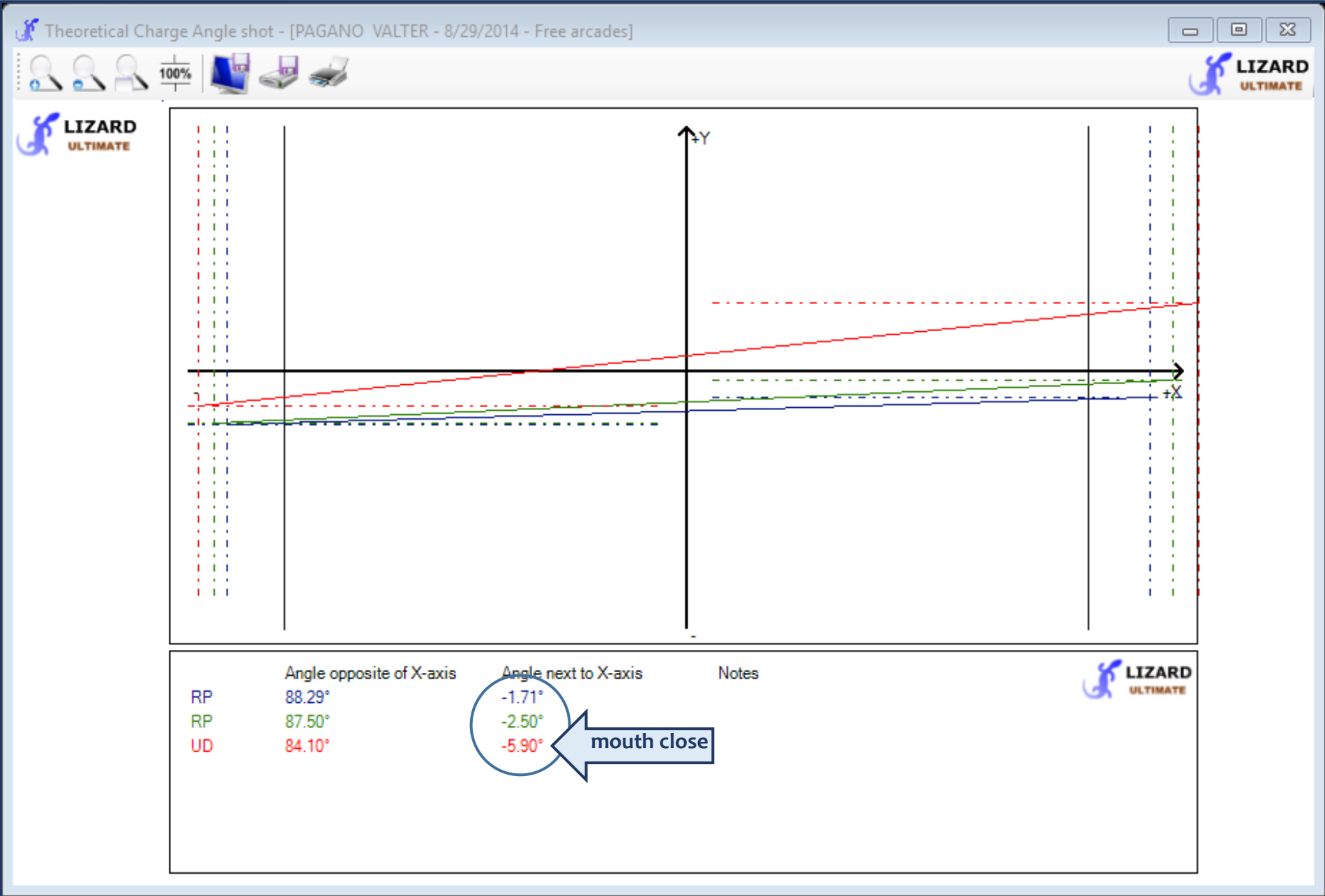




# Podalic support after appliance of BED

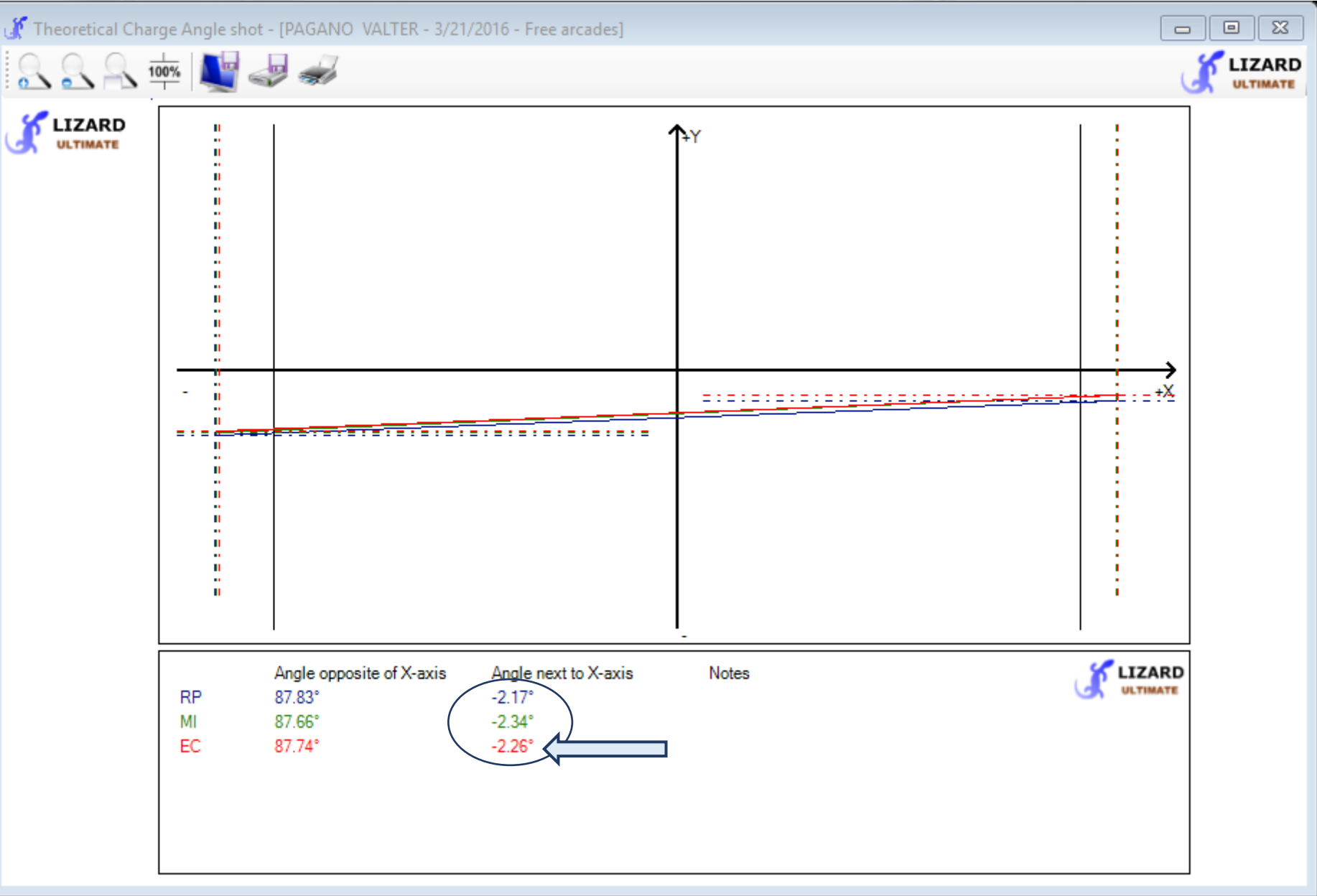


# Body torsion before appliance of BED

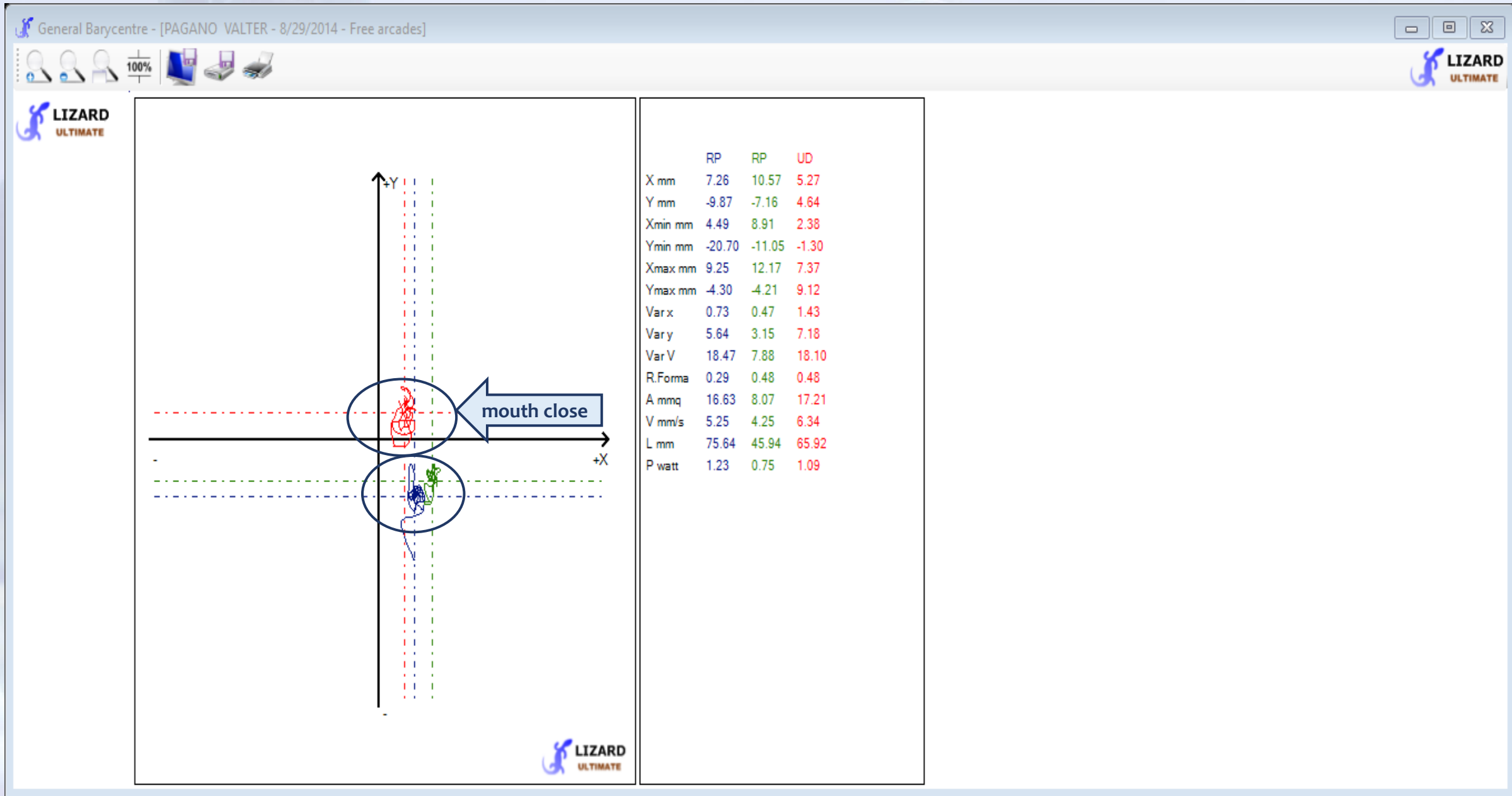




# Body torsion after appliance of BED

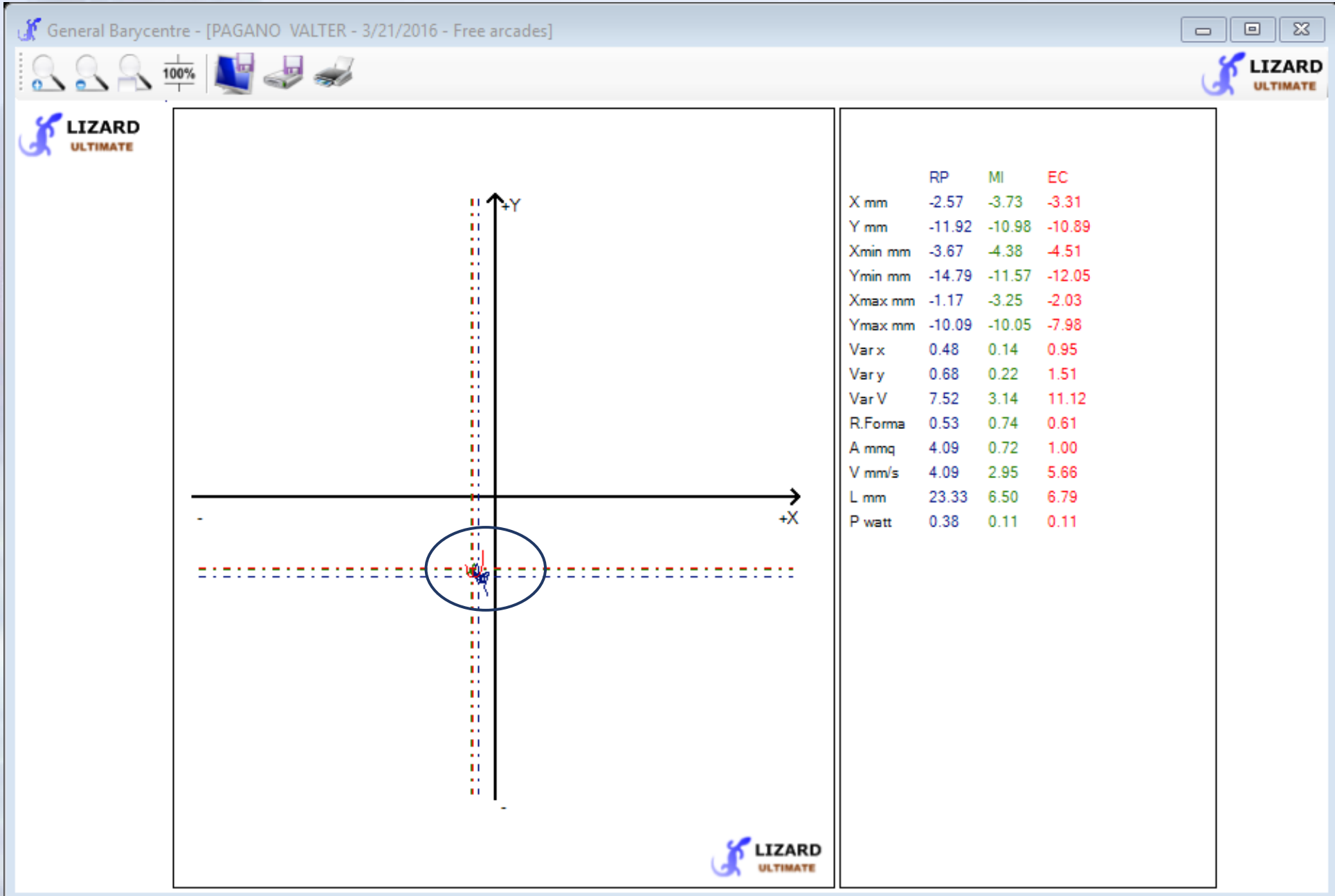


# Stabilometry/ barycenter before appliance of BED





# Stabilometry/ barycenter after appliance of BED





***There is only one solution:...***  
***MPR***

***Body Equilibrium Device***  
***Correct Nutrition***  
***Detoxification/Drainage***  
***Gut riequilibration***  
***Movement***





**THANK YOU  
FOR YOUR  
ATTENTION**

