

Emotional-acupuncture (tonic-power) constitutions in the diagnosis of priority pathology

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Relevance

The role of constitutional features of a person in the pathogenesis of diseases is increasingly being the subject of study in medical science. The results of this study allow, on this basis, to provide a quick search for the level of the lesion and the individuality of the patient's treatment.

Constitution - as a set of relatively stable morphological and functional(including mental) human properties, due to heredity, as well as long-term and (or) intense environmental influences [1, 2, 3]. According to I.R. Schmidt, the constitution provides the specificity of the reaction of the nervous, canal-meridian and neurohumoral systems when exposed to stress factors. In this regard, taking into account all components of the body's reactivity is fundamentally important for determining the localization of the most vulnerable zone of the body.

However, the existence of constitutional types takes into account only the psycho-emotional difference (psychasthenic, psychopathic, cycloid, schizoid), an excess of one of the "seven feelings" [4] (joyful, angry, sad, melancholy, grieving, anxious, prone to fear), gradation depending on congenital dominant [5], emotions (12 psychoemotional types), or anatomical features of a person (asthenic, athletic, neuropathic, etc.), or humoral-hormonal differences (autonomic imbalance with a predominance of the sympathetic or parasympathetic nervous system), which does not take into account all the variety of connections in the body, including the nervous system.

Considering that the tonus-power imbalance of skeletal muscles reflects a dysfunction of the nervous system, and also, using the variety of connections between skeletal muscle and other organs and systems discovered in applied kinesiology, it is advisable to use options for the formation of tonus-force imbalance for a more complete definition of morphological and functional properties. person. This makes it possible to identify the localization of the vulnerable zone on the human body, subject to stress factors (target organ in any chronic disease, in distress of the musculoskeletal and nervous systems of a person in response to postural stress). Since, by definition, the channel-meridian system of a person develops together with the nervous system in utero.

Purpose of the study

To reveal the correspondence of the variants of static deformation arising with a certain tonus-force imbalance of muscles, the presence of disturbances in the nervous, canal-meridian and humoral-hormonal systems.

Research methods:

1. Visual diagnostics.
2. Computer topography.
3. Muscle Testing (MT).
4. Kinesiological diagnostics.

Research material - 60 patients with reflex and reflex-compression painful muscle syndromes, with a chronic course, in whom standard methods of treatment did not have an effect. Simultaneously, the study was carried out on 10 healthy subjects.

Research stages

In the human body, the main control system is the nervous system, since it unites all other functional systems, organs, and tissues. The different reactions of the nervous system in different constitutions have not yet been taken into account. Any disease is a state of stress for

organism. Knowing which organ is stressful (target organ in any chronic disease, in distress), it is necessary to start treatment with this system.

Depending on the tonic-force imbalance of the muscles corresponding to the priority meridian, we divided the patients into 12 groups. Of these, 4 groups were most often represented:

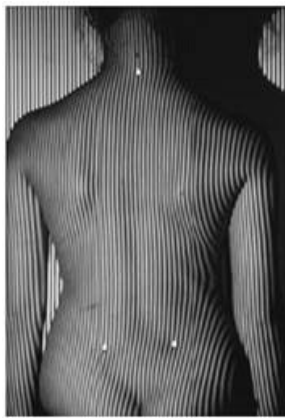
1st group: patients with functional weakness m. Iliapsoas (associated meridian - kidney meridian) - 30% (Fig. 1.1);

2nd group: patients with functional weakness m. Pectoralis major sternalis (associated meridian - liver meridian) - 24% (Fig. 1.2);

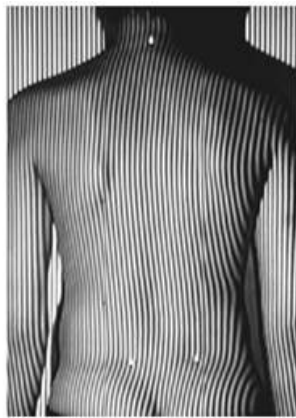
3rd group: patients with functional weakness m. Qudratus lumborum (associated meridian - colon meridian) - 16% (Fig. 1.3);

4th group: patients with functional weakness m. Latisimus dorsi (associated meridian - the meridian of the pancreas-spleen) - 14% (Fig. 1.4).

The remaining 8 groups were distributed - 16%. The division into groups was based on visual diagnostics and computed topography data, allowing to identify the topography of specific functionally weak muscles.



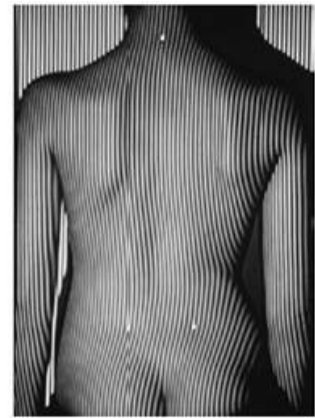
Rice. 1.1



Rice. 1.2



Rice. 1.3



Rice. 1.4

Rice. 1.1. Kidney meridian Fig.
1.2. Liver meridian Fig. 1.3. Colon
meridian
Rice. 1.4. Pancreas-Spleen Meridian

Research results

In the clinical picture, it was difficult to isolate the difference among the groups. Prevailing: hypertension, diseases of the pelvic organs, chest, indigestion, reflex and reflex-compression muscle pain syndromes, sleep disturbances, and phobias.

For Group 1, visual diagnostics revealed: hyperlordosis in the lumbar spinespine, functional block of C0 – C1 vertebrae, which indicates functional weakness of the lumbar-iliac muscles on both sides, and leads to ventral displacement of the pelvis. Such patients are characterized by kidney damage (often nephroptosis of I or II degree), the emotion of fear, activation of the paralysis reflex with fear.

Clinic: chronic diseases of the pelvic organs (uterus, prostate, urinarybladder), hypertension, lymphostasis, edema, indigestion, sleep disturbance, hip periartrosis syndrome, vertebral artery syndrome, due to shortening of the inferior oblique muscle, as a reaction to the functional block of C0 – C1 vertebrae, various phobias, vegetative crises.

For Group 2, visual diagnostics revealed: internal rotation of the shoulder, elevation of the anglescapula and its lateral displacement, deformation of the thoracic spine in the form of hypolordoscoliosis, costal scoliosis, shortening of the pectoralis minor and functional block of the 8th thoracic vertebra. Such patients are characterized by: liver damage, emotion of anger, activation of the Moro reflex (anger).

Clinic: manifestations of cervicobrachialgia, reflex and compression pain muscle

syndromes in the lower cervical and thoracic spine, liver disease, hypertension or hypotension, indigestion, sleep disturbance.

For Of the 3rd group, visual diagnostics revealed: pelvic lateroflexion to the sidefunctionally weak square muscle of the lower back, in combination with a straightened lumbar spine. Scoliosis of the thoracic spine is directed by a bulge towards the shortened square muscle of the lower back and a fold on the body between the ribs and the wing of the ilium. Lateral displacement of the pelvis towards the shortened quadratus lumbar muscle, functional blocks in the lumbar spine L5 – S1 vertebrae and a functional block in the thoracolumbar junction Th12 – L1. Such patients are characterized by: defeat of the large intestine, the emotion of sadness, melancholy.

Clinic: reflex and compression muscle pain syndromes in the lumbar spinespine, diseases of the gallbladder and small intestine, duodenal ulcer, large intestine, diseases of the sigmoid colon, rectum, piriformis syndrome, hypertension, indigestion, sleep disturbance.

For Group 4, visual diagnostics revealed: thoracic hyperkyphosis, lumbarhypolordosis and functional block Th6, functional blocks of the lower thoracic spine (Th6 – Th12). Such patients are characterized by: damage to the pancreas, anxiety emotion.

Clinic: cervicobrachialgia, brachial plexus neuropathy, scapular-rib syndrome, reflex and compression muscle pain syndromes in the lower cervical and thoracic spine, diseases of the pancreas, heart, hypertension or hypotension, indigestion, sleep disturbance.

Thus, it is possible to diagnose and select treatment for all 12 psychoemotional constitutions, defining them by visual, topographic diagnostics, taking into account the muscle test for the priority functionally weak muscle [2]. This makes it possible to predict the algorithm for treating patients (regardless of the nosology of the disease).

conclusions

1. Revealed in applied kinesiology, the functional connection between the meridians, organs, vertebrae, muscles allow the body to respond to external and internal stress in a complex way: by the nervous, humoral-hormonal and channel-meridian systems. A decrease in the tonus-strength characteristics of the associated muscles is an indicator of the listed functional connections.

2. Postural load is the most subtle criterion for detecting reduced adaptation organism in the form of the formation of a tonic-power imbalance of antagonist muscles in statics and dynamics.

3. Visual diagnostics, confirmed by topographic data, assesses tonic-strength the reaction of skeletal muscles to postural load, regardless of nosology, and an objective criterion for the severity of pathology.

4. Using visual topographic criteria in assessing the type of patient's constitution - an objective criterion for determining the "weak link" - the localization of the hypotonic associated muscle and the pathological activity of its functional connections.

5. Visual diagnostics, confirmed by topography data, is the most accurate an instrumental diagnostic method, confirming the change in the tonus-force imbalance of muscles that occurs during treatment with the methods of applied kinesiology in the human body and the criterion of the effectiveness of the therapy.

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