

Possibilities of correcting generalized muscle hyperfacilitation
with myofascial pain syndrome
with a personalized selection of Bach flower essences
in the practice of a chiropractor

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Possibilities of generalized muscular hyperfacilitation correction
of myofascial pain syndrome using individual selection
of Bach flower essences in chiropractor practice

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SUMMARY

The possibilities of using a combination of apparatus and manual muscle testing for the individual selection of Bach essences in the treatment of patients with myofascial pain syndrome occurring against the background of generalized muscle hyperfacilitation are shown. The study revealed a significant ($p < 0.05$) acceleration of regression of the algic component and psychoemotional dysfunctions in patients with generalized muscle hyperfacilitation with the combined use of manual therapy and individually selected Bach essences for the treatment of myofascial pain syndrome. The results of the study indicate the advantage of an integrated approach to the treatment of these disorders.

Key words: myofascial pain syndrome, manual therapy, applied kinesiology, osteopathy, Bach essences, hyperfacilitation.

RESUME

Combined possibilities of devices and manual muscle testing for the individual selection of Bach essences for treatment of patients with myofascial pain syndrome, occurring against the background of generalized muscles hyperfacilitation are presented. The work revealed a significant ($p < 0.05$) regression of the pain component and psychoemotional dysfunctions in patients with generalized muscles hyperfacilitation after use of manual therapy and Bach essences for myofascial pain syndrome treatment. Results of the study show advantages of an integral approach to the treatment of these disorders.

Keywords: myofascial pain syndrome, manual therapy, osteopathy, applied kinesiology, Bach essences, hyperfacilitation.

INTRODUCTION

V last thing time there is a trend To growth quantity psychosomatic disorders, which is often associated with a discrepancy between the capabilities of the adaptive systems of the human body and the conditions that the modern rhythm of life presents and imposes on a person. These disorders often proceed under the guise of various diseases, not always fitting into the classical ideas about their clinical pictures, which significantly complicates the diagnostic process. Therapy of this pathology very often does not lead to persistent positive results, creating a tendency towards the development of a chronic course of the disease. The somatic mask of psychoemotional disorders leads to the development of clinical symptoms, manifested by various dysfunctions in the motor, visceral, immune, endocrine and nervous systems. The number of patients with latent depressive disorders is increasing,

Against the background of psychological stress, autonomic dysfunction syndrome develops, a state of functional maladjustment of the nervous system arises, which in turn leads to the activation of primitive reflexes and the development of a condition known in applied kinesiology as generalized hyperfasilitation (GH) of muscles.

Muscular hyperfasilitation is understood as a condition of a muscle in which: 1) there is no decrease in its stretch reflex when the north pole of a magnet is applied to the abdomen of the muscle; 2) there is no decrease in the stretch reflex during the deactivation of neuromuscular spindles; 3) there is no decrease in her stretch reflex when the Golgi apparatus is activated; 4) there is no decrease in muscle stretch reflex at point localization (TL) to the R27 acupuncture point [7, 8].

This functional state of the muscles makes it difficult or impossible to diagnose with manual muscle testing. In addition, hyperfasilitation contributes to the maintenance of myofascial pain syndrome and is a source of complaints associated with discomfort and muscle tension, leading to even greater neurotization of the patient and a decrease in the pain threshold, thus closing the "vicious circle" (psychoemotional disorders - muscle dysfunction - pain syndrome - strengthening of psychoemotional reactions). It is also known that in the second phase (stress stress) of acute stress and in the phase of mobilization of chronic stress, an increase in muscle tone is observed.

Thus, HH is a consequence of psychoemotional stress. It is one of the symptoms of psychoemotional maladjustment syndrome. Its presence complicates the processes of diagnosis and treatment of various pathological conditions, which makes it clear that practitioners are interested in issues related to its correction [5]. The proposed options for its correction do not always turn out to be effective and long-term, which makes us look for additional ways to solve this problem.

The literature contains information about the possible correction of psychovegetative

disorders using Bach essences, selected using the vegetative resonance test "IMEDIS-TEST" [4]. Edward Bach (1884-1936)

- An English bacteriologist who worked at the Royal Homeopathic Hospital, London. He believed that in the process of the occurrence of various diseases, a great role is played by the state of mind of a person, which corresponds to a given disease. In his book "Get Free" E. Bach writes: "Health is the result of harmony with your soul." E. Bach proposed a system of therapy for various diseases by influencing the mental state of a person with the help of specially prepared essences. He divided these drugs into seven different groups depending on their effect on various psychoemotional states of patients and one universal, recommended for use in stress, "life-saving remedy".

However, despite the data on the effectiveness of Bach essences in various psychoemotional disorders, selected using the autonomic resonance test (ART), we did not find information on their use for the correction of generalized hyperfasilitation in patients with myofascial pain syndrome. This led to the setting of the goal of this work: to determine the clinical efficacy of Bach essences, individually selected using manual muscle testing, in the treatment of patients with myofascial pain syndrome proceeding against the background of generalized hyperfasilitation.

MATERIALS AND METHODS

We observed 60 patients aged 21 to 63 years, among whom there were 19 men and 41 women with complaints of pain and limitation of movements in the cervical-collar zone. The patients were examined according to a single program, including diagnostic tests generally accepted in manual therapy and osteopathy. All patients underwent manual muscle testing, used in applied kinesiology. Assessment of psychological status was carried out using the Spielberger-Khanin test and SAN. If necessary, the patients underwent X-ray, CT or MR examination of the cervical spine.

All patients were divided into two statistically comparable groups of 30 people each. In order to eliminate the revealed static-dynamic disorders, the patients of both groups were prescribed manual therapy. Manual therapy was carried out 2-3 times a week in the amount of 8-10 procedures. 10 healthy volunteers made up the control group. The duration of treatment and observation of patients was 1 month.

In the first group, in addition to manual therapy, patients received a course treatment with Bach essences individually selected using manual muscle testing and a magnet. The drugs were prescribed according to the standard scheme with a duration of at least one month. Technically, testing was carried out as follows. One or another Bach essence was sequentially fed from the drug selector of the IMEDIS-EXPERT apparatus, a magnet was placed on the abdomen of the tested muscle, with a negative pole

turned towards the muscle. The drug was chosen that caused a decrease in its stretch reflex at the time of muscle testing. Then several other muscles at the time of delivery from the selector of this drug were also checked for the state of normotonia. And if all these muscles met the requirements for normotonic muscles, the drug was chosen for further therapy.

RESULTS

All patients complained of pain and limitation of movement in the cervical-collar zone. In 22 people, the pain radiated to the shoulder girdle, shoulder joint and / or arms, in 10 patients the pain spread to the scapular region. In all patients, HH was determined during manual muscle testing. Palpation examination of patients revealed pain trigger points (TT) in the muscles of the neck and shoulder girdle (sternocleidomastoid, anterior scalene, short and long extensors of the neck, upper portions of the trapezius muscles), muscles of the interscapular region. Palpation diagnostics of muscles made it possible to identify not only active, but also latent (manifested only at the moment of their direct palpation), which are an unexpected find for the patient himself, painful trigger points. In 7 patients, TT irritation in the suboccipital region, in addition to local pain, they caused paroxysms of headache, and in 4 patients attacks of non-systemic dizziness. The possible presence of this kind of TT in patients with MFBS is mentioned in a number of literary sources, including our earlier works [1-3].

A psychological study using the Spielberger-Khanin method showed that initially the patients had a high level of reactive (66.5 ± 6.7 points) and personal (69.8 ± 5.4 points) anxiety. Testing according to the SAN method also indicated the presence of increased psychoemotional stress in the examined patients.

The results of the individual selection of Bach essences in the first group of patients are shown in table. 1.

Table 1

The results of the individual selection of Bach essences
in the first group of patients (30 people)

Groups of drugs	Number of patients approached essence
From apathy	12
From loneliness	3
For sensitive	0
With disappointments	eight
With altruism	
Because of fear	4
From uncertainty	3
Life-saving remedy	0
TOTAL	thirty

The results of examining patients during and after the treatment provided evidence of the best positive dynamics in all studied parameters in patients of the first group. Thus, HH in patients of the first group regressed already after 2-3 procedures, while in patients of the second group it remained until the 5th procedure, in 12 (40%) patients and was completely stopped only by the end of the course.

The study of the regression of myofascial pain syndrome indicated a difference in the rate of onset of the analgesic effect in the groups. So, patients of the first group felt a persistent antinociceptive effect after the 2nd or 3rd procedure, and in the patients of the second group, a similar effect was noted only by the middle of the course (5-6 procedures).

In patients of the first group, the severity of pain syndrome after treatment averaged $10.4 \pm 4.5\%$, in patients of the second subgroup - $20.3 \pm 4.3\%$ according to the VAS scale, expressed as a percentage (Fig. 1). According to the results of analysis of variance ANOVA and subsequent pairwise comparisons, the differences between the groups reached a statistical difference ($p < 0.01$).

The results of psychological testing according to the Spielberger-Khanin questionnaire revealed a positive trend in the psychological state of patients in both groups. In patients of the first group, the test results were within the normal range in 27 people (90%), while in patients of the second group, only 19 people (63.3%) did not differ from the control values.

Psychological examination according to the SAN method, carried out after the end of the course of treatment, showed the presence of positive dynamics in both groups in all test parameters that significantly differed from the initial parameters (t-test for related groups, $p < 0.05$). However, in the patients of the second group, they had statistically significant differences from the control values (t criterion, $p < 0.05$), in contrast to patients in the first group (t-criterion, $p > 0.05$). In the second group, all patients on the background of the treatment it is difficult to

the parameter that characterizes mood turned out to be amenable to correction (Table 2).

table 2

Assessment of well-being, activity, mood after treatment ($M \pm m$) according to the method SAN

Groups, (n)	Wellbeing		Activity		Mood	
	Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
I (30)	3.2 ± 0.4 *	5.2 ± 0.2	3.5 ± 0.4 *	5.2 ± 0.3	3.6 ± 0.6 *	5.5 ± 0.2
II (30)	3.1 ± 0.3	4.8 ± 0.4 *	3.3 ± 0.4 *	4.7 ± 0.3 *	3.6 ± 0.3 *	4.5 ± 0.5 *
Control	5.2 ± 0.3		5.3 ± 0.2		5.5 ± 0.3	

* - $p < 0.05$ - significant difference in indicators in relation to the control group.

DISCUSSION

The state of chronic stress leads to a functional increase in skeletal muscle tone due to an increase in the activity of the direct and a decrease in the activity of the reverse myotatic reflex as a manifestation of overstrain of the central mechanisms of muscle tone regulation [5]. A disorder in the regulation of muscle tone, leading to muscle overstrain, causes a violation of the optimal statics and dynamics of the patient, which contributes to the formation of myofascial pain syndrome, and also increases the patient's neurotization and leads to a decrease in the pain threshold. These reactions, in turn, cause an even greater overload of the muscular apparatus and contribute to the chronicity of this disease.

The use of individually selected Bach essences contributes to the process of psychoemotional adaptation of the patient and the elimination of HH, which ultimately ensures a speedy regression of the symptoms of the underlying disease.

CONCLUSIONS

1. Generalized muscle hyperfacilitation arising on the background psychoemotional maladjustment, contributes to the formation of myofascial pain syndrome due to a violation of the mechanisms of autoregulation of muscle tone.

2. The device "IMEDIS-EXPERT" allows a doctor - chiropractor, who owns the techniques of applied kinesiology, to carry out a quick individual selection of Bach essences using manual muscle testing.

3. Elimination of generalized muscle facilitation against the background of improvement psychoemotional state of the patient provides potentiation of the therapeutic effect in the process of complex therapy of myofascial pain syndrome.

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