

Myofascial Bridges Connect Chiropractic and Traditional Chinese Medicine (Part 3)- The Anatomy and Movement of Qi



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Submission: December 06, 2019; Published: January 03, 2020

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Keywords: Myofascial; Structural realities; Meridians; Metasystem; Chinese medicine; Effectiveness; Pathophysiology; Chiropractic patients

Introduction

A new understanding of the primary role that the body's myofascial system plays in the distribution of Qi (the life force of Traditional Chinese Medicine) throughout the body and acupuncture meridians is developing. The better we understand the realities of TCM within the structural realities of our chiropractic patients, the more we can use TCM and contribute to it. Myofascia includes all the muscles as well as the thin connective tissue that covers the organs and tissues in the body and is found from the head to the feet and around the brain and other organs; it's found over the entire body. All forms of healing-chiropractic, osteopathy, bodywork, surgery, acupuncture and more-are mediated through the myofascial tissues [1-4]. An advantage to conceiving the myofascial system as a complex communication network that transmits Qi throughout the body is that the myofascia is regarded as a "metasystem", connecting and influencing all other systems

in the body [5]. The fact that the myofascial system may provide the anatomical basis of this metasystem in the treatment of imbalances of Qi is an important addition to TCM physiology [6,7]. Understanding that the surfaces of the human body are an outward reflection of Qi and the internal physiological situation may result in an improved capacity to understand the entire pattern the patient is presenting. Once it is recognized that the structure of the body and the function of the myofascial system influences and is influenced by the channel flow of Qi, one realizes that the muscular system can reveal more information than previously supposed. The expanding construct validity and usefulness of the manual muscle test (MMT) encompasses this growing understanding that meridian flow and muscular function may correlate [7-12]. For this reason, acupuncturists have studied and written about the MMT relationship to TCM [5,7,8,10,11].

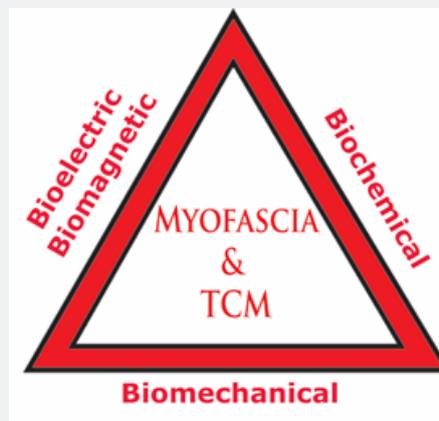


Figure 1: Accessible factors influencing meridian channels and Qi.

By treating the myofascia with precisely organized stimulations (the diagnosis for which of the 365 traditional acupuncture points

in the body to treat may be significantly expedited by the MMT) [5,7-14] the myofascia provides a means for diagnosing and

treating countless forms of human physiopathology through the treatment of the surface; like Qi, the myofascia is an organ that immediately responds to stimulation.¹ As with TCM, it has been shown that the effectiveness of myofascial therapy is linked to accurately localizing dysfunctions of the myofascia and using an appropriate treatment to improve its function and activity (Figure 1).

Nagahama [15] and Motoyama [16] well-known researchers in Japan, independently conclude from their own research that the meridian system lies in the myofascial tissues and specifically in the superficial myofascia. Nagahama has suggested that the terms “connective tissue therapy” be used to describe acupuncture. Some of the principal ideas of acupuncture can now be conceived as the stimulation of an extraordinary sensorimotor organ, (the myofascia) along pathways that have strong relationships to movement and the action of muscles (duplicated in accurate manual muscle testing), and that these provide efficient pathways to deeper dysfunctions in the myofascia and the viscera. These modern ideas of contemporary acupuncture mirror chiropractic ideas concerning myofascial tissue as the medium for internal pathophysiology which manifests themselves in the surface tissues of the body. The importance of muscular function in TCM is seen in the work of Dr. Yoshio Manaka, who notes the relationship between Mu or Alarm Points and the function of the muscle in which the points are embedded [16]. Alarm points are hypothesized to reflect the status of organs and meridians. Yet Manaka notes that often when a patient is lying down, the alarm points are not active, even when there is a problem in the related organ or meridian. However when the meridian or related myofascial channel is stretched by flexing, extending or rotating the hand or the foot, the point immediately becomes active. Larson [7] suggests “by moving the wrists and ankles in certain ways, the stretched fasciae achieve a level of tension and, therefore, a heightened conductivity. This, in turn, establishes a tension at the Mu point which makes it more reactive on palpation.” Manaka explains this in the TCM context: a patient with a symptomatic small intestine (diagnosed by symptom history and palpation of related acupuncture points), showed no soreness at CV-4 (the Mu or Alarm Point for the small intestine). However when the small intestine meridian was stretched (crossing the stomach and small intestine), CV-4 became reactive and tender. Mu points appear to be points of specific attachment for the myofascia through which the meridians run. This is the kind of sensorimotor challenge that is employed in most clinical encounters in chiropractic practice. For instance the manual muscle test is conducted in the positions and under the circumstances – environmentally, physically, chemically, emotionally-the patient experiences their problems. Once again, researchers have confirmed the close parallels between myofascial planes in the body and traditional acupuncture meridian channels. Langevin & Yandow [6] found a strong correlation between acupuncture points and inter- or intra-muscular septa, along myofascial planes. In their study, traditional acupuncture points were marked in the upper arm post-mortem.

They then examined whether or not these points corresponded to connective tissue planes by examining ultrasonic cross sections. In the acupuncture points under scrutiny, over 80% corresponded to intra- or inter-muscular myofascial tissue planes.

The places where the maximum stimulation of the myofascia may occur are probably the most effective areas and points for treatment in TCM: in traditional chiropractic, these areas might be called “The Majors”. Pischinger [17] & Larson [10] have previously suggested that myofascia is the basis of the multiple and varied effects of acupuncture treatment. Oschman [17] states “acupuncture meridians are the main channels of the connective tissue matrix”. The invisible and difficult to measure Qi, the source of energy and information in TCM about the organism, may consist of bioelectric, biomechanical, biochemical, and biomagnetic signals moving through myofascial layers, collagen fibers, ground substance, and associated layers of water molecules. Bassett notes that voluntary and involuntary contraction of the muscles of the body (particularly of the antigravity muscles), and continuous cell motions produce the compression necessary for the body to produce electricity and electric fields [18]. The possibility that electrical signals and charge could be generated by mechanical forces that may be propagated through the extracellular matrix was first proposed by Szent-Gyorgyi [19]. Triano [20] has recently reviewed the processes of mechanical transduction and their relevance to manual therapy [20]. It is said that in order to hide something adequately, you must put it in plain sight. What could be in plain sight more than the myofascial system, hidden beneath our patients’ skinvelopes? For thousands of years the many secrets of the meridian system have been hidden in the myofascial envelope of the human body. The chiropractor is the world’s premiere diagnostician for disorders in this muscular envelope.

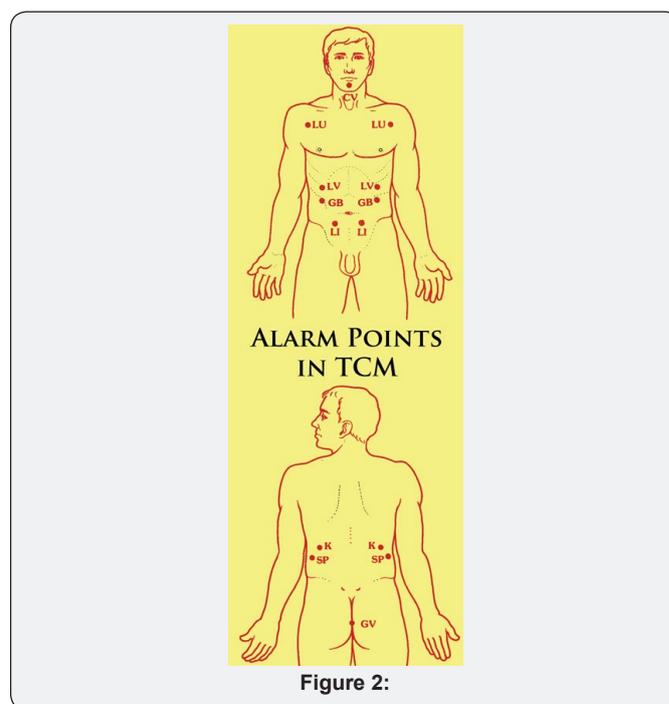


Figure 2:

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DOI: [10.19080/JCMAH.2020.10.555800](https://doi.org/10.19080/JCMAH.2020.10.555800)

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