




Educational Review

Introducing the “Gamechanger“ - Myoreflextherapy

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ABSTRACT

Chronic pain conditions, mental illnesses and, more recently, post-COVID syndrome are still difficult to treat satisfactorily in many cases, despite rapid medical progress. New, highly individualised treatment approaches are required to alleviate and ideally even cure complaints that are relevant to everyday life. Myoreflex therapy is a new type of therapeutic procedure that has been developed since the early 1980s on the basis of various findings and sciences, but has so far only been sparsely described in the international literature. The aim of this paper is to provide an overview of the findings to date and to categorise the therapy within the current therapeutic landscape. For this purpose, a comprehensive literature search was conducted in MEDLINE/Pubmed, Google Scholar and the Cochrane database. In addition, the most important data from the basic works on the initial description of myoreflex therapy were extracted and summarised in condensed form. In this way, the significance of myoreflex therapy as a new, integrative and holistically orientated form of therapy can be demonstrated. It represents a neurophysiologically based further development of osteopathy, acupuncture and concentrative movement therapy and utilises neuronal control circuits to additionally tense defined muscle groups in order to stimulate self-regulation and reduce pain. By combining various established therapeutic principles in this new method, chronic pain conditions, psychologically induced musculoskeletal changes and non-specific post-acute COVID symptoms can be treated much more effectively.

Introduction

Lack of exercise, nutrient-poor diets, anxiety and stress are just some of the many aspects of today's life in a modern society. Although there seem to be new approaches, insights, and self-improvement tools almost every day, the fundamental problems of back pain and chronic pain continue to be omnipresent [1,2]. With steadily advancing medical progress, more and more therapeutic approaches are emerging. Especially in the area of chronic back pain, patients can now be offered a wide range of therapeutic options. This portfolio ranges from electro-stimulation to CT-guided infiltration procedures. The success of long-term treatments is often limited and the risk of chronicity of the pain increases, reducing quality of life and consequently reducing mental health, too [3–7]. Many patients desire alternative treatments to medications and invasive procedures to address chronic pain. In daily practice, however, time for a detailed history, physical examination, and further investigations of potential causes is limited. Due to the high volume of patients and the wide range of diagnostic and therapeutic options, doctors tend to write prescriptions and refer patients to the next

medical authority. The trend is even towards point-of-care tests (POCT), near-patient tests (NPT) and patient self-tests (PST) as diagnostic tests that are designed to save doctors even more time and tend to result in even less individualized therapy concepts [8]. Chronic pain conditions are one of the many fields in which Myoreflextherapy can be a useful alternative treatment option to achieve long-term release from symptoms and restore the patient's mental and physical health. In the early 1980s, brothers Kurt and Reiner Mosetter developed a completely new therapeutic concept. The overarching goal was to treat patients in a comprehensive approach by combining the core aspects of different scientific disciplines. Thus, Myoreflextherapy was developed, which, as a holistic therapy concept, combines the most effective methods from acupuncture, Chinese medicine, manual therapy, physiotherapy, biomechanics, trauma psychology and orthopedics [9,10]. Due to the significant improvement in symptoms, which is due to an optimization of mobility and a reduction in pain, Myoreflextherapy has become a regular treatment alternative in high-performance sports [11–13]. A core element of Myoreflextherapy is based on the reduction of misalignments and thus unphysiological stress on joints and soft tissue

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structures by releasing basic tension in the muscles. This leads to an improvement in mobility and optimization of movement patterns [9, 12]. The interaction of the individual structures of the musculoskeletal system is improved and the movement sequence becomes physiological again. This prevents the development of pain, tension and overloading and thus, in the long term, the development of osteoarthritis [9,10,12].

Myoreflextherapy

In contrast to some other orthopedically influenced forms of therapy, Myoreflextherapy goes beyond the mere relief of chronic or acute pain. As a holistic therapy, Myoreflextherapy focuses on the person as a whole and the lifestyle habits that need to be treated. This includes not only an analysis of physical activities, but also an investigation of nutritional habits and psychosocial circumstances. For example, earlier studies showed that chronic pain conditions such as chronic back pain are often associated with anxiety and depression [14,15]. Nutrition also plays an important role in the development of chronic pain. Diets low in nutrients and fiber and deficient in trace elements and vitamins impair metabolic processes in the muscle fascia [8,17,18]. In addition to the development of diabetes mellitus, excessive consumption of simple short-chain carbohydrates has a negative impact on the musculoskeletal system and promotes the development of chronic pain [16]. In order to meet the requirements of a holistic approach, a regular Myoreflextherapy session begins with a detailed anamnesis. Everyday movement circumstances, lifestyle, nutrition, psychological and psychosocial stress factors are discussed and recorded. In order to reduce misalignments and unphysiological stress on the joints and soft tissue structures by releasing basic tension in the muscles, the examiner asks about the area of greatest pain. In contrast to classic physiotherapy, Myoreflextherapy analyzes and treats “movement chains” in order to recognize possible compensations and relieving postures at an early stage and to address them in the therapy plan.

Principle of kinetic chains

Everyday postures at the desk influence the interaction of several muscle groups and not just a single muscle. Movement is created by the interaction of synergists and antagonists. This interaction must be precisely coordinated to produce an economical sequence of movements. Accordingly, the tension of a muscle not only affects the adjacent joint, but also, via the agonists and antagonists involved in the movement, distant soft tissue structures, tendons, fasciae and joints. In the context of Myoreflextherapy, the structures of the musculoskeletal system that are involved in a particular movement and interact with each other form a so-called “kinetic chain”. When analyzing the source and cause of pain, identifying the kinetic chains involved is an essential part of the therapy [10]. These muscle chains very often correspond to the meridians described in Chinese medicine and practiced there for centuries. Meridians are considered channels of the so-called Qi, the life energy [9]. A large number of international publications already exist on the main influence of acupuncture on the meridians and their productivity [19]. Through structured palpation, the Myoreflextherapist identifies indurations, connective tissue changes and myogelosis as an expression of increased basic tension in the muscles. By applying manual pressure, he then stimulates the areas of increased muscle tension until a noticeable relaxation of this specific area occurs. The change in the basic tension and thus the muscular dysregulation is reported to the central nervous system via Golgi tendon receptors, muscle spindles and adjacent afferents. This feedback mechanism reports muscular imbalances and misalignments, which can lead to a counterregulation. Muscle-tendon transitions are often the target of pressure point stimulation, since the underlying increased muscle tone can often be detected here. These points correspond to the target points of acupuncture and neural therapy [10], Fig. 1. The following case study should help to better understand the therapeutic principle. A 38-year-old tennis player presented with a

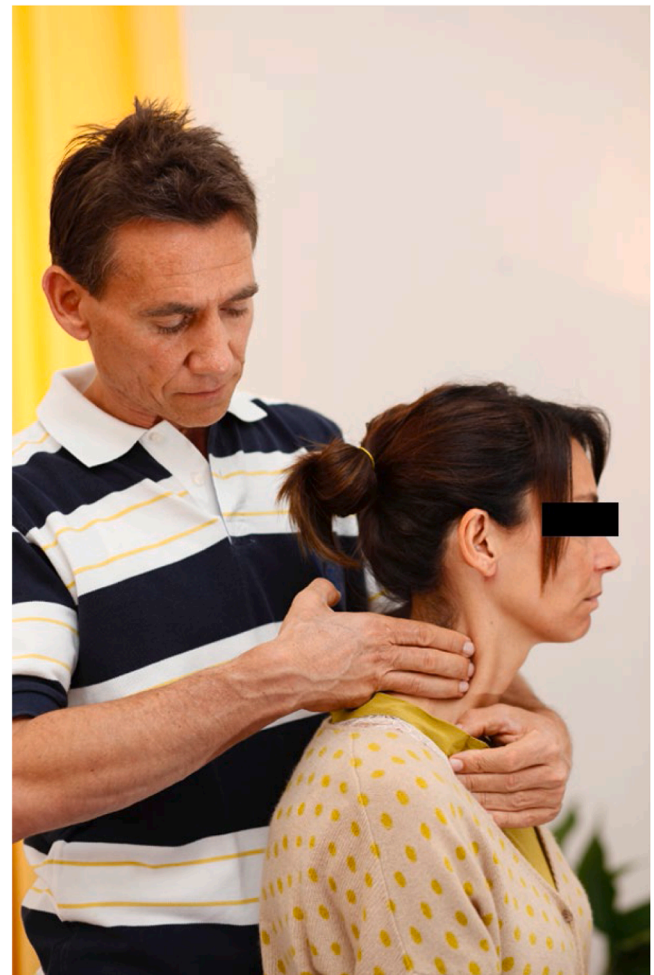


Fig. 1. Pressure point stimulation.

developing, progressive stabbing pain in the left calf muscle, which radiated into the ischiocrural muscle after a serve with the right upper extremity. Pressure point stimulation of the triceps brachii muscle at the infraglenoid tubercle resulted in immediate pain relief in the calf muscle. The Mosetter brothers explained the pain event via the two muscle chains involved. The chain of synergists, which extends from the flexors of the forearm and upper arm, the chest and abdominal muscles, over the contralateral rectus femoris muscle to the tibialis anterior muscle. And the chain of antagonists, which extends from the extensors of the forearm, the triceps brachii muscle, the back muscles to the contralateral leg flexors and the contralateral calf muscles. A single pressure point stimulation on the triceps brachii muscle led to complete pain relief due to the connection through the muscle chain. For long-term pain relief and to prevent further pain episodes, the entire kinetic chain was then treated with Myoreflextherapy [10], Fig. 2. In this way, a lasting remission of the pain could be achieved.

Power in the stretch

Another pillar of Myoreflextherapy is active stretching to prevent and correct muscle shortening. The so-called KID exercises (“Kraft in Dehnung” = strength in stretching) can be performed independently by the patient. In contrast to conventional stretching exercises, the muscle is activated at maximum stretching. Previous studies have shown that active stretching is significantly more successful in the long term than classic “passive” stretching [20,21]. The exercises therefore consist of active stretching exercises against resistance. In addition to strengthening and stretching the muscles, an improvement in elasticity,

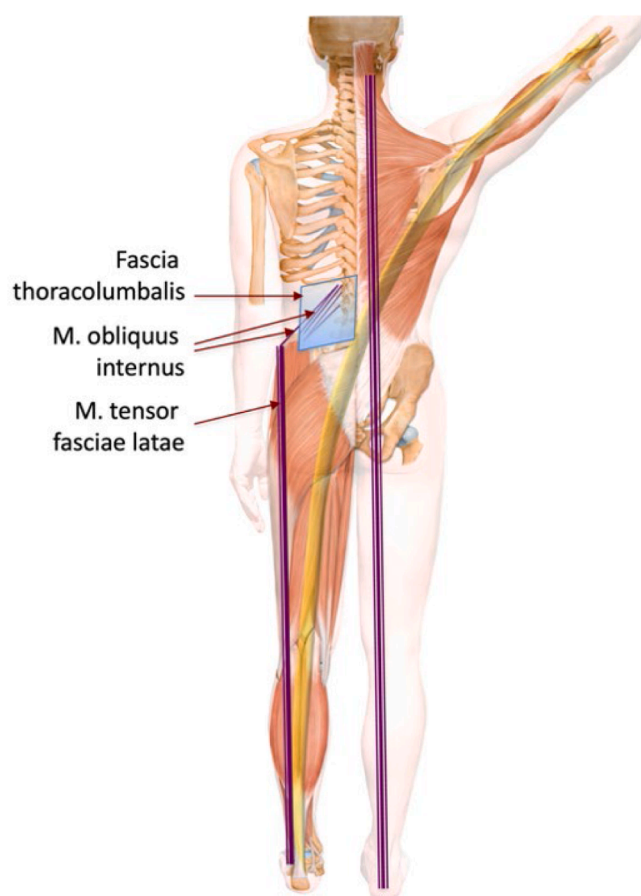


Fig. 2. Example for a kinetic chain.

increased fibroblast activity and increased collagen synthesis in the muscle fascia were observed [9,10]. The therapeutic effects of each individual Myoreflextherapy session can not only be maintained by regularly performing KiD exercises, but a significant increase in the success of the therapy can be achieved with just 5 min of daily training. It is also possible to build up KiD postures within a therapy session and to perform Myoflextherapy in this posture, for example, to break particularly resistant bad postures. Table 1 shows examples of KiD exercises for the large muscle chains Table 1 and Fig. 3.

Discussion

The best way to understand the concept of Myoreflextherapy is to compare it with the concepts of osteopathy and traditional physiotherapy. The main difference between these two forms of therapy is that osteopathy mainly uses hands-on treatment, while physiotherapy relies more on active exercises. Although osteopathy and physiotherapy share a common healing goal, they differ significantly in approach and philosophy. In osteopathy, the body is considered as a whole and the origin of a pathology is sought. Wellbeing depends on the balance of several systems (musculoskeletal, visceral, etc.) that interact and influence each other. Osteopaths generally assume that all parts of the body are closely connected and that the body has its own healing mechanism. By contrast, physiotherapists focus primarily on improving a specific part of the body. Physiotherapists are trained to assess specific problems and tend to take a local approach. The evidence base for complementary and alternative therapies is not very good. For example, there are no large-scale placebo-controlled studies for Myoreflextherapy to date. However, this problem also affects therapies that have been established for decades and are recommended in treatment guidelines [22]. Table 2

Table 1

The table summarizes exemplary KiD exercises that can be used to address all muscle chains. The exercises are each held for 8 breaths. If necessary, switch side.

| | |
|-------------------------------|---|
| Anterior muscle chain | The hips are opened wide. You should try to push your pelvis far forward. The upper body is tilted slightly backwards, the arms are stretched upwards and the palms of the hands are facing forwards. The knee lying on the floor, the lower leg and the foot are pressed into the floor. This activates the muscle chain in the stretch. |
| Posterior muscle chain | From a stable position, with both feet about hip-width apart, the knees are stretched as far as possible. The upper body is then bent forward as far as possible and the legs are embraced. The lower back should be the highest point. The head hangs loosely downwards and the shoulders and neck remain relaxed. Now actively press the tips of your feet into the floor without lifting your heels. |
| Lateral muscle chain | The exercise begins lying on your back. One leg is bent at a right angle in the air and pulled to the opposite side by the knee with the opposite hand. The other arm is placed at the side to open up the front chest muscles. The head turns in the same direction. During the stretch, the knee is pressed against the hand to activate the muscle chain. |
| Rotating muscle chain | The exercise begins in a quadruped position with the forearms resting on the floor. The elbows are below the shoulders. Reach behind the opposite elbow and place your arm down. The head is also placed next to the lying forearm. Then turn gently into a rotation. During the stretch, the lowered arm is pressed against the floor to activate the muscle chain. |

summarizes the current evidence and effectiveness for manual therapy. This globally established physiotherapeutic procedure also has only weak evidence [23] Table 2.

The evidence does not speak against the effectiveness of procedures such as osteopathy or Myoreflextherapy. In the past, both concepts were convincing through case reports and observational studies. The philosophy of Myoreflextherapy is most similar to that of osteopathy. Both measures treat complex diseases and use the musculoskeletal system to control deeper visceral or neuronal processes [24–26]. Myoreflextherapy is the first treatment to combine the approaches of classic physiotherapy and osteopathy by adding individualized recommendations for KiD exercises to targeted treatment of the patient. It has already been demonstrated in the past that combining different therapeutic concepts can lead to improved results. For example, the application of an osteopathic muscle energy technique (MET) has similar effects on improving pain and disability in people with chronic neck pain as cervical mobilization (CM) alone. However, combining the two methods leads to a further significant improvement in therapeutic success [27]. In summary, it can be said that Myoreflextherapy is an outstanding and unique therapy concept that impresses above all with its holistic therapy concept, which combines the most effective aspects of Chinese medicine, acupuncture, neural therapy, physiotherapy, osteopathy and orthopedics in a unique way. The additional successful use of Myoreflextherapy in competitive sports underscores its effectiveness. The concept was established in Germany over decades by the Mosetter brothers and is being further developed according to the latest scientific findings. Particularly noteworthy is the application of Myoreflextherapy in patients with post-acute COVID syndrome (PACS), which was the subject of a recently published study. In a placebo-controlled study, it was shown for the first time that the treatment of the large muscle chains not only relieves painful tension but can also improve lung function and, in particular, significantly increase diffusion capacity [28].

Future directions

To date, the only evidence of the significant benefits of Myoreflextherapy in terms of psychological trauma, pain or impaired organ function comes from basic descriptions, case reports and small observational studies. Furthermore, most of this literature is written in

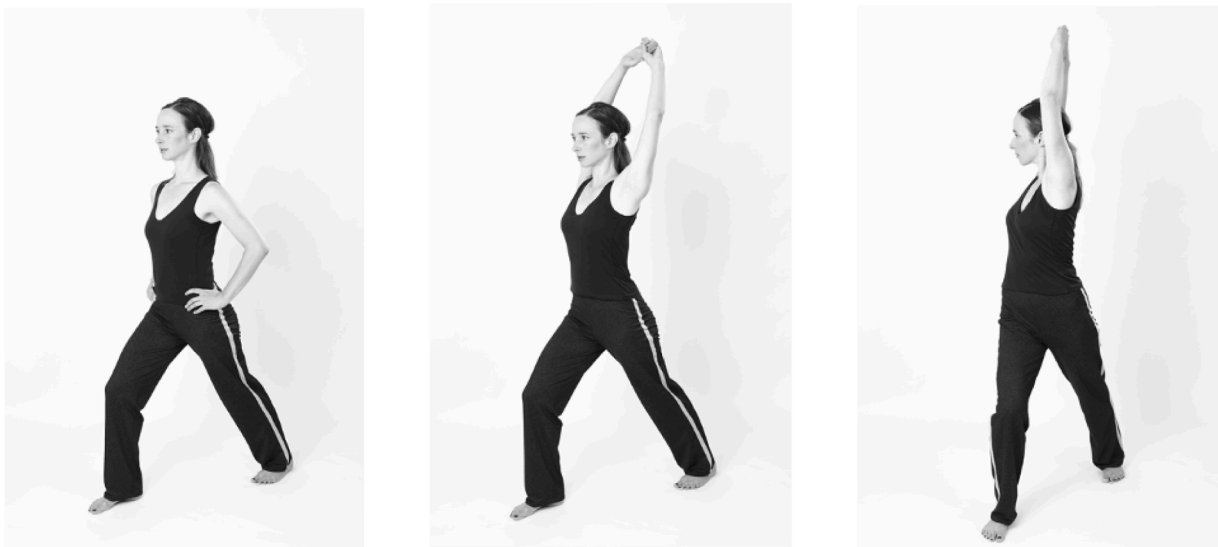


Fig. 3. Power in the stretch. An example for active stretching.

Table 2

Modified overview according to [22], which summarizes the current data on the effect size and evidence of established and prescribable manual therapy (+ = low evidence, ++ = moderate evidence).

| | Pain effect size (strength of evidence) | Function effect size (strength of evidence) |
|----------------------------|---|---|
| Chronic tension headache | Moderate (+) | Moderate† (+) |
| Cervicogenic headache | Large (+) | Small-to-moderate (+) |
| Fibromyalgia | Small to moderate (+) | Small to moderate* (+) |
| Low back pain (acute) | Moderate (+) | Moderate (+) |
| Low back pain (persistent) | Small (++) | Small (+) |
| Neck pain (persistent) | Small to moderate (+) | Moderate (+) |
| Osteoarthritis knee pain | Moderate (+/++) | Small (+) |
| Osteoarthritis hip pain | Small (+) | Small (+) |

German, although Myoreflextherapy is already used worldwide. Therefore, randomized controlled trials are needed to underscore the effects of Myoreflextherapy and to further elucidate its effects on visceral functions. In our research group, we are investigating the influence of Myoreflextherapy in patients with post-traumatic stress and chronic pain, as well as its influence on lung function at rest and under stress. In addition, we are currently investigating the preventive medical value of the therapy for the prevention of secondary diseases such as osteoarthritis or permanent organ damage. We will also present systematic analyses of the potential for improving movement sequences in amateur and professional sports for the first time. This will be scientifically underpinned by placebo-controlled studies. In the long term, Myoreflextherapy should be included in established therapy guidelines as a result, making the therapy accessible to even more patients.

Ethics approval and consent to participate

No separate ethics application was required for this review. The GCP principles were adhered to.

Consent for publication

The persons who can be recognized in the illustrations and about whom information can be found in this manuscript have consented to publication.

Availability of data and materials

If data for this study are requested, please contact Daniel Gagiannis (Corresponding author).

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Data sharing statement

No individual participant data will be available automatically. No other documents will be available.

CRediT authorship contribution statement

JC Baudrexl: Conceptualization, Investigation, Writing – original draft, Writing – review & editing. K Mosetter: Conceptualization, Writing – review & editing. R Mosetter: Conceptualization, Writing – review & editing. D Gagiannis: Conceptualization, Investigation, Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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