Balancing Myofascial Tone to Improve Tissue Hydration and Acid-Base Homeostasis

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HYPOTHESIS

Clinical observation, backed up by subject feedback and literature research, suggests that myofascial hypertonicity reduces oxygen in hydration water at a greater rate than can be replenished, even with adequate water intake. The excess of involuntary tension seems to be literally burning oxygen, rendering hydration water more acid. Acidosis fosters inflammations which may end up being forerunners for more serious diseases, like cancer. The excess of involuntary tension makes tissues drier, denser and tighter, making rehydration increasingly difficult. Clinical practice shows that balancing myofascial tone improves tissue hydration. This seems to also help recover healthy acid-base homeostasis.

APPROACH

A specific hands-on intervention goes into the shape held by hypertonic tissues, takes over the holding and introduces a wavelike motion into the tissue. The intervention is combined with education of perception of movement and body shape in relationship to the gravitational field of Earth, so that subjects can learn to perceive and modulate their movements and body-shape in space. The effects obtained through this hands-on intervention can thus be sustained and enhanced over time. Involuntary tension impairs the flow of sensations; since repressed emotional contents may rise above the threshold of consciousness, when the tension diminishes, another essential element of the approach is the creation of a safe space where internal balance can be restored after trauma and interrupted emotional processes can be completed.

RESULTS

Results are based on visual and tactile practitioner evaluation and subject feedback: Myofascial tone becomes more balanced, as the excess of involuntary tension lessens. This improves tissue hydration and makes movement more fluid. Subjects gain in resilience and responsiveness. Their tolerance to stress is enhanced. Pain is reduced. Chronic inflammations diminish.

CONCLUSIONS

Clinical trials are necessary to support the hypothesis that myofascial hypertonicity dehydrates and acidifies muscles and fasciae, and that hydration and acid-base homeostasis can be restored through the threefold intervention described above. Association with people or institutions with the necessary equipment, know-how and financial means to run these trials are sought.