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MICROKINESITHERAPY: A COMPLEMENTARY MANUAL THERAPY

The history of microkinesitherapy began more than 40 years ago. In tracing the trajectory of a growing field, it is sometimes good to stop and take stock. This is what I propose to do in this article – reconsider the past to better understand the present and consider possibilities for the future. Many people contributed to the development of this practice, and I would like to acknowledge and appreciate them as I offer these reflections.

I. The basics of microkinesitherapy

1. The reparatory mechanism

In any therapeutic approach, it is essential to identify the active element. Here, it is not the action of the therapist that will produce an improvement; their intervention is carried out only to trigger the patient's own restorative mechanisms.

It is commonly accepted by the scientific community that the body is capable of repairing itself and restoring its functions after any type of aggression or disturbance. Even if this repair has not been carried out, that does not mean that the mechanism has been destroyed or rendered non-functional. Instead, is necessary to try to put it back into operation. But in order to trigger this process, the body must know or recognize the cause of the dysfunction, i.e. the etiology responsible. The laws of immunology are thus extended to all types of etiology.

2. Investigating etiology

In our physiotherapy practice, the main type of ailment that our patients report is joint pain.

These symptoms can appear in different parts of the body and have pushed us to go beyond the dysfunction and investigate its etiology, or the set of causes that underlie them. For this reason, we have sought solutions beyond the level of the joint itself and examined the muscles that control the joint from an etiological perspective rather than trying to address the problem through direct action, as taught in osteopathy.

Curiously, correcting injured muscles in this manner makes the joint restriction instantly disappear. But how to correct these muscles?

3. Similarity

Damaged muscles reveal themselves under the therapist's fingers through a very characteristic loss of elasticity. They are incapable of stretching to their usual extent, which is a sign of the loss of vital rhythm present in all living structures and is one of the characteristics of its state of health.

The damaged muscle can also tell us much about the underlying etiology. For instance, a very minor sensation of stretching indicates a traumatic origin, while the muscles draw closer together if the origin is nervous.

The correction will therefore consist of reproducing the etiology, i.e. simulating the traumatic or nervous origin of the damage sustained by the injured structure. This is done with a palpation that is very different from ordinary touch.

4. The infinitesimal correction

This is undoubtedly the most difficult and important point since it involves the use of therapeutic touch, which is the only active element in microkinesitherapy. Factors like empathy, any explanations provided, or the general awareness of the patient are only secondary elements that are not indispensable for the treatment to be effective.

The infinitesimal approach involves leaving aside allopathy, which entails inducing the body to do what it did not manage to do on its own or to bring to it what it lacks. Instead, we enter the realm of homeopathy, which involves finding dysfunctional structures to isolate them using our hands and communicate to them the information that will trigger the reparatory mechanism.

To accomplish this, we transition from the perception of bodily matter as bones, joints, tendons, muscles, etc. to the vitality that animates this matter and that manifests itself in the form of vital rhythms. The most well-known of these rhythms is PRM (Primary Respiratory Movement), which is extensively described in osteopathy.

The cranial movement that animates the entire mesoblast can be perceived by the hands of the therapist as a light back-and-forth movement with a frequency of about 10 cycles per minute.

In order to address the problem, the reproduction of the traumatic (apart) or nervous (together) etiology must be done as gently as possible so as not to rekindle the pain. The therapist will therefore induce the correction, channeling it rather than performing it by feeling how far the tissues are drawn without forcing beyond that limit and waiting for the corrective response, which appears after a few seconds. That response is a function of how long ago the damage was sustained, i.e. about one second per year.

II. Scientific concepts of reference

1. Embryology

The search for a muscular etiology in articular pathology has led us to reconsider the musculoskeletal system not from the point of view of its normal operation (i.e. by classifying the muscles according to functional chains such as extensor and flexor muscles or supinator and pronator muscles), but by considering their starting point and emergence in the body. Studies in embryology have made it possible to classify the mesoblast – and therefore the muscles and all their derivatives – into two main categories: the lateral mesoblast and the paraxial mesoblast. (Fig. 1)

- The lateral mesoblast contains the deep layer, the splanchnopleure with specific muscles, viscera, the superficial layer, and the somatopleure, which gives rise to the peripheral musculature of the appendages. Palpatory research on the connections between these muscles and their viscera led to the reconstitution of 30 bodily layers, with two additional terminal layers.

  This allowed us to perform an evaluation on irritable bowel syndrome, published in an international, indexed journal in 2017.

- The paraxial mesoblast was added to this first structure by bringing in all the elements of the spine – vertebrae, ribs, muscles, and dermis – in successive layered structures called metamers, which contain sclerotomes, myotomes, and dermatomes. Here again, palpatory research has made it possible to find the correspondence of these muscles with their metameres and with their dermal zones, which makes it possible to easily control them using a few gestures.

  This also allows us to understand certain pathologies from a longitudinal perspective, generating simple explanations according to the modifications of these basic structures that occurred in the evolution of the vertebrae from fish to the hominid that we are. This leads to the notion of the migration of certain muscles that, beyond their anatomical localization, maintain a relationship with their original metamer and specific dermal areas.

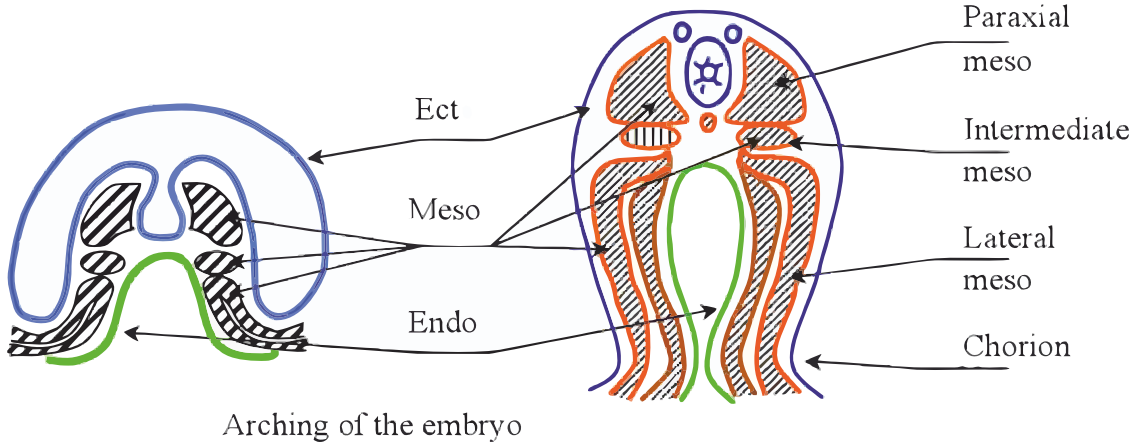

Fig. 1: Mesoblasts: The origin of the muscles

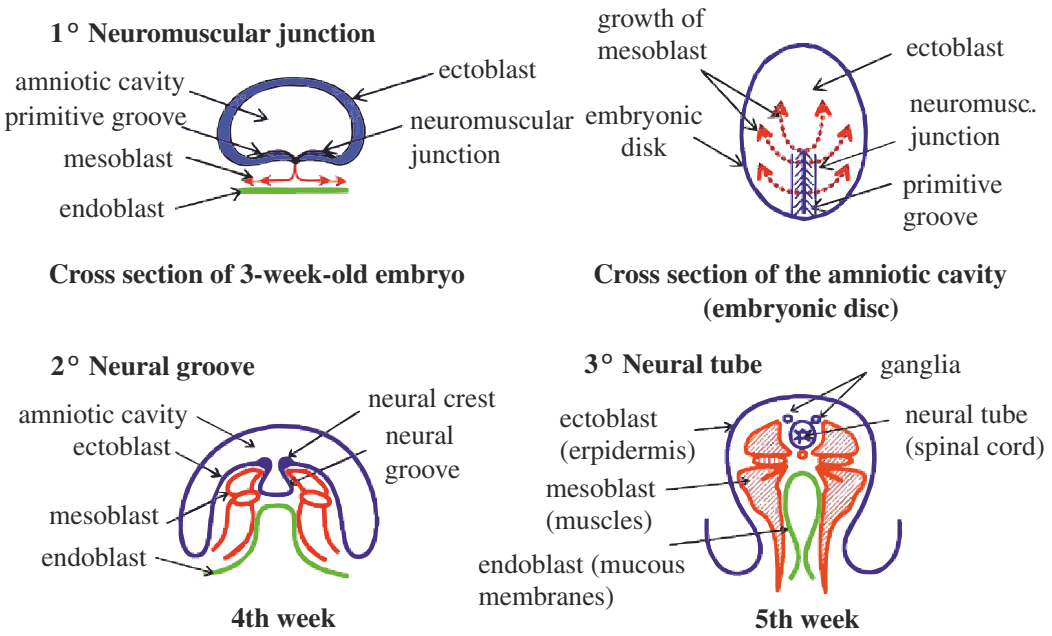

Fig. 2: The nervous system

Thus, the thoracic diaphragm muscle, which is located at the bottom of the thorax between the rib cage and the abdominal cavity, comes from metameres C3 to C6, through which it has retained a correspondence with the phrenic nerve. Damage to the diaphragm automatically leads to tension in the original cervical metameres, producing an uncomfortable sensation upon rotation, which disappears when this muscle is corrected.

2. Phylogenesis

a. The nervous system

The description of the evolution of animal species described in phylogenesis only became clear to us with the study of the nervous system, which is at the origin of non-traumatic muscular dysfunctions, perceived as a hypertonicity that contracts the muscle and modifies the functioning of the viscera in a permanent and parasitic way.

The nervous system developed from the neural plaques that appear in the ectoderm, the second tissue that surrounds the embryo, forming the epidermis on either side of the primitive streak that turns into a neural plate and then into the neural groove, ending with the neural tube in the center of the spinal cord. (Fig. 2)

In this epidermis, palpation using the palm of one's hands enables us to detect 9 evolutionary stages.

The three cortices (triune brain) described by MacLean correspond to the evolution of vertebrates, with the archeocortex representing the brain of reptiles, the paleocortex representing the brain of birds, and the neocortex representing that of mammals. But zoologists also maintain a classification of animals as hyper- or hyponeurians, i.e. vertebrates with a nervous system in the back (alongside the spinal cord and the sympathetic system), and hyponeurian invertebrates in which it can be found with the parasympathetic system, the pneumogastric nerve, and the plexus. All this has strongly contributed to the hypothesis of a '3-by-3-stage' evolutionary model. Here, we find a slightly different and more precise redeployment of embryology's law of recapitulation, which says that ontogenesis, or the construction of an individual, follows phylogenesis, or the evolution of species. It is still necessary to specify that all these stages are preserved in their characteristics and continue to function throughout our existence. Each stage adds to the previous one a new capacity, but also exposes us to new aggressions or disturbances. This is why phylogenesis is the key to understanding the etiologies that are classified according to corresponding evolutionary stages.

The correction of this nerve damage in our sensory circuits that appear on the anterior face of the body or the motor response that appears on the posterior face

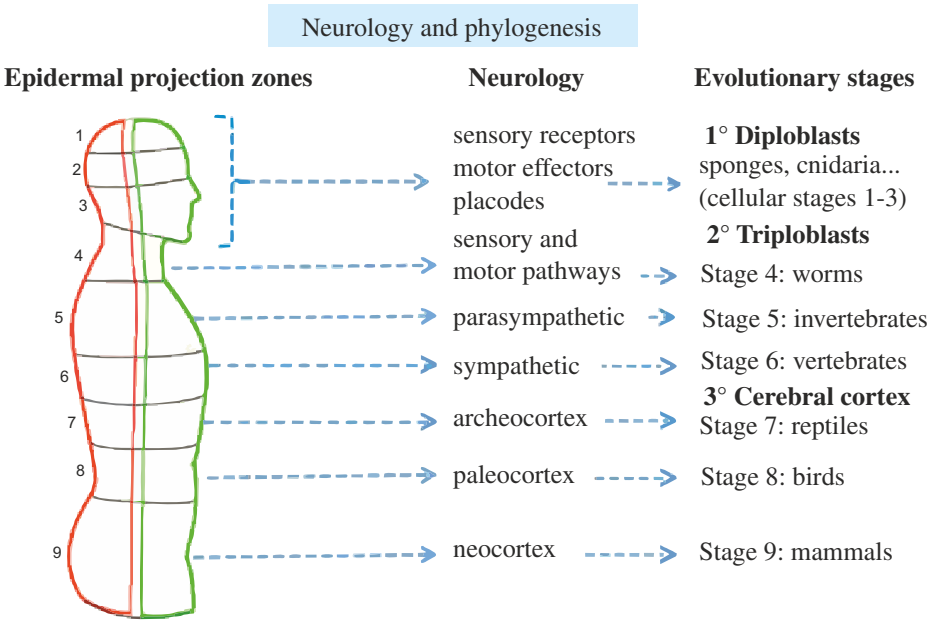

Fig. 3: Phylogenetic stages of the nervous system

allows us to release many of the so-called functional pathologies related to these nerve circuits. (Fig. 3)

b. The 9 evolutionary stages

But phylogenesis is also found in all other tissues that have also evolved in successive stages.

For example, there are three types of traumatic damage that correspond with different animal stages. Stage 4 (the worm stage) applies to crushing damage, stage 5 (the invertebrate stage) to twisting damage, and stage 6 (the vertebrate stage) to stretching damage. In order to start their correction by the body, it is necessary to search for them and to locate them in areas of the body according to these evolutionary stages, as one does with the nervous system.

But in these evolutionary stages, in addition to traumatic or nerve injuries, we find other types of etiology, in particular infectious (I), toxic (T), traumatic contusion (C) or obstructive (O) etiologies, which are the four main etiologies responsible for injuries known as Type F lesions because they modify the body through inflammatory reactions. In addition, there is a "vibratory double" that is also found in these evolutionary stages, particularly in etiologies of the fast of the fast (FF) and slow (FS) type.

3. The endocrines

This research on active substances that modify the functioning of tissues according to injuries to the body also derives from embryology. Below is a brief overview of additional information about the endocrines.

Embryologists describe a structure located in the central portion of the embryo, between the neural canal and the endoblast, which they call the primitive chordate. This chordate initially takes the form of a canal. This chordal canal opens in its lower part to become a chordal plate, which enters the endoblast before emerging in the form of a cord: the primitive chordate. All these modifications may serve to establish communication with the endoblast. It is this hypothesis that we will examine and verified further in this article. Embryologists also say that this primitive chordate leaves behind remnants that become part of the composition of the nucleus pulposus, located in the intervertebral discs. At the same time, this chordate is preceded by a pre-chordal plate that leaves its traces in the adult's sella tucica. This term is used to describe the cavity located in the upper portion of the sphenoid, which contains the pituitary gland.

Based on this information, we set out to carry out palpatory research between the large wing of the sphenoid to reach the sella turcica and thus the pituitary gland, and to palpate the nucleus pulposus of the vertebrae with the other hand to look for possible blockages that could denote

endocrine dysfunctions. This research was carried out on dozens of subjects along with a systematic survey of the nuclei, which could then be compared with the medical diagnoses that had been established for these subjects. It was thus possible to draw up a list of 12 peripheral endocrines that are related to specific pathologies. They are found from the top of the spine to the bottom at a rate of two nucleus pulposus per stage, except in its upper and lower extremities. (Fig. 4)

4. Psychological injuries

These injuries are generated by the patient himself or herself. That is, they are Type G injuries.

They correspond to a motor response in the control of the nervous system when the body reacts immediately to sensory information by acting on its environment to intercept an aggression or limit its effects.

But we also find this etiology generated as part of broader etiologies where a time factor intervenes in one's expectations of the future. These existential or relational etiologies have been given this name because they are related to life plans that are found on the posterior side of the body. Every human appears to have a preference for several specific types of life plans, with the associated frustrations that occur when those plans are poorly realized or not realized at all. (Fig. 5)

We also find relational etiologies, which are most often associated with parental or affective relations and/or or social relations (neighbors, friends, colleagues, etc.). These can extend to pets, nature, and even idealized figures.

It is these attachments that sometimes (or even often) suffer from immense difficulties, which may transform them into sources of conflict and therefore of pathologies.

Thus, a whole range of possible etiologies can be found in the body of a patient using the palpatory method. Today, they are grouped using two main types of classification.

5. Classifications

a. Binary classification

This classification is the basis for a view of life in which certain forces not only oppose each other, but also complement each other, as in the case of day and night, hot and cold, dry and wet, masculine and feminine.

The duality of the injuries suffered in Type F and those produced by the person in question in Type G is only the beginning of a whole series of dualities that are characteristic of living beings and that can be developed with notions such as slow and fast aggression, matter and energy waves, time and space. Another illustration is the duality between yin and yang that is so pivotal in the oriental description of life.

	Nucleus pulposus	Endocrine glands	Primary pathologies	Location = body level
1	C1 – C4	Pituitary gland	Allergies	AB3
2	C5 – C7	Parathyroid glands	Predisposition to tetany	AH2
3	Th1-Th2	Thyroid	Metabolism, obesity	AP2
4	Th3-Th4	Pancreas	Diabetes	XII
5	Th5-Th6	Thymus	Immunity	AH3
6	Th7-Th8	Stomach	Gastroenteritis	IX
7	Th9-Th10	Adrenals	Inflammation	BA3
8	Th11-Th12	Gonads	Infertility, sexual problems	BA4
9	L1 – L2	Kidney	Hypertension	BA5
10	L3 – L4	Small intestine	Absorption	VI
11	L5 – S1	Womb / prostate	Pregnancy	BA2
12	Sc – Cx	Large intestine	Colitis	II

Fig. 4: Peripheral endocrines

To resolve some of the epistemological challenges of classifying etiologies, we have introduced two dimensions of living beings: entropy and negentropy.

Entropy is the functioning of all that has been created and ends in destruction and uniformity. But this destruction also allows the beginning of a new cycle identical to or different from the first. Negentropy, on the other hand, provides a new dimension to life by inverting entropy and thus building instead of destroying and diversifying instead of standardizing. Negentropy, as its name indicates, is the negation or the inverse of entropy. These two great forces that constantly animate us allow us to classify etiologies into two large groups: those that allow us to function for a determined period of time with a view to the next stage and those that continually regenerate our bodies from stem cells, but also allow us to develop, evolve, grow, and blossom psychologically.

Here we find the same yin and yang duality as everywhere else, but a second duality emerges in the form of negentropy and entropy. This is an initial and complementary kind of duality, a step on the road to the contemporary notions of "what I do for myself" and "what I do for other others."

These considerations allows us to classify all the major injuries associated with both entropy and negentropy with the physical palpatory movements necessary to trigger the body's reparatory mechanisms.

b. The trinary classification

We can also apply a trinary classification, which can be found in many areas, but in particular in the three tissues (endo, ecto, and meso), the three cortices, and the three instincts – namely level A, which receives and maintains life; level B, which communicates with the external and internal world and thus allows continuous enrichment; and level C, which is acts on stimuli and thus has the possibility of modifying the person himself or herself or of modifying his or her environment in order to fully realize himself or herself.

This trio can supplemented by additional considerations of what comes before and what comes after, which allows us to classify all etiologies into five groups in both negentropy and entropy, since these two forces are only two sides of the same structure. The initial stage, called the vital impulse, thus consists in building and regenerating a physical body, which occurs in five stages:

A - development of cells in time and space
B - development and functioning of organs
C - control of life functions by active substances
D - harmonization of the whole by liquids
E - future possibilities with terminal stages.

c. The land

However, we still need to determine how exactly the notions of predisposition,

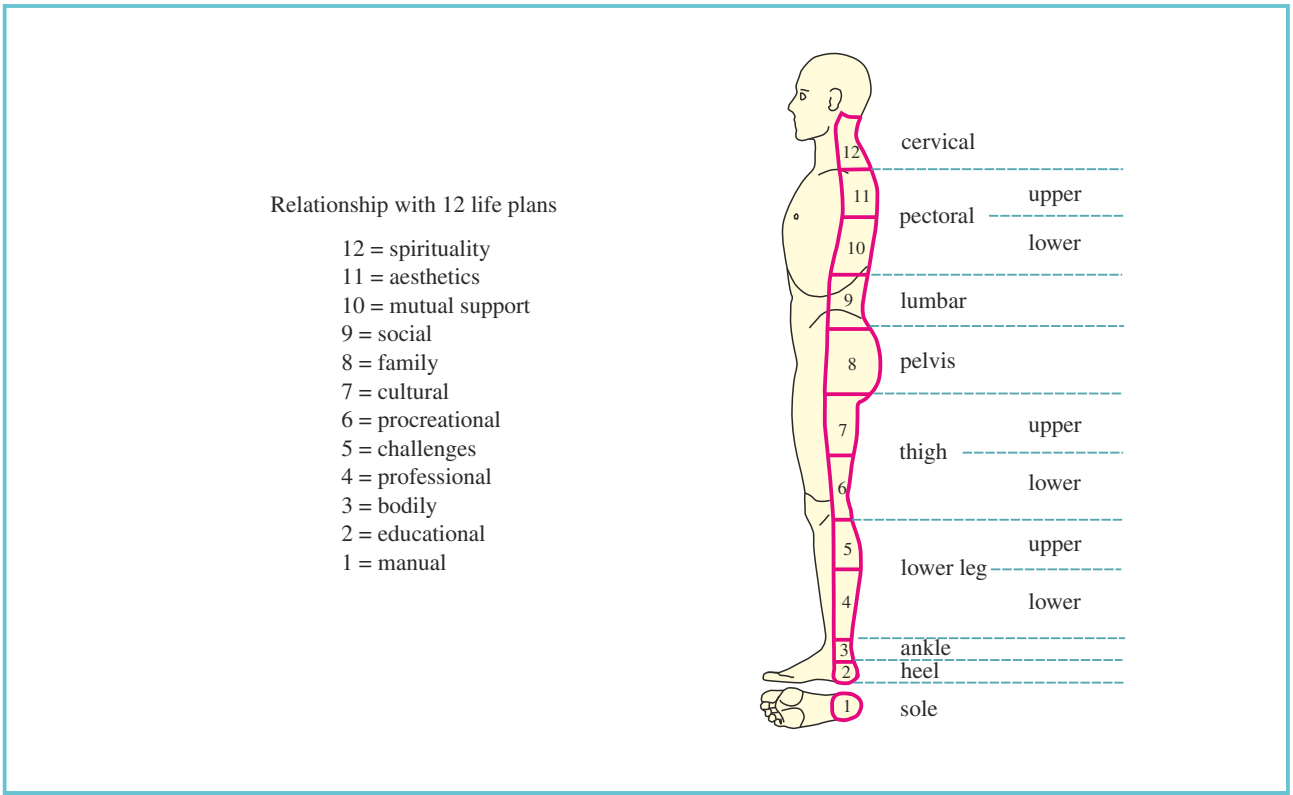

Fig. 5: Existential injuries

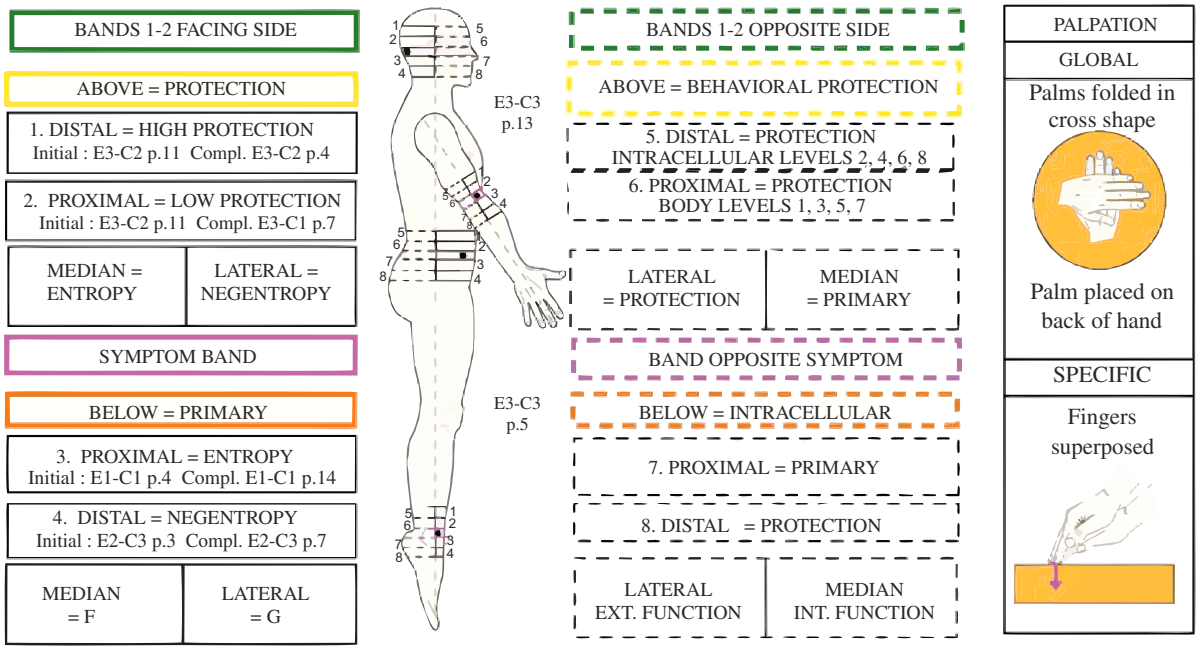

Fig. 6: Palpation of symptoms

innate fragility, and heredity – which we collectively call in French the terrain, or background – fit into this landscape.

Our approach to this question is the result of a series of many iterative studies that have been conducted over the course of many years. Each of these studies yielded new information that helped us begin to solve this mystery. The main findings are as follows:

- The terrain requires special palpation to access – suction.

- This palpation changes over time as the terrain changes, ultimately transitioning to a palm-rotation palpation.

- The terrain initially comprises a set of weaknesses or predispositions transmitted genetically by parents to all of their children. This heredity most often goes back three of four generations and derives from preserved, inherited memories of suffering experienced by an individual's ancestors in relation to the three characteristics of the living being: fear of disease or disability, fear of violence and of others, and fear of being abandoned and of not being able to flourish.

- These frailties can be exacerbated by particularly severe etiologies, but also reactivated during the fetal stage or in childhood, when situations experienced by the person resemble the initial etiology experienced by their ancestors. These stimuli are always associated with great suffering.

- When the terrain is overloaded by successive activations, it transforms into a chronic terrain that goes through two phases: a first, latent phase in which this transformation is beneficial for the body, and a second, activated phase in which the pathology reappears with even greater intensity.

- Finally, on a more optimistic note, the correction of a chronic terrain provokes all of these lived experiences to appear and then disappear, including those that result from heredity factors.

It remains to be seen where to place this field in our broader universe of etiologies. Our current hypothesis is that the terrain lies beyond this typology by creating a dysfunction in the cortex, and more specifically in the archeocortex.

Our cortex receives all the information that comes from the outside and organizes it in the form of an image with the three main characteristics of the living being, i.e. to maintain life with the archeocortex, to communicate with the paleocortex, and to be realized with the neocortex. The cortex is thus an image box that could also contain parasitic images passed on by our ancestors, who transmitted them to their descendants without being able to give a clear explanation.

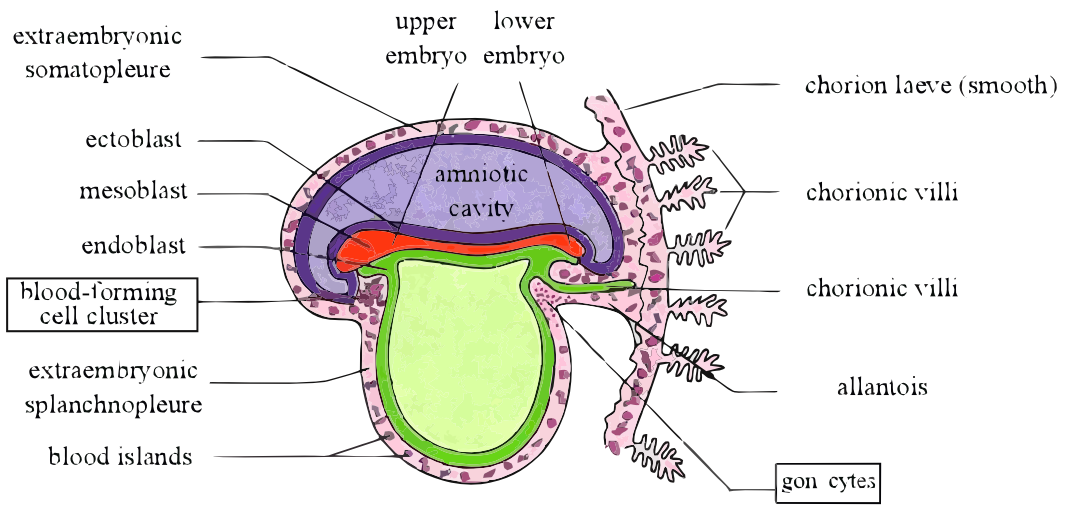

Fig. 7: Penetration of extra-embryonic material into the embryo

The concept of the terrain is therefore an attempt to control and correct these parasitic images, which are present at birth in all individuals. However, in many patients with advanced pathologies, no terrain is found, whereas it is always present in people with transient or less severe pathologies – hence the idea of looking for additional protection beyond chronicity, which appears as a transformation of the terrain.

6. Protections

To fully understand the importance of protections, we must distinguish them from adaptations or forms of compensation that the body uses on an ongoing basis to mitigate the effects of disturbances it experiences following an aggression or disturbance. These mechanisms result from the capacities provided by the nervous or endocrine regulatory systems, which accelerate or slow down rhythms or capacities for a certain period of time according to the body's needs.

Such protections can be very costly for the body since they will modify its functions by shifting the forces inside it. This is what occurs with the analgesic approach, which can only be beneficial for a short period of time, known to be an effective period of respite (as in comas induced by trauma), but which cannot last beyond a certain time without causing new pathologies. Indeed, these protections, while initially beneficial, automatically create an imbalance that will produce an etiology responsible for new pathologies. These additional stages have a specific date associated with them that is different from the other stages associated with the previous injuries. These injuries are classified as low-protection when there is a displacement of force and as high-protection when the injuries are sustained over the low protections, partially stopping certain vital capacities. Finally, behavioral protections completely modify the way of life of the person and their centers of interest.

These protections conceal the initial etiologies, which are often located in a terrain at the outset and are detected only by specific palpations carried out by spreading hand movements. At the same time, they provide a great advantage when they are identified, stimulated, and corrected by the body, as addressing them also eliminates other underlying protections, up to the primary etiologies. This elimination can be compared to the formation of an abscess that, through pus, eliminates both the infectious or toxic agents and all the leukocytes and other elements that the body used to combat the threat.

Palpation of the symptom is an important step in the order of treatment. The first gesture involves placing both hands in a crosswise position over the area of the symptom, looking for a restriction using the movement of these two hands

while palpating it. Next, the therapist searches for a sensitive (and often painful) spot by placing the end of one finger over the area that exhibits the symptom, with a second finger on top of the first. (Fig. 6)

Palpation allows us not simply to identify the primary etiology, but to gain access to the pathogenesis. Pathogenesis is the history of the disease and of the modifications made by the organism to better manage the dysfunctions that it cannot eliminate.

We can thus know if the dynamics underlying a symptom include a primary injury; a low, high, or behavioral type of protection; and whether this protection is effective or ineffective. This palpation is useful not only at the beginning of the treatment (as it will give us a treatment plan), but also after the treatment in order to verify that it addressed the pathology by triggering the body's reparatory mechanism.

III. Current Research

1. Xenotic elements

According to a number of medical luminaries, today we are faced with a phenomenon that may not be totally new, but which has taken on enormous proportions, and that is the impact of human development on our environment and on ourselves. These processes and the pace at which they progress are new in the life of our species, which creates difficulties in determining how capable it is of managing the various aggressions or disturbances that can hinder it. Humans experience these foreign elements acutely, but so do all other forms of life that encounter them, hence the use of the term "xenotic" (or zoonotic) to describe them. We are told that more than 8,000 new molecules created in laboratories circulate freely and are commonly used, whereas only a few hundred have been studied in terms of their harmfulness and impact on the environment. These new "Type F attacks" are currently no longer called toxic substances or harmful waves, but endocrine disruptors to better show their effect on our bodies. But there also Type G etiologies that flood our brains, create real mental pollution, and make us see reality through virtual or distorted images. As of today, there is no miracle drug to fight the chemical, vibratory, or mental pollution that surrounds us.

In microkinesitherapy, new gestures allow us to access these etiologies as well as the protections that our body could apply against them, but to the detriment of a whole level of activities that could no longer be engaged in as easily in areas such as procreation or communication with the outside world, given that they create a permanent inflammatory state accompanied by chronic fatigue.

But there appear to be solutions even here, as our body seems to possess adaptive capacities that would allow it to create new antibodies to fight against these xenotic elements. In embryology, the development of the fertilized gamete is described in terms of axes and polarities, and the incipient, "primary" stage is followed by further stages of development. Beyond the primary egg that organizes cell life and the secondary egg that regulates the body, we posit that our body possesses a tertiary egg that allows it to adapt to these new situations.

2. Extraembryonic material

The emergence of the extraembryonic complex is well described in books on embryology, which outline the cell types that appear in the fertilized egg:

- small cells: the micromeres that eventually give rise to the trophoblast, located at the periphery of the morula and then the placenta.

- large cells: the macromeres that give rise to the embryonic disc and thus the embryo and the fetus.

The micromeres of the placenta are generally considered obsolete and disappear at birth with the cutting of the umbilical cord.

However, in the fetal stage, some of this extraembryonic material enters the embryo through a route at the level of the neck via blood cells and through the perineum via reproductive cells, gametes, and the cells that give rise to the adrenal glands. These form part of the body's defense mechanisms in dealing with stress, which is hormonal in nature. (Fig. 7)

Our body thus contains an extraembryonic "double" that contributed to its formation through the double function of nutrition (and waste elimination) as well as protection. This takes on a particular form during fetal life through the placenta, the mother's womb, and maternal blood, which gives it the possibility to communicate with and protect itself from to its environment. But these mechanisms continue to function even after birth. For example, the lymphatic system is a duplicate of the circulatory system, but with a completely different nature.

This extraembryonic level requires a specific approach to be controlled and corrected, with particular gestures that highlight other types of heredity than the images in the cortex as well as etiologies coming from our communication with our environment that have the characteristics of non-conscious entites and can create major pathologies, often classified as autoimmune diseases.

Beyond this extraembryonic dimension (which can be understood as a vegetal dimension), we posit the existence of a bacterial dimension, and beyond that, a mineral dimension that is at the origin of the processes that characterize life.

In total, there are five dimensions that should be defined, pinpointed, and controlled in light of the fact that the life of an individual is only the resumption of the great evolutionary stages of life on our planet. These dimensions correspond to

different age groups: the fetal stage, infancy, childhood, adolescence, and adult life, undoubtedly with an additional dimension beyond these five.

These dimensions can interfere with each other and contain traces of prior events that have altered the transition to or functioning of the body in these different age groups.

Conclusion

Collectively, the various strands of this research point to the complexity of the living body. But this complexity loses its irrational aspect if we manage to pinpoint the overarching laws that control life. Finding these laws allows us to classify these manifestations in categories that we can then control using the palpatory method.

Thus, in order to continue our research and therapeutic work, we consider the dozen gestures developed to date sufficient at the present time. These gestures allow us to eliminate categories of etiologies that are not pertinent and to concentrate on those that appear and that have to be treated in in such a way as to release any palpatory restrictions, which would indicate that the body has recovered its original functions and returned to its previous equilibrium.

One must dare to leave the constraints of physical body and delve into the patient's history, which changes over the course of the treatments they have received. We propose to reverse this process by starting from the current state of the patient's pathologies, which are only the result of their experience.

It is necessary to transition from space to time. This is no easy feat, but it is also means delving into mystery of life, which we only have one opportunity to explore.

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For more information, visit: http://www.microkinesitherapie.fr/.

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