

Therapeutic Insight #5 Female problems

The fascial female pelvis is unique due to the inseparability of its structure/function. The woman's pelvic joint surfaces are flatter than the male, therefore more easily moveable. A woman's pelvis is wider and more easily torqueable and traumatized. Every month when a woman experiences her menstrual period, relaxin is released in her system, slacking her ligaments thus making her more prone to trauma.

The American way of delivery is unnatural and can be very traumatic to the woman. Many of the surgeries, even the "exploratory" surgeries, can invoke trauma and cause fascial restrictions. These traumas can produce immediate pain and/or dysfunction or create symptoms that don't become obvious until weeks, months, or years later. After traumas, surgeries, or childbirth, the fascia can tighten becoming a "ticking time bomb" that insidiously tightens over time and eventually produces serious complications and symptoms.

Menopause is an example of the fascia's "ticking time bomb" phenomenon. Recently on my blog on the Massage Magazine website, Owen asked a very good question regarding menopause. I have listed his question and my response below.

[Owen Dodge // Aug 31st 2009 at 12:11 pm](#)

John,

Thinking about structure vs. function, I'd appreciate hearing your perspective on how Myofascial Release can benefit women's hormonal changes as they age. Many of my clients are experiencing changes associated with menopause.

Have you been able to determine that Myofascial Release can help make this transition more comfortable? If so, do you have insight on how this occurs?

Thanks for your perspective!

Hi Owen,

Myofascial Release can be very helpful for menopausal symptoms.

From the Myofascial perspective, "Menopause" is a label for unrecognized and improperly treated myofascial restrictions. "Menopause" is an effect, a symptomatic complex created by fascial restrictions in the fascia's extracellular matrix (ECM).

Recent research has shown that aberrations in the fascia's extracellular matrix can change the shape of the cell, which can then alter the production and balance of the biochemical and hormonal aspect of a woman's physiology.

Thanks for your interest, Owen.

John

Menopause is a label for a cluster of symptoms (effects) caused by an accumulation of myofascial restrictions that have built up over a woman's lifetime. These restrictions can disturb the flow and balance of the biochemical/hormonal complex and can exert crushing pressure on pain sensitive structures.

Our bodies are over 70% fluid and the fascial system is the container and transport medium of our fluid. A person should receive Myofascial Release soon after trauma, childbirth, or surgery. Otherwise, the fascia's ground substance begins to dehydrate creating enormous pressure on pain sensitive structures all the way down to the cellular level.

It might be helpful to perceive our mind/body as a beautiful, powerful flowing river of liquid through which energy/consciousness flows. The solidification of the ground substance becomes the equivalent of damming up the river, which results in pain and the myriad of unpleasant symptoms that too many women have to experience unnecessarily. Despite the restrictions, the powerful energy continues to flow and eventually the dam breaks (hot flashes). So, without Myofascial Release, instead of our energy/fluid flowing freely, it is turning into the equivalent of a swamp with the resultant chaos, mood swings, hot flashes, headaches, pain, etc.

I was giving one of my Myofascial Release seminars a couple years ago and a therapist came up on stage to be a model for a sphenoid release. The sella turcica of the sphenoid bone is the housing for the master gland of our body, the pituitary. The pituitary hangs from a stalk from the brain and a milking action occurs due to the miniscule rocking motion of the sphenoid. This action is essential for proper hormonal function, flow, and balance throughout our mind/body.

The next day in the Myofascial Release seminar the therapist that I had treated on stage asked if she could talk to the audience. I said, "Sure." She said, "I have had menopause for a number of years now. It has been horrible. I sweat profusely to the point where I have to change my clothes a couple of times a day. Every night, I have "hot flashes" that wake me up and I have to change my drenched sheets 3 times a night. After John treated me yesterday, the hot flashes and all the other unpleasant symptoms have stopped!"

The sphenoid is connected to the pelvis by the extradural fascia and the dura, which is a fascial tube inside the spine. The dura connects to the second sacral segment (the balance point of the body), surrounds the central nervous system, connects firmly to C₂, C₃, and the foramen magnum and continues up into the cranial vault to become the covering of our brain.

Fascial restrictions anywhere in the body, particularly in the fascial pelvis, can reach the cranial vault and ultimately produce crushing pressure upon our brain. This abnormal pressure can limit the oxygen our brain desperately needs, minimizing the flow of neurotransmitters and block the outflow of the toxins from the cranial vault creating "mental fogginess", irritability, depression, and physiological disharmony. This all too common scenario can be the culprit that can cause not only the symptoms of menopause, but also headaches, mental hypervigilance, neck, back, and pelvic pain and dysfunction and Fibromyalgia.

The Massage Magazine will soon be publishing my new article titled, "Frequency, Urgency, and/or Incontinence," I will discuss in more detail how Myofascial Release can help significantly and give hope for the many women suffering from many diagnostic labels including:

- pelvic floor dysfunction
- dysmenorrhea (painful menstruation)
- vulvodynia
- adhesions
- coccygeal pain
- urinary incontinence, urgency, frequency
- Fibromyalgia
- dyspareunia (painful intercourse)
- endometriosis
- interstitial cystitis
- infertility

I consider Myofascial Release the “missing link” that when added to what you do will take your effectiveness as a therapist to the next level.

Sincerely,

John

John F. Barnes, P.T., L.M.T., N.C.T.M.B., is an international lecturer, author, and acknowledged expert in the area of Myofascial Release. He has instructed over 50,000 therapists worldwide in his Myofascial Release approach, and he is the author of *Myofascial Release: the Search for Excellence* (Rehabilitation Services, Inc., 1990) and *Healing Ancient Wounds: the Renegade’s Wisdom* (Myofascial Release Treatment Centers & Seminars, 2000).

He is on the counsel of Advisors of the American Back Society; he is also on *Massage Magazine’s* Editorial Advisory Board; and is a member of the American Physical Therapy Association. For more information, visit www.myofascialrelease.com

References:

Barral D.O., Jean-Pierre. Merceir D.O., Pierre. *Visceral Manipulation*. Seattle, WA: Eastland Press; 1983, pp 260-261.

Fitzgerald, MP, et al. Randomized Multicenter Feasibility Trial of Myofascial Physical Therapy for the Treatment of Urological Chronic Pelvic Pain Syndromes (Abstract)

(http://www.urotoday.com/49/browse_categories/icpbsbps/randomized_multicenter_feasibility_trial_of_myofascial_physical_therapy_for_the_treatment_of_urological_chronic_pelvic_pain_syndromes_abstract06222009.html)

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