



FASCIA SCIENCE AND CLINICAL APPLICATIONS: EDITORIAL

Spatial Medicine — A call to 'Arms'

KEYWORDS

Neuromyofascial web;
Tensegrity;
Material medicine;
Temporal medicine;
Energy medicine

Summary A comprehensive and coherent approach to spatial patterning in human posture and movement is visible on the horizon.

Advances in the study of fascia, neural plasticity, and epigenetics allow an overarching theory to unite all who work in human movement from osteopaths to personal trainers. Trainers, rehab specialists, manual therapists and physical educators are joining to embrace and develop this unifying construct to help our growing children meet the demands of the 21st century electronic environment.

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Readers of this journal are, in all probability, practitioners of Spatial Medicine.

How should we understand that term and can it make a difference in our collective future?

There are four elements in our common physical experience: Space, Matter, Time and Energy. (However physics ultimately defines these terms, our meaning here is the common one: Matter is moved with Energy to unfold in Space over Time.)

Each of these elements could be said to have spawned a form of medicine of its own — thus, Material Medicine, Energy Medicine, Temporal Medicine, and Spatial Medicine (Myers, 1998 (1999)). Let us evaluate each of these in turn (Fig. 1).

The four faces of medicine

In our time, *Material Medicine* — the introduction of actual substances into the body to effect a change in its chemistry — commands the monetary and conceptual fortress. Material Medicine, though it was begun long ago with the very first 'paleo' usage of food and herbs as medicine, and got initially codified with the four humours of Hippocrates, has expanded exponentially in the last industrial century to dominate human medicine, developing ever more complex, specialized drugs ranging from the miraculous, to the silly,

to the downright dangerous (Sutcliffe and Dohn, 1992; Porter et al., 2011).

The science of Material Medicine is predominantly biochemistry, and its mechanism of distribution is the circulatory system. Substances can be introduced orally or nasally, applied topically, via the airstream into the lungs, absorbed rectally, or injected directly into the interstitia or bloodstream, but the flow of liquid through our system is what carries any drug or active substance to its target cells and tissues.

Seen in this way, the category of Material Medicine includes Big Pharma, the vitamin and supplement industry, the use of Chinese traditional or western herbs, vaccination, the basis of surgery in chemical anaesthesia, and the 'food as treatment' movement — in essence, any attempt to change our functioning through directly altering chemistry.

Energy Medicine may include acupuncture, some aspects of Polarity therapy, Reiki, the laying on of hands, aura work in the 'energy body', and psychic or distant healing. Homoeopathy, even though pills are ingested, lies in this energy arena, not in the arena of Matter — a 200× remedy has gone past Avogadro's number and likely has no molecules of the original material remaining (Boericke, 2008). Hypnotism and its derivatives may lie in this arena, or may more properly be placed in the category of Temporal Medicine.

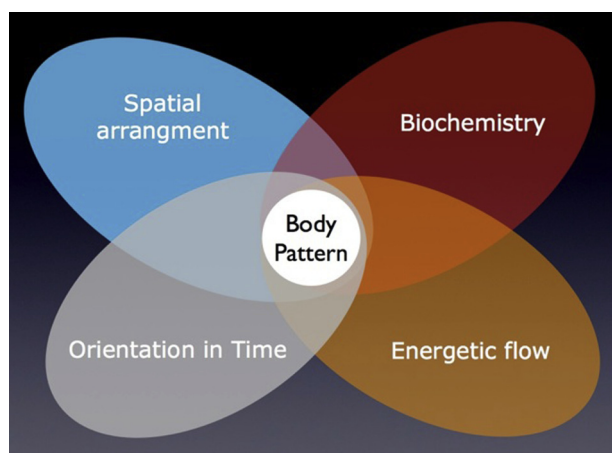


Figure 1 Schematic representation of the concept that Matter is moved with Energy to unfold in Space over Time.

Acupuncturists would likely fall into this category, given their emphasis on *chi* energy, even if some of the mechanisms are turning out to be via the connective tissues (Langevin et al., 2004, 2006).

Energy is of course an element in any interaction, so the problem becomes that the term 'energy' is too commonly employed when the mechanism of healing is simply not yet clear. While speculation in this realm is delightful, the basis of these forms of healing in quantum phenomena or electromagnetic fluctuations, or some other yet to be discovered field, is not defined (Oschman, 2000; Sheldrake, 1985).

That there is a medicine of *Time* may not be immediately obvious, but we can understand the origins of Psychiatry and Psychotherapy in this way. The ability of the brain to focus obsessively on past or future events is a basis of psychotherapy. Anxiety about coping with an uncertain future, or the inability to integrate the traumatic experiences of the past, are both staples of psychiatric work. Thus this kind of healing can be seen to be a form of Buddhism – bringing their patients into the present un-tense – thus a medicine of Time (Hanson, 2009).

The use of dreams to determine treatment was prominent in the ancient Greek healing employed in the temples of Asklepios (Aesculapius) – the seeds of healing were seen to be alive in the patient's unconscious, awaiting revelation in real time (Woods, 2000).

This links psychiatry to the original medicine of Time, shamanism. Civilization and its discontents have created a great deal of the need for clinical psychiatry (Freud, 1930). We could say, in this image, that the alienating effect of larger societies and cities has increased our tendency to become unmoored in time. In the small tribal groups and villages (20–40 people at most) that predominated human experience from the mists of pre-history, through to at most a few thousand years ago, it was difficult to get 'lost'. The shaman was there to re-orient the individual or the group if an event dislodged an individual, or a group, from the present.

In 1982, this author was sitting with the brilliant if troubled psychiatrist R.D. Laing (Laing, 1967). Praeternaturally shy when sober, he was reluctant to look me in the eye, so we were sitting side-by-side both looking at our

hands resting on the table. The subject was the similarity between his work and mine. "You, know, Tom," he intoned in his Glaswegian accent, "We're getting very well paid for what neighbours used to do."

Lamentably, many people no longer know their neighbours well enough to act as the 'therapists' that would keep them oriented in time and place. Certainly Freud found abundant 'neurosis' in the Viennese society of a century ago, and the distressing evidence of social and temporal displacement is now headlined daily. The early 'alienists' allowed Freud's and Jung's great work to unfold, and despite the initial controversies, psychotherapy survived phrenology, the Oedipus complex, and its own internal squabbles to become the potent force it is today.

If the 'means whereby' for material medicine is the circulation, the similar means for the medicine of time is the body's alarm clock, the nervous system. The inroads are via the senses, and the assessment is via motor output, and the structure of the brain and neurology are the substrate of psychiatric work.

We can note that modern therapy, psychiatry especially, has been drawn into the world of Material Medicine. We are introducing ever more drugs to work on the neurochemistry – a dim echo of the psychoactive plants used in shamanism and Freud's dalliance with cocaine as a treatment for neurosis – into the practice of mental health. This includes the wide use of psychotropic SSRI (Selective serotonin re-uptake inhibitors) drugs, as well as the many drugs used to control children's behaviour (Jones, 1953). The medicine of Time is being seriously invaded by the medicine of Matter. In an increasingly medicated society, the value of psychoanalysis, the 'talking cure', cognitive, and even behavioural therapy is being increasingly discounted in favour of drugs (Bentall, 2010).

Which brings us to the fourth facet of the medical tetrahedron, *Spatial Medicine* – healing through re-arranging the body in space. Spatial Medicine practitioners would thus include the wide spectrum of subscribers to this journal of bodywork and movement therapies:

- Osteopaths, including all cranial and visceral approaches
- Chiropractors
- Physiatrists
- Physiotherapists
- Soft-tissue therapists such as Structural Integration, MFR, MET, MAT, AIS, trigger-point therapies, etc.
- Massage therapists
- Body-centered psychotherapists: Somatic Experiencing, Hakomi, Core Energetics, etc.
- Yoga teachers
- Pilates and Gyrotonics teachers
- Personal trainers
- Strength and conditioning specialists
- Dance teachers and therapists
- Martial artists and teachers
- Physical educators in schools
- Athletic trainers and coaches
- Somatic educators: Alexander Technique, Feldenkrais Method, Continuum, Aston Patterning, and a host of other body-education methods

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