

Bioenergetic therapy of the shoulder joint

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1. Introduction

Dear colleagues,

Two years ago the Congress took as its slogan "Working together to expand medical horizons". One or two of you may remember my presentation and workshop on treating spinal problems through the teeth.

The horizon is the boundary line between the visible earth and the sky and viewed from my professional perspective between physiotherapy/osteopathy and the bioresonance method. "Horizon" comes from the Greek and literally translated means "the field of vision".

Surely expanding horizons means combining traditional knowledge (physiotherapy and osteopathy) with new knowledge (bioresonance therapy)? That is to say, to broaden horizons based on everything learnt, to maintain this and with the help of many holistic treatment philosophies, develop them further?

That's my concept of broadening horizons at any rate. From this perspective I hope that with my presentation I will be able to give you new incentives and ideas as to how you can use complementary medicine to treat a complex joint with both "vibrancy and frequencies".

2. Anatomy of the shoulder girdle / shoulder joint

When speaking about the shoulder joint we have to differentiate from the perspective of anatomy and function between the five joints of the shoulder girdle which allow our arms to move freely in the shoulder joint.

We differentiate between three true

articulating joints (diarthroses) and two functional joints.

The diarthroses include:

1. The acromioclavicular joint (ACJ), between the shoulder blade and the collarbone
2. The sternoclavicular joint (SCJ) between the collarbone and the sternum and the
3. Humeroscapular joint (HSJ)

The HSJ is a joint fully enclosed by muscle with three degrees of freedom, i.e. there are six deflections possible on three planes (flexion, extension, abduction, adduction, internal rotation and external rotation). This makes the shoulder joint the most mobile joint in the human body. Because of the disproportionate sizes of the large joint head and the relatively small joint socket it is however susceptible to functional disorders.

We consider the "functional" joints to be:

1. The subacromial secondary joint. This involves a sliding layer formed from two interconnected bursae. With an abduction movement of the arm, both bursae enable the humeral head to slide under the acromion.
2. The shoulder girdle's own mobility is further enhanced by the scapulothoracic joint. The shoulder blade (scapula) glides along two muscles (M. subscapularis and M. serratus anterior) across the bony thorax.

So it is understandable that in the case of painful functional disorders of the shoulder joint a number of anatomical structures have to be considered.

Let's now look at other anatomical

relationships between the shoulder joint and organ systems.

3. Anatomical relationships shoulder joint – organ systems / Head Zones

This can be explained by the vegetative-sympathetic innervation of different chest and abdominal organs. According to the research by the English neurologist Dr Head we obtain the following relationships:

- The **right shoulder joint** correlates to the **liver/gallbladder** organ system and
- the **left shoulder joint** is allocated to the **stomach** and the **heart**.

4. Dermatomes of the shoulder girdle

Through the functional classification of the spine into segments, we obtain a segmented classification of the body. In so doing the areas of skin which are supplied by the posterior root of a spinal nerve are called dermatomes.

In terms of the shoulder joint, dermatomes C4-Th1 are of most interest to us.

- **C4** represents the **stole/shawl collar**
- **C5** lies **in the front** over the shoulder and runs volar-side as far as the wrist.
- **C6** is located on the **radial UA + FA**¹⁵ and incorporates the **whole thumb**
- **C7** is only found on the **back of the upper arm + forearm and** includes **all of fingers 2 + 3**
- **C8** incorporates **all the ulnar forearm and fingers 4 + 5**
- **Th1** represents the **anterior axillary fold** and the **volar upper arm and forearm**

Knowledge about dermatomes is especially important if there are radiating symptoms in the whole neck, shoulder and arm region. A change in sensitivity in certain

¹⁵UA = Upper arm, FA = Forearm

areas of the skin can give us a possible indication of damage in the spinal segment associated with the dermatome.

In addition to anatomical knowledge, we bioresonance therapists rely in particular on the energetic correlations between shoulder problems and meridian structures.

5. Energetic correlation between the shoulder joint and meridian structures

From Traditional Chinese Medicine (TCM) we know that various meridians pass through the shoulder joint. These provide the following relationships between the shoulder and the meridian.

1. The **lung meridian** runs along the volar side, radially from the thumb to below the collar bone.
2. The **circulation/sexuality** meridian also runs volar side from the middle finger over the anterior axillary region to slightly lateral to the nipple.
3. The **heart meridian** also extends volar side, but is located more on the ulnar aspect of the little finger, from the little finger to the anterior axis.
4. On the ulnar side of the forearm and upper arm starting from the small finger we find the **small intestine meridian**. It runs across the posterior deltoid and the transverse part of the trapezius in an anterior direction finishing between the ear and the temporomandibular joint.
5. The **TW meridian** runs along the dorsal side from the ring finger over the acromion, behind and around the ear to the outer side of the eyebrow.
6. The last of the TCM meridians running across and over the shoulder joint is the **large intestine meridian**. It runs dorsal side and along the radial side of the index finger over the lateral end of the collar bone (clavicula) as far as the lateral lower edge of the nostril.

We are familiar with the **lymph meridian** according to Voll, starting from the thumb and extending along the radial side across the forearm and upper arm and the

anterior axillary region as far as the fossa supraclavicularis.

These meridian lines named here also show us how closely the shoulder girdle and meridian are interrelated and interdependent.

6. Obtaining findings manually on the shoulder joint and the thoracic and cervical spine

As regards obtaining findings manually on the shoulder joint I would like to concentrate on two simple processes from every day practice including a provocation test for the subacromial bursa.

We will examine

1. the neck grip
(this gives us information about the flexion, abduction and external rotation in the main joint of the shoulder) and
2. the 'apron grip'
(shows us the ability to adduct and internally rotate the shoulder joint)

The **Apprehension Test** has proved the best as a provocation test for the shoulder joint. This test is performed by externally rotating, abducting and extending the shoulder while applying an anteriorly directed force to the humeral head.

It goes without saying that these movements (ADL = activities of daily life) need to be modified in patients where movement is restricted because of severe pain.

Since many of the muscles in the shoulder girdle have their beginnings in the spine or use the spine as the organ of origin, the thoracic spine and the cervical spine should be given a general examination to look for any restrictions in mobility.

Before going into the bioenergetic examination and treatment of the shoulder joint using the body's own frequency patterns and cupping electrodes, I would like to say a few words about the relevant

hierarchical interference fields – the teeth are particularly worthy of mention here.

7. Influence of the maxillo-dental region on the shoulder joint

I would very much like to do this drawing on my presentation of two years ago. I maintain that, based on the experiential evidence of Dr. Voll and Dr. Kramer and kinesiology, the teeth make up an overlying safety system in the hierarchical framework.

If the teeth allocated to the meridians and their segment-indicating muscles are considered from the perspective of the experiential kinesiology data, it is noticeable that in the upper jaw alone all teeth, with the exception of both number 7s, have a muscle allocated to them with a connection to the shoulder girdle. In the lower jaw too teeth 5, 6 and 8 are linked to the shoulder girdle musculature.

Because of the essential integration and high degree of significance of the maxillo-dental region in the area of the transversalis fascia systems, the teeth must always be taken into consideration when obtaining bioenergetic findings on the shoulder joint.

Once you have identified one or several teeth through your bioenergetic tests, you can then quickly find out with the aid of the CTT (Combined Test Technique) and the network of knowledge of the various test professionals, how high the energetic disturbance potential of each tooth is and how you should integrate this into your superordinate treatment plan.

In principle a tooth with an energetic malfunction should always be the starting point for treatment.

This is what happens in practice

After taking a detailed medical history and using the knowledge about the areas of skin correlating to the shoulder (Head Zones and dermatome paths C4-Th1), the

previously mentioned mobility test is carried out on the shoulder joint and the upper thoracic and cervical spines. You then round off the bioenergetic findings by testing the individual tooth sockets. Now it is important to find out which meridian is affecting the shoulder joint or maybe the joint is severely damaged and is itself affecting one or more meridians.

8. Bioenergetic test – does the meridian (the organ) affect the shoulder joint or does the shoulder joint affect the meridian (the organ)

In this test procedure we must for the moment use another two test ampoules from the manufacturer WALA. This involves the shoulder joint ampoules (humero-scapular joint) and the subacromial secondary joint (subdeltoid bursa).

Testing a meridian-shoulder joint relationship

In order to find out whether the meridian affects the shoulder joint you proceed as follows: The tensor is connected to a blue cable and the EAV scan electrode. The WALA shoulder ampoule is placed onto this. Now in succession the meridian ampoules from the 5 element CTT test set correlating to the shoulder joint (lung, circulation/sexuality, heart, small intestine, triple warmer, large intestine, lymph, stomach, liver and gallbladder) are placed into the input cup (IC). Program 192 is set and tests carried out between the patient and the plate. If a resonance phenomenon is observed (a positive movement), then you know that the meridian structure currently in the IC is acting on the shoulder joint.

Using kinesiological testing, the shoulder joint ampoule would be left on the EAV scan electrode and this would be linked up to a cylinder electrode and placed in the patient's hand. A strong muscle test result would indicate a meridian/shoulder joint connection.

If EAV is used, tests must be carried out on the various meridian points which are allocated to the shoulder joint. As I am not an electroacupuncturist, I am not familiar as yet with these, however.

Testing a shoulder joint-meridian relationship

The action of the shoulder joint on one or more meridians would normally be found in the case of severely traumatised shoulder joints. The test procedure is just the same as already explained, only now the shoulder joint ampoule and/or the subdeltoid bursa ampoule is placed in the input cup. Tests are now carried out on the meridian points of the hand and foot.

As a lot of time and effort is needed to implement this, I prefer to test one ampoule after another (using the meridian ampoules of the 5 element test set) – as done in veterinary medicine.

Once the meridian is identified which is energetically affecting the shoulder joint, the trigger of the problematic symptoms (e.g. borrelia or amalgam) can quickly be found using the pink CTT ampoules.

If the test finds a shoulder joint-meridian relationship, then the factors which are causing the shoulder joint problems can also be identified easily and quickly using the pink trigger ampoules of the CTT.

Once the correlation of meridian to shoulder joint has been established bioenergetically, the basic treatment in our practice is carried out as follows.

9. Therapy and electrode arrangements (basic therapy and individual frequency testing)

It is best now to query kinesiologically which organ structure is located at the input and output and what should be placed in the input cup.

At the input for instance we can use the large flexible electrode on the stomach and

for the output a suitable electrode placed on the left shoulder joint. If the patient has pain at the individual points, then it is best to use a button electrode or the "hammer" for the output.

By pressing key 2 and the Enter key you can now go through the individual program parameters and set the F-DL¹⁶-program which is individually suited to the patient.

Before commencing basic therapy, check what should be placed in the output cup (OC) and whether one or more chips should be placed in the storage device (SD).

After the basic program has finished, a search for the individual frequencies should be carried out and the program parameters gone through again.

If the individually tested single frequency program is at an end, a query is now sent as to whether subsequently input and output should be changed. If this is the case, then the individually tested program is started once again.

Because Bicom cupping electrode therapy has always been closest to my heart, I almost always use this following the individually tested single-frequency program.

10. Cupping therapy of the shoulder joint

The patient can now be cupped in three different ways, depending on his set of symptoms. I will be happy to go into the exact procedure in more detail during the workshop this afternoon.

Massage cupping in the region of the shoulder girdle

The following areas of skin in the region of the shoulder girdle have proven valuable in massage cupping:

1. The region around the shoulder and the nape of the neck from the suboccipital

¹⁶F-DL = Frequency sweep

region as far as the acromion. Here we affect the descending trapezius portion in particular and the M. supraspinatus which, as an important part of the rotator cuff, supports the M. deltoideus in the abduction of the arm.

2. With massage cupping to the left and right of the spinous process between vertebrae C7 – Th7 and the margo medialis of the shoulder blade we mainly influence the rhomboid muscles. These attach the shoulder blade to the sternum.

The interesting thing here is that the rhomboid muscles are segment-indicating muscles for the lower no. 5 teeth which are allocated to the liver meridian according to kinesiologists and at the same time overlap the Head zones for the liver / gall bladder on the right-hand side.

3. Finally, we have the option of massage cupping over the whole of the deltoid region, responsible for abduction of the arm.

To relax hypertonic muscle regions, I like to use programs 630 and 951.

For treating the area around the shoulder, the nape of the neck and the rhomboid muscles the patient lies face down. He lies on the large modulation mat on a therapy couch.

For treating the M. deltoideus, I prefer to have the patient in a sitting position.

All the three areas mentioned are also eminently suited to dry and blood cupping.

Dry and blood cupping of important muscular structures

In dry and blood cupping, the area under the bony plate of the shoulder blade (Spina scapula) must on no account be forgotten. Here are important muscles like the M. infraspinatus and M. teres minor which are responsible for the outward rotation of the main shoulder joint.

Another important anatomical structure for dry and blood cupping is the site of the outward rotators of the shoulder joint. This is the Tuberculum majus. You can feel for this at the front under the acromion when the shoulder joint is in an inward-rotating position. A little further medio-caudally we find the so-called coracoid process (Processus coracoideus) which serves as the place of origin of the short biceps tendon (as well as of the M. coracobrachialis). Both muscles are involved in flexing the shoulder joint.

These two places of origin of important shoulder muscles can most easily be cupped in a sitting position. For this the patient sits on the small modulation mat. The chronic degenerative meridian programs are available for dry cupping. For blood cupping I like to use programs 970 or 530.

Of course other muscular structures of the shoulder girdle can also be cupped with Bicom cupping electrodes.

With a knowledge of the location of the Head zones, the site of the Bicom cupping zones and the course of the dermatomes crossing the shoulder joint, this means that targeted stimuli for regulation within the segment-based reaction level can now be given to the organism in the following treatments.

11. Important complementary bioenergetic therapy steps when treating the shoulder joint

Here I would only like to cover some fundamental and indispensable treatment steps.

The treatment of the temporomandibular joint according to Sissi Karz could be mentioned here.

Nor should a check on the chakras (especially chakras IV–VI) be forgotten.

Should it emerge from CTT that pathogenic substances are stressing the individual

meridian structures, these should likewise be tackled systematically in further treatment sessions.

12. Applying and supplementing therapy using all the techniques available to the therapist

In addition to bio-energetic treatment you can also apply everything you know from your wealth of experience. Here again I would like to confine my comments to the methods I use in my own practice.

Good results in support of treatment can be achieved with the aid of manual therapy/osteopathy, thermotherapy and electrotherapy.

Let me to now list various clinical pictures which you can treat wonderfully well with Bicom bioresonance therapy and with which you can achieve effective and consolidating successes using the systems I have presented.

13. Clinical pictures

- Painful myotendinosis in the shoulder and nape of the neck
- Shoulder-arm syndrome / brachialgia / cervical brachialgia
- PHS (Periarthropathia humero scapularis)
- Painful irritation of the tendon attachment sites of the rotator cuff/insertion tendopathies
- All kinds of painful conditions in the shoulders
- Impaired sensitivity in the region of the upper and lower arm (tingling and numbness, hypaesthesia)
- Impaired sensitivity in the fingers, above all in the case of carpal tunnel syndrome
- Pseudoradicular brachial plexus syndrome

14. Concluding comments

The procedure for bioenergetic therapy of the shoulder joint outlined here can be applied equally well to other joints too.

With the necessary anatomical knowledge about muscle processes, dermatomes, Head zones, cupping zones, meridian structures and the relationship between teeth and organs, you will be able to work successfully on all the other joints in a similar way.

I can guarantee even now that this complex procedure will occasionally prove very damaging for your business, because your patients will need far fewer treatment sessions to recover from their symptoms ...

I hope that my comments will help you gain as much enthusiasm for this kind of therapy as it gives me again and again each and every day.

With this in mind and in the hope that you will try out one or two ideas from my lecture, I would like to thank you all very much for listening and end with the words of Vicky Wall, the founder of Aura-Soma Therapy:

"What we offer, [in this case all I can offer] are just guidelines. The greatest teacher is within yourself."

Kindest regards

Marcel Riffel