



# Joe Rozencwajg

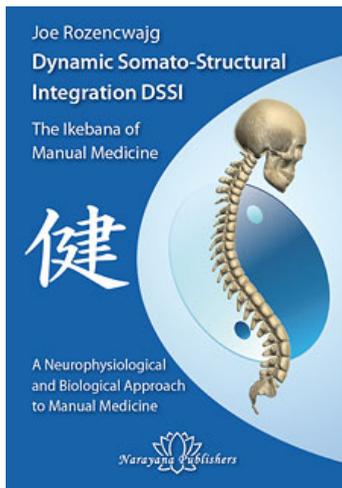
## Dynamic Somato-Structural Integration DSSI

Reading excerpt

[Dynamic Somato-Structural Integration DSSI](#)

of [Joe Rozencwajg](#)

Publisher: Narayana Verlag



<http://www.narayana-verlag.com/b11538>

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# Introduction

This is not a technical book. If you picked it up with the intention of learning how to apply a method to your patient, put it back.

No book can teach a technique; you need to learn it hands-on, with guidance and proper explanation. A book will only help you to remember the theoretical notions and is a place where you can scribble your notes about “how to do it”.

But this is not the purpose of this one.

When I do something, I want to understand why I do it, how it works, what the principles behind the method are, how it links with other methods, how they work together, or against each other, what the pitfalls are and how to avoid them, not just follow blindly a recipe, a method taught by a teacher/guru/master/sensei/sifu/professor that should be followed, respected and lauded or else.

This is what I have tried to do in the following pages. And while researching the basic principles behind the techniques, the anatomy, the neurophysiology, I have seen my understanding grow and my techniques become at the same time simpler and more effective.

Why?

Because now I know and understand what I am doing, so it is now rarely happens that a clinical presentation surprises me and leaves me wondering what is going on. Transforming the clinical picture into aetiology, mechanism, anatomy and neurophysiology automatically offers a therapeutic approach, or many different ones.

This is not reductionism in the worst sense of the word. This is simplification and clarification.

This is the Ikebana of Manual Medicine.

Dr. J. Rozencwajg, NMD.

## **The slow germination of the concept**

Manual Medicine has been practised since the dawn of humanity. It is found in Indian and Chinese Medicine, in Egyptian and Greek texts and has always been a form of “medicine of the people, for the people, by the people” through the bone setters (“rebouteux” in French) who often, through their successful treatments, introduced and taught manipulation to “official” practitioners.

Still’s osteopathy and Palmer’s chiropractics are the best-known systematic evolutions practised today; they have become specialities on their own, with their own science, methods, rules and regulations.

There has always been a dichotomy between the manual, physical therapies applied to the patient’s body and the more internal treatments like homeopathy, herbalism, nutrition and drugs. Only the Eastern forms of medicine (Ayurveda and TCM) have a more holistic approach inasmuch as both methodologies are often applied together for the benefit of the patient, but even within these practices many practitioners favour more one or the other aspect and tend to specialise in their favourite therapeutic method.

The need for the ability to at least understand, if not become proficient in, the manual medicine methods became clear to me a few years ago, when I had a series of patients who did not react at all to well-indicated treatments, using either homeopathy, herbs, naturopathy or nutritional adjustments. I asked colleagues to check my assessments and the treatments given after I did it myself a few times and came to the same place: they agreed it was correct.

What was I missing, what did I not investigate?

Soon the reason became obvious: their backs, their spines!

I called a few patients back, examined their spines as I had been taught in orthopaedic surgery and in sports medicine, and found many multiple small misalignments. As an acupuncturist, I could relate some of the misalignment's locations to the Shu points of the back and their relationships with internal organs.

It started to make sense ...

I referred these patients to an osteopath, and then repeated the same treatments after he had realigned their spines and was satisfied that nothing else was needed from his perspective. As I expected, this time the treatments worked.

This situation illuminated the fact that spinal misalignments could be what homeopaths call “an obstacle to cure”, a maintaining cause that prevents healing and interferes with a dynamic treatment by continuously resetting the patient's health to pathological.

But a direct approach to the pathological organs themselves had been shown to me many years earlier; in fact, I believe this case was in the back of my mind ready to push me into manual medicine when I was mature enough to consider it.

Here it is.

**Case 0:** *in the late eighties, while still in Brussels, I was sharing a natural medicine clinic, practising a few hours of acupuncture. The local osteopath asked me to see and treat with him a lady in her late twenties suffering from liver and kidney insufficiency. I gave her an acupuncture treatment, not being very optimistic about the outcome, and then sat to watch what the osteopath (in my mind then a “bone-cruncher”) would do to treat organs. He palpated here and*

*there, claiming to “listen”, then carried out some very discreet movements in the areas of the liver and the kidneys. That was it. Needless to say I was quite sceptical, having seen at first hand as a surgeon what those failing organs could look like. The patient was back the following week, looking a lot better, claiming she was now urinating in large amounts and proudly showing new blood tests confirming that both liver and kidneys had started functioning again. Of course we know the body has immense intrinsic powers of repair, but even university specialists had declared the situation irreversible; and I had no doubt in my mind that my needles were not a major player in what had just happened. I was left with a series of unanswered questions, but then life kept me busy until recently ...*

I had another close contact with manual medicine when I was teaching Medical Diagnostics at the Faculty of Chiropractic and Homeopathy, Technikon Natal, in Durban, South Africa, but although my students and colleagues showed me and taught me many things, it did not fit in my mindset: too mechanistic, I thought. But now, it was time to investigate, to study, to understand and maybe to practise.

As I was reading the works of Still and of his students and colleagues like Barber, Goetz, Murray, Riggs, Hazzard, Tasker and other early osteopaths, from the time before the profession was almost completely swallowed by conventional medicine in the USA, I realised that unless I missed some books and articles, their articular adjustments were gentle, without the use of the “thrust” or High Velocity Low Amplitude (HVLA) that has become the trademark of Osteopathy and Chiropractic, at least in the eyes of the public. Despite consulting books and doing internet searches, I could not find when the HVLA technique was introduced, by whom and how it came to become a pre-eminent technique. Even the book *Manipulation of the Spine, Thorax and Pelvis, an Osteopathic Perspective*

by Gibbons and Tehan<sup>1</sup> does not give any historical information despite being one of the best textbooks of manipulative therapy through HVLA.

The first generation of Osteopaths also “manipulated” the organs directly through “vibration” and “kneading”, describing extremely good results.

As I was looking for similar methods that could be practised under the umbrella of Naturopathic Manipulations, two techniques soon emerged prominently: Ortho-Bionomy® and Visceral Manipulation.

It is the integration of those methods, with their physiological explanations, their relation to each other, to the eastern Chi Nei Tsang and to popular practices like Tai Chi, Qigong and Yoga, their expansion through other techniques like Cranio Sacral Therapy and their synergy with Homeopathy and other medicinal therapies that has given birth to DSSI, Dynamic Somato-Structural Integration. DSSI is not an accumulation of these different techniques, it is an attempt at finding and using the common denominators, the similar or identical concepts and methods that are present everywhere albeit under different names, understanding scientifically their mode of action and simplifying, refining the approach and eventually making life and practice a lot simpler. That is why I have nicknamed it “The Ikebana of Manual Medicine”. (Ikebana is the Japanese art of flowers and plants arrangement, where only a few twigs, flowers and leaves are left, after intense and - to Western eyes - horrifying trimming, with stunning beauty as the final result).

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<sup>1</sup> see References.

These papers clearly demonstrate a common path of innervation for the organs and the spine, discs and vertebrae. As the information travels through the sympathetic ganglions and the spinal cord, it is integrated by interneurons and at the level of more central parts of the CNS. The possibility of information coming from an organ being then perceived and acted upon as coming from a disc or a vertebra, as well as the opposite, is then obviously demonstrated. It confirms Barral's affirmation that many spinal problems find their origin in the organs and the fact that these problems disappear when the organ is treated; it also shows that a spinal lesion can be perceived as an internal, visceral pathology that leaves the unaware clinician stumped at not finding anything after extensive and exhaustive tests. Moreover, it shows without any doubt that focusing on only one aspect of the patient's clinical complaint can lead to a misdiagnosis and a lack of reaction to treatment; all possible origins of a symptom or sign have to be examined and treated. As it is often almost impossible to determine which aspect is the cause and which is the consequence (at least clinically, in the consulting room), there should be no hesitation in treating both possible aetiologies in order to obtain a maximum result. And because of the frequent chronicity of the situations we are confronted with, it is an illusion to expect that even when treating the real cause of a problem its symptomatic presentation will easily resolve itself without help.

For example:

**Case 15:** *male patient in his late fifties presenting with a complaint of right frozen shoulder. There is no history of trauma or excessive use of the shoulder; it started with pain on mobilization and evolved into the inability to move: antepulsion limited at 45 degrees, retropulsion 10 degrees, and abduction barely 30 degrees before pain prevents further movements, and passive mobilisation is not much better due to pain. The history is not very contributive. Treatment with*

*anti-inflammatories was not successful, acupuncture offered temporary relief of the pain but the motions were still limited and the pain kept coming back, showing that the origin of the problem was not addressed. Thinking outside of the box was needed. We know that there are painful shoulder irradiations when the liver and the gallbladder are diseased; those organs are innervated by the vagus nerve and some branches of the vagus are also innervating parts of the shoulder, giving the neuroanatomic justification to those irradiations. The liver was slightly sensitive on deep palpation but was found almost without any motility on examination. Interestingly, when compressing the liver with the patient seated, thus removing it from the neurological feedback loop, not only did the pain disappear, but the range of motion of the shoulder increased markedly, only to return to the previous situation when the liver was released from compression. A full liver manipulation was therefore performed with the amelioration maintained. An ortho-biomechanical manipulation of the shoulder was then done that restored the mobility of the joint to almost normal. A second manipulation had to be done three weeks later as the limitation and some pain returned to the shoulder. At that time a herbal treatment for the liver was prescribed, to be taken for three months (*Taraxacum radix*, *Silybum marianum*, *Cynara scolymus* and *Chelidonium majus*) even though the liver function tests were normal. This ended the problem, with some frustration for me as I never could determine why this patient's liver was "misbehaving".*

**Case 16:** *A seventy-seven year-old lady who loved her gardening but overdid it, then aggravated the situation by carrying heavy weights. Now she was complaining of pain in her left arm and left shoulder; it was there all the time, made bearable with analgesics. Movement was very limited: not even to the horizontal on anterior elevation and abduction, barely*

*moving posteriorly. All the shoulder muscles and the scalenes were sensitive, therefore ortho-bionomy was done, without any result; auriculotherapy was unsuccessful too so I went on with general acupuncture. While the patient was lying on the bed, on a “hunch” and because the failure of the other therapies did not make sense to me, I performed a visceral examination and found out that the gallbladder had absolutely no motility. This explained the left shoulder localization (in TCM the Liver projects energetically on the right side while the Gallbladder projects on the left, as reflected in tongue examination). After removing the acupuncture needles that did not have any effect either (which I now understood as the treatments were aimed at musculo-tendinous problems, but not at organs of origin), I proceeded to open the five sphincters, which should always be done before manipulating a secreting digestive organ, then to adjust the gallbladder and the liver. Her pain totally disappeared and there was a gain of mobility of about 20 degrees in every direction. The patient agreed not to take anything else, so that the results could be properly monitored. Five days later, still no pain and she can undo her bra on her own; three days after her first report, she calls saying she is almost totally back to normal and will not need any further treatment.*

And yet, a 1995 paper published by Nansel and Szlazak<sup>16</sup> and reported by Frank M. Painter, D.C. on the very informative website [www.chirowebs.net](http://www.chirowebs.net) claims that in fact what is happening is “somatic mimicry” where somatic lesions create the exact array of symptoms and signs of organic diseases, including for example reflexogenic ECG changes (but not blood tests to my understanding); these symptoms disappear as soon as a proper manipulation, adjustment or other manual therapy is applied whereas conventional medicinal therapy failed to help. The author gives almost 300 references ... food for thought.

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<sup>16</sup> see References.

During organ manipulation in some patients, intense emotions were suddenly released, deeply suppressed memories brought back to the surface and given the opportunity to be expressed, exposed and eventually discarded either almost immediately after the manipulation or later on, after a more complete case-taking allowing for the refining and pinpointing of a correct homeopathic remedy.

**Case 17:** *this obese lady in her late forties had made an appointment for hypertension, backache, Type 2 diabetes and other related pathologies. She came with her sister, whom I have treated for some time now, quite successfully. During the interview, the sister kept nudging her, “tell him, tell him” and making faces towards me, clearly indicating that I should dig deeper ... but how can I do that if the patient is not willing? As is my practice, I also checked her tongue and her Chinese Pulses, found a very Qi- and Yin-depleted Liver. Mobility of the liver itself was impossible to check due to the obesity, but there was no liver motility in my assessment. After duly explaining that by restoring the intrinsic motion of an organ it would function better and help deal with was clearly a metabolic syndrome, I proceeded to perform a liver manipulation, first in decubitus, then in a sitting position as I have been doing now for almost five years. While doing this and feeling the motility reappear, I saw her silently but profusely crying, then sobbing. As I rechecked her pulses and felt an almost normal Liver pulse now present, I asked her to tell me about the anger she had not expressed for so many years. As she started talking about*

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17 see References.

her childhood abuse, rape and familial violence, the relief in her voice was almost tangible, the colour of her face changed, the emotions related to the perpetrators were clearly exposed, it was very clear that the facts were as acute now as they were thirty-five years ago. The emotions on her sister's face were also amazingly clear and we used that for her own next treatment. With now a clear history, and better mental and emotional symptoms, a better remedy was prescribed. Over the next few months, her blood pressure and her glycaemia stabilised, she could follow her diet properly as she did not need any comfort food any more and she steadily lost weight. Only one single manipulation was needed, acting as a catalyst.

**Case 18:** recurrent attacks of asthma in a lady in her thirties. The whole situation did not make any clinical sense: there were no clear provoking or aggravating factors like weather, temperature, season, pollens or other allergens, chronological patterns (day, night, seasons ...) or location (seashore, mountain ...). The attacks would strike anywhere, any time, day or night. They responded to Ventolin as a symptomatic treatment, steroids had been recommended as prevention but she was less than enthusiastic about this. I was puzzled by the paucity of the history. Tongue and Pulses were useless as they reflected the Lung's status, not giving me any other indication. The chest was moving with each breath and her pattern of breathing was thoracic with little "abdominal breathing". I found the motility of lungs difficult to assess as a rule, as they are by essence mobile organs, so there is a need to differentiate between the mechanical respiratory function of the organ and its intrinsic motility. In her case, I found the lungs very "stiff", with no motility. I asked her to try and hold her breath, which she was able to do, and there it was, no motility. Thinking that I might be dealing with connective tissue pathology like silicosis, sarcoidosis, amyloidosis or rare, weird infections like ornithosis, psittacosis, even environmental

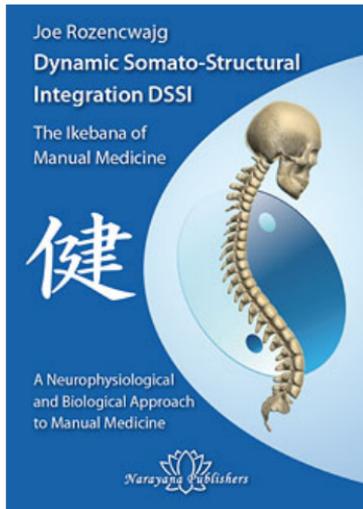
pathologies like asbestosis (although there was no history at all) that can create lung fibrosis and bronchiolar fibrosis as a common thread with wheezing and asthma symptoms, I suggested a lung manipulation to test the theory and see if the lung function could be improved ... and we did not have anything to lose. While doing the manipulation, I felt her chest “melting” under my hands, morphing from a solid structure to a dynamic one, and her abdomen started to move with each breath; then she started to cry. I thought it was from joy and relief of her symptoms, but when asked she told me about the intense grief she had kept inside after an emotional trauma, which I cannot discuss here, that left her literally “breathless and full of tears she could not show”. A treatment for her emotional state was given and the asthma symptoms never recurred.

**Case 19:** in TCM the Heart is linked to the emotion of Joy but is also the location of the “Shen” which controls and centralises all the other emotions; therefore it can eventually be affected by any emotion and especially by a combination of these. This lady in her early fifties received drug after drug and test after test for diagnosing and treating her heart palpitations, to no avail. There is an irregular supraventricular arrhythmia, non-specific and totally haphazard. She is anxious, fearful and at the same time seems angry that no solution has been found for her problem. As with the lungs, heart motility is difficult to assess, and there is no way to “hold your heartbeat” while staying alive, but as the heart rate is a lot faster than the intrinsic motility, it is not an impossible task. In this case, again, I could not feel any motility. While proceeding with the manipulation to restore motility (induction), the heart rate slowed down and became more regular. Despite being pretty proud of myself I really did not understand exactly what I had done, until the patient started sharing information about her multiple anxieties, the frustrations and anger they brought her, and the way being almost a “cardiac cripple” allowed her to fit into society. All

these aspects were then dealt with in a timely manner; her debilitating arrhythmia resolved although any strong emotion is still immediately reflected in a pounding heartbeat and tachycardia, a situation we are now working on.

**Case 20:** *this patient complains he has “nits” (sic), they keep coming back, now he says they are all over his body, he is itching and scratching; he brought “pieces of insects”; when looked through a magnifying glass they seem to be pieces of skin he scratched away. Although aged 46, his consultation has been booked by his mother, to whom he seems to be totally subservient; his face is rigid, inexpressive. Anamnesis reveals nothing relevant, nor does the physical examination with the exception of an increased blood pressure, 150/100 bilaterally. No lice, nits or bite marks could be found anywhere on his body. Checking his TCM pulses, the Liver Yin pulse (the deep-seated one) is weak and completely compressible. Asked about repressed anger, at first he denies it, then says “there has been something in the past, I am getting on it” (sic). After a liver manipulation, his appearance seems to me more relaxed and there seems to be some expression in his face. His blood pressure is still the same and he receives a gemmotherapeutic prescription for it as well as a general homeopathic remedy. As he is about to leave, I ask him about the itching and the desire to scratch: he looks at me with intense surprise and says “it is gone ...” He is still currently taking his homeopathic remedy; a phone call while writing up his case revealed the itching had not come back. Repressed anger, itching and scratching as a way to release the tension; once it is allowed to surface to consciousness through a simple question and the liberation of the organ’s emotional function by a physical manipulation, that symptom does not need to exist any more and disappears.*

These four cases, clearly psychosomatic, demonstrate the well-known but still clinically poorly recognised association between



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