

A JOURNEY HOME

Our bodies are incredible self-healing machines. When we are in our natural state of balance, our bodies can heal themselves. However, as we travel through the journey of life, our bodies experience injury (strains and impacts) that interrupt our natural equilibrium and cause us to move away from our natural propensity for self-healing. Matrix Repatterning is a revolutionary new therapy that can accurately assess and treat the structural and electrical changes that these injuries cause to our bodies on a cellular/molecular level. An essential link to guiding the body back home, Matrix Repatterning is the map that can navigate the body's structural integrity back to its natural wellness, the place from which it thrives.

In a recent case study, Diane, a 53-year old female, agreed to participate in Matrix Repatterning therapy in the hope of gaining some relief from the chronic pain she was suffering from. Traditional methods of pain management had not relieved her pain, and she was ready to try something new. The profound results obtained showed that Matrix Repatterning was the key to unlocking her body's innate ability to heal itself.

Upon the initial health history intake, it was revealed that Diane was suffering with debilitating pain in her arms and hands, she had a chronic tension headache and she had significant swelling in the front of her neck. Diane's general demeanor had become reserved and drawn. She was very depressed and frustrated with her health situation. Diane revealed that her current health problems began in 2006 when she noticed a gradual decline in her ability to perform her work duties. As a Quality Systems Coordinator at an automotive parts factory, her responsibilities included computer data entry, employee training and quality assurance. Diane reported that her symptoms began when she was moved to a different office, where her workspace was poorly arranged. Putting in many over-time hours on the computer, she soon began to notice tingling, pain and loss of strength in her right arm and hand. This progressed to the point where she was no longer able to use her arm and hand. To counter the pain, Diane resorted to using her left hand for data entry. By June 2007, Diane had become very depressed as both of her hands and arms were in such extreme pain that she was no longer able to perform her work duties. She eventually lost a significant amount of strength and motor function in both her upper limbs all the while living with a continuous headache and swelling in her neck. Her daily activities became greatly affected and she could no longer work. Diane was put on a permanent disability in August 2007 and by November of 2009, was diagnosed with severe depression and anxiety.

Upon further investigation into Diane's health history, it was revealed that she sustained a significant impact injury when she was 14 years old. She had fallen off her bicycle and hit the right side of her head, which resulted in a slight concussion. When she stood up from this fall, she lost her balance and fell forward, fracturing her maxilla in seven different places and chipping the top four front teeth. No medical intervention was done at the time

of injury and the fractures in the maxilla were left to heal on their own. She also remembers fracturing the fifth digits on both feet and has had surgery to both great toes for bunions. Diane also has a history of gynaecological issues including; a tubal ligation (in 1986 at the age of 26); an unsuccessful endometrial ablation (in 2004) that initiated a partial hysterectomy, leaving her with only her right ovary. Diane has one child and remembers falling on her buttocks five months before delivering her son.

The medications that Diane has been prescribed include: Oxyneo (10 mg – 4 to 6 tablets/day); Oxycocet (325 mg – 2 tablets every 4 hours when needed) for pain management. Gabapentin (400 mg twice a day) for nerve pain; Wellbutrin (100 mg – 2 tablets twice daily); Seroqual (25 mg – 3 tablets at bedtime) and Mirtazapine (30 mg – 2 tablets/day) for depression. Adivan for anxiety; Naproxin (anti-inflammatory: 500 mg – 2 tablets/day) and Pariet (20 mg once a day) to help coat her stomach from the side effects of the anti-inflammatory. She also takes Vitamin B, Omega 3, 6 and 9, calcium and magnesium supplements.

In addition to these medications, Diane has tried a number of different therapies over the years that have had very little, if any, long-term benefits. These therapies have included massage therapy, naturopathy, acupuncture, osteopathy, physiotherapy, nerve block injections and psychotherapy.

Upon the initial objective testing, the following results were obtained:

Movement	Cervical Spine (Degrees)	Lumbar Spine (Degrees)
Flexion (60) / (45)	30	5
Extension (75) / (20-30)	20	15
Right rotation (50) / (45)	20	10
Left Rotation (50) / (45)	10	10
Right Lateral Flexion (45) / (30)	5	10
Left Lateral Flexion (45) / (30)	15	5

(Normal ROM values in degrees – Cervical / Lumbar Spine)

Figure 1 – Active Free Range of Motion (AF ROM) of the Cervical and Lumbar Spine

Movement	Hips (Degrees)	
	Right	Left
Flexion (125)	110	115
External Rotation (45)	30	45
Internal Rotation (45)	20	30

(Normal ROM values in degrees)

Figure 2 – Passive Relaxed Range of Motion (PR ROM) of the Hips

Movement	Shoulders (Degrees)	
	Right	Left
Abduction (180)	130	120
External Rotation (90)	80	30
Internal Rotation (90)	60	20

(Normal ROM values in degrees)

Figure 3 – Passive Relaxed Range of Motion (PR ROM) of the Shoulders

Stability testing revealed hypermobility in the right knee (anteriorly), bilateral shoulders, and L4/5. Carpal tunnel test showed bilateral wrists stuck closed, with the left wrist also being stuck open. All neurological tests were negative, however, a visual observation of the eyes revealed the right upper eyelid lower than the left and the right eye tracking slightly slower than the left.

The initial global assessment revealed the following primary restrictions: bilateral tibia, left knee, right hip, right pelvis, sacrum, T/L junction, umbilicus, bilateral kidneys, spleen, liver, sternum, heart, left scapula, left forearm and wrist, lower cervical, occiput, right temporal, left parietal, dental, maxilla.

Taking into consideration the complexity and amount of medication prescribed to Diane, along with her current emotional state, a very conservative approach was initially taken when developing Diane's treatment plan. One-hour sessions were scheduled once a week for nineteen weeks, with treatment nineteen being an hour and a half in length. A follow-up session was scheduled two months later. Significant improvements in both Diane's physical and emotional states were observed very quickly, within the first five treatments, and continued to progress in a positive manner throughout her entire treatment plan.

The initial treatment addressed the primary restrictions found in her lower body, which included her legs, pelvis, sacrum, coccyx and umbilicus. Following this treatment, Diane experienced severe flu type symptoms (chills, nausea, headache, sweating) for a couple of

days. This was in response to her body's efforts to eliminate the toxins that were released during the treatment. She also experienced cramping in her right hip, which lasted only a day, as her body adjusted to its new state of balance.

Diane's second treatment addressed the restrictions located in her cranium and cervical spine. This treatment started to deal with some of the neurological factors that may have had an influence on the degree of release to the primary restrictions showing up more distally. Diane's subjective evaluation after two treatments revealed right hip cramping and low back pain for a couple of days; intense sweating the night of the treatment; a headache; reduced intensity in right wrist pain and discontinued burning in her left forearm and wrist the following day.

Diane's third treatment addressed the restrictions in ribs 1 & 2 bilaterally, bilateral clavicles, the left scapula, arm and wrist, and right femur. Immediately following this treatment, the swelling in the front of her neck had reduced; she experienced burning in the left distal lateral aspect of her forearm and wrist. She experienced no headache, no right hip pain, and a feeling of less pressure in her chest. Following this treatment a reassessment was done. Results showed that the left wrist was no longer stuck open and the right eye was tracking slightly better. Figures 4 - 7 summarize Diane's progression throughout her entire treatment plan. After three treatments, Diane's ranges of motion improved in her cervical and lumbar spine, bilateral hips, and her left shoulder. Her right shoulder, however, showed a decrease in range compared to the initial assessment (Figure 7). There are a couple of possible reasons for this: the ranges of motion had been assessed visually and were not measured using a goniometer, leaving room for the possibility of human error. Secondly, as layers of restrictions are removed and Diane's body was finding its new balance (which changes the way she moves), deeper restrictions may present more of an inhibiting influence on the shoulder in a more pronounced way.

Before beginning Diane's fourth treatment she reported that three days after her last treatment she experienced an intense stabbing pain in her right scapula that lasted only a day and then the following day she noted "I had the best day I have had in years!" She was in significantly less pain, which resulted in her taking less pain medications for the first time. Her fourth treatment dealt with further restrictions in the cranium and lower limbs, as well as addressing the restrictions located in her maxilla. Her immediate response was an increase in fatigue, no burning in either wrists, very little pain, reduced tension in the jaw, and some swelling in the front of the neck. The week following this treatment, Diane experienced moderate flu type symptoms for a couple of days, intense pain in her right buttock that made it difficult for her to walk, lasting only a day. The following day, she "felt great", experiencing no pain in her hip and no burning sensation in either wrist.

By Diane's fifth treatment, her general demeanour was much brighter, she was feeling more positive and she was laughing and was more cheerful. She commented, "You have done more for me in five treatments than all the other treatments combined." She expressed that she was noticing significant changes in her ability to perform her activities of daily living. She was able to wash her hair without having to lean over; she had the strength in her arms to hold the hair dryer instead of placing it in a stand on the table. Getting dressed was easier and faster; brushing her teeth was easier; she was able to do three loads of laundry in one day versus her usual one load. She was able to hold three dishes at a time instead of one when unloading the dishwasher; and she was able to lay on her stomach with both arms over her head.

By her seventh treatment, Diane continued to reduce her pain medications and slowly started to decrease the amount of her antidepressants. She was able to reduce the frequency of her visits to her psychotherapist from once a week to once a month, and was also able to reduce the need to see her family physician. Treatment seven addressed the viscera and corresponding ribs, which greatly affected the way Diane felt. Diane noted that "this treatment was profound, it feels like things are more active. I felt some amazing shifts and can feel more energy flow." Following this treatment, a reassessment was done to see if there was any change to the passive relaxed range of motion of her shoulders. As noted in Figure 7, there was a significant increase in all ranges to both shoulders. The week following this treatment, Diane slept better and her stamina continued to improve.

Another reassessment was done after Diane's tenth treatment which continued to show improvements in her ranges of motion at all joints assessed and also revealed that the right shoulder was now stable. At this point, both eyes were tracking symmetrically. By Diane's eleventh treatment she noted no swelling in the front of her neck for the first time. In addition, her anxiety levels were less, and her stamina continued to improve.

Treatment thirteen addressed the Dura, at which time Diane experienced an increase in burning in the left wrist that was short lived, a "deep sensation" in her upper abdomen, and a "pulling" in her left thigh to her knee. After the treatment Diane stated that the right side of her abdomen felt "sunken in." She experienced no burning sensation in her wrists following this treatment.

By treatment seventeen, she was able to varnish a whole bookshelf, which according to Diane, would have been impossible before starting the Matrix Repatterning treatments. A final reassessment for this trial period was done at this point. Further improvements in Diane's overall ranges of motion at all joints assessed, were noted. Her right knee was now stable but with instability continuing to show in the left shoulder and L4/5. Bilateral wrists continued to be stuck closed throughout the trial period.

Treatment nineteen addressed some of the primary restrictions that were located in her heart. During this release she experienced a “sensation” in the front of her neck with pain going down into her left arm and wrist and tingling in her left breast. Immediately after the treatment Diane noticed a significant improvement in her handwriting; she was able to sign her name with more ease and speed. The following day Diane contacted me to say, “my body feels alive, like a light switch turned on.... I’m amazed!”

A follow-up treatment was done two months later, at which time Diane stated, “overall I have felt amazing.” Diane still experiences weakness in her arms and hands, swelling in the front of her neck, and the odd reoccurrence of burning in the left wrist, but all symptoms occur with significantly less frequency and intensity. She has been able to reduce her pain medications in half; she has eliminated one of her antidepressants (Mirtazapine) and has further reduced the dosage of her other two antidepressants. Diane also reported that her psychotherapist had just recently discharged her.

Today Diane is a much happier and positive individual within considerably less pain. With her new lease on life she has decided to harness her bright future by going back to school to re-train as a Paralegal.

Conclusion:

In today’s society, we often deal with pain in a way that silences its presence, often through the use of medication. As an alternative, going directly to the source of the pain and dealing with the underlying cause demonstrated significant positive results. Pain is not the enemy, it is the creative way our body has developed to communicate to us that we are *out of balance*. Therefore, the more we try to silence the messenger, the more out of balance we become – pushing us further away from our body’s innate ability to heal itself. Matrix Repatterning goes past this superficial approach to pain and deals with the source responsible for the imbalance. It is the key that unlocks the restrictions that are responsible for weakening the body’s structural integrity.

As demonstrated continuously throughout this case study, Diane’s symptoms of pain were affected directly by addressing primary restrictions that were located a distance from where the pain presented itself. As the layers of restrictions were removed, and cellular communications were re-established, Diane’s body was able to function more effectively, resulting in less pain, improved mobility and an improved positive attitude. Ultimately, when the body is in harmony with its structural integrity, it thrives from this place of perfect balance.

Movement	Initial Cervical ROM (Degrees)	(Tx. 3) (Degrees)	Reassessment (Tx. 10) (Degrees)	(Tx. 17) (Degrees)	Total change in ROM (Degrees)
Flexion (60)	30	40	50	55	25
Extension (75)	20	20	60	60	40
Right rotation (50)	20	35	30	35	15
Left Rotation (50)	10	30	30	30	20
Right Lateral Flexion (45)	5	10	25	35	30
Left Lateral Flexion (45)	15	20	35	40	25

(Normal ROM values in degrees)

Figure 4: Results summary for AF ROM of the Cervical Spine

Movement	Initial Lumbar Spine Assessment (degrees)	(Tx. 3) (degrees)	Reassessment (Tx. 10) (degrees)	(Tx. 17) (degrees)	Total Change in ROM (degree)
Flexion (45)	5	15	20	45	40
Extension (20-30)	15	10	30	30	15
Right rotation (45)	10	10	20	25	15
Left Rotation (45)	10	10	30	35	25
Right Lateral Flexion (30)	10	10	20	25	15
Left Lateral Flexion (30)	5	15	20	30	25

(Normal ROM values in degrees)

Figure 5: Results summary for AF ROM of Lumbar Spine

Movement	Initial Assessment PR ROM Hips (Degrees)	(Tx.3) (Degrees)	Reassessment (Tx. 10) (Degrees)	(Tx. 17) (Degrees)	Total Change In ROM (Degrees)
RIGHT HIP:					
Flexion (125)	110	120	125	125	15
External Rotation (45)	30	40	40	45	15
Internal Rotation (45)	20	45	40	45	25
LEFT HIP:					
Flexion (125)	115	120	125	125	10
External Rotation (45)	45	45	30	45	0
Internal Rotation (45)	30	30	45	45	15

(Normal ROM value in degrees)

Figure 6: Results summary for PR ROM of the Hips

Movement	Initial Assessment	(Tx. 3)	Reassessment (Degrees) (Tx. 7)	(Tx.10)	(Tx.17)	Total Change in ROM
RIGHT SHOULDER:						
Abduction (180)	130	120	140	170	175	45
External Rotation (90)	80	50	70	90	90	10
Internal Rotation (90)	60	20	50	80	85	25
LEFT SHOULDER:						
Abduction (180)	120	135	170	175	175	55
External Rotation (90)	30	80	85	85	85	55
Internal Rotation (90)	20	60	85	85	85	65

(Normal ROM values in degrees)

Figure 7: Results summary for PR ROM of the Shoulders