



Cervical Column - A Bioemotional Vision and forms of Treatments

André Frare*

Physiotherapist, Osteopath, Homeopath, Brazil

***Corresponding Author:** André Frare, Physiotherapist, Osteopath, Homeopath, Brazil.

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In daily clinical practice, we come across some situations at least intriguing, in relation to the pain of our patients.

Every evaluative process, Cartesian testing and image analysis, leads us to a very accurate structural diagnosis.

But when we touch the patient, we always have to keep in mind that "the structure commands the function" (Still), and that the diseases are an attempt at self-healing, a biological reaction of survival before an emotionally uncontrollable event" (Flécher).

It is up to us doctors, physiotherapists, therapists, to direct our patient towards his search for mechanical balance and homeostasis, but also to make him see the true cause of his illness.

When we associate some techniques such as Osteopathy, Homeopathy, Acupuncture, we have a much wider range of action, seeing the patient as an integral being, who is part of a whole, and who reacts to all the information, through his filters of central beliefs, which has epigenetic origin and survival and daily life.

When we analyze some patients, we begin to realize that sometimes the same patient takes time to improve, always appears in the clinic with the same complaints, with the same symptoms, even though we have done the best work, but what leads this patient to repeat these patterns continuously?

It's what we call conflict trails, our body is full of central connections that connect us to smells, tastes, climate, environments, stressors. And it is these trails of conflict that I commonly call shortcuts, that make us have the repetitions of injury processes.

This is where the union of techniques comes in, which has been very successful. By correcting the function, by finding the injury factors, we are automatically repertorizing our patients with the homeopathic method, and also unveiling the trails of conflicts that made them sick.

I will now demonstrate the most common ones found in daily practice by several clinical osteopaths, according to the main book we use for this biodecoding written by Joan Marc Vilanova Pujó.

The lines of our skeleton have origin in the third embryonic tissue, and that send us the following bioemotional decodings:

- Lower extremities are related to maternal function.
- Higher extremities are related to our adult life actions.
- The feet are related to our early childhood.
- The ankles are related to conflicts of 3 years of age.
- Knees are related to teenage conflicts.
- Hip is related to our adult life conflicts.
- Sacred, it is related to our deep core values.
- Spine, is related to our personal structure, our ideas and thoughts.
- The lumbar vertebrae are related to our interpersonal relationships.
- The dorsal vertebrae are related to family conflicts.
- The cervical vertebrae are related to our verbal communication.
- Shoulder and humerus are related to our responsibilities as parents and human beings.
- Elbow, is related to our professional activity.
- Forearm is related to our actions.
- First, is related to precise gestures in our work.
- Hands, are related to our most precious gestures, of affection and affection, of donation and receipt.

These are generic examples, which lead us to further research into each of the specific functions. I will report those of the cervical spine, which most commonly appear in daily practice.

The cervical vertebrae have the common sense of protection of the spinal cord, support of the structure and movement. In particular each vertebra has the sense of protecting and distributing the central nervous system in relation to its connections, and specifically the cervical with its communication movements.

The general conflict of the cervical vertebrae is around the devaluation of our communication. Intellectual devaluation with injustice, lack of freedom and peace. Impotence in the face of a feeling of having to bow one's head.

- C1 - (atlas) - (tongue, head, brain, inner and middle ear, pituitary, pineal, sympathetic nervous system) - Is related to depression. Spiritual or subtle communication at the level of the senses (soul to soul). Conflict in people who perceive things, but do not dare to speak. It can be the right communication with the family and the left communication with work.
- Between C1 and C2: Conflict of loss of children.
- C2 (axis) - (eyes, nasal and paranasal sinuses, frontal, tongue, optic and auditory nerves): Spiritual or subtle communication at the level of the senses (from soul to soul). Conflict in those who perceive things but do not dare to speak. Conflict of spiritual sexuality (also related to the pelvic waist). Conflict of integration of information. Conflicts with departures or expulsions from home. The right, conflict with the most intimate, the left, conflict with the outside.
- Between C2 and C3: Conflict of lack of communication between mother and child.
- C3 - (face, facial bones, teeth, outer ear, larynx and gallbladder, cheek) - Conflict of aesthetic devaluation and contact. Conflict of verbal communication (larynx). Conflicts of opposition, injustice and chronic resentment with separation. The right, with the most intimate. The left in relation to the outside.
- C4 - (Nose, mouth, and uterine tubas) - Conflict of search for a fair compromise. Conflicts of verbal and concrete communication, and the concrete and real concept of life and things. Conflict of communication at work. Conflicts of opposition and chronic injustice. On the right, I can't express myself with my closest friends. The left, I cannot express myself in relation to the outside world.
- C5 - (pharynx, vocal cords, salivary glands and tonsils) - Conflict of injustice and conflicts of displacement. Conflicts of communication to find a solution based on neutrality. "I don't use my intelligence to communicate". The right, conflict of expression in relation to the intimate. The left, conflict of expression with the outside world.
- Between C5 and C6 - Conflict of devaluation for not speaking the right word to make a decision.
- C6 - (tonsils, neck and shoulder muscles): Conflict of injustice and devaluation. Conflict of having to bow one's head, childhood memories (conflict trail).
- Between C6 and C7 - Conflict of opposition masked, hidden. Painful and unjust separation with the mother.
- C7 - (thyroid, parathyroid, elbow and shoulders) - Conflict of great injustice and submission that drags unconsciously. Conflict of bowing one's head for current injustices.
- Between C7 and T1 (thoracic hinge) - Conflict of Injustice and lack of pleasure. Conflict of imminent and permanent danger.

The anatomical structures in relation to cervical lesions, also make the set of bioemotional decoding, being the main ones:

The vascularization of the head, the innervation of the arms, the vagus nerve, and other nerves.

Vascularization of the head

- **Vertebral artery:** Main irrigation artery of the cervical spine. It originates in the first third of the subclavian artery, and ascends towards the skull through the transverse foramen of the cervical vertebrae C6 to C1, until it penetrates the skull through the foramen magnum. Then, the right and left vertebral arteries merge into the occipital bone clivo to form the basilar artery. In its path, it emits muscle branches to the deep muscles of the neck and spinal branches to the spinal cord and to the vertebrae.
- **Common carotid artery:** Located below the sternocleidomastoid and is accompanied by the internal jugular vein and the vagus nerve (vasculonervous bundle of the neck). It ascends in the neck, inside the sheath of the vasculonervous bundle and is crossed by the upper belly of the omohyoid muscle and by the superior and middle thyroid veins. Its upper extremity is dilated (carotid sinus). At the level of the bifurcation of the common carotid artery, there is a corpuscle called the carotid body, which is a baroreceptor, sensitive to variations in blood pressure. The common carotid artery ends at the level of the upper edge of the thyroid cartilage, bifurcating into the internal carotid artery and the external carotid artery.
- **Internal carotid artery:** It rises in the neck, inside the sheath of the vasculonervous bundle of the neck, from its origin until it penetrates the base of the skull in the carotid canal. As it ascends the neck, it is crossed by the

hypoglossal nerve, the occipital artery and the posterior belly of the digastric muscle and by the hyoid, pharyngeal and styloglossus muscles.

- **External carotid artery:** It originates from the bifurcation of the common carotid artery and is located outside the vasculo-nervous bundle of the neck. After the bifurcation, it passes behind the posterior belly of the digastric muscle and is directed to the parotid gland. Behind the condyle of the mandible it divides into its terminal branches, the maxillary artery and the superficial temporal artery.

The main drainage veins of the neck are the jugular veins. Down the neck we find four pairs of jugular veins. These jugular veins are called internal, external, anterior and posterior. Internal jugular vein: it will anastomose with the subclavian vein to form the venous brachiocephalic trunk. External jugular vein: it flows into the subclavian vein. Anterior jugular vein: it originates superficially at the level of the suprahyoid region and ends at the end of the external jugular vein. Posterior jugular vein: it originates near the occipital vein and descends posteriorly to the neck to flow into the venous brachiocephalic trunk. It is deeply situated.

Innervation of the arms

The upper limb is innervated by the brachial plexus located in the neck and axilla, formed by anterior branches of the four lower cervical spinal nerves (C5,C6,C7,C8) and the first thoracic (T1). The brachial plexus is located laterally to the cervical spine and lies between the anterior and middle scalene muscles, posteriorly and laterally to the sternocleidomastoid muscle.

The plexus passes posteriorly to the clavicle and follows the axillary artery under the pectoralis major muscle.

The ventral branches of the fifth and sixth cervical nerves (C5-C6) form the upper trunk; the anterior branch of the seventh cervical nerve (C7) forms the middle trunk; and the anterior branches of the eighth cervical nerve and the first thoracic nerve (C8-T1) form the lower trunk.

The three trunks, located in the supraclavicular fossa, are divided into two branches, one anterior and one posterior, which form the fascicles, located around the axillary artery. The anterior branches of the upper and middle trunks form the lateral fascicle; the anterior branch of the lower trunk forms the medial fascicle; and the posterior branches of the three trunks form the posterior

fascicle. At the lower and lateral edges of the pectoralis minor muscle, the fascicles are subdivided into the terminal branches of the brachial plexus.

The branches of the brachial plexus can be described as supra-clavicular and infraclavicular.

Supra-clavicular branches:

- **Nerves for the Scalene and Long Neck Muscles:** They originate from the ventral branches of the inferior cervical nerves (C5,C6,C7 and C8), near their exit from the intervertebral foramen.
- **Phrenic Nerve:** Anteriorly to the scalene anterior muscle, the phrenic nerve is associated with a branch coming from the fifth cervical nerve (C5). More details of the phrenic nerve in Cervical Plexus.
- **Scapular Dorsal Nerve:** From the ventral branch of C5, it innervates the scapular lifter and the rhomboid muscle.
- **Long Thoracic Nerve:** Is formed by the branches of C5, C6 and C7 and innervates the serratus anterior muscle.
- **Subclavian Muscle Nerve:** Originates near the junction of the ventral branches of the fifth and sixth cervical nerves (C5 and C6) and generally communicates with the phrenic nerve and innervates the subclavian muscle.
- **Suprascapular nerve:** Originated from the upper trunk (C5 and C6), it innervates the supraspinatus and infraspinatus muscles.

Infra-clavicular branches

These branch from the fascicles, but their fibers can be followed back to the spinal nerves.

The following nerves emerge from the lateral fascicle

- **Lateral Chest:** From the branches of the fifth to seventh cervical nerves (C5, C6 and C7). It innervates the deep face of the pectoralis major muscle;
- **Musculocutaneous Nerve:** Derived from the ventral branches of the fifth to seventh cervical nerves (C5, C6 and C7). It innervates the anterior brachial, biceps brachii and coracobrachial muscles;
- **Median Nerve Lateral Root:** Derived from the ventral branches of the fifth to seventh cervical nerves (C5, C6 and C7). It innervates the muscles of the anterior region of the forearm and short thumb, as well as the skin on the lateral side of the hand.

The following nerves emerge from the medial fascicle

- **Medial Pectoral:** Derived from the ventral branches of the eighth cervical nerve and the first thoracic nerve (C8 and T1). It innervates the pectoral muscles major and minor;
- **Medial Cutaneous Forearm Nerve:** Derived from the ventral branches of the eighth cervical nerve and the first thoracic nerve (C8 and T1). It binds the skin over the biceps until close to the elbow and moves towards the ulnar side of the forearm until the wrist;
- **Medial Cutaneous Nerve of the Arm:** Which originates from the ventral branches of the eighth cervical nerve and the first thoracic nerve (C8,T1). It innervates the medial part of the arm;
- **Ulnar nerve:** Originated from the ventral branches of the eighth cervical nerve and the first thoracic nerve (C8 and T1). It innervates the flexor carpi ulnaris, half of the flexor digitorum profundus, adductor thumb and deep part of the flexor pollicis longus. It also innervates the muscles of the hypothenar region, third and fourth lumbrical and all interosseous;
- **Medial Root of the Median Nerve:** Originated from the ventral branches of the eighth cervical nerve and the first thoracic nerve (C8 and T1). It innervates the muscles of the anterior region of the forearm and short of the thumb, as well as the skin on the lateral side of the hand.

The following nerves emerge from the posterior fascicle

- **Upper subscapular:** Originated from the branches of the fifth and sixth cervical nerves (C5 and C6). It innervates the subscapular muscle;
- **Toracodorsal nerve:** Originated from the branches of the sixth to eighth cervical nerves (C6, C7 and C8). It innervates the latissimus muscle of the back;
- **Lower subscapular nerve:** Originated from the branches of the fifth and sixth cervical nerves (C5 and C6). It innervates the subscapular and round major muscles;
- **Axillary nerve:** Originated from the branches of the fifth and sixth cervical nerves (C5 and C6). It innervates the deltoid and round minor muscles;
- **Radial nerve:** Originated from the branches of the fifth to eighth cervical nerves and the first thoracic nerve (C5, C6, C7, C8 and T1). It innervates the triceps brachii, brachioradial, long and short radial carpal extensor muscles, supinator and all muscles of the posterior region of the forearm.

Pairs of skull nerves that pass through the cervical spine

Glossopharyngeal nerve

It is a mixed nerve that emerges from the posterior lateral groove of the bulb, in the form of root filaments, which are arranged in a vertical line. These filaments gather to form the glossopharyngeal nerve trunk, which leaves the skull through the jugular foramen. In its path, through the jugular foramen, the nerve presents two ganglia, superior and inferior, formed by sensitive neurons. When leaving the skull, the glossopharyngeal nerve has a descending path, branching at the root of the tongue and pharynx.

Of these, the most important is represented by the general visceral afferent fibers, responsible for the general sensitivity of the posterior third of the tongue, pharynx, uvula, tonsil, auditory tube, besides the carotid sinus and body. The general visceral efferent fibers belonging to the parasympathetic division of the autonomic nervous system and ending in the optical ganglion are also worthy of note. From this ganglion, nerve fibers emerge from the agricultural-temporal nerve that will innervate the parotid gland.

Vagus nerve

The vagus nerve is mixed and essentially visceral. It emerges from the posterior lateral groove of the bulb in the form of radicular filaments that gather to form the vagus nerve. It emerges from the skull through the jugular foramen, runs through the neck and thorax, ending in the abdomen. In this path the vagus nerve gives rise to several branches that innervate the pharynx and larynx, entering into the formation of visceral plexuses that promote the autonomous innervation of the thoracic and abdominal viscera.

The vagus has two sensory ganglions: the upper ganglion, located at the level of the jugular foramen; and the lower ganglion, located just below this foramen. Between the two ganglions, the internal branch of the accessory nerve is joined to the vagus.

General visceral afferent fibres: they conduct afferent impulses originating from the pharynx, larynx, trachea, esophagus, chest viscera and abdomen.

General visceral efferent fibers: are responsible for parasympathetic innervation of the thoracic and abdominal viscera.

Special visceral efferent fibres: they innervate the pharyngeal and laryngeal muscles.

The efferent fibres of the vagus originate in nuclei located in the bulb, and the sensory fibres in the upper and lower ganglions.

Accessory nerve

Formed of a cranial root and a spinal cord. The spinal root is formed by filaments that emerge from the lateral face of the first five or six cervical segments of the medulla, constituting a trunk that penetrates the skull through the foramen magnum. This trunk is joined by filaments of the cranial root that emerge from the posterior lateral groove of the bulb.

The trunk is divided into an internal and an external branch. The internal connects to the vagus and distributes with it, and the external branch innervates the trapezius and sternocleidomastoid muscles.

The fibers from the cranial root that attach to the vagus are

- Special visceral efferent fibres, which innervate the laryngeal muscles;
- General visceral efferent fibres, which innervate the thoracic viscera.

Hypoglossal nerve

Nerve essentially motor. It emerges from the anterior lateral groove of the bulb in the form of root filaments that join to form the nerve trunk. It emerges from the skull through the hypoglossal canal and is directed to the intrinsic and extrinsic muscles of the tongue (it is related to its motricity). Its fibers are considered somatic efferents.

Emotional bio decoding of anatomical structures

Arteries - Blood vessels responsible for bringing oxygenated blood to the whole body. They are part of the third and fourth embryonic tissue. They enter into devaluation conflicts. Main devaluation conflict: Conflict of devaluation of oneself, with sensation of incapacity and minusvalia, conflict of not being able to maintain its territory, anger, anger.

Veins: Blood vessels that collect the blood from the capillaries and return them to the heart. They are part of the third embryonic tissue. Conflicts of devaluation. Conflict of devaluation of oneself, conflict of not being able to assume one's conduct, not being able to carry one's burden, one feels condemned.

Brachial Plexus: Fourth embryonic stage. It is related to conflicts of injustice and lack of communication. The general context is

part of the following bioemotional area of action: I am not capable of lifting my arms to act. Contradictory actions and contradictory messages in relation to the act of executing and moral concepts.

Nerves in general: Electrical transmitter ducts that communicate different parts of the body. They are part of the fourth stage of embryonic development. Primary conflicts of devaluation, fear, and conflict of orders and hierarchy.

Treatments

Having this bioemotional vision of the unconscious principle of injury, we can then initiate effective treatments at the osteopathic level of correction of mechanical trauma, obeying the individual anatomical limits and also the degree of pain of each patient. We can then use techniques of cranial osteopathy, craniosacral therapy, joint mobilization, visceral techniques of fascia libration, drainage and arterial, lymphatic and venous redirection, in addition to the techniques of HVLA.

With this, the treatment would already have a great success. In some more severe cases, the need for cervical traction and temporary immobilization with cervical collar are also indicated.

The use of Biopuncture using homotoxicological drugs has been shown to be very effective in these processes of mechanical cervical lesions, using injectable compounds in specific painful points, medications such as Traumeel, Zeel, Spascupreel. As well as the use of acupuncture points to harmonize the energy flow of the site, points such as Jiang Jing (VB21 or GB21), Feng Chi (VB20 or GB21), also using homotoxicological compounds.

At the Homeopathic level we can see following Dr. Jan Scholten's concepts which specific area and/or particular point of the individual's life is most altered at the level of his emotion filter, which makes him reactivate the anatomical trails of conflicts. This individual is imprisoned in the phase of the BEING/of the EGO/of the FAMILY and FRIENDS relations/of the relations of the WORK/of the relations with the ARTISTIC AND CORPORAL EXPRESSION/of the relations with LEADERSHIP/or in SPIRITUALITY.

The seven series represent the 7 rows of the periodic table of chemical elements (Table).

Using this information, we can generate an integrality in the treatment of our patient, treating the physical, the emotional, and their deepest conflicts of human experience.

Series	Theme	Age	Area	Felt	Tissue	Philophy
Hydrogen	Existence	Fetus/Baby	Without space	Smell	Mucos Gastric Intestine	Survival
Carbon	I/Ego/Individual	Child	Body	Touch	Skin	Ethical values
Silicon	Friends/Family	Teenager	House	Taste	Connected tissue	Love and Hate
Ferrum	Work/Busy	Adult	Village	Listening	Muscle/Blood	Pratical and objective
Silver	Ideas/Scientist/Artist/King/Queen	Half-Age	City	Speaks	Nervous	Beauty Aesthetics
Gold	Leadership	Maturity	Country	Vision	Bones	Political
Uranium	Wizard	Old Age	Universe	Intuition/Spirituality	Bone Marrow	Preservation

Since this is a vast field to be studied, we refer only to the cervical spine, and give an idea of the therapeutic possibilities that may be being explored, when we look at our patients with clinical eyes of the soul.

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