

SRT - Indications

Before we deal specifically with our subject – indications – , let us first give a succinct definition of SRT and a short description of the subcutaneous metabolism:

The **Subcutaneous reflex therapy according to Häfelin (SRT)** is a form of massage which registers and tries to remedy disturbances of the subcutaneous metabolism. These pathological alterations are removed by means of special techniques that take the deep displacement layer of the skin (i.e. between subcutis and muscular tissue) as their starting point.

The **subcutaneous metabolism** is not only responsible for the trophism of the skin receptors and the gliding capacity of adjacent skin layers, it also is in close reflective interaction with everything that happens inside the body. The basal metabolic rate – in other words, the basal metabolism of the (liquid) matrix – is quite considerable inasmuch as the constituent parts of the matrix have a half-life period of no more than a number of hours to a few days. This (liquid) matrix consists mostly of so-called glycosaminoglycans showing a strong acidic reaction and capable of binding cations and forming hydrated membranes. They also have a distinct tendency to swell in the process of hydration and affect the pH-value, water content and permeability of the tissue, all of which makes it evident that these swellings determine the degree of pressure inside the tissue (turgor) and are mainly responsible for the tissue's fluidity.

Let us first enumerate a variety of symptoms arising from **post-operative and post-traumatic conditions** respectively, such as **adhesions, sensibility disorders or scar pains**. Although these complaints are only partial aspects of post-accidental treatment, the elimination of locally circumscribed adhesions, sensibility disorders and scar pains must nevertheless always take place in accordance with comprehensive principles of SRT relating to the body as a whole.

Scar pains in particular rank among the most painful complaints. They occur as a result of secondary wound-healings which have led to the formation of a fistula. At this point, reference should be made to the experiences of those neuro-therapists who came up with reports of reciprocal reflective relations (e. g. between tibia and shoulder) as early as fifty years ago.

Another area of application comprises **sensibility disorders and dysaesthesias**. These are symptoms that constitute a particularly troublesome experience for many patients, as they make themselves felt by paraesthesias (itchiness, 'furred' feelings or sensations of being charged with electricity) and even dysaesthesias (i. e. acute feelings of pain) or, in contrast to that, by anaesthesia and analgesia. We may presume that these various manifestations are dependent upon the metabolic pH-value. Such complaints are found in the case of **polyneuropathies, retarded reactions after cirrhosis, and scar or phantom pains**. According to our explanation, favourable results obtained by SRT treatment of those cases are due to the fact that the subcutaneous metabolism responsible for the trophism of the receptors also constitutes the main focus of SRT, with both having a direct and immediate effect in the same area. (As every SRT user knows, SRT techniques are only applied up to the rim or transition zone of dysaesthesias, haemangiomas, scar pains etc.).

Another classic SRT indication has to do with **arterial insufficiencies**. In this context, mention should be made of Elisabeth Dicke who as early as 1929 came up with a specific self-treatment of

her **Endangiitis obliterans**. By contrast, we can today (2015) successfully apply a form of treatment combining SRT techniques with motion exercises (such as gait training or gymnastics) and hydrotherapy.

If there is one outstanding occasion for the application of SRT, it is **ailments of undetermined origin**. In most cases, these are symptoms of temporary occurrence which do not manifest any reciprocal connection with an organ or joint. We are dealing here with reactions where medical diagnosis has not unearthed any inflammatory, ulcerous or malignant alterations. Since no clear-cut organic ailments could be demonstrated, not even with the help of complex diagnostic procedures, we are entitled to speak of ailments of undetermined origin. This includes **headaches, abdominal or thoracic complaints, sensations of the pressure or of presence of a foreign body (the so-called 'dumpling feeling')** in the throat as well as functional complaints such as **oesophageal reflux or hiccups**. But some orthopedic ailments like **hip-aches or low-back pains** also belong in this category if the patient has shown a relatively high degree of resistance to earlier treatment and SRT findings have produced a particularly clear-cut picture. In such a case, the prognosis is favourable since SRT does not need a differential diagnosis but only findings meticulously arrived at on the basis of a perspective viewing the body as a whole. In this regard, special attention should be paid to the subcutaneous visceral zones so as to find out if scar or sensibility disorders, adhesions or significant turgor alterations (as measured against the basic tension) can be identified in the zones mentioned above.

Further development of **Subcutaneous reflex therapy according to Häfelin (SRT)** has over the last few years initiated a number of important and useful changes. Thus it is of crucial importance that since 2010, SRT no longer needs to be associated with 'cutting'. Thanks to a more sensitive approach, the door is now wide open even for highly sensible patients, making it possible for us to extend our help to patients with **fibromyalgic complaints** or **backaches** as well. The same applies to **vegetative dystonia** and the **psychosomatic syndrome**.

We know that in the case of highly sensible patients, a pleasant atmosphere and agreeable sensations produced by a given therapy are often of decisive importance to the effect and the result of treatment. Especially when dealing with **chronic idiopathic diseases** with a strong vegetative component it is often beneficial if treatment takes place with due attention being paid to the circadian rhythm as it is often under these very conditions that a whole ensemble of various subcutaneous manifestations may occur. One can easily imagine that the elimination of subcutaneous symptoms gives rise to a well-balanced equilibrium that has an immediate effect on the vegetative nervous system.

We may very briefly point out here that we now dispose, within the framework of SRT, of three different procedures with varying points of emphasis; for instance, in the case of the 'treatment-concept combination-therapy SRT', other useful and logical ways of treatment are applied as well.

Without claiming to have presented a complete list of indications, we have been endeavouring to illustrate with the help of a few examples what SRT is all about so that the seasoned practitioner may find it easier to identify and classify a given clinical picture.