THE PHYSIOTHERAPEUTIC METHOD BY MOJŽIŠOVÁ

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Summary

Infertility becomes an ever more important health and psychosocial problem not only in the dying out European population. Evermore effective methods are being searched for, which should help solve the problem. The Czech Republic has an original physiotherapeutic method, the effect of which was demonstrated: the method by Mojžíšová. The method is relatively old but it is still seldom used in the Czech Republic. Foreigners interested in the treatment are encountered, but the method is not available in their countries. The target of the present work was to describe the method and possibilities of its use. The input data were results of studies investigating the method efficacy and the qualitative research of psychosocial problems associated with involuntary lack of children, which was carried out by the author of the method and published in her monograph *On the Quest for a Child*.

The principle of the method by Mojžíšová is the fact that there are reflex relationships between the spine and internal organs. The human body is considered as a system, where dysfunction in its one part affects its other parts. The therapy is based on an intervention into the neuromuscular apparatus of the fundus of the uterus with the help of special exercise performed every day and intervention provided every month by a physiotherapist having a special training. The efficacy of the method is repeatedly supported not only in infertility (about 30%), but also in dysmenorrhoea, dyspareunia and vertebral problems. The method is cheap, exerts no adverse side effects and possesses a big psychotherapeutic potential. It is definitely an important part of the biopsychosocial approach to reproduction medicine. For those, who are interested in the method, web sites are available in English: www.mojzis-methods.com.

Key words: Mojžíšová method – infertility – physiotherapy – psychosocial context – reproductive medicine

“One of the conditions for excellent health and hence good fertility is sufficient exercise.” The quotation is from a medical book from 1947 but not even 60 years later is this fact taken seriously, in spite of the fact that we have an original therapeutic method which can treat the kind of infertility caused by a poor condition of the skeletal-muscular apparatus. Its correct name is “Rehabilitation treatment of certain kinds of functional female sterility.”, but everyone use the name the method by Mojžíšová.

This therapy is based on the principle that there are reflexive relations between the spinal column and the inner organs. If a dysfunction of the spinal column occurs, a dysfunction of the corresponding inner organ also occurs and

vice versa. Long-term and excessive irritation of the nerve fibres causes an excessive increase in spasms in the muscles around the vertebrae and the muscles of the pelvic floor. This can arise also due to injury, repeated minitraumas, inflammatory processes in the pelvis, changes in the configuration of the vertebra bodies, and through civilisation illnesses. It is assumed that excessive strain of the glabrate musculature of the fallopian tubes causes their obstruction (it is as if they were “strangled”), spasms of the cervix uteri cause dysmenorrhoea (i.e. painful menstruation), spasms of the uterine body cause the an “irritable womb” (the consequence of which can, under certain circumstances, be repeated miscarriages) and spasms of the vagina

can cause dyspareunia (pain during sexual intercourse).

Typical symptoms other than infertility are: painful menstruation, menstruation bleeding with clots, dyspareunia, back pain and headache. On examination, the frequent findings are as follows: bad posture with scoliosis, sacroiliac dysfunction, asymmetrical intergluteal line, weakness of the caudal third of the gluteal muscles with insufficient contraction of both the gluteal muscles and the levator ani: reflex spasm and/or tenderness of the adductors, of the coccyx, of the sacroiliac joints, of the lumbar erector spinae, of the lower part of the abdominal

wall between the umbilicus and the groin, all usually on the right, and between the umbilicus and the anterior iliac spine usually on the left.

Effectiveness. The physiotherapeutic method by Mojžíšová is a scientifically tested procedure developed in the Czech Republic and recognized internationally. The effectiveness of the method, directly related to the amount of the patient's personal involvement, has been demonstrated in treatment of not only certain types of infertility but also in treatment of dysmenorrhoea, dyspareunia, pelvic pain, and vertebral dysfunction.

Study 1 – double-blind study.

Group	Actual number of women treated	Number of pregnancies	Percentage of successful treatments (%)
A	35	12	34,3
B	34	3	8,8
C	37	3	8,1
D	12	1	8,3
E	62	17	27,4

(The success rate was significantly higher in women treated with the method by Mojžíšová (groups A and E) compared to those who were not treated by the method (groups B, C, D) [2].)

Study 2. – the evaluation of treatment results at women with average period of previous gynaecological treatment 5.4 years.

RESULTS

- the number pregnancies, out of 500 women 150, i.e. 30.0 %

from which:

- women who gave birth 99, i.e. 66%
- women who have not given birth yet 9, i.e. 6.0 %
- abortions 29, i.e. 19.4 %
- extrauterine pregnancy 13, i.e. 8.6 %
- out of the 500 treated women the following number reported improvement of
 - dysmenorrhoea 287, i.e. 57.4 %
 - dorsalgias 211, i.e. 42.2 %

- basal temperatures 12, i.e. 2.4 %

Suggestions have appeared to use this treatment for certain problems of male fertility, but unfortunately no one has so far tried to show the effectiveness of this rehabilitation treatment in a sufficient number of male patients.

The therapy is based on intervention within the nervomuscular apparatus of the pelvic floor. Many people know this type of therapy under the term “the Mojžíšová exercises” and they often think that the therapy consists only of certain special exercises. That is not true. In addition to the exercises that are done by the patient on her own at home (the exercises are of the relaxation and the strength-building kinds), repeated intervention by a trained physiotherapist is necessary. The intervention is called mo-

bilisation. Through regular relaxation exercises, the shortened muscles will lengthen, through strength-building exercises, the weakened muscles will firm up and, through mobilisation, the blockages are removed. This leads to elimination of the dysfunction of the spinal column and of the irritation of the inner organs.

The therapy usually lasts 6 months, the physiotherapist's intervention is once a month (one hour) and thus, as far as taking time off work is concerned, this therapy is not demanding. It is demanding in terms of the time spent on it at home, one must exercise in the morning and in the evening, in the evening with the help of a partner. It is also necessary to limit certain activities and habits. The therapy includes regularly drinking enough, ensuring proper posture, and avoiding certain sports activities (hard rhythmic exercises, skiing, etc.).

It is advisable to use this method right at the beginning of the quest for a child. For the person for whom it is suitable, the effect will become apparent after a few months and, for those whom it will not help to conceive, it can be useful in coping with the long period of examinations (the search for the cause of the failed efforts), when one can feel rather helpless. Pregnancy and fatherhood and motherhood are periods that are very demanding on the stamina, and so the time and energy put into the therapy will pay off when the child is born, even if it is through other therapeutic methods. Needless to say, the time devoted to the care of the skeletal muscular apparatus is not lost for anyone. Moreover, better stamina and posture will improve one's self-esteem, which often gets rather damaged by the difficulties on the quest for a child. Most of all, this method is in patients own hands.

I believe it is a pity that this therapy is not

used routinely around the world. It helps, it is cheap and it has no wrong side effects. There was a serious intention to train physiotherapists in the USA more than 10 years ago, a book in English was prepared and Ms Mojziso was herself in the USA. She was seriously ill at that time however and she had to return home. Then she died. But only a little is needed: one enthusiastic and talented physiotherapist to go to train in the CR. The training course consists of 120 teaching hours and is divided into three units 3-4 weeks apart so that the trainees may practice the acquired knowledge and skills. Over 60 % of the training time is dedicated to practical skills and 40% deals with the theory.

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