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Yoga
A Public Health Strategy for Diabetes Prevention & Education

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Ulrich Georg Randoll is born 1955 in Bad Säckingen, Germany. After schooling he became dental technician with special interest for Articulation of mandibular joint and Gnathology. He passed at the military academy for health of the air-force in Munich. He studied general medicine at the Johann-Wolfgang-Goethe-University in Frankfurt/Main in 1981 and in 1985 additionally studied dental medicine. After having finished his studies he worked as Medical doctor at the University of Erlangen/Nuremberg. From 1989 – 1995 in the Dep. of Maxillofacial surgery (Prof. Dr.Dr.E.Steinhäuser) and from 1997 in the Dept of traumatology (Prof. Dr. F.F. Hennig. Clinical observations on patients problems turned him towards bio-physical basic research.

Dr. Randoll’s studies in the field of bio-physical research - most notably on the function and interaction of cells and the intercellular matrix - gave rise to his principal of “biological cell quality management”, which is the basis of the techniques used in the Matrix Center-Concept. www.matrix-center.de Since 1998 he is in privat office (Matrix-Center Munich. He has several scholarships and awards to his credit. Dr. Randoll is the author/ co-author of nine books and has been published in over 30 national and international publications. In addition, Dr. Randoll is a frequent guest-speaker at scientific meetings in Germany and abroad.
INTRODUCTION:
Diabetes is a serious public health problem in Germany, leading among other things to approximately 40,000 amputations every year. General characteristics of Type II diabetes patients are obesity, stress, lack of movement and a large amount of carbohydrates in their diet (high glycemic load). A mismanaged life-style, maintained constantly over many years, can transform physiological processes into pathological ones. We are convinced that Type II diabetes is most frequency the result of an unhealthy life style.

Life without rhythm does not exist. Body rhythms (brain rhythms, breathing rhythms, heart-rhythm, skeletal muscle rhythms, etc.) can be seen as the result of synchronizations of cell rhythms. The question we asked ourselves, was whether it might be possible to induce specific time-patterns in the body, internally via the mind (meditation, Yoga) and externally, from the outside, by physical-therapeutic methods utilizing the principle of entrainment or synchronization of cellular vibrations by an external signal. Activating cellular rhythms and their correlated processes can be expected to result in systemic as well as local healing effects.

Our recent research work with high resolution video microscopy has indicated that it is possible to influence cellular rhythms and behavior by changing the state of the cellular surroundings – the extracellular matrix – and thereby the conditions under which cells operate.

To apply this idea to whole-body treatment, we focused especially on the skeletal muscle because it constitutes, with 45% of the total body mass, the largest single organ of the body. It pulsates in the range of 8 -12 Hz (the same frequency range as the alpha rhythm of the brain) and is responsible not only for our macroscopic movements but also, together with the heart muscle, for the body’s microcirculation (arterial, lymphatic and venous flow).

We shall present how tissue regeneration – in diabetes patients and others, and even in the most severe surgical cases – as well as overall body performance, are improved using this entrainment method. Matrix-Rhythm-Therapy releases blocked neuromuscular processes and restores the sympatho-vagal balance, so that – in the language of Vedas - the embodied spirit is made to become one again with the Universal Spirit.
Without enough insulin in the body, glucose accumulates in the blood, where it is of little use. Even though there is plenty of glucose around it, it can’t get into the cells to produce ATP. To fulfill these requirements the body starts to liquidate fat deposits for energy production which in turn produces acidic side product like ketones resulting in acidosis. Acidosis sensitizes the pain perception and the muscle disposition to contract. Thus compression of the venules and the arterioles leads to insufficient oxygen supply and reduced ATP formation causing hypoxia. As a result of hypoxia and energy deficit on the cellular level the muscle fiber stay contracted resulting in various complications like stiffness of muscles, reduction in mobility, non healing wounds, loss of sensation, burning sensation in the extremities, hyper pigmentation of skin, edema, lack of stamina, fatigue etc.

A specially constructed resonator of Matrix Rhythm Therapy coherently delivers mechanical magnetic oscillations in the physiological frequencies (8-12 Hz) to the skeleton musculature and the nervous system which normalizes the cellular rhythm as well as the nutrient flux density in the extra cellular matrix. Application of Matrix Rhythmus Therapy once in a week, in individuals with diabetes allows the cell metabolism of the tissue to be reactivated with depth-effective rhythmical micro extensions that enhances the metabolic processes resulting in improved circulation, oxygen supply, ATP production and normalizing the blood Ph. As a result of this at the cellular level, there is relaxation of the muscle fibers resulting in relieving the individuals from the complications due to diabetes.

Keywords: Matrix Rhythmus Therapy, Diabetes, ATP, Acidosis
MATRIX RHYTHM THERAPY FOR INTRAMEDULLARY EPENDYMOMA INCIDENCE IN TYPE2 DIABETES MELLITUS PATIENT: A CASE REPORT

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Purpose: To the best of author’s knowledge this report represents the first to provide a detailed effect of Matrix therapy on chronic Type2 diabetic patient suffering from complications of both diabetes and ependymoma.

Study design: Case report

Methods: A 46 year old male reported on June 2013, chief complains of all four limb weakness, trunk weakness, multiple pressure sores, polydipsia, sensory deficits, shoulder joint pain, breathing difficulties, lethargy, bladder and bowel problems since 21 months. He had positive family history of type 2 Diabetes mellitus and the patient was diagnosed to suffer from the same at the age of 25 years and since then he had been on oral medications. In March 2006, MRI Cervical – Dorsal spine revealed Syringobulbia and syringomyelia of cervical-dorsal cord upto D6 level. August 2006 CEMRI revealed Cervicomedullary ependymoma with secondary syrinx. On May 2007, Post operative and Post radiotherapy MRI study revealed tumor extension upto D5 level rather than syrinx. From 2007 to 2011 patient had undergone two surgical procedures and regular radiotherapy but had no functional deficits.

In September 2011 all four limb and trunk movement stopped with MRI revealing residual existence of tumor. Since then patient had been completely bed ridden. Patient did not take any Physical therapy or Matrix therapy during the entire course till June 2013. Matrix Rhythm Therapy was started as adjunct to physical therapy in June 2013 and continues till date.

Result: Glucose level monitoring during the entire course of therapy revealed a significant lowering in blood glucose level, moderate level sensory regain, no breathing problems, healed ulcers, decreased fatigue level. Signs of tumor resolutions are clear.

Conclusion: Matrix Rythm of Therapy is one the successful adjuncts to physical therapy in treating various complications related to Type 2 Diabetes mellitus and Intra-medullary Ependymoma.

Key words: Type2 Diabetes Mellitus, Ependymoma, Matrix Rhythm Therapy, Rehabilitation
MATRIX RHYTHM THERAPY FOR DIABETIC NON HEALING ULCER- A CASE REPORT

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Purpose of the study: To report the effectiveness of Matrix Rhythm Therapy in the treatment of Diabetic Non healing ulcer.

Introduction: Diabetic foot ulcer is a major complication of diabetes mellitus, occurring in 15% of all patients with diabetes and precedes 84% of all lower leg amputations. Major increase in mortality among diabetic patients is considered to be due to the development of macro and micro vascular complications, including failure of the wound healing process. A key feature of wound healing is stepwise repair of lost extracellular matrix (ECM). Non-healing chronic diabetic ulcers are often treated with extracellular matrix replacement therapy, advanced moist wound therapy, bio-engineered tissue or skin substitute, growth factors and negative pressure wound therapy. No therapy is completely perfect as each type suffers from its own disadvantages. The Matrix Rhythm Therapy (MaRhyThe®) is derived from the fundamental research of Dr. Randoll, Germany. A basic kind of therapy based on the principle of readapting physiological resonance of musculoskeletal system at cellular level. Hence this method was put to test in the treatment of Diabetic Non healing ulcer.

Materials and Methods: This single longitudinal study of six weeks that involved a 67 years elderly surgeon with known controlled diabetes mellitus for 20 years presented with an ulcer measuring 1.5x1.0 centimeters over the dorsum of the left foot which failed to heal for 8 months in spite of regular medications. The subject was treated with Matrixmobil on the posterior aspect of leg, around the ulcer and dorsum of foot once a week for an hour and this continued for next six consecutive weeks along with ankle exercises twice a day. Medications were discontinued prior to the study. Assessment was done every week prior to treatment and serial photographs were taken. The subject was then followed up for three months.

Results: After the first assessment ulcer showed signs of healing and granulation tissue was seen. After the fifth assessment the ulcer epithelialised completely.

Conclusion: Matrix Rhythm Therapy can be another non invasive, safe and effective modality in the treatment of Diabetic Non Healing Ulcer.

Keywords: Matrix Rhythm Therapy (MaRhyThe®), Nonhealing ulcer, Cybernetics, Non linear Thermodynamics