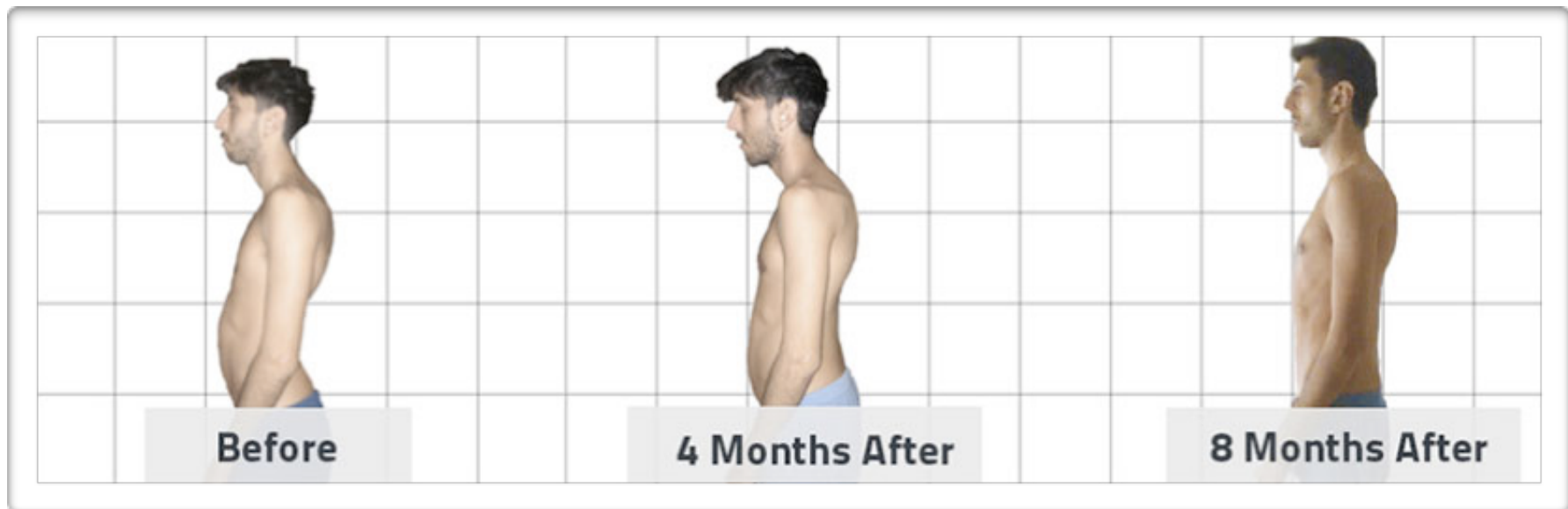


How I Finally Straightened My Spine Out



STARECTA

www.starecta.com



Introduction

For the first time in the history of mankind there is a method capable of straightening out a twisted spine in a totally natural way.

Starecta is a method that takes advantage of several laws of Newtonian mechanics applied to the human body, understood as a musculoskeletal, biomechanical system, in order to bring the body back to a correct posture. By means of a lever, the Starecta Method can allow the spine to stretch itself in a totally natural way.

By “natural” we mean that it is the body itself that regulates itself until it regains its proper position. This means that the lever is non-invasive and does not eliminate the physiological curves of a healthy spine; it simply removes the morphological alterations of a twisted spine, those curvatures that go by the names of scoliosis, hyperlordosis and hyperkyphosis.

At the end of treatment the individual will have a truly symmetrical spine. All the activities that were discouraged before (competitive sports, gymnastics, rugby, Greco-roman wrestling, etc.) can be done in a normal way and with good results.

Symmetry of the body and a straight spine allow the body to better conserve its own energy and to use it profitably in daily life.

In addition, straightening out the spine frees the internal structures of the body from compressions caused by the curvature. In this way, by bringing the spine back to its proper position, the internal structures begin to function very well again and blood flow increases. This stimulates a noticeable reduction of the probability of developing medical conditions of various kinds.

In this sense the Starecta Method plays an indirect role in preventative medicine in so far as it is able to improve the



over-all state of health of the body and contribute to the prevention of disease.

The Starecta Method is not only capable of straightening the back and improving the general health of the body, helping to prevent illness, but it is also capable of improving the physical performance of a more erect body. A body in symmetry has to consume less energy to keep going, thus it can help others to improve physical performance and reinforce the muscular structure.

Athletes with a proper, straight skeletal structure are those who use less energy to achieve their own successes in sports. An athlete who is asymmetrical has to work harder to achieve results in competitive sports.

Finally, Starecta also resolves problems related to anxiety, as it allows a decompression of the hypochondriac area, the cervical area and the diaphragm.

This method allows a human being to take a very important developmental step. From now on Man can be perfectly straight and upright in a way he has never been before. A perfectly straight body is the missing developmental step in the evolutionary path of Man, who since Australopithecus has slowly pulled himself up towards new horizons, until becoming Sapiens Sapiens.

So with this discovery Sapiens Sapiens Man can finally reach his full potential. With this discovery we enter a new era of empowerment for the human body beyond the limits we have known thus far.

All the disciplines that belong to health science can profit from this discovery in order to make people healthier, stronger and more attractive.

The rest of the story has yet to be told.



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STARECTA

How I Finally Straightened Myself Out - The History

1 THE HISTORY



1) On The Coast at Mergellina

Valerio: “Hey, Moreno, look at that girl, she looks pretty cute, and also her friend doesn’t look bad!”

Moreno: “You are right, but I don’t feel like getting up from this extremely comfortable chair. We just finished walking along the whole promenade.”

Valerio: “Come on, she’s really cute.”

Moreno: “You convinced me! Let’s go!”

Today was another beautiful summer’s day. Valerio and I were sitting comfortably at Ciro’s Restaurant in Mergellina, fanned by a warm wind, contemplating the Gulf of Naples, with its placid sea and beautiful girls.

We were sitting there, carefree, sipping our coffee.

It has been a good while since I had had such a wonderful feeling!

Have you ever had that feeling of pure freedom, of total relaxation, when finally, after great exertion and a lot of confusion, you attain a longed-for goal? Finally everything is clear! Finally you can rest your being in the depths of fulfillment.

It is obvious that it wasn’t always like that. The worth of that feeling, so intense and priceless, is the result of great suffering and intensive investigation!

Before coming to contemplate these beautiful days and to devote myself to the sea, to the sun, and to love, I can assure you that I passed through the worst of hells, a little like in the movie, *The Shawshank Redemption*.

Do you know it? It’s a movie from 1994, directed by Frank Darabont, where Andy Dufresne, sentenced to life imprisonment, had to undergo 20 years of unjust incarceration and unheard-of suffering before managing to escape. In the end he succeeded in fleeing by means of a sewer, dragging himself for 500 meters, the length of 5



football fields, through stinking sewage.

Like Andy, I found myself suffering from the age of 18 onward, without being guilty of anything at all. Suffering from an illness apparently imaginary and nameless which outwardly had nothing to do with my body's posture.

Symptoms i complained the most were many: repeated panic attacks, generalized anxiety, chronic gastritis, hiatal hernia, an ulcer, sudden attacks of vomiting, and, to top it off, constant back pain...not to mention the physical and esthetic problems that bad posture can create.



2) One Night

The first panic attack is a little like first love: “you never forget it!”

It was the middle of the night, and suddenly I woke up. Anxiety and palpitations attacked me and took over my entire body. It was totally dark and I turned on the small light on the night table. I didn't understand what was happening to me. Then all at once came a cold sweat, a feeling of constriction in my chest, palpitations that increased more and more...

I was afraid, I was really afraid that I would die!

I couldn't get my breath, my lungs were not large enough to contain enough oxygen, and a thousand thoughts went through my head. I was totally confused, and I ran to my parents to get help. I was certain that, within a short time, I would be dead of a heart attack.

The trip to the hospital was prompt. We went there in

short order. The doctors told me that the panic attack was caused by stress and probably had a psychological origin.

The diagnosis was made: I was an “imaginary invalid” and with this conviction, I returned home.

From then on the same thing repeated itself nearly every night. For this reason I began to ask myself: how do I deal with an “imaginary illness”?

Going head in reading you will realize that the imaginary illness wasn't imaginary at all.

Beginning to read about it we would understand that there was little that was imaginary about it. The ailment that gripped me was more real than you think.

It wasn't an illness brought on by stress (nor was it imaginary), but rather it was a true and valid illness, an illness that has the same value as other illnesses, considered worthy of being dealt with in a serious way.



A true illness! But one which the world has called “HYPOCHONDRIA.”

But one thing, which like Andy I never lost in all these years, is hope. As he himself stated: “Fear can keep you a prisoner, hope can set you free.”

Thus I found myself, at the age of 24, on the edge of madness and pain, with a wrecked back, spending my days in bed and vomiting into a basin next to me as soon as I put something into my stomach.

I would like to have you understand the state of my mind.

By now, I had found myself for a good while, from 18 to 24 precisely, in this continual downward spiral made up of disability and strange symptoms. I was in total desperation, as I had seen every sort of medical specialist, and truly, it seemed there was no more hope.

All the doctors “of course” told me over and over again that it was an illness with a psychological cause, and that I

needed to consult a psychologist. And I can tell you that I did visit many of them, truly a good many, among the psychologists and psychiatrists. I underwent various types of therapy, but I derived no benefit from them. I got no benefit from them because the cause of the illness was not the one that had been diagnosed. It was like repairing an electrical installation with a funnel.

Because of all this my family situation wasn’t the best, as it wasn’t easy to explain the illness that I had; it wasn’t easy for people to understand. There weren’t just a few arguments, for this reason.

My father and I cursed each other out many, many times, just for this reason. The same thing happened with my mother, with my aunt and even with my granny. My life had become hell.

In other words, it was a paradoxical situation, wherein I had a “real” illness, quite severe, that was consuming me day after day and in spite of which I had no credibility. I was considered to be the same as a hypochondriac. That



was the limit!

I almost reached the point of convincing myself that something in me was totally wrong. I was afraid I was a freak of nature, was genetically impaired or programmed for suffering, all the more so as others did not see anything wrong with me. The only thing that was clear to everyone was that I suffered from anxiety and hypochondria.

These feelings of distress were heightened by the fact that all the doctors I had seen were in agreement with the diagnosis. It was truly hard to bear the fact that I was a hypochondriac, particularly as I didn't feel myself to be one!



3) How Did the Downward Spiral Begin?

Around the age of 18 I began to suffer from panic attacks.

These, over time, became more and more frequent. They forced me to rush to the hospital at night, as I was certain, absolutely certain, that I was on the point of death.

These panic attacks always began with palpitations, followed by cold sweats, and after that came a feeling of lightheadedness. I then got short of breath, and finished with a feeling of total panic and confusion that fogged my brain.

At that point I was totally finished: the panic reached its height and I had to wake my father in the middle of the night to have him take me to the hospital.

This horrible sequence of events repeated itself all too often.

But this is only the beginning. The symptoms got worse

and were joined by others. Over the years intercostal pain and a stabbing pain at the mouth of the stomach increased. The last one literally drove me crazy: it was like having a nail under the last rib on the left side which pierced me from side to side, tearing at my flesh.

At the same time attacks of indigestion became more and more frequent: they consisted of episodes of heartburn which ended in attacks of vomiting. At first they were only occasional, but over time they became more and more frequent. These attacks caused me to lose a great deal of weight.

Almost it seems like the diagnosis of a sociopath. Yet I was certain that I wasn't one.

In this period I began to notice that my body was not exactly upright. I looked at myself in the mirror and I didn't like what I saw. I noticed that my back was curved and my head was bent forward. It seemed I was about to fall over. Sure, I had always had this stoop, but it was in this period that I became truly conscious of these features



of my body. Who knew if there wasn't a connection between these ugly curvatures and my "imaginary" symptoms?

I sensed that there was a connection between the shape of my body and these symptoms. This was the principal motivation behind my decision to choose Sport Science as my course of study. I wanted to understand how the body worked and why mine functioned so poorly.

So I went and registered at the Faculty of Sport Science at the Parthenope University in Naples. I tackled my studies with particular dedication, the dedication typical of someone who wants to escape at all costs from the tentacles of an illness.

That's not all, during this time I focused on biomechanics (Reich, Lowen, etc.). Biomechanics deals with the relationship between posture and psychology.

I read a great deal of what these two essays of biomechanics had written; I read everything I could get my

hands on, I attended yoga classes and practiced a therapy based on meditation.

Meditation in particular came to be very useful to me in acquiring the skills which allowed me to understand the origins of my suffering. Meditation allowed me to map my body and to isolate the feelings I had down to a single point. Thanks to this I gained an awareness of my symptoms, and I learned to acknowledge my pain and the purpose of its existence.

Since childhood I have also been passionate about sports and have always taken part in athletics with enormous enthusiasm and dedication, but also in this area there was something that always kept me from achieving my best.

Thanks to all the knowledge that I had acquired, I did an incredible amount of work in stretching, exercises at the gym, swimming and other sports in order to succeed in gaining control over my posture. Nevertheless it seemed there wasn't anything to be done.



The downward spiral was relentless; it seemed to be a curse from which it was impossible to escape. My body got worse and worse, and no matter how much I thrashed around I didn't succeed in stopping the deterioration.

Then, all of a sudden, around May, the spiral of deterioration made a stop. What had happened? It appeared that the body was settling down. It seemed to have found its own balance.



4) It Seemed Everything Was Over: That Summer Was the Best One of My Life

I was 19, at the height of my powers and thought I had left that ugly period of my life behind me.

That summer was incredible, I returned to life. I began my new life by dedicating my energies to canoeing, spending whole days at it. I was at Castelvelino, in the Cilento region, and the sea and the coasts were gorgeous; they offered landscapes that were still unspoiled: empty bays, cliffs above the sea, crystalline sea beds...

Besides, canoeing was the perfect activity for the work I intended to do for my back! Everything was perfect, and an idea was taking shape in my mind: I wanted to take on a small athletic challenge, an endeavor that would ratify my return to normal life.

In practical terms, I was planning to return to Naples (the city where I had always lived) by canoe. From the Cilento area to Naples by canoe, this was my new adventure.

By now I had trained for a couple of months and had developed strength and resistance. Here is a picture (1) to help you understand how my body measured up, from a physical point of view.



1



My “challenge” is easy to describe: to return to Naples by canoe from the village of Pioppi. To achieve it, I thought about it with a new body, ready for combat.

Preparations were under way: there were 200 kilometers of coast with a canoe and a sleeping bag. To tell the truth the canoe couldn't even be defined as such. It wasn't a real canoe for travelling in, the kind on which you mount an anti-sinking airbag, it was just a kind of beach canoe.

The journey planned was as follows: arriving at Punta Licosa, reaching the Gulf of Salerno, passing Punta Campanella, leaving Capri to my left, entering the Gulf of Naples and arriving at the old coastal town.

Finally the day of departure arrived, everyone was there to see me off and to tell me to “break a leg.” The day couldn't have been better, and the sea was calm, ruffled only by a light breeze. My adventure could not have started better.

A last kiss, and I was off! The waves broke, beating against the hull, and my face was in the shade of a big

straw hat. Slowly the beach disappeared in the distance and, with it, my friends.

Every stroke of the paddle was a caress to the sea that gave me strenght to carry out my trip and my dream.

The trip lasted 6 days, and the first 3 went by smoothly... in the morning I woke up before sunrise, and set off into the sea, and in the afternoon I stopped early, enjoying the place that I had claimed for my own.

I ate more and more fruit and drank a lot of water.

All went smoothly until the fourth day, when, arrived at Positano, my left shoulder froze up. Only a few years later I understood why it was the left one that had given in.

In any case I couldn't stop halfway, I had to move forward.

To summarize, I had a frozen left shoulder, that is, 50 percent of my propulsion was down, and I still had a good way to go. I was in a difficult situation and didn't want to



way to go. I was in a difficult situation and didn't want to admit it to myself.

I was in too much pain to continue, but too proud to call my father to come and pick me up. What would you have done?

I tried to reassure myself with an inner dialogue: "Okay, Moreno, calm down, don't start panicking, think and relax."

That night, while I was in the sleeping bag, covered with an old fishing boat, I found myself looking at a particularly magnificent sky.

The human body reacts in a very unique manner to challenges: it makes you concentrate for a few moments on something that has nothing to do with the one you need to concentrate on.

It was as if I was dazzled and hypnotized by the darkness illuminated by the stars. The morning after, I woke up and

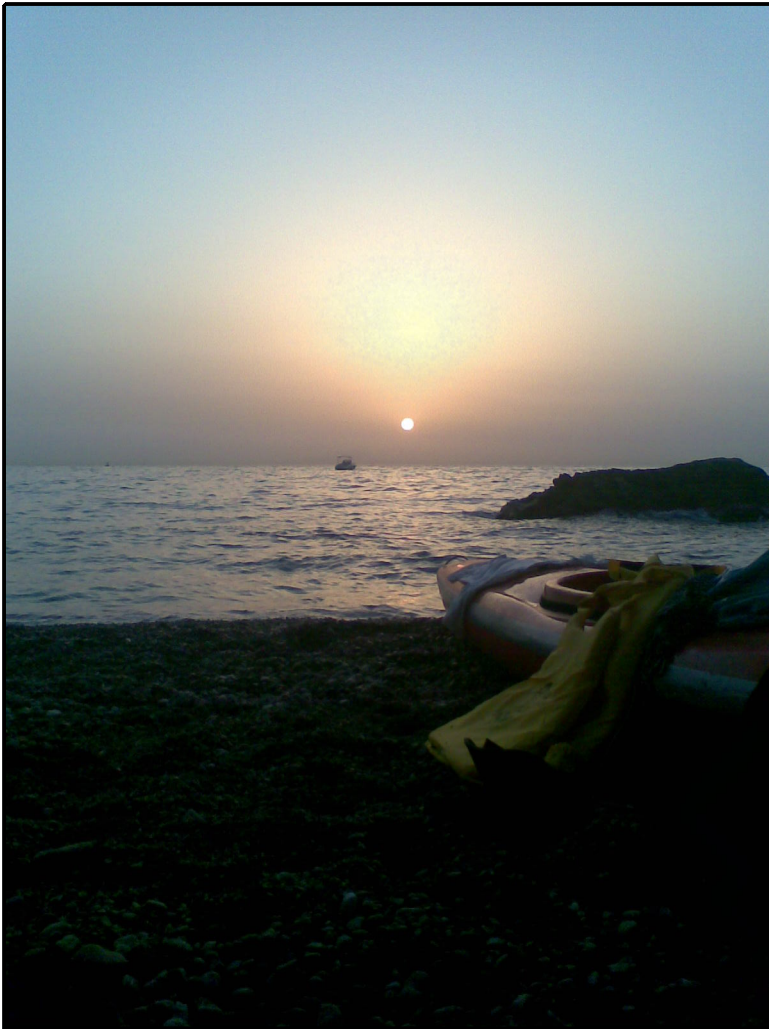
the shoulder still hurt, another day awaited me when I wouldn't be able to maintain my pace (I had little money), and an idea came to me! I thought to myself: now I'm going to tie my left hand to the paddle so that it just accompanies the movement of the right arm.

I took a rag and used it 5 or 6 times to wrap my hand around the paddle, so it wouldn't slip off even if I lost my grip. I started out again.

Sure, it was strange that just the left shoulder was frozen. After all, the movements were slow and perfectly symmetrical; it all made little sense. In any case, I was going forward. I was in terrible pain, but I carried on.

With furious paddling I reached Punta Campanella. I enjoyed the view of Capri. I spent the last night at Vico Equense before arriving in Naples, with Vesuvius keeping a constant watch to my right.

Once in Naples there was a really nice moment: I approached from one side of the mouth of the port, waiting



to be able to pass. A large hydrofoil, with great courtesy, stopped especially to let me pass with my little canoe. How touching!

There I was! I had finally reached my goal, and I burst into tears. I didn't care about the constant pain in my left shoulder. I had met a small challenge.

That summer was the last in which I could dedicate myself to my passion for sports. Symptoms that were more and more debilitating took over my life.

At that point I might have thought: "But if you were that much better, after a panic attack, the illness must really have had a psychological cause." And yet no, there was a link to my posture. Slowly, slowly, all the knots were unraveling.

I was almost 20 and the symptoms returned with all their intensity, at first with a feeling of depersonalization and then once again with generalized anxiety. Finally, with panic attacks again.



More and more frequently, they began to be accompanied by symptoms related to digestion, initially only a little dyspepsia, which turned into severe and debilitating problems in the following years. Due to “compressions” I began vomiting everything I ate.

Those years of horrible suffering led me to behave in a very strange manner towards my friends and my girlfriend. I had become solitary and focused on myself as well, also because the situation demanded it.

I also had to leave my studies at the university, as leading a normal life became more and more complicated.

I turned from being a good-looking, bright and outgoing young man to being in danger of losing everything: college, friends, girlfriend and the good opinion of my family. It couldn't get any worse.

Picture 3 shows me in excellent shape, before my sufferings began.



3

Apart from these symptomatic ailments I continued noticing a worsening of the curvature in my back, which



physiologically was becoming “monstrous”. The curvature of the spine seemed more and more compacted, and with it there was hyperlordosis, hyperkyphosis, and scoliosis.

All that accompanied by a disabling symptomatic. The concept that there might be a strong connection between posture and these symptoms became every day more convincing. Yet no physician had mentioned this; for now, it was only a suspicion.

By now I was a lost cause who slept 20 hours a day and ate only 20 grams of food at one time, as any more was impossible for me. If I ate more than 20 grams a day, I threw it up.

The following are pictures of me before the beginning of the journey that led me back to life:

Pictures show quite a transformation, isn't it? I won't deny that I'm a little embarrassed to let you see them, but it's all for a good cause.





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How I Finally Straightened Myself Out - The History



5

It Seemed Everything Was Over: That Summer Was the Best One of My Life



At this point I began to realize that sports had not helped me at all, up to now. They had actually made me worse, as the pain compared to before had increased dramatically.

Yet when I went to see the posturologist, for the umpteenth time, the solution he proposed was to take part in sports. For someone who had always been athletic, it was pretty disarming to realize that he had been digging his own grave.

So much anger, and so many tears. I would like to share with you the feelings I had, and still have, for a young man in the best years of his life.

I even came to think about dying. In those moments when I had a panic attack, I was so sick of having to go through it all that I yearned for death. Hard to admit, but it is the unvarnished truth.

Yet the future, after sporting with me for a long time, offered me a solution to these ills.

A fundamental element of my life which helped me a lot was Buddhism and practices such as meditation.

In this condition I could barely find the energy to breathe, but the flame of life burned stronger than anything else and with the little energy I had in my body, I meditated and practiced for whole hours at a time, day and night.

I went into a dark corner and prayed and wept, in turn.

Often I went alone to the edge of the sea to seek help from the Lord, yes, me, who had never believed in anything. I told myself over and over that all this was ridiculous. But in total desperation pride steps aside and perhaps you begin to believe in magic, or in something greater than yourself.

Surfing the Net I asked myself when the miracle would come.

The fact is that in a few months something like a miracle did take place.



But before I come to speak of this I would like to tell you about some things that I remember and that I experienced in my childhood. This might help you to create an even more accurate mental map of the connection between these events and what happened afterwards.



5) Childhood and Adolescence: The First Symptoms

What my parents kept telling me during my childhood was: “Stand up straight!”, “Moreno, straighten your back!”, “Lift your head, don’t look down!”

When they said this to me I become aware that I always looked down, and I made an enormous effort to stand upright. But an erect posture took a lot of effort and felt unnatural to me; after a little while I couldn’t help slumping into my usual posture again: gaze downward and head forward, imprisoned between my shoulders.

Since I was a kid my clavicles were in an elevated position, and my shoulder blades tended to stick out.

A posture like that made me shy and more reserved. It was posture that determined my behavior and not the other way around, as the psychologists I consulted asserted. After all, it is a commonplace to assume that behavior determines our posture. A person with rounded shoulders

and a lowered head is generally considered “bashful” by everyone.

At school I was reserved and solitary, and I had difficulty making friends. I often chose the desk furthest away, where I could concentrate on my own thoughts. Everything costed me a great effort.

I had no interest whatsoever in reading or mathematics lessons. I had so many other concerns. I had to use my energies to keep my head in an upright position.

Besides, it was hard for me even to breathe. These problems can’t be fully understood if they haven’t been experienced on themselves. In short, due to my poor back, I was condemned to be a mediocre student, to be ignored.

In the middle of the fifth year I was forced to leave school, as it had become extremely difficult to study. In any case, with great determination I did succeed in finishing school in the next year and obtained my diploma. I began the year with an accident I will remember forever, in which I was



the protagonist in an exchange of words with the electro-technology teacher.

The teacher step into the classroom and began to look through the list of names of students who failed last semester tests: “Ciro failed Science, Giovanni failed History...” He realized however I didn’t failed any test.

He was quite amazed by this and immediately opened his eyes wide, then stood up from his chair and said, “Ah, we have to congratulate the only boy who passed without failure: “Moreno Conte, stand up!”

When I stood up, I said ironically: “Teacher, I need to specify you don’t find my name on that list because I flunked and I didn’t pass to next grade.”

I will never forget the laughter of my fellow students.

Another problem I had to deal with since childhood was allergy and respiratory problems. For this reason I always breathed with my mouth open.

I breathed with my mouth open as I was not able to close it. Once again friends and relatives never failed to tell me to breathe through my nose and to close my mouth.

Even though breathing is something so natural, why did I have to suffer so much? Why was everything so hard for me?

It was a continual struggle, a huge and crazy effort for me to achieve the two things that a human being is genetically programmed to do: stand up straight and breathe. Well, I just couldn’t do it!

I breathed with my mouth open and my muscles of mastication were poorly developed, and for this reason I suffered more than most people from allergies, as I could not filter the pollen in the air properly.

How many paper hankies did I go through? My father, my aunt and my granny know quite well. Wad after wad, to dry a nose that I couldn’t breathe through and that whose only function was to collect mucous. In other words, it was



only function was to collect mucous. In other words, it was a real disaster.

Year by year I limped along, trying to find a solution in sports, medicine, psychologists, psychiatrists, physicians, posturologists, homeopaths, osteopaths, and hundreds more...



6) A Few Experiences with Doctors

During this continuing downward spiral, described above, and with the addition of new symptoms that became more and more debilitating, I consulted numerous doctors and specialists. Here are the most significant of my experiences.

My first experience was with a psychologist: I paid 50 Euros per hour, during which we had pleasant chats, as if we were taking a stroll in the park. We talked of this and that, of my family situation, about things that bothered me and things that didn't.

I remember that I told him: "Concerning my panic attacks, it is I who decide whether I want to get well or not!" I wasn't able to connect the symptoms I had with my family situation.

Then we began the long and confusing work of inner excavation.

But the expected results did not come, so I changed psychologists. This time however a homeopathic treatment was added. My psychologist said this would make all the difference.

This second therapy was not more successful than the first, but the psychologist found a way into my mind. For this reason I started convincing myself all my ailments were caused by my relationship with my parents. As if that wasn't enough...

I did not give up. After a few experiences with psychologists, I began with doctors. Various physicians examined me. They looked me over from head to toe, touched me all over and had me do many, many diagnostic tests. Blood tests, thyroid tests, and abdominal sonograms for the abdominal problems I had.

They couldn't find the cause of my pain, by means of these tests, and so, for the doctors, I came to be diagnosed as a hypochondriac.



The most repeated sentence was: “You need to go to a good psychologist.” It was useless to explain that I had already been. I changed many doctors and psychologists. Many of these prescribed me psychoactive drugs such as Xanax, Lexapro and others besides. I never took them, as I had no faith in them.

In essence they were telling me that I was crazy, and a misfit. But I didn’t give into that pressure. I was convinced that if there was a symptom, there must be a cause. I had to find that cause.

At that time I had not yet identified the cause and the symptoms became worse and worse. My father took me to one of the most important specialists in Naples: 100 Euros per hour.

That specialist did not solve my problems, but in contrast to the others he conferred on me a useful means which to this day I still use: meditation and listening to my body.

In the meantime, after many sessions the money ran out, and we changed direction.

My stomach was getting worse and my cousin, head of the Hepatobiliary Department at Loreto Mare Hospital in Naples, did an EGDS or upper endoscopy, diagnosing me a hiatal hernia and a gastric ulcer.

For sure, cause of that ulcer must have been stress.

I COULDN’T TAKE IT ANY MORE, GOD IN HEAVEN!

My cousin called in an excellent psychiatrist, a close friend of his. With him I began, for the umpteenth time, another course of therapy and, at the same time, I dedicated myself to Reichian therapy and began to allow myself be manipulated by a series of osteopaths and other chiropractors.

I can’t forget when, almost at the end of my life, I dragged myself with boxes of antacids first to the psychologist and then to the psychiatrist on the same day. I returned home



tired and slept for many hours. Finally I decided to stop consulting doctors and entirely dedicated myself to prayer and to Buddhism.

At any rate I understood that there was a narrow connection between my posture and all my symptoms, even if there was no cure for them.



7) An Important Encounter

In this last phase of my odyssey I was about to hit rock bottom. My main daily activity was surfing on Google, looking for support.

I registered in various forums which discussed anxiety. I spent the day typing my symptoms in the Google search box, ready to read every link. The silence in my room was broken only by the clatter of my fingers pressing the keyboard.

My mind was in a state of anguish that accompanied me the whole day. A feeling of uneasiness in my belly and in my chest told me, “Moreno, hurry up, please.”

I cross-checked keywords, I combined them, I isolated them...these outlined my complex of symptoms, but every problem was faced separately on each website, as if the human body was made up of water-tight compartments.

Words that I looked for on Google were:

- Generalized anxiety
- Panic attacks
- Insomnia
- Chronic fatigue
- Back pain and pain in the left shoulder
- Neck pain
- Recurring obsessive thoughts
- Digestive problems
- Dry mouth
- Hiatal hernia
- Ulcers
- Chronic gastritis
- Dyspepsia
- Constipation
- Reduction in vision after a meal
- Significant loss of weight

And, to finish up, one of the latest symptoms, persistent vomiting after meals.



I didn't fear death any more, I was ready to face it. I was slowly being worn down, in a bed, and there didn't seem to be anything more to do, since I had tried every kind of therapy. Death at that point would have been liberation from the physical body which I had loved so much and which had now become a cage of death.

Besides the unimaginable insult done by incalculable suffering and lost years, there was the injury of the fact that nobody understood what was wrong with me. My family had got to the point of being angry with me, accusing me of being masochistic and the creator of my own misery.

One day, like many others, while I was wandering through my usual search for a site that dealt with anxiety, I met a guy named Cesare, who commented one of my posts that dealt with Reichian therapy, which I was doing at the moment.

My post was a nice essay of bio-energy, and Cesare seemed to have taken in all that material very well, responding point by point.

Up to now, out of everything I had studied, that which seemed to come closest to my whole problematic was the connection between mental disturbances and posture.

Although I had become an adherent of bio-energy (even if it didn't do much for me) I was struck by Cesare's issues. He made me aware that the problem might be of a simple mechanical nature.

Everything clicked together in my mind when he asked me: "Moreno, what are your clavicles like, are they "V" shaped?"

In practice, he wanted to know if my clavicles were raised. It was the first time that anyone had asked me a question about my posture. None of the specialists I had consulted had cared about it. What did my posture have to do with my ailments?



I answered him promptly that my clavicles were indeed raised, and he explained to me that they were raised to keep my head from slumping forward.

With that affirmation, so simple and sensible, a chink of light opened up.

Cesare continued writing to me and told me how all the ailments I suffered from had their origin in the mouth.

He wrote that the skull doesn't rest merely on the first cervical vertebra, as science teaches us, but has other two points of support in the front, which were the teeth: the right dental arch and the left dental arch he taught me that only a few missing millimeters of dental height in the teeth can cause the head collapse forward.

I was amazed by all this. It actually made logical sense. Finally, everything was clear to me. It was as if he had put the last piece of the puzzle in, the lynch pin. I had sensed it from the first moment, I had sensed it when my left arm hurt me, in the canoe, when I looked at myself in the

mirror, when I vomited, when I had my anxiety attacks. But no one had explained it to me: these symptoms were connected to my posture.

The problems with my back, the fact that I now had muscles that were super contracted, the problem with closing my mouth, that I had had since I was a child, the allergies and the digestive problems that could have been caused by the compression of muscles, blood vessels and nerves, and the cursed left shoulder that froze so often - now it all came back to me.

Everything made sense to me again. That was one of the most important days of my life.

Cesare was a bright guy and was very similar to me in his way of thinking. As I did Cesare undergone a series of studies looking for a remedy to his problems. Finally he tried a method which, incredible but true, brought your head back nicely again between the shoulders and released your spine, decompressing everything. Do you know what that meant to me? It was the dream of my life. It meant



that meant to me? It was the dream of my life. It meant finally standing up straight.

The feeling of euphoria was incredible! I decided also to try this route. By now I had nothing to lose. I had hit rock bottom, and now I could finally give myself a shove to starting climbing upward again. I felt my body too small to contain so much joy.

Of course there were doubts: how on earth had such an important discovery not been made earlier? Why was I only now made aware of it? Why had no one ever told me that my problems might come from my mouth? In the end, I had visited at least thirty doctors.

There were only few people in Italy who practiced this method, in an experimental way. They were pioneers in the field of biomechanics, brave people who wanted to escape the judgement imposed by a twisted back and debilitating symptoms. I decided to start this adventure; Cesare told me how to do it, and so I left for Pisa.



8) The Trip

I organized everything quickly, there wasn't much time. I had spent my whole life solving important problems at the last minute, working down to the wire: exams, relationships, decisions. Once again, history repeated.

I called my father, who had always supported me and with limited resources we left.

We had only two small bags with basic needs: a fresh t-shirt, a toothbrush and pajamas. I got my tired body into the grey Fiat 600, along with a lot of hope and dreams of rebirth.

The first part of the trip was to drive to Lazio where my Uncle Fulvio lived. At that time my father was not wealthier, from a financial point of view, for this reason this stop was necessary. My father asked Uncle Fulvio a loan to help me to pursue this therapy. My uncle is a generous person and accepted immediately.

Our economic worries were now solved the trip could go on.

There was a peaceful silence in the car; perhaps we were tired. While I was driving the scene of my father thanking my uncle came up to my mind. It's very important to have a brother in the life.

Those two men, tall, and no longer in their first youth, sharing a great love of the sea, with long, curly beards, felt a great respect for one another.

I turned the sound system on, and to the sound of "Like a Stone" by Audioslave we continued our journey.

During the trip it was really nice to share my father's thoughts. He is the type of person, dreamy and romantic, who gets his strength from his reasoning.

Finally we arrived in Pisa. What a stretch, guys! For someone like me, in my condition...



In the afternoon we met Gabriele, a young man expert in rebalancing the body and a very friendly person who explained everything to us.

Before meeting with Gabriele, in the morning we visited the Leaning Tower of Pisa.

Once in the tower, my father felt his head spin. He said to have had a mystical experience. I didn't have the courage to tell him it was just the inclination of the tower.

Here a night-time picture, where I am trying to straighten it up, as I was trying to do with my back.

The moment of the great encounter was the next morning, quite early. We entered in Gabriele's small and cozy studio.

Gabriele, dedicated a couple of years to this field. He told me I would need to wear a plate that would force my body into the correct posture. We set to work right away.



6



While they were taking a dental impression, we had a very interesting conversation about this great discovery.

Up to now it had seemed impossible to me to be able to straighten myself out and to get better. Because the solutions offered by dozens and dozens of doctors didn't resolve anything.

Doctors prescribed me pills, pain killers, massage therapies, psychoactive drugs, psychotherapy; they told me I should practice sports, and other doctors told me the opposite.

After all, it was not entirely their fault. The narrow relationship of cause-and-effect between my symptoms and my posture had never been uncovered, at least until now.

The impression was set and my father and I could return to Naples, in order to return after a week to pick up the plate for positioning on the teeth.

A week went by and I left again for Pisa, but this time my copilot was my granny.

What a lady, guys, getting into a car with her grandson to go 1200 km in two days! My granny was the woman who had brought me up, as I had lived with her and my aunt since I was a child. In fact, my parents didn't get along, having divorced when I was still a child.

Arriving at Gabriele's studio, she told me to place myself in an upright position on the chair with shoulders relaxed, arms at my sides and my belly slightly pulled in. As I forced myself to remain upright, they placed the plate between my teeth.

On the lower plate there was some fresh resin whereon I would be imprinting a record of my new bite. So I closed my mouth, keeping the masseter muscles (the mouth muscles) well contracted, onto the fresh resin, which would then create a record of my new occlusion, while hardening.



It was true, the plate with its new alignment forced me to stand up straight. I felt a sense of support right away that I had never before had, and it was like a flash of illumination. I was completely captivated and intrigued by it all.

Granny and I said goodbye to Gabriele and got in the car to return home. We set off down the highway with a sense of inner peace. I still had my cursed symptoms, but was certain that within a short time my new support would alleviate everything.



9) The Back Begins to Straighten Out

A balance between heaven and hell began: the first months, the first steps.

I understood immediately that the sports I had done, the meditation and yoga, the other exercises in listening to my body, all the disciplines I had been interested in, including straightening out the back, together with my study of biology and anatomy at the University for Sport Science, as well as physics and mechanics studied throughout the years, would all turn out to be of use to me.

Standing for hours in front of the mirror, looking at the curvature of my spine, had been a feature of my past. Now, this as well would be of use to me.

In the first months I had considerable improvement in my posture. Week by week, my curvature stretched out rapidly, and it was a pleasure to think of finally being able to control my spine.

It must be said that this process demands a considerable expenditure of energy from the body, seeing as it involves literally unrolling the spine. Obviously this expenditure of energy implies a certain amount of stress.

My muscles hadn't ever had to work to keep me straight. For the first time they began to stretch me out. The problem was that the muscles began to give out, towards the end of the day, and I felt exhausted again. It had to be that way.

After a night of rest to recharge the muscles, the next morning they began again to straighten out the spine.

Over time my body regained its beauty of form and above all, regained its proper functions. The symptoms got better, my desire to live and my energy slowly came back. For sure, things improved, but my sufferings continued to persecute me.

The process of healing took time, and, in the evening, when the muscles were tired, the symptoms returned. But



at least the knowledge that I was getting better kept me going.

The first year and a half was extremely hard. It was as though I were reliving my sufferings in reverse, but this time not with an increasing, but a decreasing, symptomatic and with the knowledge that this time I was moving towards salvation.

Day after day I sensed that my body was stretching further and further: the muscles in the lumbar region stretched themselves, bones and tendons crackled. I monitored my development in the mirror and in the course of the therapy my awareness of my body also grew.

In order that the therapy bear fruit it was necessary to create modifications (updates) to the plate. In practical terms, this meant registering the new posture every two weeks.

At least for the first months it had to be done that way.

At the end of the first months my body had recovered very well, and I could consider myself satisfied with my progress. I had arrived at the point of no return. If I had wanted to get rid of the plate I would have regressed once again and things would have been even worse than they had been before.

Obviously, I had no intention of getting rid of it, but it must be said that once the process has begun it can't be interrupted.

Every two weeks the rite of updating the plate repeated itself. With a drill, I removed the old pits that had created the occlusion and put in fresh resin. I placed myself on a chair in an upright position, closed my mouth, the resin hardened and created the new occlusion which straightened me out for the next two weeks.

Pictures express my feelings clearly. The symptoms were improving, along with the curvature of the body. It was clear, my posture was causing my symptoms. If only I had known earlier...



At any rate I was thrilled, so much to that I wanted to share what I had learned about the relationship between posture and illness with the world. I decided to speak first of all with my cousin, a renowned surgeon.

He was the very one who a few years before had diagnosed the ulcer and the hiatal hernia by means of the EGD. Who knew how he would have reacted if he had known that the asymmetrical and compressed muscles that enveloped my stomach were compromising its function?

That's what I did, I went to talk to him. As soon as I saw him I told him everything that was happening to me, I told him my symptoms had disappeared, that a plate had been placed in my mouth and that I was finally undergoing a therapy that was effective, even if experimental. After letting him know all this I anxiously awaited his response.

His reaction was not the best. He answered that according to what was reported in the scientific journals my case could only be due to stress and that what I was asserting was surely wrong. At the very most the plate could be

having a placebo effect on my fragile psyche which tended to hypochondria. Once again, the diagnosis was made. I remained a little disappointed in his response; I didn't understand the reason for it.

All right, he was an established surgeon and the scientific journals stated that the cause of my symptoms were to be sought in my mind...but this experimental method, based on a purely mechanical principle, had saved me from the abyss and was leading me back to life.

No other therapy had functioned in the least. On the one hand there were the scientific journals, and on the other hand there was my body, that was healing. Who was right?

I let him see some pictures. I explained to him that lack of dental height caused by subsidence and by the lack of extrusion of the teeth had made my skull fall forward, to the left.

This phenomenon had forced the spine to compress, exerting force on the vertebrae, on the lungs, the heart, the



diaphragm, the nerves, the blood vessels and the stomach. The vomiting and anxiety really arose from these causes.

There was nothing to be done, he continued not taking me seriously. I knew I was right. It would be only a matter of time and sooner or later everyone would know about this great discovery.

This would become my life's challenge.

But it has to be said, to exonerate him: a precise, scientific relationship between posture and symptoms of various kinds had not yet been proven. I decided to study the material in question, as much as was possible.

That was certainly not my only experience. There were others like it, and always, I was sent away with disdain. I was destined to be considered a hypochondriac, for eternity.

Also in the family there were many arguments, and I was accused of all sorts of masochistic practices. To be more exact, my aunt and my mother didn't give much thought to

the method, but rather continued to tell me that I was a hypochondriac and, at the end of the day, that I enjoyed making myself ill. In short, I vomited out of pure masochistic pleasure. All in all, I could understand them. No doctor had got it, so just imagine a person with no expert medical knowledge.

In their way they took care of me, continuing to tell me that I was getting thin and that I needed to eat and play sports. I tried in every way to tell them that it was impossible for me, in this condition. With time they understood, and I thank them.

The balance continued between debilitating symptoms during period of collapse and moments of excitement. Sometimes I could only walk and sometimes I could only breathe. That's how it had to be, I was patient.

In order to make you understand what was happening in my body, you need to think of an accordion. Muscle fibers are like wafer-thin hairs that glide, one upon the other. Every muscle stretches and contracts like an accordion.



During this course of rebalancing, my body was similar to an accordion that became longer and shorter. When it shortened I was tired, and when it stretched I was full of energy.

Over time the periods of elongation increased and the periods of contraction became less and less painful. In practical terms, my body stretched out more and more until reducing the pain caused by the symptoms.

It's clear that I was starting out from a very complex condition. In years and years of physical activity such as football, swimming, canoeing, exercises for the posture, etc., my muscles had compensated for the imbalance. It's clear that to release muscles compensating for years and years of imbalance is difficult and painful.

One of my many, many significant experiences was going with Valerio to get a spinometry, an experience that had elements of hilarity.

The exam consists in projecting a halogen lamp, which scans a 3-D image, onto the back, from the head to the pelvis.

The image, interpreted by software, automatically calculates the angular values of inclination and the rotation of the pelvis, the angulation of kyphosis and lordosis, the degree of rotation of the vertebrae, and the levels of the shoulder blades.

That exam was indispensable for us because at that time we were doing various tests to demonstrate scientifically that this therapy was truly effective. It was very important to collect as much material as possible.

During the same time, we went for a baropodometrical exam, a stabilometry and an X-ray. Now the spinometry would have closed the circle, and shown that the therapy did work.

Valerio and I, after waiting for a few minutes, entered the room where the so-called “expert” in posturology was, tall



and with a head that fell forward. A posturologist with a serious postural problem is an oxymoron, to say the least.

While Valerio, following the doctor's instructions, positioned himself for the examination, I started to ask a questions, like a curious child.

The doctor was thrilled to air his accumulated knowledge on the science of posturology. At a certain point he uttered this sentence: "After the age of growth, a back cannot change its shape if it has adapted to a certain position."

At this point I was reminded of a beautiful expression said by Will Smith in the film *The Pursuit of Happyness*, when he says to his son: "Hey! Don't ever let anyone tell you that you can't do something. Even me. OK? If you have a dream you have to protect it. If people can't do something, they tell you that you can't do it. If you want something, go and get it. Period!" (Chris to Christopher)

Valerio had to be somewhere soon, and wanted to have the examination done quickly. He looked at me with a worried

expression because he knew that I was not able to keep myself from interrupting the doctor to recount my experience with how a back could be straightened.

Valerio was right, because I interrupted the doctor and told him that in reality the spine can be straightened, even as an adult. I had him look at my pictures, to prove what I was asserting. The posturologist couldn't believe it. You can't imagine the expression he had, seeing something he had never seen in his life, considering that he had seen quite a lot of backs.

Nearly incredulous at the pictures, dazed, he mumbled something and began to talk of all the things that he had studied, also losing track of the conversation so far as to tell me something that I considered to be somewhat scandalous: he told me that I would have to remove my piercings, as the metal in them could destabilize and change my posture.

I understood that there was nothing else to be done there and, on Valerio's advice, I agreed with him, thanked him



for his time, and we left. At least Valerio wasn't late for his date.

In the elevator we looked at each other and burst into laughter, thinking about the sight of the wide-eyed and terrified doctor, looking at my photographs.

I understood how the concept of science is very labile, and is not a single entity that moves in a consolidated way. When you meet a doctor you are not meeting science, but merely a man of science with his baggage of personal experiences, with his qualifications and his intuitive capacities, that are more or less developed.



10) The First Insight

After 3 months of rebalancing I came to a decisive turning point without which I could not have been able to continue with this method.

Up to now the method had functioned really well, but there was no user's manual, there was no doctor taking care of me. Everything turned on my personal experiences. I had to modify the plate every fortnight based on what my body told me.

However, after three months the plate was not supporting me anymore. How was this possible? Also that evening I had done everything that had been prescribed for me in Pisa.

I did it over and over again an infinite number of times, until I then arrived at a conclusion – that I needed to change something. I spent several hours in front of the mirror and didn't get it: where was the problem?

I got it only after 4 days of continual modification: I felt I had to lift my bite! That was the solution. In practical terms, that plate, until the end of the third month, had done a wonderful job of straightening me out considerably.

But after a certain point it wasn't doing it any more. In short, I was quite a serious case, from the point of view of my profile, for which after a certain point the thickness of the plate was not succeeding any more in providing enough of a lever to draw the head upwards.

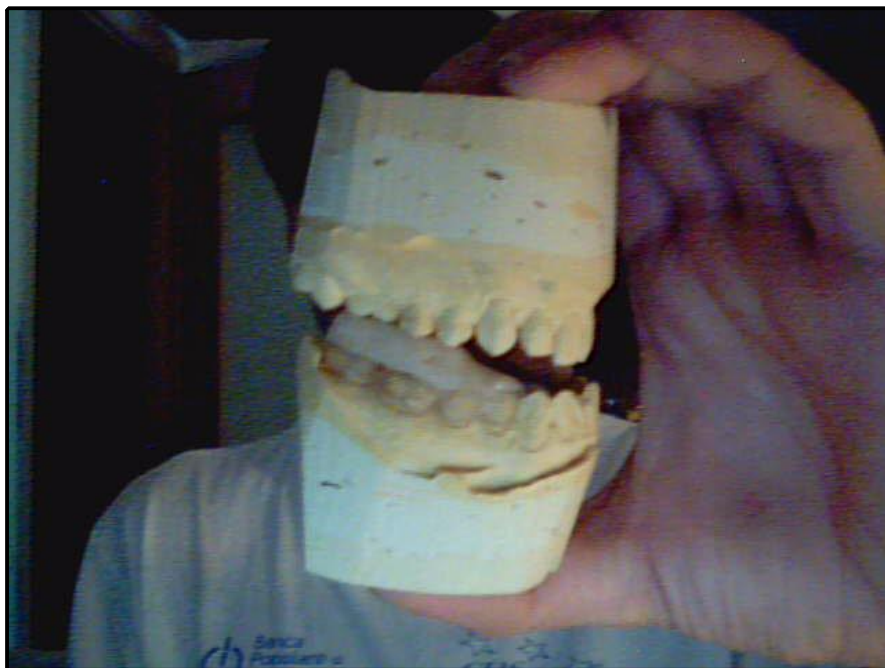
I felt my head constantly falling forward, and it was difficult for me to breathe. It was at that point that I understood that if I raised the position of my bite, I would have increased the lever action that drew the head upwards.

Many people quit the therapy, as they don't succeed in overcoming the initial difficulties that present themselves. That of having to raise the bite is one of these. In fact, those people panic and don't understand how to deal with them, abandoning the therapy out of fear.



For that reason I wrote that you have to have a personal store of knowledge and experience to be able to cope with this journey. Meditation and listening to my body helped me a lot in this.

In picture 8 you see me with my raised bite. In picture 7 you can see to what extent the plate has been raised.



7

I sensed that the plate in my mouth, as though it were a lever, supported my head, and brought it back to an ideal position between the shoulders.

If the height of the lever doesn't correspond to the severity of the displacement it needs to be increased.



8



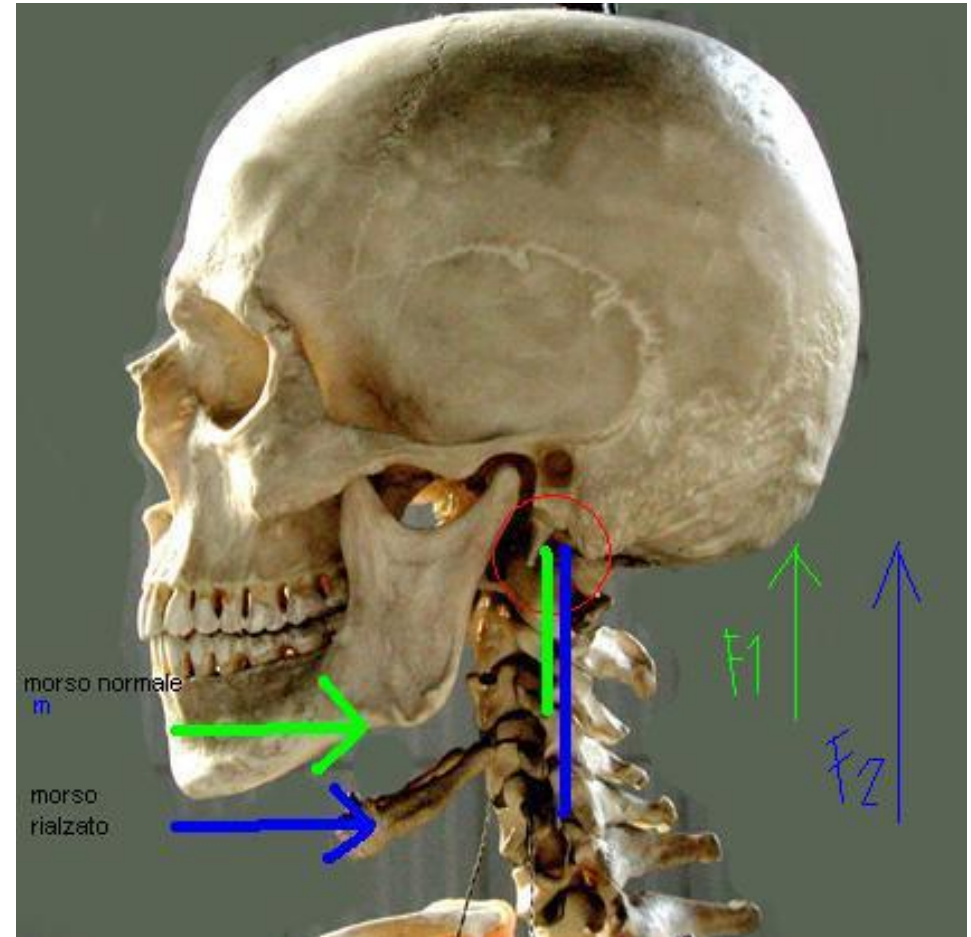
In picture 9 you see how, raising the bite, the lever that supports the head becomes much more effective, and the head is better supported.

As you can see in picture 9, f_2 (the lever created by the raised bite) is further than f_1 (the lever created by the normal bite) from the head. This way, the lever is more effective.

After I had listened deeply to my feelings I sensed that I had had an insight, but it wasn't quite complete.

In the following months, my bite fell once again into a condition of contact wherein my incisors met one another, tip to tip. As a matter of fact, my back was straightening out, and I didn't need that additional height any more.

I'll explain this principle better in the following chapter.



9



2 THE TECHNIQUE



1) Brief Summary of The Current Stand of Studies Done On Posture

In recent years a portion of the scientific literature and clinical trials have shown an anatomical-functional and pathophysiological connection between craniomandibular and craniocervical dysfunction, connecting various zones of the organism in a single tonic-postural system.

Thus, such literature claims that problems with the back are caused by craniomandibular and craniocervical disorders. In fact, these problems are the object of special studies on the part of gnathologists, who study the role of the jaw in relationship to posture.

To get an idea of what has been established you can look at the following article, which states that there is a possible relationship between malocclusion and scoliosis:

Scoliosis and dental occlusion: a review of the literature (Matteo Saccucci, Lucia Tettamanti, Stefano Mummolo, Antonella Polimeni, Felice Festa, and Simona Tecco) –

2011

Similarly, in the following article the relationship between malocclusion and postural problems is tacitly assumed:

Clinical and instrumental treatment of a patient with dysfunction of the stomatognathic system: a case report (Alberto Baldini) -2010

Gnathology has succeeded in perceiving a relationship between malocclusion and postural problems. It has even succeeded in intervening by means of the bite to alleviate problems of posture.

The following article shows exactly how a bite apparatus fitted for sports can improve performance, by intervening in the case of malocclusion:

Gnathological postural treatment in a professional basketball player: a case report and an overview of the role of dental occlusion on performance (Alberto Baldini, DDS, PhD, Alessandro Beraldi, DDS, Alessandro



Nota, DDS,1 Furio Danelon, MMD, Fabiana Ballanti, DDS, and Salvatore Longoni, D) - 2012

Nevertheless, to this day, according to gnathology, it remains impossible to straighten a back, although there continue to be many treatments used: sports (swimming, basketball), gymnastic training, physiotherapy, and even psychotherapy.

In my opinion these treatments don't solve a single problem and also contribute to making postural problems worse. Besides, as gnathology recognizes, any system in use today won't resolve such problems completely.

Because gnathology is not capable of demonstrating definitively a positive correlation between malocclusion and problems of posture, part of the scientific literature continues to oppose any theory according to which there is a relationship of cause-and-effect between occlusion and postural problems.

As an example of what has been written, take a look at

following article which denies that there is a deeper relationship between malocclusion and posture:

Dental Malocclusion and Body Posture in Young Subjects: A Multiple Regression Study (Giuseppe Perinetti, Luca Contardo, Armando Silvestrini-Biavati, Lucia Perdoni, and Attilio Castaldo) - 2010

The part of the literature which does not share this view of a relationship between occlusion and posture claims that the skull only rests on the first cervical vertebra. This fact proves, in its opinion, a lack of correlation between occlusion and posture.

All this confirms that there is deep confusion in the scientific world regarding this issue!

However, the issue demands clarification, as patients with important postural problems can be victims of various symptoms: chronic fatigue, diffuse pain, anxiety, panic attacks, gastrointestinal problems, respiratory difficulties, muscle tremors, etc.



There are many health problems that may be caused by malocclusion. Even to this day we do not yet have a complete and definitive map of all the disturbances related to poor posture, but a few studies are exploring this avenue.

These ailments are caused by compressions that have come to be verified within muscles, bones and nerves that are put under strain and torsion arising from the type of malocclusion which creates craniocervical mandibular disorders. For example, a state of anxiety, caused by chronic rigidity of the muscles, could arise from the sinking of the skull where there is a lack of dental height. We will go deeper into this phenomenon later.

As an example, take a look at the following article which deals with the relationship between malocclusion, posture and vision:

Clinical association between teeth malocclusions, wrong posture and ocular convergence disorders: an

epidemiological investigation on primary school children (Armando Silvestrini-Biavati, Marco Migliorati, Eleonora Demarziani, Simona Tecco, Piero Silvestrini-Biavati, Antonella Polimeni, and Matteo Saccucci) - 2013



2) An Alternative Theory: How to Correct The Posture by Means of The Teeth

As we have written previously, part of the scientific literature shares the theory according to which there is a relationship between occlusion and posture. As a result, this branch of the literature recognizes the problems hidden in a false craniomandibular alignment.

A false craniomandibular alignment, in fact, leads to “D.C.C.M.” (Ital.) = craniocervical mandibular disorder (Eng.), or, for short, TMJ or TMD, in the United States, which in consequence transfers postural problems of a descending type to the entire organism.

According to the theory that I am promoting there is a fundamental relationship between occlusion and posture.

The method that saved my life is in fact based on such a principle. According to this method, the skull is supported by the dental arches in front as well as by the atlas in the rear (first cervical vertebra). This means that if the dental

arches, through which the forces created by the act of occlusion are relieved, do not have adequate dental height, the skull finds no support and tends to sink downwards, as it has nothing to lean against.

The skull can lean, get twisted, then fall to one side, it can sink, or, as what often happens, all these changes can happen at the same time.

Such a relationship between occlusion and posture is not easy to make out. In fact the relationship between teeth (occlusion) and posture is very difficult to make out because the support which the jaw offers at the moment of occlusal contact is only momentary. This contact serves to transfer the shapes to be taken on to the adjacent and underlying musculoskeletal structures.

In practice the skull rests on the first cervical vertebra as well as on the dental arches. Thus, there are 4 points of support (we can say approximately that there are 3, given the proximity of the occipital condyles); if one of these is missing, then the skull sinks.



That said, we can say that the reason why the skull might come to sink, in the case of a lack of dental support, creating a bad posture, is due to two forces:

- 1) the force of gravity
- 2) the muscles of chewing and swallowing, which pull it downward.

Let's look at this in more detail:

- 1) The skull, like any other body, is subject to the force of gravity. Whenever it doesn't find the right support, it tends to fall.
- 2) The muscles of chewing and of swallowing push the teeth into a forcible contact with one another. Where one dental arch (or both) is not sufficiently extruded or solid, the skull sinks until it finds stable contact.

The failure of the teeth to extrude depends on various factors which we will look at later. For now we can say that teeth that are not adequately extruded do not create

sufficient pressure to keep driving the skull upwards during the phase of occlusal contact.

It is evident that, if the skull sinks forward, it loses its center of gravity. To cope with this the human organism looks for compensatory mechanisms in the entire body to bring the weight of the head back in line with the center of gravity.

These mechanisms translate into poor posture, muscular asymmetry along the entire body, pathology of the spine, and other things as well.



3) Pencil Test and Fukuda Test

This biomechanical principle (the skull finds support on the teeth) can be understood easily by means of an experiment which posturologists use quite frequently: it requires placing a pencil on the last two molars and then closing the mouth, until the teeth rest on it.

The role of the pencil in the experiment is to create a height that offers a feeling of support for the skull. The individual needs to turn his attention to the way the head feels, and to feel how it is supported before and after the use of the pencil.

This experience should lead to an insight that the skull has a biomechanical system for keeping itself erect, independent of our own volition, for which a simple shimming (an increase in height) on the back molars, by means of the pencil, provides a feeling of elevating the skull.

Another important test is called the “Fukuda Test”, which has to do with an important diagnostic test, commonly used in neurology and ENT, to evaluate the presence of muscular hypertonicity while marching in place.

In practice it works like this: the individual remains standing with the hands held freely in front of him or resting on the opposite shoulders. The head needs to be in its normal position, relaxed, neutral, and the jaw in a position of repose (the teeth shouldn't touch one another).

After that, with eyes closed, the individual takes a certain number of steps in place, in a normal rhythm, usually 50 steps in a minute. The steps in place need to be carried out in such a way that the lower limbs are lifted somewhat, but never excessively, and at a not too demanding pace.

It has been observed that individuals who undergo the test, and have a musculoskeletal asymmetry caused by a lack of dental height, rotate on the spot.



4) Posture Depends on Dental Height

As stated previously, the stability of the skull depends on correct dental support. If dental support is inadequate the skull tends to collapse. In the event that the skull comes to fall the spine undergoes changes proportional to the extent of the collapse of the skull. As a result there are musculoskeletal compensatory measures of a descending kind.

To the extent that dental height is lacking, that much more will the skull tend to sink and that much more will changes in the physiological curvature of the spine increase.

As a result, according to this theory, typical postural problems derive from the collapse of the skull, which doesn't have adequate dental support. For this reason the only way to prevent the occurrence of postural problems is by means of an apparatus for the teeth.

Because of this cause-and-effect relationship between skull, jaw and spine it is possible to intervene by means of

the help of a “Rectifier” placed on the lower arch, which substitutes for the lack of the height of the teeth.

This Rectifier, by means of a specific methodology, is capable of bringing the skull back to an upright position and aligning it with the vertical. This returns the skull to its proper position and allows the spine to stretch and, as it extends, allows kyphosis, lordosis and scoliosis to disappear, and, as a result, all related problems.

In these two pictures (10 and 11), taken in March 2012, wherein the individual (myself) is shown in profile (sagittal view) we can see my serious postural problems. This individual presents with the following curvature deformations: cervical lordosis, thoracic kyphosis, and lumbar lordosis.



STARECTA

How I Finally Straightened Myself Out - The Technique



10



11

Posture Depends on Dental Height



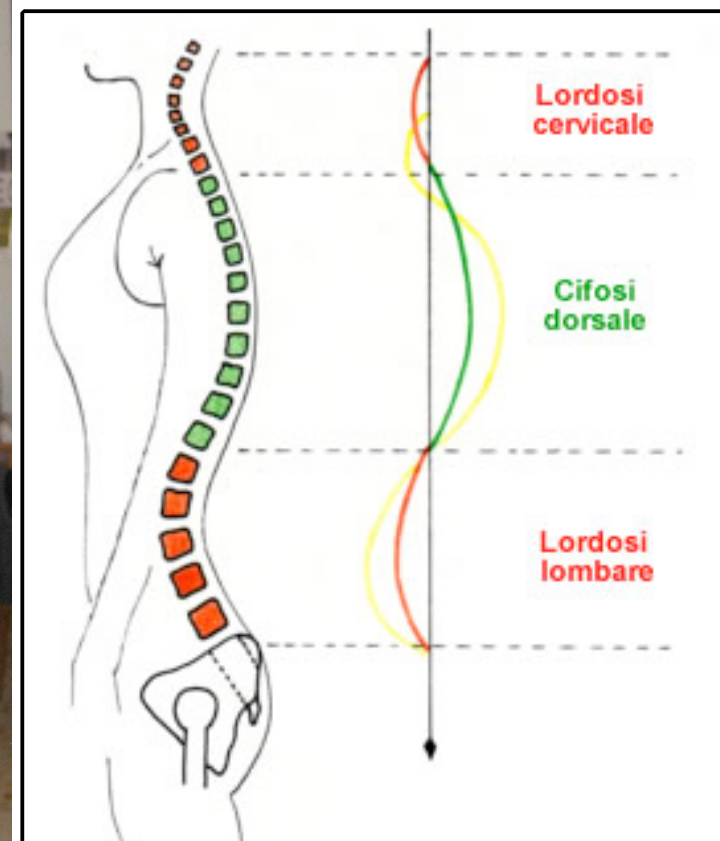
5) How the Skull Sinks (profile view): Kyphosis and Lordosis

As we said previously, such deformities are caused by the collapse of the skull which, not finding enough dental support, sinks until it finds new occlusal contact.

To understand this phenomenon better, in the following lines we will explain the process of the sinking of the skull. The process is concerned not only with the decline of the skull itself but with the consequences, which cause deformities in the spine.

The individual portrayed in the picture (myself) had a decline of the skull and a resulting deformity of the spine. The process that brought it to that point can be divided into 8 phases. Let's look at them in detail:

1) Lack of vertical posterior dimension on both dental arches: the individual lacks adequate dental support (in both arches in this case). The skull tends to sink down when it doesn't find adequate support, not stopping until it





when it doesn't find adequate support, not stopping until it finds new occlusal contact.

2) Lowering of the skull pulls the cervical spine with it, which straightens itself out initially but then recreates a cervical lordosis which curves further, as the skull is no longer thrust upwards (increase of cervical lordosis).

3) The skull, falling forward (it slides along the sagittal axis and moves forward in relation to the pelvis) leaves the body's natural center of gravity. In fact, with the skull's slide the center of gravity doesn't come to fall any longer in the interior of the area of support of the feet, through which the axis of the center of gravity passes.

4) The skull, sinking down and sliding forward, pulls the spine with it, causing it to curve (increase in thoracic kyphosis)

5) At the same time, with the sliding forward of the skull, the muscles of the neck and the back can't support such a weight, creating a loss of balance in the entire body. In

fact, a body is only in balance, in respect to gravity, when it is possible to apply a force of the same strength in the opposite direction to the force of gravity.

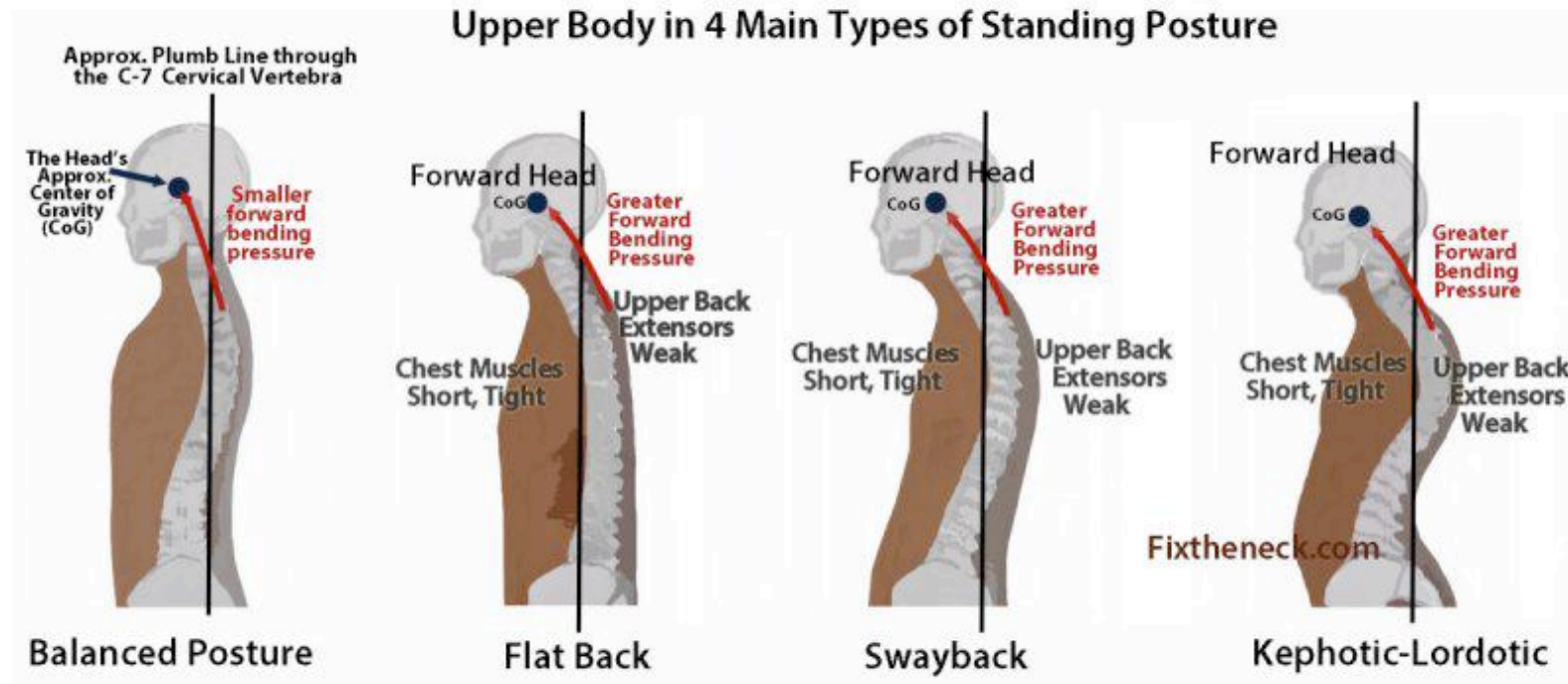
6) The body, alarmed at the prospect of losing balance, tries to adapt to the new situation it has created. In fact, the ability to find equilibrium is carried out by means of complex reflexes that need a sophisticated integration and coordination of signals originating from diverse receptors in an area of the cerebellum. These signals are composed of: vestibular nerve afferents (these recognize the position of the head in space), tactile afferents, somatic afferents, visual afferents (these allow for the finding of reference points in space; in an upright position they work closely with the vestibule of the ear, playing an important role in stabilizing the head in its vertical position).

7) Once it has received the sensorial information, the cerebellum immediately sends out a rapid and unconscious response, consisting of joint displacements and muscular regulation to bring the center of gravity back to its support base. To do that it needs to bring the skull (the heaviest



part of the body) back to the vertical line that passes through the center of gravity and stops at the interior of the base of support. To bring the skull back to the vertical, the muscles (guided by the cerebellum) have to recalibrate the muscular load and reapportion it. In this way the lumbar area accentuates its own curvature. Accentuating its curvature, the lumbar muscles contract, pulling the spine backward, which in turn shortens and pulls the skull back, causing it to return to the center of gravity.

8) In this way, the physiological curvature of the lumbar area increases due to the action of the muscles that contract (increase of lumbar lordosis).



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To recapitulate, we have seen that the spine is forced to preserve its own length within a reduced space cause by a lack of dental support (Pictures 14 and 15).

This is the cause of the aggravation of the physiological curves that contract in a manner proportional to the lack of dental support. In practice, the more serious the lack of dental support, the more pronounced the curvature of the physiological curves.

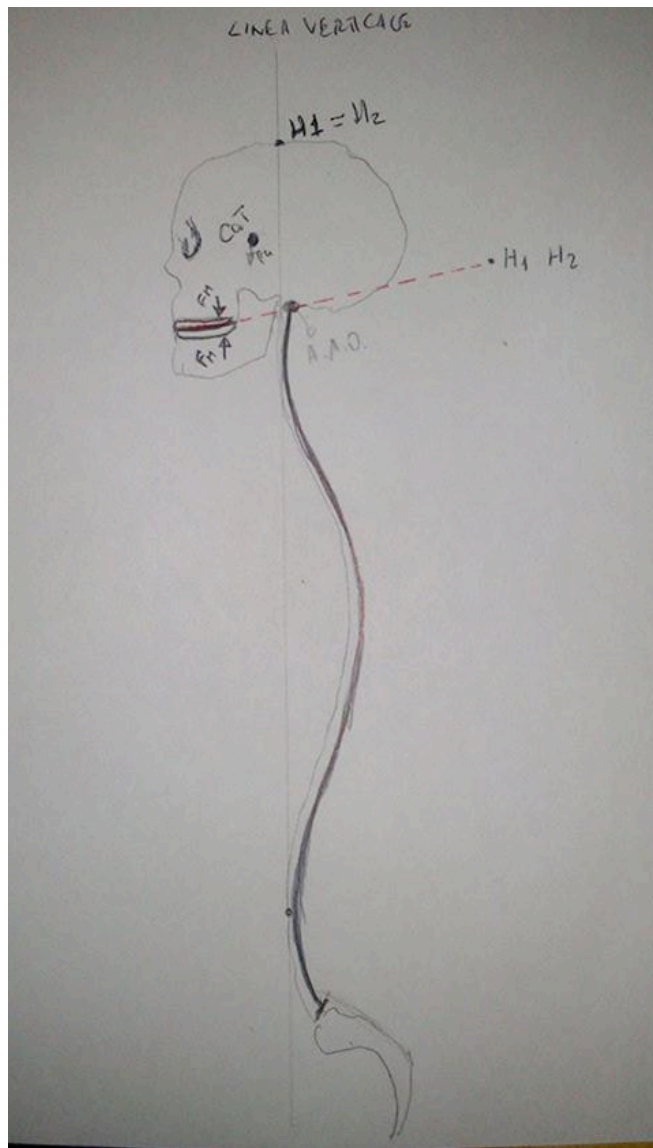
In other words, we have seen that due to a lack of dental height the skull sinks, reducing the extension of the spine. This is forced to remain within a reduced space and the result is an aggravation of its normal physiological curves. We can see this phenomenon in pictures 14 and 15.

In picture 15 the skull, due to a lack of dental height, falls from position 1h to position h2 as a consequence of the contraction of the spine.

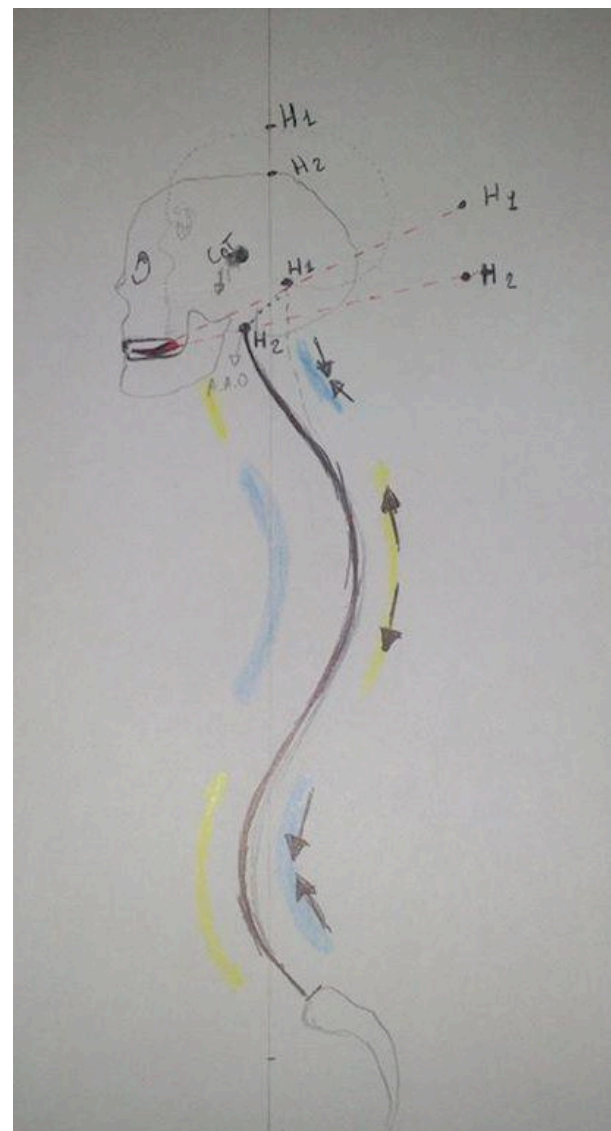
Picture 15 shows the chains of muscles that envelop the spine. Those in blue tend to contract, while those in yellow tend to extend.

This phenomenon creates an enormous imbalance in muscular and skeletal forces with accompanying compression of the nerves, blood vessels, inner organs, etc. This is the cause of numerous pathological conditions (hypochondria, stress, anxiety, gastrointestinal problems, etc.).

There is one condition that demands that I talk about in depth.



14



15



6) Relationship Between Hypochondria and Problems of Posture

The word “hypochondria” was that one used most by doctors to describe my case. The term hypochondria, whether used in its popular sense or as a scientific term, refers to the excessive and unfounded preoccupation of a person with his/her health, with the conviction that any consultation with a doctor will bring to light a pathological condition. A person who suffers from hypochondria is called a hypochondriac, or in more common terms, “an imaginary invalid”.

Taking a look however at the etymology of the term “hypochondria”, we can see that it derives from the Greek ὑποχόνδρια, composed of the suffix ὑπο= under and χόνδριος=cartilage of the costal diaphragm. Such a term indicates an ailment known already in antiquity that was believed to be located in the abdominal area. The treatments of note were similar to those for stomach aches.

In modern times, given that no physical cause for hypochondria was found, it was hypothesized that the only cause of this ailment could be related to psychological aspects.

From these first analyses we can see that the Greeks were on the right path. In antiquity they had grasped that this illness did not have a psychological source, but a physical one! They had understood that the relationship of cause-and-effect was the other way around. It is the physical pathology which has repercussions on the psyche, and not the other way around.

In a condition where a person has muscles, inner organs, bones and nerves that are compressed, one against the other, how would that fit in with a psychological point of view? It certainly wouldn't fit in very well. These are physical conditions that create the psychological problems related to hypochondria. In a situation of this kind, the body limits itself to sending illness input.



Thus it becomes absolutely natural to complain, given that the actual suffering has real physical origins, and not psychological ones. Yet with a condition of this kind the individual afflicted with such a pathology, held by the doctors to be the same as an imaginary invalid, will believe himself to be truly crazy.

On the other hand it is not the doctors' fault due to the fact that up to now there have been incomplete hypotheses put forward regarding the relationship between teeth and posture, creating mere confusion in this area. Thus on the part of the patients there should not be, as often happens, any resentment towards those doctors who are not able to identify the cause of such a condition.

From the point of view of the patient, however, imagine for yourself the feeling of a nail that is tearing at your stomach, or the feeling of gasping for breath, or sudden palpitations, as well as stomach cramps. Imagine having these ailments for years, and that they keep coming back.

Imagine having seen many, many doctors who, after a thorough examination, tell you: "Guy, you have serious psychological problems, you should see a psychologist."

What would happen to this person? Surely, he or she would fall into depression, into anxiety and stress.

At this point the poor patient takes himself off to a psychologist, who will have to try to cure a mental illness which has physical origins and which can be cured only by biomechanical means.

But it doesn't finish there. Let's continue with the interpretation of the term "hypochondriac" in its contemporary meaning.

The preoccupation of the hypochondriac is caused by the obsessive observation of objective symptoms that find their origin in his own body (for example gastrointestinal problems, cardiac palpitations, or pains in the muscles.) Such a preoccupation persists even after a visit to the doctor, during which it is ascertained that such symptoms



do not indicate any true pathology, or at least no pathology serious enough to justify the level of anxiety and fear of the hypochondriac. For this reason the hypochondriac is commonly considered to be an imaginary invalid.

Reading the following regarding this definition we can understand better why doctors do not manage to figure out the true pathology related to compressions that occur in the abdominal area. Doctors aren't able to identify the causes that bring about hypochondria for a variety of reasons:

- 1) The causes that bring about such a phenomenon are the object of study of biomechanics, which is not part of the study of medicine
- 2) Instruments do not exist that are sophisticated enough to be able to measure internal muscular compression in the body relative to the intervertebral discs, nerves, blood vessels and internal organs. These compressions are caused by muscular asymmetry, by incorrect posture that is being compensated for. It is impossible to observe them scientifically.

- 3) An excessive degree of specialization into related disciplines leads to a loss of a view of the whole. For this reason, specialists tend to connect any symptoms with causes related to their own specialization.

- 4) Even today there are very few who truly know what causes problems of posture.

- 5) Even today the importance of posture in the general health of the organism is underestimated.

In short, the individual who suffers from hypochondria has the absolute right to be considered a “real invalid” and should be given care by a doctor for the damages suffered to his body and by an expert in biomechanics to deal with the need for straightening.

In fact, in the advanced stages of asymmetry he begins to undergo damage related to the organism itself. The hypochondriac patient presents with a precise set of symptoms: anxiety, gastrointestinal problems, palpitations, muscles pains, etc.



To be sure, his worry regarding his own state of health is completely legitimate. As we have seen, it is totally justified, and it is no excessive reaction in regard to such disorders.

On the other side it is not the doctor's fault if he can't identify the relationship between the symptoms and postural problems. It is not part of his specialization and lies outside his field of study.

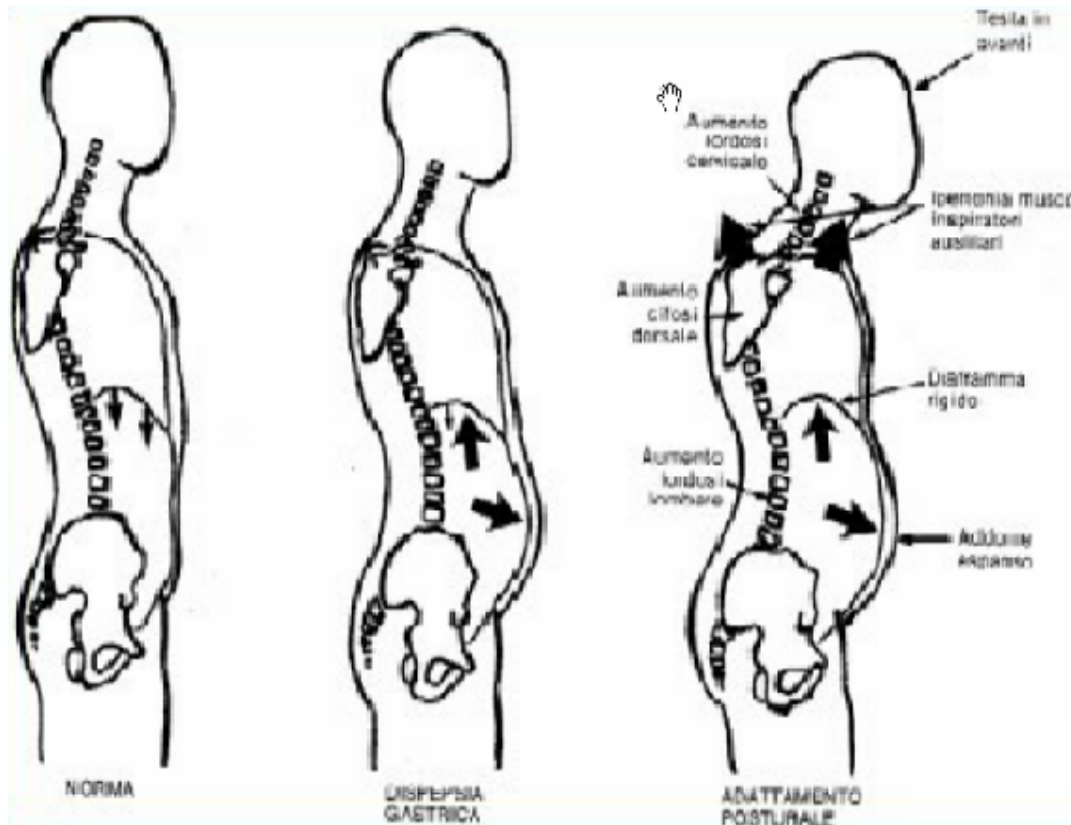
In order to demonstrate this theory, we can look at pictures 16, 17, 18 and 19, a posture of the kind creating a compression in the "hypochondriac region."

The hypochondrium is a region in the abdominal cavity comprised of the costal arches above and the hips below, and it extends to the epigastrium in the lateral superior position. There is a right hypochondrium in the lateral right upper quadrant and a left hypochondrium in the lateral left upper quadrant.

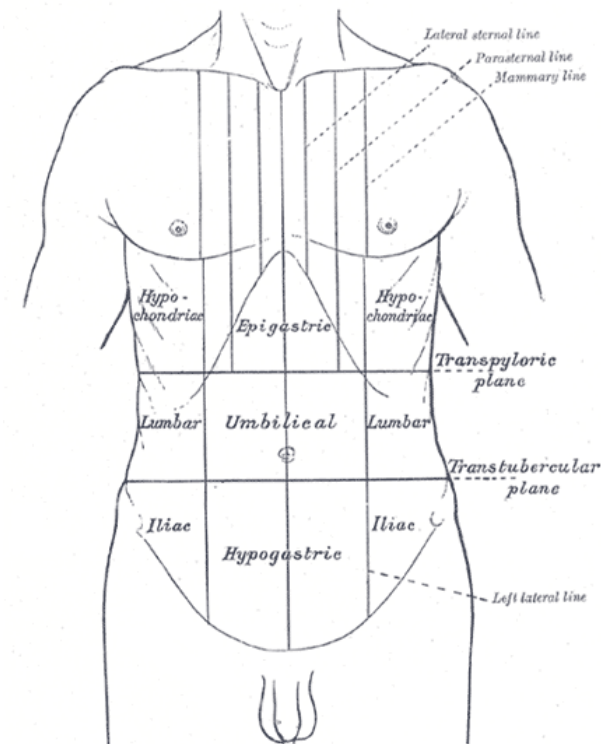
To the right are found the liver, the gall bladder, the right colonic flexure (hepatic flexure) and a portion of the right kidney; in the left hypochondrium are found the greater curvature of the stomach, the spleen, part of the left kidney, the tail of pancreas and the splenic flexure of the colon. Therefore, for this reason, it is completely normal to have all the symptoms described previously.

As we have already said, this pathology is not recognized as such by the doctors. Thus the individual afflicted with it frequently undergoes a Calvary that leads him to the practices of many specialists. These, incapable of identifying the true cause of hypochondria (musculoskeletal and therefore, organic), attribute it all to psychology.

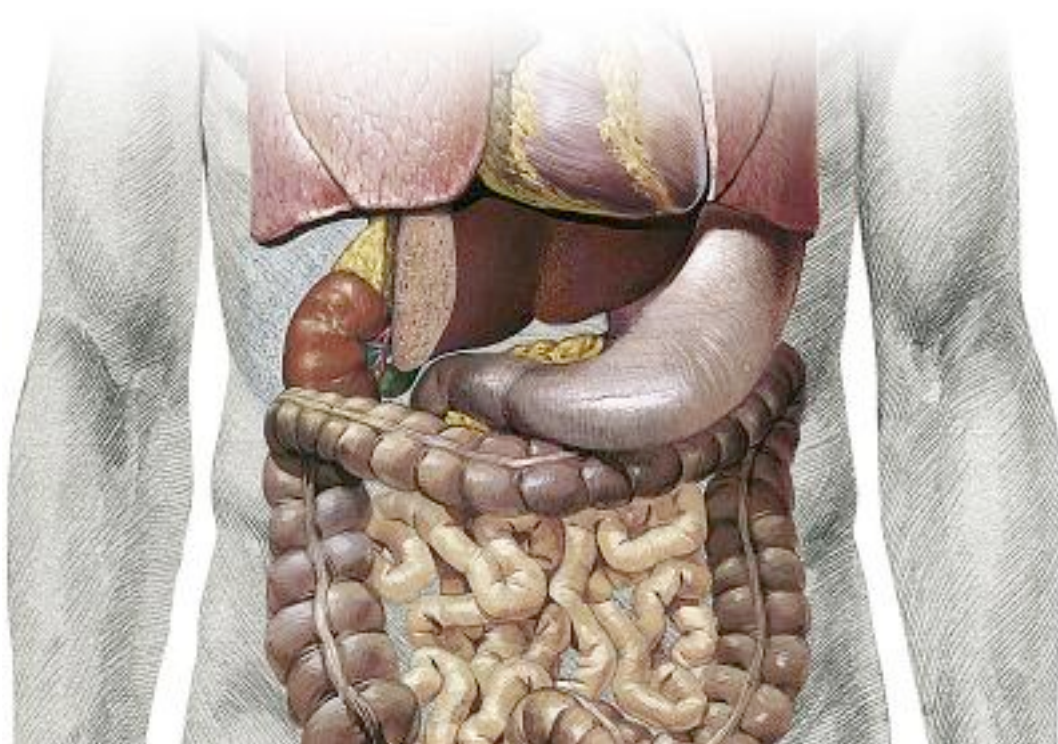
Once the causes are considered to be psychological and psychosomatic it becomes natural on the part of psychologists to state that "the aim of the hypochondriac, consciously or unconsciously, is to distance himself from the true cause of peril (for example, an illness), or from the cause of a life problem (for example in his studies, at



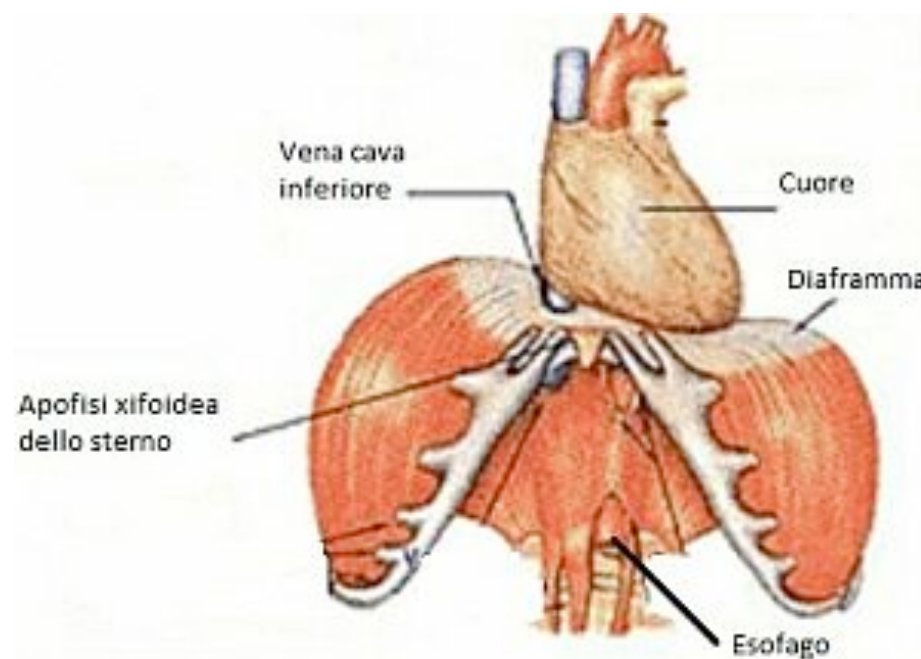
16



17



18



19



work, in the family) and to intensify the reassuring manifestations and the attention received from his surroundings on his behalf.”

All of that is absurd. It reduces symptoms, disabling at times, to psychological causes without looking at the true correlation with those of a mechanical and postural type.

An interesting fact: note the juxtaposition of the words “hypochondrium” and “hypochondriac.” This combination is due to the etymology of the word “hypochondrium” seen previously. We have also seen how just this word indicates a precise physical location in the abdominal cavity.

Coincidentally, he who suffers from hypochondria is aware of symptoms precisely in this area due to the compressions and muscular compensation that occur in this location.

This proves that the etymology of the word “hypochondriac” has not betrayed the true nature of the “physical” problems of those who suffer from it.

This is merely an introduction to the example of the many pathological symptoms connected with problems of posture. These symptoms are not seen, are not recognized, as such and consequently are not treated properly. The result is that they have serious consequences.

The topic of “hypochondria” will be developed further when we speak later of the lateral deviation of the jaw.



7) The Effects of Applying a New Method

Let's look in detail at what happens if we intervene in the degenerative process by means of the use of this new method.

As can be seen in the following photograph results have been remarkable even in an individual who has reached an advanced state of illness.





The individual in the photo above (myself) has undergone the interventional method described in this book. As can be seen, in the course of eight months the individual has had a remarkable improvement. Before starting the treatment the individual presented with altered physiological curvatures.

The spine was completely compressed, and altered in its natural form. In this condition, nerves, bones, blood vessels and muscle fasciae found themselves in a state of extreme compression. A condition like this leads the individual to experience various symptoms: anxiety, panic attacks, tachycardia, hiatal hernia, chronic gastritis, ulcers, and muscle tremors.

With this methodological intervention the individual has straightened out his spine and has brought it to a condition of minor compression, reducing the occurrence of the symptoms previously listed.

In Photo 23 the individual is wearing the Rectifier and it can be observed that the mouth is closed.

In Photo 24 the individual, minus the Rectifier, does not find posterior dental support, for which reason only the incisors are touching each other.

Such a methodological intervention makes use of a particular type of an occlusal Rectifier created according to the “Starecta” method. It takes the name “Rectifier” as it literally helps the body to straighten itself out by itself. As can be seen in Photo 21 the individual, before treatment, presents with the lower teeth in retrusion (Class I), in addition the premolar and molar zone does not provide adequate dental support.

In order to make this clear, take a look at Photo 22 which in terms of time corresponds to a straightening therapy over eight months. The individual has undergone the therapy for nine months.

At the end of this period of time, an empty space has been created between his teeth. This empty space, created by the Rectifier, is the dental space the individual needs to support his skull. The recovery of this space, meant to



STARECTA

How I Finally Straightened Myself Out - The Technique



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STARECTA

How I Finally Straightened Myself Out - The Technique



23



24



support the skull, has allowed the spine to return to its physiological position.

In addition, it can be seen in Photo 21 how the teeth are closing in retrusion, in relation to those above.

Conversely, in the Photo 22, the teeth are closed “tip to tip” (the incisors above touch the incisors below). This happens as the skull, returning to an upright position, changes its own inclination slightly in relation to the jaw. In this way it allows the premolars and the molars to recover the necessary dental space more easily.



8) Process of The Decline of The Skull (view of the left profile and sagittal plane)

Let's start by saying that there can be different reasons that cause dental height to sink.

In the majority of cases these problems have been there since birth and are principally ascribable to malformations of the maxillary bones (less bone thickness) and a lack of extrusion of the teeth on the soft and porous bones.

Conversely, causes not attributable to birth can be sinking of the teeth, or poor orthodontal work.

Nevertheless it must be said that also stress can become a triggering factor in the sinking of dental height due to the fact that when the body is under tension, all the muscles work that much harder.

Finally, the masseter muscles as well (the principle levator muscles of the jaw), grinding constantly, above all onto the

premolars and molars, cause them to sink further, in a situation that is already precarious.

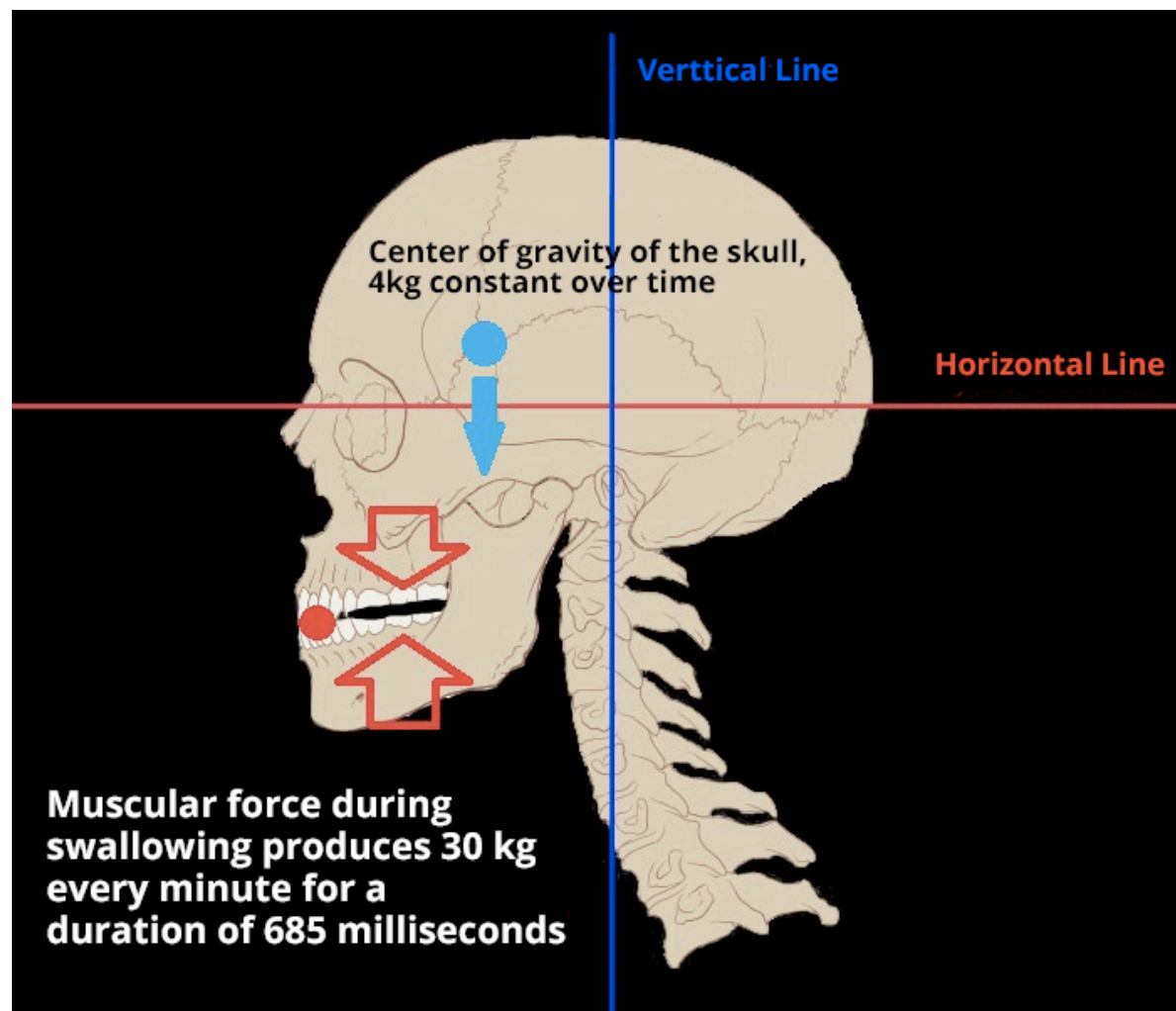
In my case the problems could be traced to birth. By the end of childhood I was a mouth-breather (I only breathed through my mouth). As the years went by, this caused me numerous problems. With time my breathing even got worse, until at the age of 18 the symptoms became severe.

Recapping the causes of the collapse of the skull:

- Physical causes (force of gravity, muscular force)
- Mechanical causes (lack of dental height)

Picture 25 shows a skull in an ideal posture, for which we have raised the dental height (in the premolar and molar areas), necessary to maintain the cranium. This image helps us to explain the sinking of the skull.

Picture 25 represents a condition that can't be verified in reality. In fact, in the face of such a lack of dental height the skull sinks down until all free space is eliminated. Thus this picture is to be considered purely for "purposes of



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study” only. In other words, you will never meet anyone with free space between the teeth, at least if it hasn’t been created artificially with the Rectifier.

This sinking, caused by insufficient dental height, can also be defined as “postural decadence”. Thus postural decadence can be defined as the process that leads the skull to sink more and more due to a lack of dental height.

Postural decadence occurs when the body changes its shape due to a sinking of the skull in the premolar and molar area, as we have seen in the phases in section 4.

When the individual is in postural decadence there is the greatest pressure during occlusion in the area of the incisors and cuspids. In picture 25 is depicted, by means of a red dot in the incisor and cuspid area, the area of greatest pressure during occlusion.

This area is called the fulcrum, due to the fact that the skull finds its greatest support only at this point rather than through the dental arches. The skull discharges two forces,

at that point: the first is only weight, or 4 kg over a constant period of time; the second is the force exerted by the masticatory muscles during swallowing, which is 30kg for the duration of 685 milliseconds.

In picture 25 these two forces do not find a point to offload. They do not find the vertical dimension of the lower teeth to rest on. Thus these forces do not find a dental support that exerts a force of similar intensity and from an opposite direction that comes to meet them.

As a consequence the empty space is filled by the skull, which sinking down, finds a new anterior dental fit.

In a situation of this kind the muscles of the neck and the back cannot support the intense work of the force of gravity and the masseter muscles, for which reason they begin to compensate. In other words, they alter their length to adapt to the skeleton to keep it from collapsing.

Thus, this phenomenon, termed postural decadence, initiates muscular compensation.



To recapitulate, during the sinking of the skull the muscles of the neck compensate for this. The skull continues its decadence until the muscles of the neck get tired of compensating.

The true and proper collapse takes place all of a sudden, out of sheer exhaustion. The muscles of the neck are tired of trying to keep the skull in its correct position. Thus, they let go, giving way to “postural collapse”. Collapse can be defined as the phenomenon which leads the muscles to give up after years of asymmetry, muscular compensation, and tension generated by the sinking of the skull.

In this phase (so-called “postural collapse”) the skull has already moved a great deal away from the line that passes through the center of gravity.

This means that the body has already been in a state of postural decadence for a good while. In fact, the further the skull moves away from the line that passes through the center of gravity, the harder the muscles have to work and thus, to compensate.

As the collapse increases the muscles are called upon to work ever harder, literally exponentially. During this exponential process the musculature is not capable of sustaining the increasing effort being asked of it.

As has already been written, the muscles, now overcompensating and tired, don't resist any more and create the “postural collapse” of the musculoskeletal system. The postural collapse leads consequently to a psychophysical collapse with repercussions for the entire vegetative nervous system.

Such repercussions appear in the form of all the strong compressions generated in the bones, the cartilage, nerves, muscle fasciae, blood vessels and inner organs. In the face of such compensatory measures it is evident that this also gives rise to serious symptoms.

We have seen how the triggering of this process can be inferred from a lack of posterior vertical dental dimension in the teeth in the premolar and molar area.

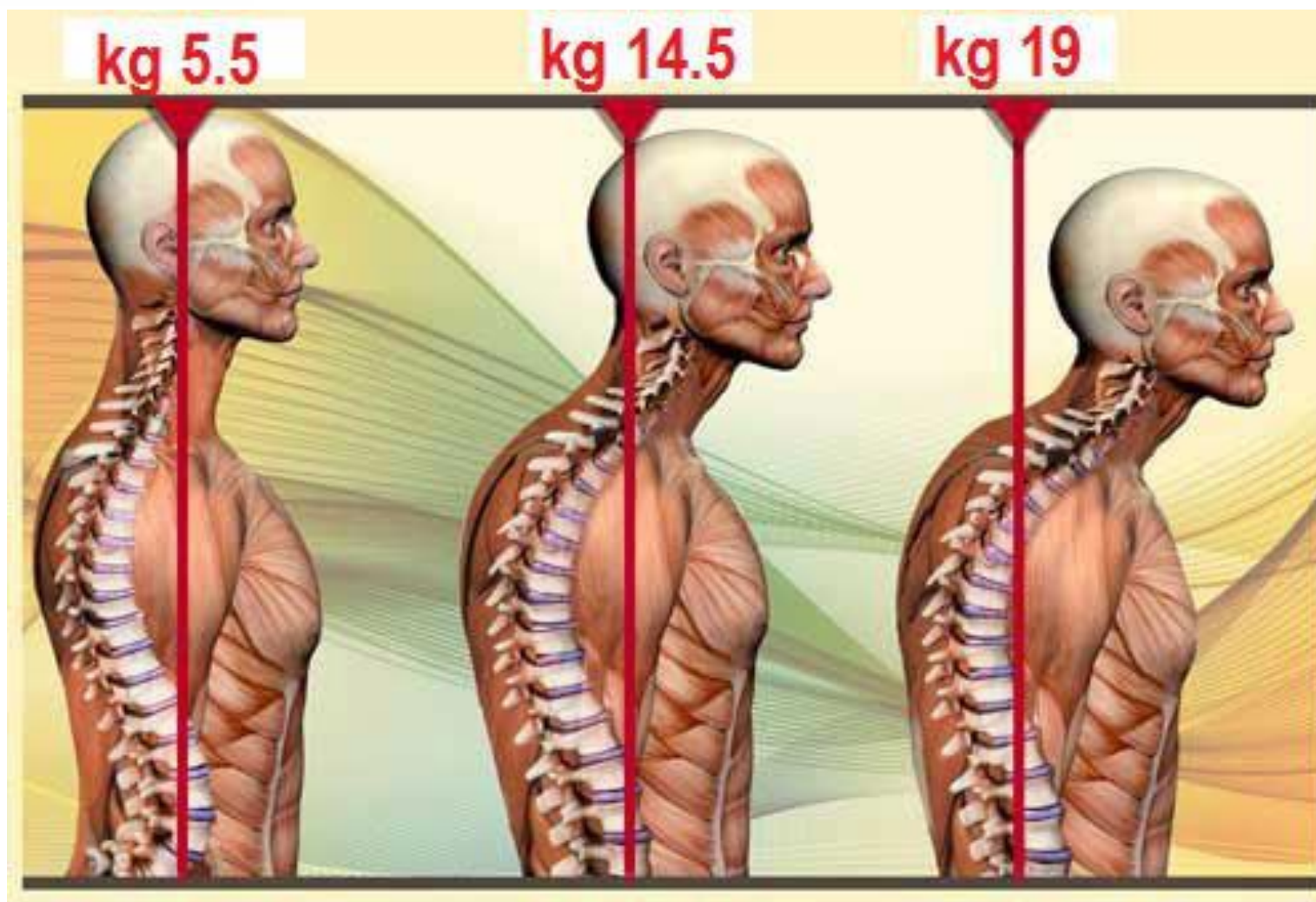
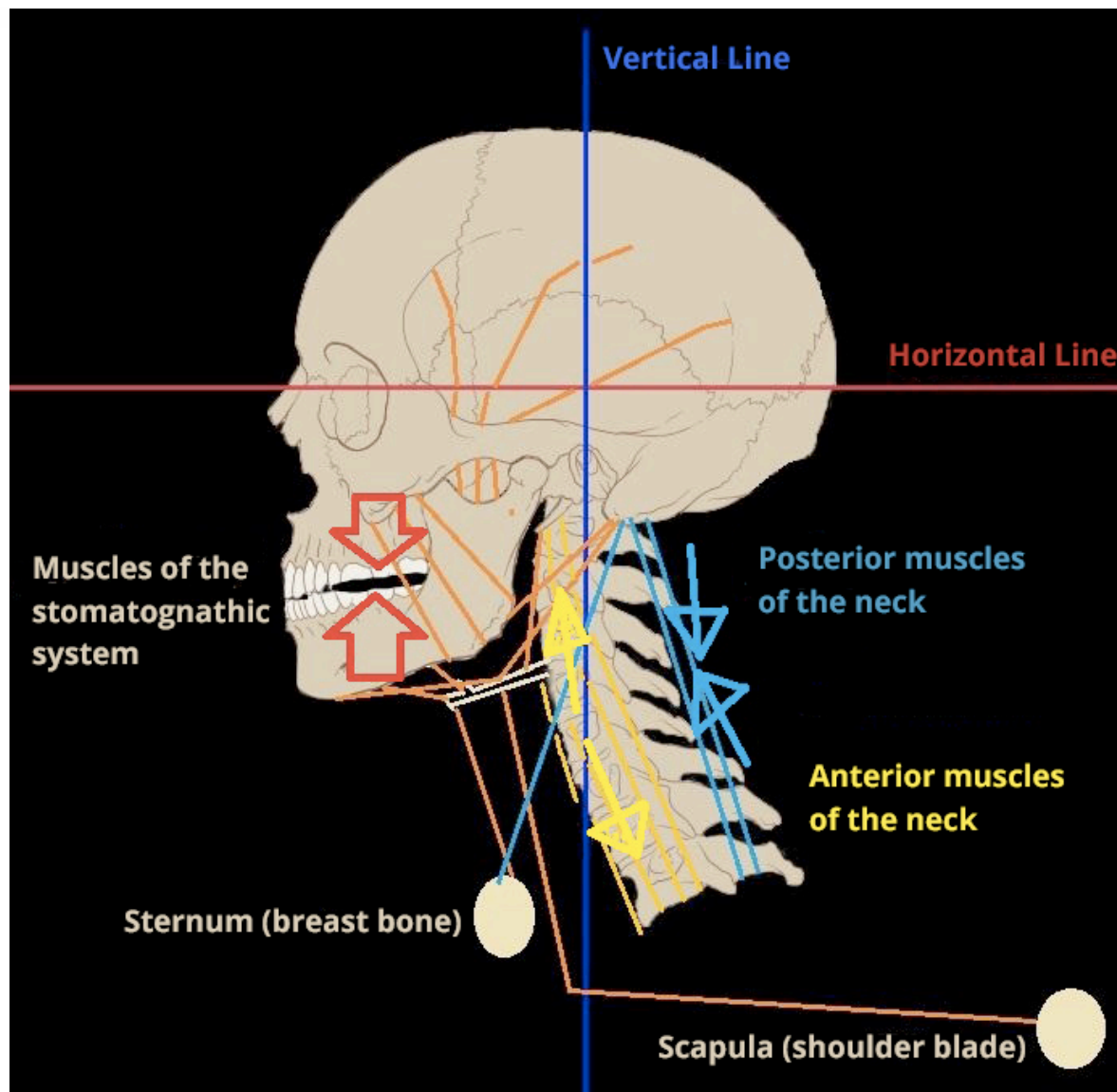


Figure 1

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This lack of vertical dimension in the teeth causes, in the premolar and molar area, a lower pressure in the teeth of the upper dental arch to that of the lower arch.

Therefore it is of fundamental importance to measure the various pressures that arise in the teeth at the moment of occlusion.

By means of an instrument called T-Scan 3, we can measure with extreme precision at which points in the mouth these pressures arise.



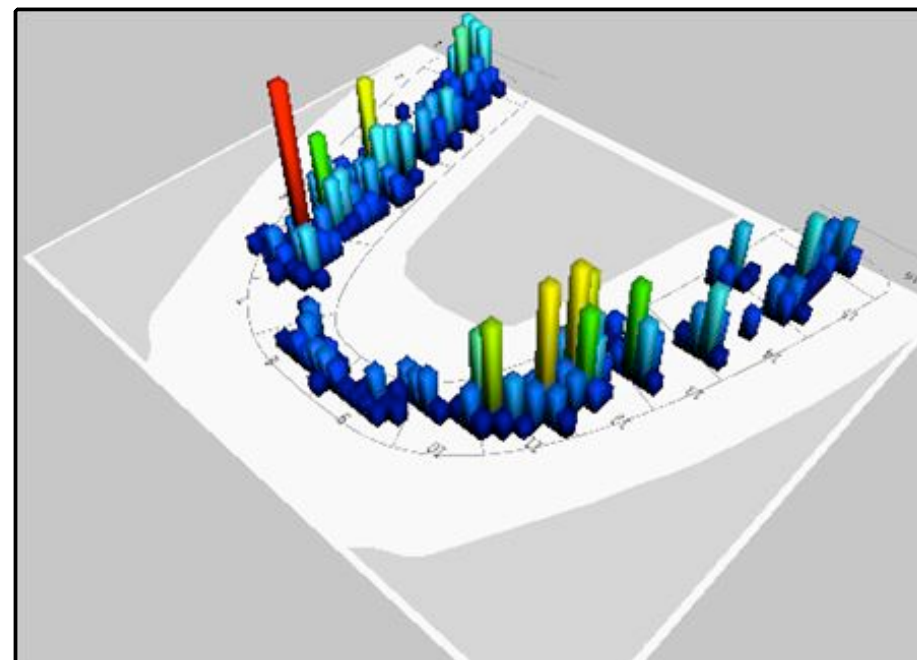
9) How to Measure Pressure in The Teeth During Occlusion

By means of a special instrument (T-Scan 3) we can measure precisely the points at which pressure arises in the teeth during occlusion. The very sensitive probe has been shaped to adapt itself perfectly to the dental arch.

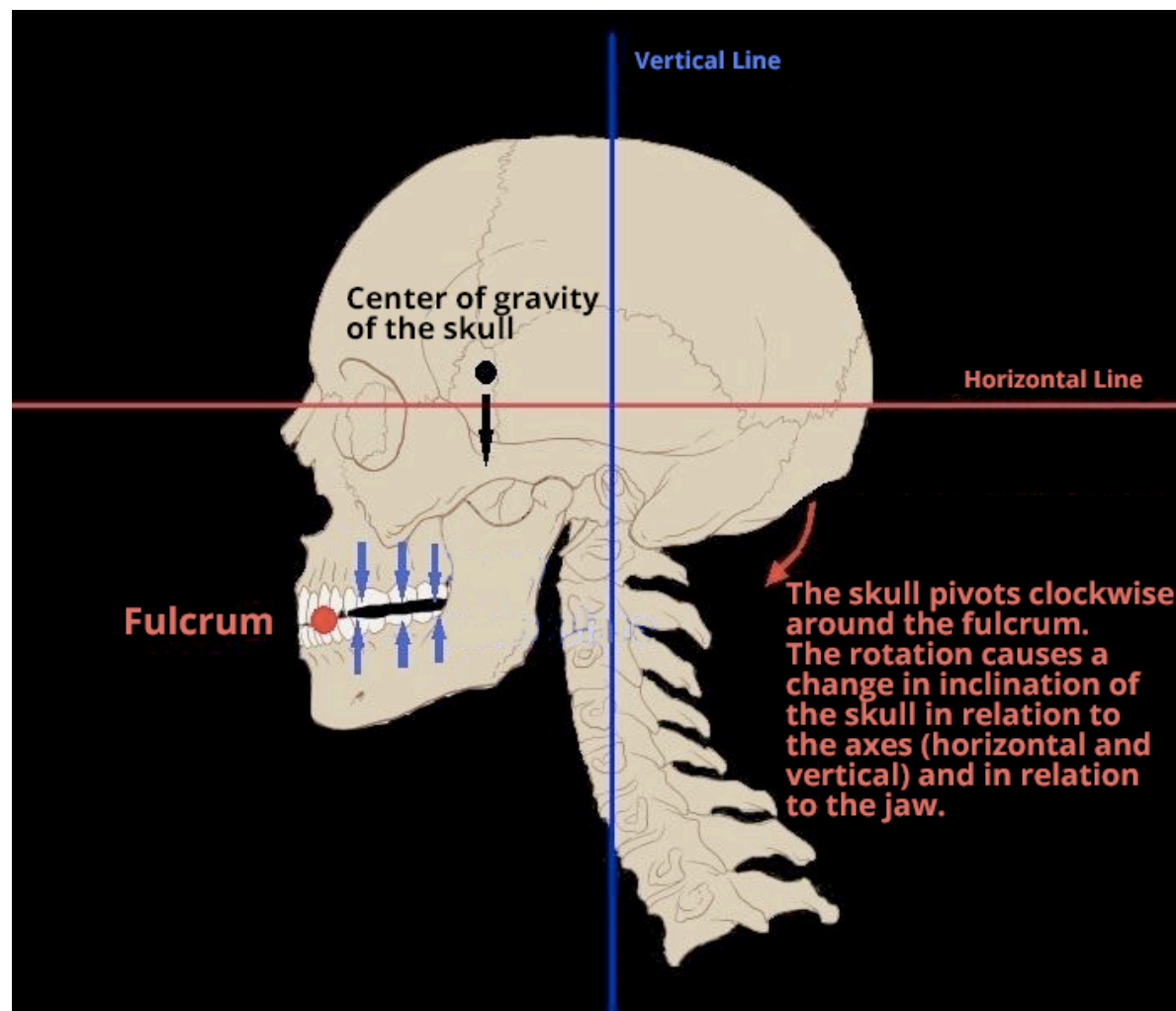
The easily understood graphics of the software itself (2-D, 3-D, a graph that plots force vs. time) display instantly and with precision the points of contact of the teeth, recording the level of force exerted on every single tooth during occlusion. With such data it is easy to visualize and to obtain a perfect bite balance.

On the side we can see an explanatory photo

As we mentioned earlier, individuals who have a collapse that has led to an aggravation of the normal curvature of the spine have a lack of posterior dental height. As we can see in picture 29, their fulcrum is in the front, in the incisor and cuspid area.



28



29



The fulcrum, in physics, is the point of support for a lever, when it lifts an object. We mean by fulcrum that point of a lever with linear displacement equal to 0, when the lever itself is forced into rotation.

Such a fulcrum corresponds with the area of greatest pressure in the teeth. This measurement can be carried out easily with the T-Scan 3.

In this case we can see in picture 29 that the fulcrum, indicated by a red dot, is positioned in the area of the incisors. It is at this point that the pressure of the teeth is the greatest (this can be measured with the T-Scan 3).

In picture 29 the skull does not find the support it needs in the premolar and molar area, thus it does not find a force that counteracts the force of the masseter muscles and the force of gravity (center of gravity of the skull). It lacks, as a consequence, the support which, by exerting an opposing and equal force, pushes the skull upward by means of the occlusion of the teeth.



10) Equilibrium and Newton's Laws of Motion

A body is considered to be in static equilibrium when, initially at rest, it persists in this state of rest.

As physics teaches us, a body at rest needs the sum of the forces that work on it to be equal to 0. In our case, the pressures that arise at the moment of occlusion transfer, by means of the teeth, an equal and opposing force that generates muscle tension. Thus the force that the teeth oppose is equal to the force of gravity and the muscular forces that come to meet it. In the face of this parity of forces the skull remains in a correct position. Obviously, this does not happen if the teeth are not properly extruded. In fact, teeth that are not properly extruded are not capable of creating adequate pressure to oppose the forces generated by the masseter muscles and the weight of the skull.

At this point a quick glance at picture 29 would permit us to intuit easily how decadence of the skull takes place: in the face of the thrust of the forces f_m (muscular force) and

f_{cgc} (force of the center of gravity of the skull) represented by an acting force (F_i), there is an reacting force, or juxtaposing (or, opposing) force (F_j). The opposing force is the force created by the impact of the teeth during occlusion. If this force lacks its principal instrument, dental height, it is not able to impart an equal and opposing force to counterbalance F_i ($f_m + f_{cgc}$). This leads to a sinking of the skull until it finds a new occlusal contact.

There is a lack of the action-reaction principle, which is Newton's Third Law of Motion:

“When one body exerts a force $\mathbf{F}_{i \rightarrow j}$ on a second body, the second body simultaneously exerts a force equal in magnitude and opposite in direction $\mathbf{F}_{j \rightarrow i}$ to that of the first body.” (Isaac Newton)

In our case the action is exerted by the upper teeth operated by the forces f_m and f_{cgc} that in turn do not find in lower dental height their opposing force.

We can say that:



$\mathbf{F}_{i \rightarrow j} = F(fm + fcgc)$ of i (upper dental height) $\rightarrow j$ (lower dental height)

$\mathbf{F}_{j \rightarrow i} = F(fm + fcgc)$ of j (lower dental height) $\rightarrow i$ (upper dental height)

We can say again that in the case of $\mathbf{F}_{j \rightarrow i} = -\mathbf{F}_{i \rightarrow j}$ the skull will be in a state of equilibrium on the jaw.

It is to be noted that if the body i exerts a force on j , the force that j exerts on i is “simultaneous”.

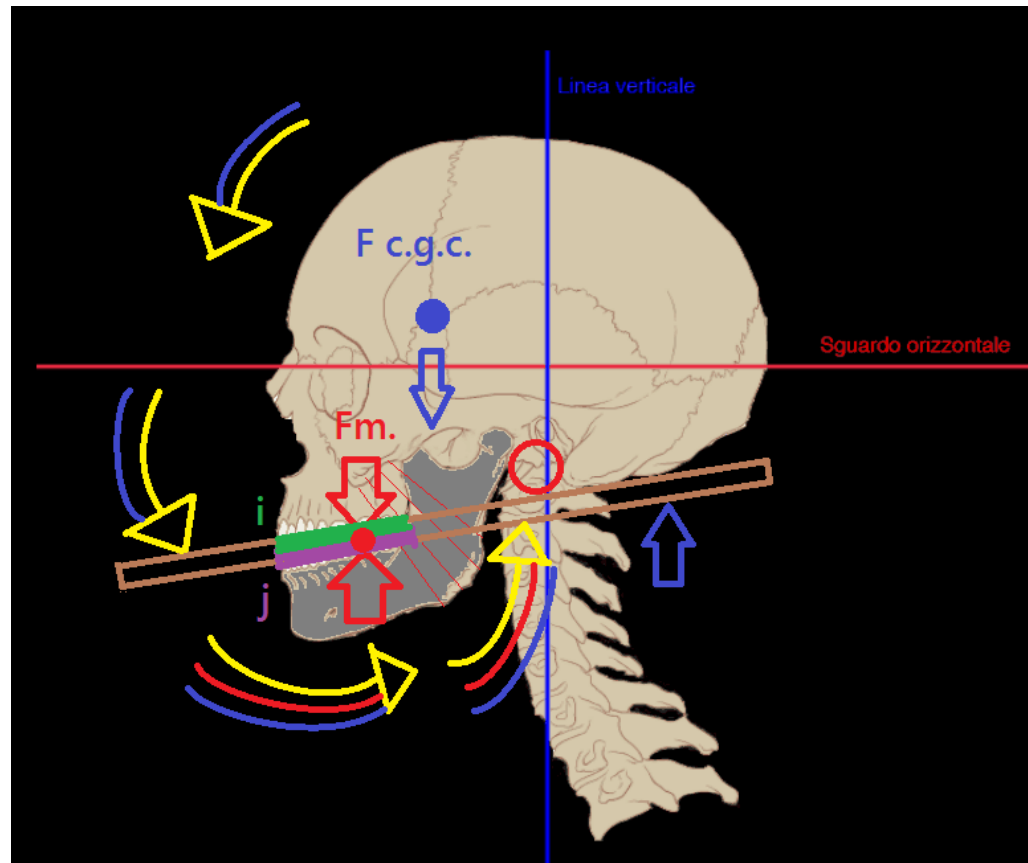
At this point we should ask ourselves: why ever did we mention $fcgc$, which is a force that constantly comes from above and which pulls the skull downward, in both equations?

How is it possible that the force of gravity which pulls the skull downward is used to drive the skull upward?

The human body is an extraordinary organism and for that reason has found in an organic manner the way to remain erect with as little expenditure of energy as possible. To do this it has reused part of the weight of the skull imposed by gravity. In other words it has used a very simple mechanism: it has made use of a lever, whose role I will explain in the following pages.



11) The Mechanism That Supports The Skull



30



How does the skull keep itself poised at the top of the body? The majority of those who study the body maintain that the skull rests entirely on the first cervical vertebra, supported by the muscles of the neck. These scholars state that the jaw has no influence whatsoever on the posture of the skull. In the next pages we will see that this is true only in part. The reality is in fact more complex.

To understand how the skull is supported it is necessary to observe it in two separate moments: the moment when it is at rest, and during swallowing.

The moment of repose is that between one swallow and the other and is the normal condition, the one in which we find ourselves for longer period of time. During this phase we carry out the common activities of daily living (speaking, breathing...). In this phase the skull rests almost all its weight on the first cervical vertebra. The small remaining portion of weight is loaded onto the dental arches during occlusion (don't confuse occlusion with swallowing). For example, when we speak the jaw does not contribute any more to the maintenance of the skull. In that moment the

entire weight of the skull rests on the first cervical vertebra. In this case the skull is stabilized by the muscles of the neck.

Swallowing is that very short (less than a second) and intense phase in which the dental arches stabilize the skull. This phase is important because the skull does not only discharge its own weight, but, with the work of the masseter muscles, comes to produce an average of 30 kg that are discharged and distributed onto the dental arches.

Thus we can see that the skull has two different supports (the dental arches and the first cervical vertebra) at two particular moments (swallowing phase and occlusion phase). These supports are always present, but according to the needs of the moment, one or the other dominates.

But what role does the jaw play, other than to stabilize the skull?

As we have seen the skull rests on the first cervical vertebra which allows for ample rotational movement. The



vertical line of the body's center of balance passes through that point. Vice versa, the center of gravity of the skull (f.c.g.c.), further forward than the vertical axis, is found to its left (see picture 30). Due to the pressure of the force of gravity and the muscular forces on the point of f.c.g.c., situated to the left of the atlanto-occipital area, the skull tends to roll forward. This happens because the skull sits securely anchored in the atlanto-occipital zone, but undergoes pressure from above at the point of f.c.g.c..

Thus the skull, in the occlusion phase, under the impetus of its own weight, rotates on the atlanto-occipital joint until discharging the lesser part of its own weight onto the jaw.

At the moment of occlusion in which the planes i and j meet, we have Newton's Third Law, described previously. If the body i exerts a force on j, the force that j exerts on i is "simultaneous".

It should be said that there are two forces that operate the lever: the fm and the fcgc, which constitute F (fm + fcgc).

Thanks to the muscles of the stomatognathic apparatus, which act on the jaw, part of the weight of the skull is redirected to the interior of the circuit, as happens in picture 30. In practice the jaw retrieves the weight discharged by the skull in the occlusion phase, to keep the skull in posture.

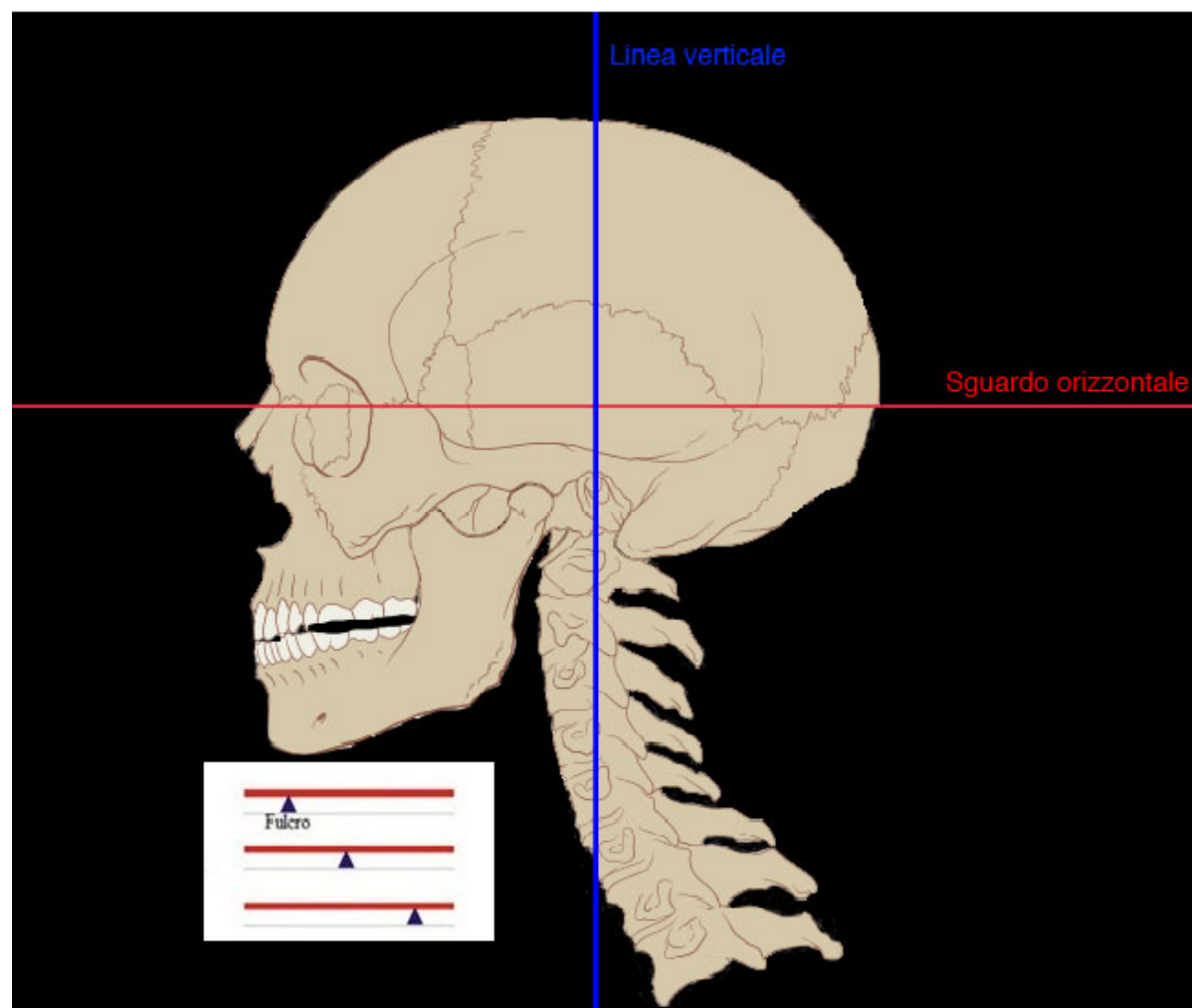
As a result part of this force, together with the muscular force, constitutes the resultant force that drives the skull upward towards its own level on the atlanto-occipital joint. Thus we can confirm:

[This rotary motion is necessary for transferring to the underlying structures.]

This passage will become clearer, while continuing with the reading of the text, thanks to another important principle: that of the lever.



12) What Happens if We Remove the Dental Height?



31



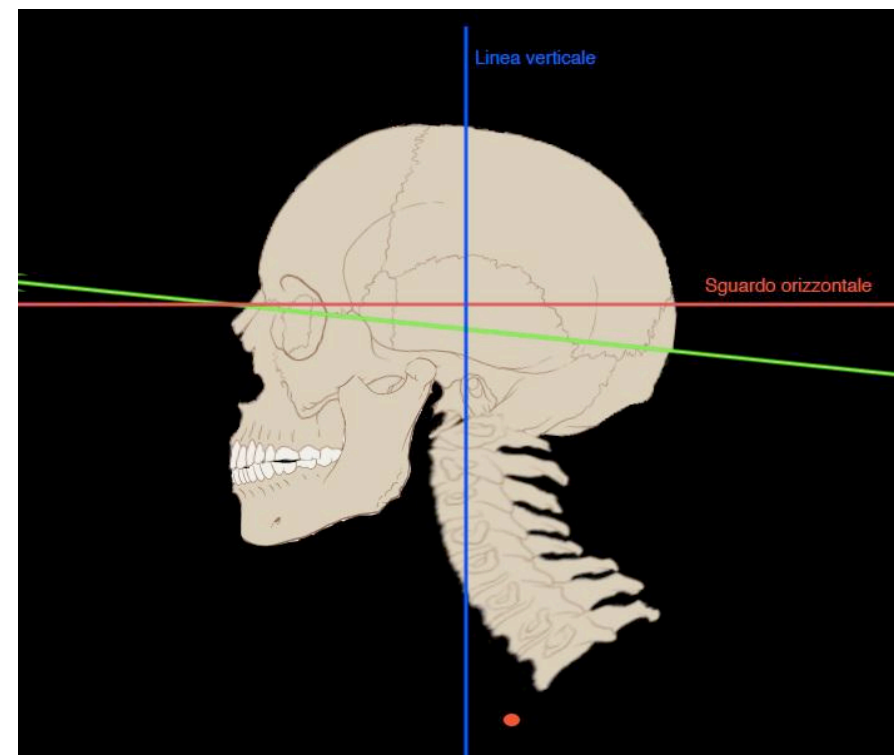
When we raise the dental height in the premolar and molar areas there is a shift of the fulcrum from this area to the incisor and cuspid area. (see picture 31).

With the passage of time the skull rotates clockwise around the fulcrum. (Picture 32 compared to picture 29) The rotation causes a change in the inclination of the skull in relation to the horizontal and vertical axes and to the jaw. Thus the skull sinks, until it finds an occlusal contact that supports it, as explained by the principle of action-reaction.

In other terms, the skull sinks until the pressure of the point of contact of the teeth moves from the incisor area to the premolar and molar area. In fact, the premolars and molars exert the force (so-called “reaction force”) that, during occlusion, opposes the skull.

Now it can be easily grasped how a lack of dental height alters the posture irremediably.

The decline of the posture of the skull can be observed in picture 32, which, in regard to picture 31, shows a head that has sunken considerably.



32



With the decline of the skull, as illustrated in picture 32, the premolar and molar teeth, whether on the upper dental arch or the lower, find a new occlusal contact. This impedes the skull from sinking further, as it finds an adequate support. In practice, the premolars and molars, in this stage of decline of the skull, finally succeed in halting the sinking, opposing with a force of equal intensity, and from the opposite direction.

This phenomenon can be observed due to the fact that as it sinks the skull changes its inclination in respect to the jaw. Such an inclination inevitably alters the direction of the gaze.

As well, in such a condition, the skull relentlessly compresses the spine, reducing the intervertebral disc space and aggravating the physiological curvature of the spine (cervical lordosis, thoracic kyphosis, lumbar lordosis).



13) What Can Be Done to Remedy the Sinking of The Skull, and to Straighten Things Out?

To bring the skull back to its ideal position it is necessary to substitute the missing dental height. To do that it is necessary to make use of the Rectifier, to be placed on the lower dental arch.

This tool provides the missing dental height, which in turn, at the moment of occlusion, exerts an opposing force to the forces that push the skull down.

For the Rectifier to work, it is important to place it in such a way that it creates a new occlusion in place of the old one. The new occlusion has to be captured when the individual is in a perfectly upright position (to do this it is necessary to be seated). In this position the new bite is taken and impressed onto casting resin. This process is called registration. From this moment on the individual is forced by the plate to return to a correct position. This procedure has to be repeated approximately every 12 to 17 days, to update the occlusion. The interval between one

registration and another depends on the progress of the treatment. Little by little, as the therapy progresses, the occlusion tends to change more and more. This change signals the return of the skull to its ideal position.

As we have written, the role of the Rectifier is that of providing the right dental support to the skull and to bring it back to its correct position. In fact, the Rectifier offers the skull precisely that support that the teeth are not able to give.

Nevertheless, even if the Rectifier offers an immediate support to the skull, the spine does not straighten itself immediately, but rather it requires a certain period of time to do this that varies according to a number of variables: age of the individual, severity of the displacement, life style, use of adjuvants, and what shape the musculature is in.

In fact, as we have seen, the new position of the skull imprinted on the resin tends to bring the skull back to its correct skeletal axis. As a result, the spine is orientated to



the symmetry and natural physiology of its curves. But the musculature needs much more time to return to symmetry. This is why it is said that the symmetry of the skeleton is achieved first and that only afterward, after a much longer period of time, the symmetry of the musculature. It happens this way as the muscles follow the bones.

The muscles need more time to become symmetrical as in the period between one modification and another they are called upon to do heavy work. In fact, during this process, while some tend to extend, their antagonists tend to contact.

In a few words, they have to “decompensate”, or, they have to go through an inverse process to the muscular compensation that occurred during postural decay and, consequently, with the collapse of the skull.

Very important in this process, especially for more complex cases, is learning to listen to the feelings and sensations that one’s own body sends. It is these that give

the correct indications to carry out the next modification to be done to the Rectifier (self-healing and feedback).

It is also very important to dedicate a certain amount of attention to observing and studying one’s own asymmetry in front of a mirror.

In order to understand all the signals communicated by one’s own body it takes time and practice. This ability needs to be acquired in order to find the best possible occlusion that, over time, leads the individual to a definitive realignment.

The time that elapses between one modification and another varies from between 12 to 17 days. This interval can be shortened or even extended, in particular cases.

In theory, it is the individual who must be able to realize when the right moment comes to make a modification. If this doesn’t happen, then the individual can respect the standard period of 12 to 17 days, to make the modification.



If the usual interval has elapsed then a new modification is made. Thus another imprint is made on the casting resin (the registration). The new imprint is transferred from the occlusion to all the adjacent structures and consequently to the entire body: muscles in the neck, in the back, and so forth. At the end of 12-17 days the body completes the modification and needs to repeat the process. One proceeds in this way until there is a definitive realignment.

The individual is not only applying a method of straightening the back, but becomes a participant in self-healing, listening and interpreting the signals of the body.

The insertion of the Rectifier into one's own oral cavity, although appearing at first to be invasive, becomes perfectly tolerable, after a brief period of adjustment.



14) The Role of the Rectifier in the Profile View (sagittal plane, vertical axis): The Lever Effect

A “Eureka!” moment

In one of the earlier chapters I alluded to the lever effect. At that time I was able to intuit the effect that the Rectifier, placed on my lower teeth, had on my body. I really had the feeling of a lever that pushed my skull upwards and finally stretched my back.

I was able to perceive through my body the verification of the following principle: in the moment of occlusal contact, to the degree that the jaw pulled backwards, pushing itself towards the cervical area, that much more was the skull driven upwards, extending the spine.

But for a long time I was not able to explain rationally how this process took place. The principle reason that kept me from understanding how a lever found a practical application in the craniocervical mandibular system was due to my erroneous conviction that the fulcrum was positioned on the atlanto-occipital joint.

At first glance it seemed evident to me that the skull did not have its fulcrum on the teeth, but on the atlanto-occipital joint. Truly, it is known that the skull really does tilt on the atlanto-occipital joint. It was here that the fulcrum had to be. Except that it wasn't. On the other hand, that theory had never satisfied me completely. In fact, there was no scientific proof for it, because it doesn't explain the reason for the change in the inclination of the skull.

Thus, the skull did not have its fulcrum on the atlanto-occipital joint. The sole role of the atlanto-occipital joint is to permit the skull to tilt. There is another force that pushes the skull upward. It was there that the fulcrum must be. More precisely, that fulcrum is placed between the teeth (the point at which the muscular force is applied) and the atlanto-occipital joint (the point at which the skull is driven upward).

At that time I had not yet identified the point on which the skull rotated, that is, the fulcrum!

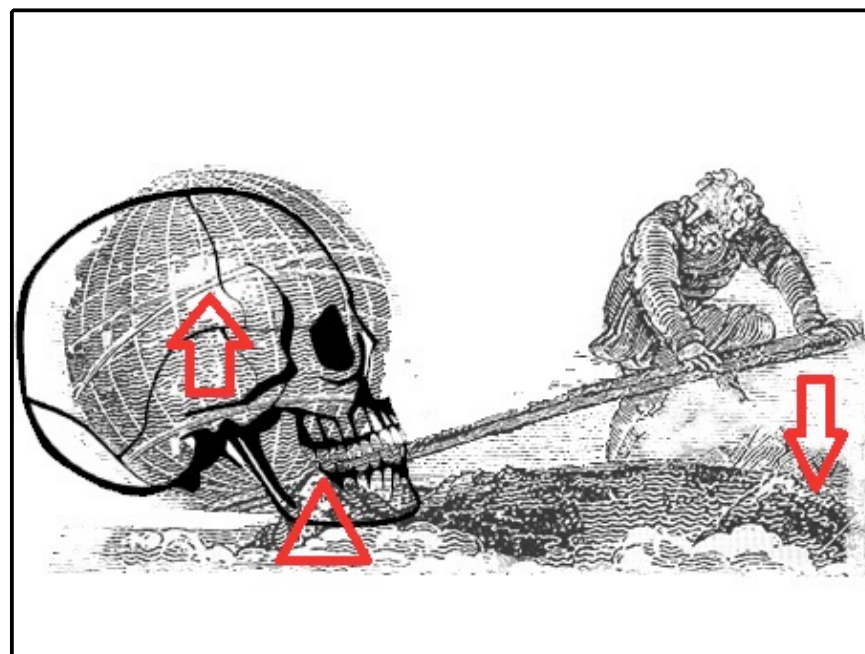


One day, during my research I came across some pictures. Two of them were illuminating!

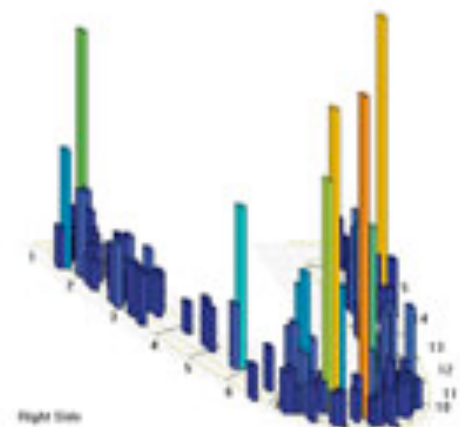
The first were those of a T-Scan which showed the pressure applied to the maxillary arches during occlusion that led me to understand that the fulcrum resided, as it should, in the area of maximum pressure. Thus I had finally identified the fulcrum, it was on the teeth!

Once the fulcrum was identified, the other insight was gained by superimposing two images: one was a famous one of Archimedes, who would lift the Earth by means of a lever on a point of support, and the other was that of a skull.

I simply put the skull in place of the Earth. In fact, in the original picture there was a man with a lever who was lifting the Earth. Moreover, I made the molars on the fulcrum match up so they corresponded with the rock the lever, meant to lift the Earth, stood on. In fact, in picture 33 the lever rests on the molars, to lift the skull.



33



34



It was easy to position the skull on the lever just there where the Earth sat, as I had finally found the fulcrum. The fulcrum that lifts the skull had therefore to be the missing dental height recreated by the Rectifier, right there in the premolar and molar area.

Finally everything came back to me. Finally I had found the scientific explanation for how the Rectifier worked. This tool lifted the skull in regard to the jaw only in the premolar and molar area, making it alter its inclination in regard to its point of support (the jaw).

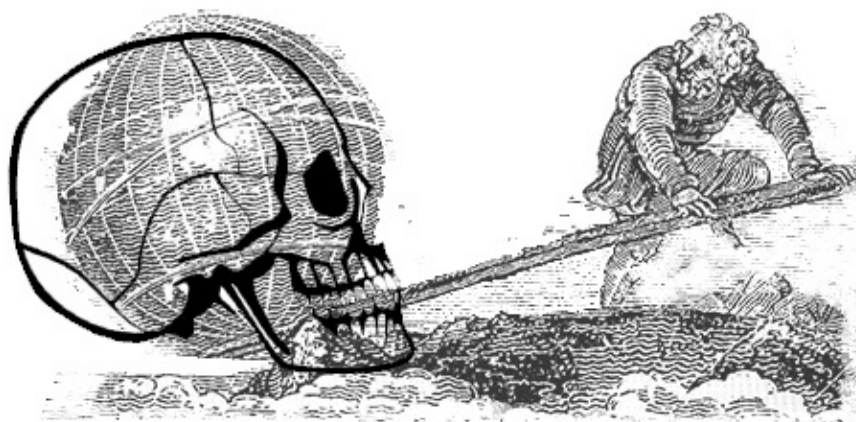
The skull finds a fixed point of support precisely on the jaw. We will explain this phenomenon in the following pages.

The important thing is that finally there was clarity!



The lever effect

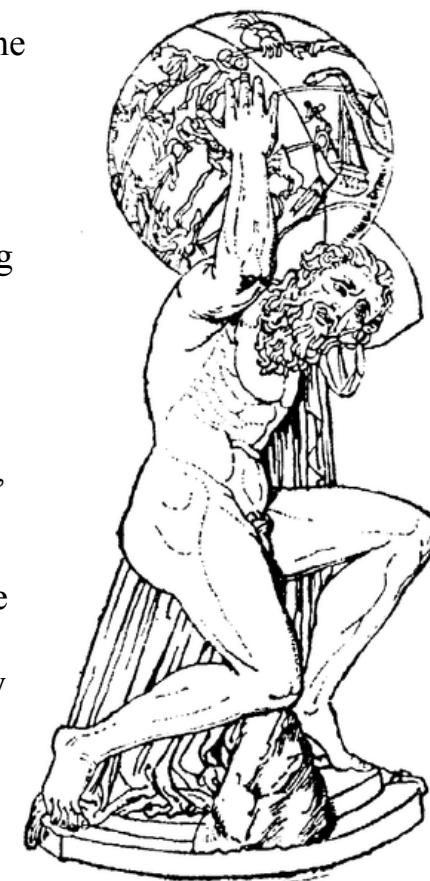
"Give me a place to stand on, and I will move the Earth." (Archimedes)



35

A very curious anecdote: a kind of irony that the first cervical vertebra, that one that supports the skull, is also called "the atlas".

Atlas was a figure in Greek mythology. He was a Titan, son of Zeus and Clymene. According to Hesiod, Zeus forced him to carry the entire sky on his shoulders. The punishment was inflicted on him for having been allied with Zeus's father, Cronos, who led the revolt against the Olympians. In the Odyssey he is described poetically as one of the pillars of Heaven. Archimedes recognized very well the efficacy of the lever, to the point of being able to summarize its extraordinary potential in the famous quote: "Give me a place



36



famous quote: “Give me a place to stand on, and I will move the Earth.”

The function of the Rectifier, used according to the Starecta method, consists in recreating that “place to stand on” to then apply a fulcrum to raise the skull.

Here is how the lever works:

The head is the heaviest part of the human body, weighing on average 4 kg, for which nature has devised a very ingenious method to keep it in place at the highest point in our body without weighing us down.

To reduce the load on the neck muscles, nature makes use of a lever.

The lever that supports the skull is made up of the jaw and the teeth. If the teeth have adequate vertical height, with uniform distribution of force along all the arches, the lever functions well, otherwise it is necessary to create artificial height.

Thanks to the Rectifier, the necessary height is created. In this way the principle of action and reaction can be applied (Newton’s Third Law of Motion), described earlier.

The Rectifier intervenes on the dental arches to create a new occlusion. The new occlusion, by means of this method, causes:

- 1) the skull to reposition itself along the vertical skeletal axis
- 2) a redistribution of the forces of pressure found within the teeth.

These forces can be measured with the T-Scan 3.

Once the Rectifier has had an effect, the forces of pressure redistribute themselves along the dental arches and, consequently, the fulcrum positions itself uniformly in the premolar and molar area.

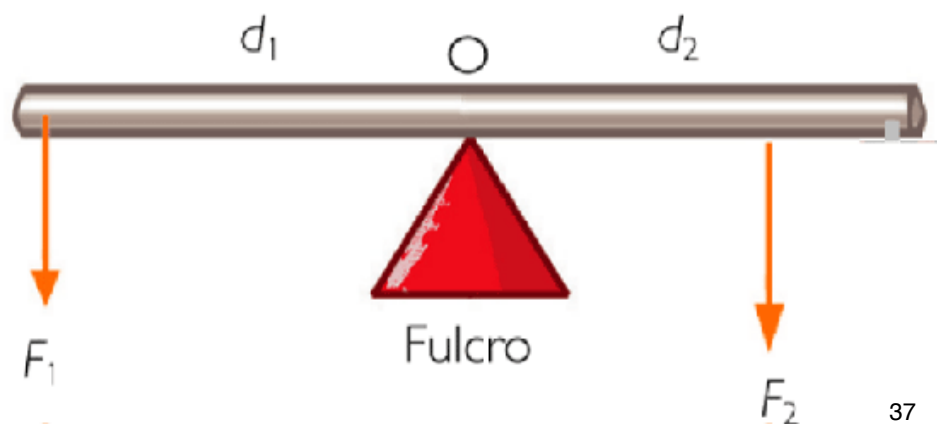
In this case, based on Newton’s Law of Action and Reaction, a force applied to an object from one direction



generates an equal force that works in the opposite direction.

The masseter and temporal muscles are responsible for closing the teeth, thus for occlusal contact. It is precisely during occlusal contact that the lever effect is generated, which permits the lifting of the skull. Such a lever is defined as a “first class lever”.

The first class lever: with this type of lever the fulcrum is placed between two opposing forces; this lever can be advantageous, disadvantageous, or neutral. As we can see in picture 37, the fulcrum is located between F_1 and F_2 .

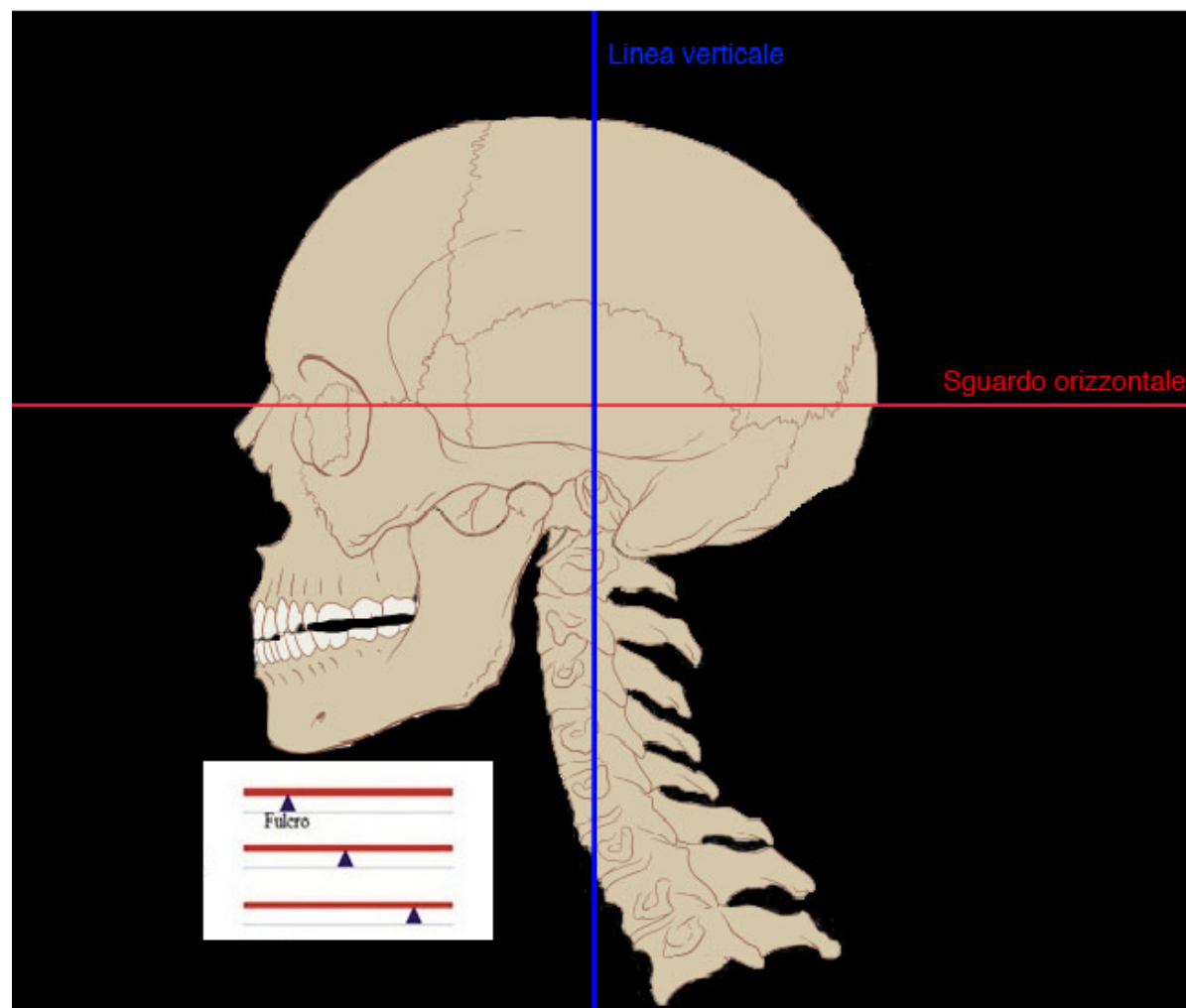


The advantage or disadvantage of the lever is based on the change of position of the fulcrum. By means of inserting the Rectifier, a new occlusion is created. Thanks to this new occlusion, the pressures exerted by the contact of the teeth are shifted to the premolar and molar area.

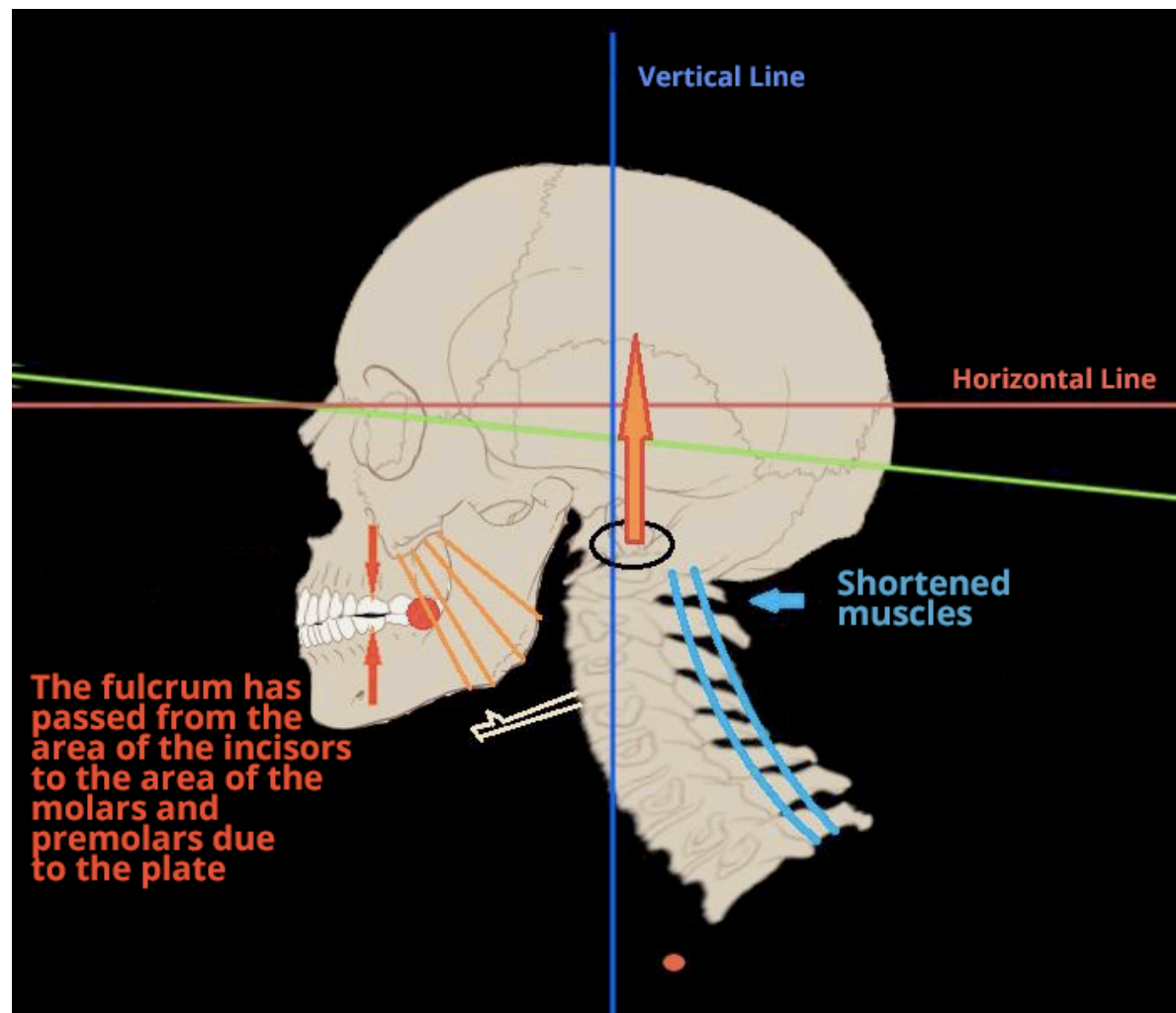


As we can see in Photo 39, the lever effect works in such a way that the skull rotates upward as if it were being pulled by the atlanto-occipital joint.

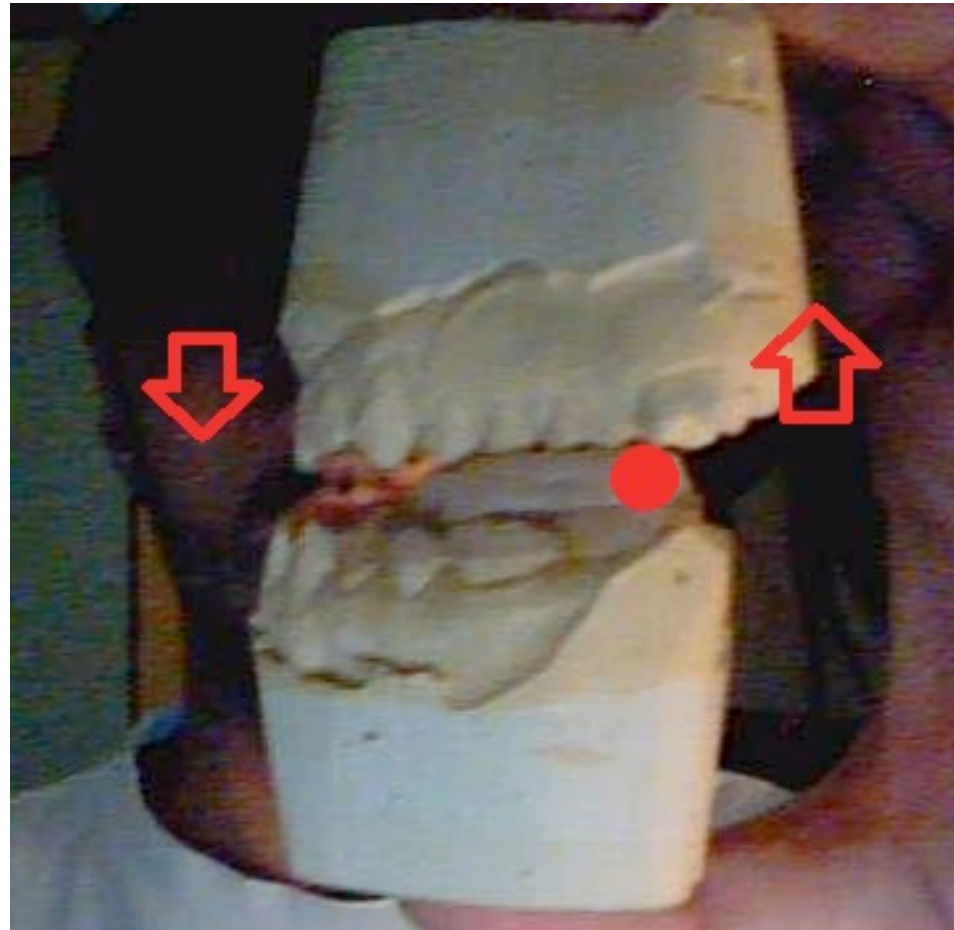
In pictures 40 and 41 we see the Rectifier which repositions the fulcrum in the premolar and molar area.



39



40



41



15) How to Make The Lever Advantageous With The Rectifier

With the advance of treatment, space created within the rear arches increases. The skull slowly returns to the correct position, changing its inclination with respect to the jaw.

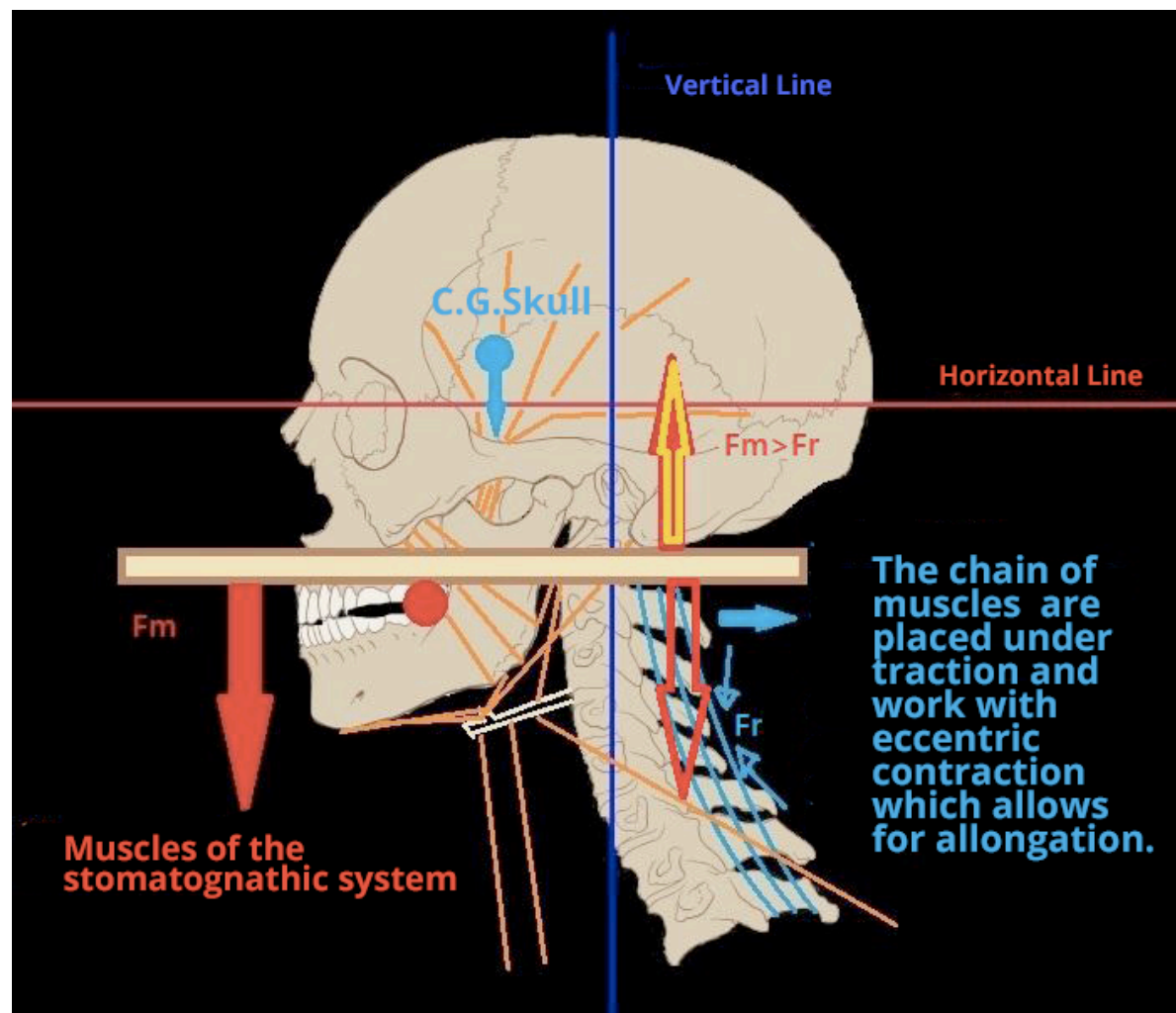
With the advance of treatment muscles chains (blue lines) stretch in an isometric fashion, with eccentric contraction. These muscle chains are subjected to a continuous stretching very tiring to the body.

The arrow F_m represents the direction of the force exerted by the muscles of the stomatognathic system.

The arrow F_r represents the direction of the force exerted by the shortened muscle chains, plus the force of gravity.

When the fulcrum is located in the canine-incisor area F_m is less than F_r . In this case the lever is not able to keep the skull in an ideal position. Conversely, when the fulcrum is

in the premolar and molar area, F_r is greater than F_m as the lever is perfectly capable of maintaining the skull upright. We can also say that when the fulcrum is in the canine-incisor area, the lever is disadvantageous, when it is in the premolar and molar area it is advantageous.



42



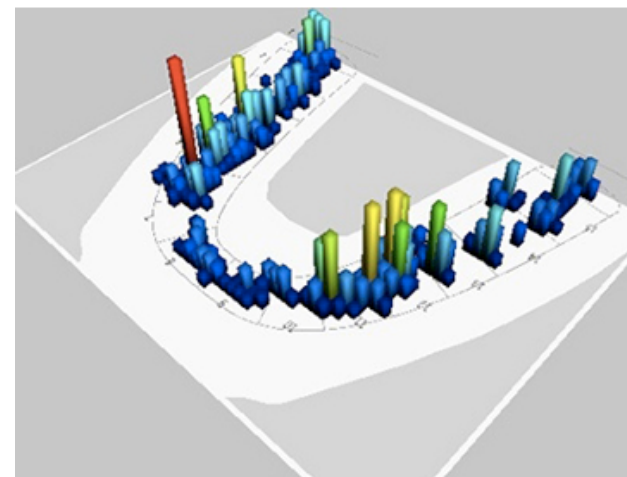
16) How Correct Posture is Transferred from the Teeth to the Rest of the Body

As we have seen previously, by means of the Rectifier support to the skull can be provided in such a way as to compensate for lack of dental height. The straightening of the skull also changes the spine, but it is by means of swallowing that the muscles withdraw that keep us in posture. Just think of two very significant facts:

- 1) The force emitted by the contact of the cuspids at the moment of occlusion can reach up to 400 kg.
- 2) Every act of swallowing redistributes 1 kg of force along the entire spine.

The force applied to the teeth during swallowing is about 30 kg, for the duration of around 685 milliseconds.

In picture 44, the skull, with the Rectifier, redistributes the load in a uniform manner along all the dental arches.

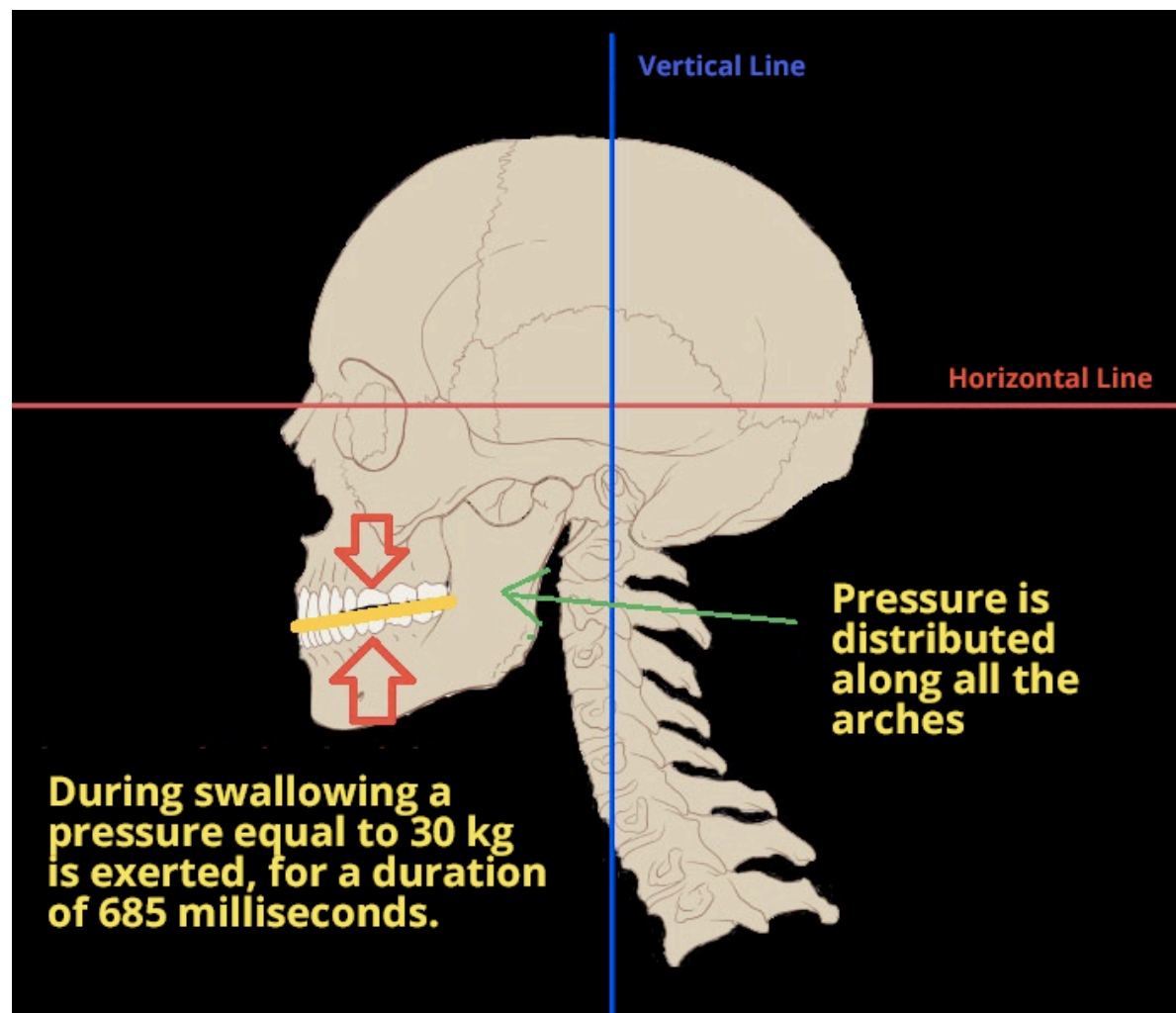


30 kg
distributed
along the
entire arch

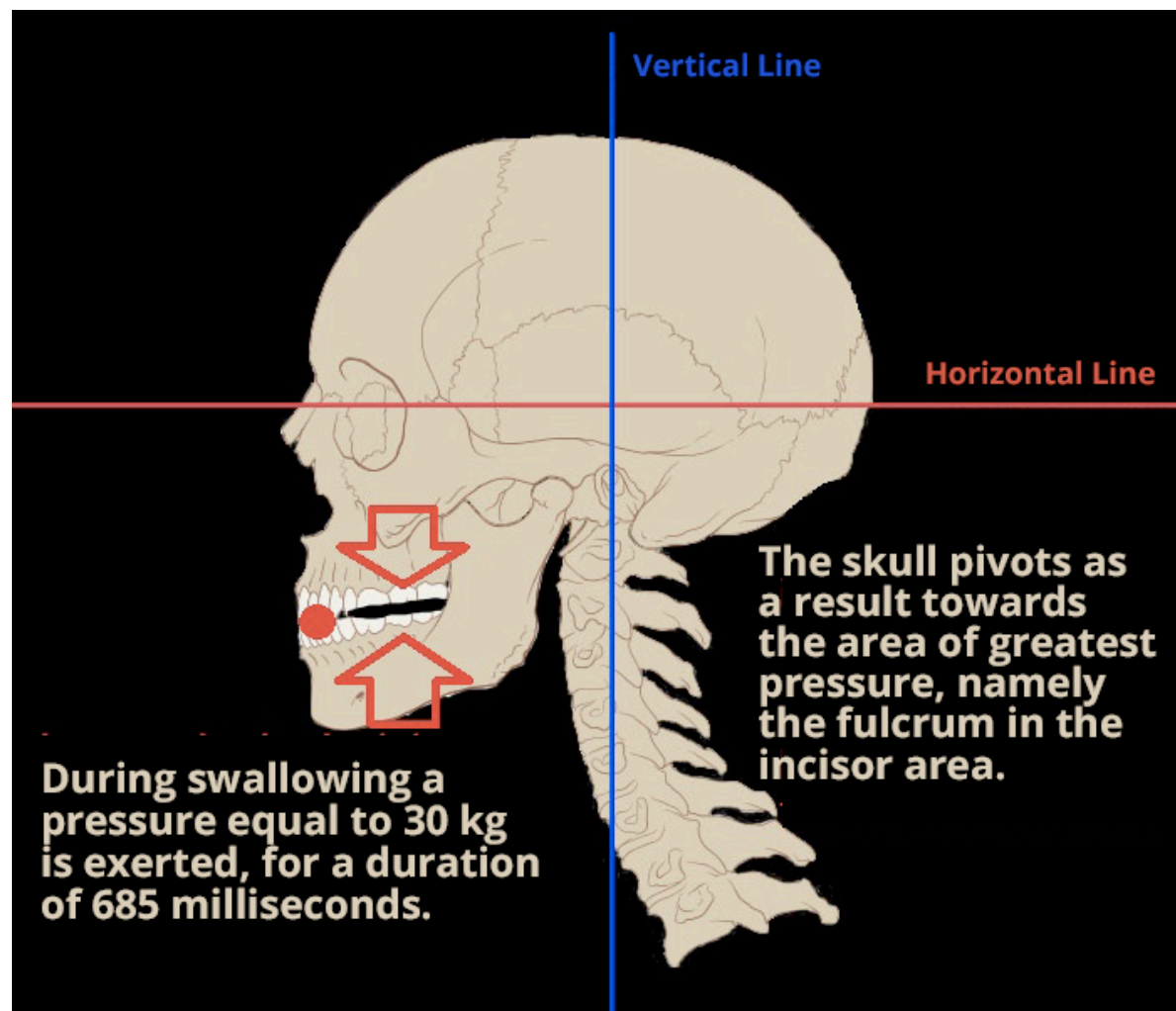
43

In picture 45, without dental height the pressure is exerted only in the incisor and canine area, thus the fulcrum is situated in this area.

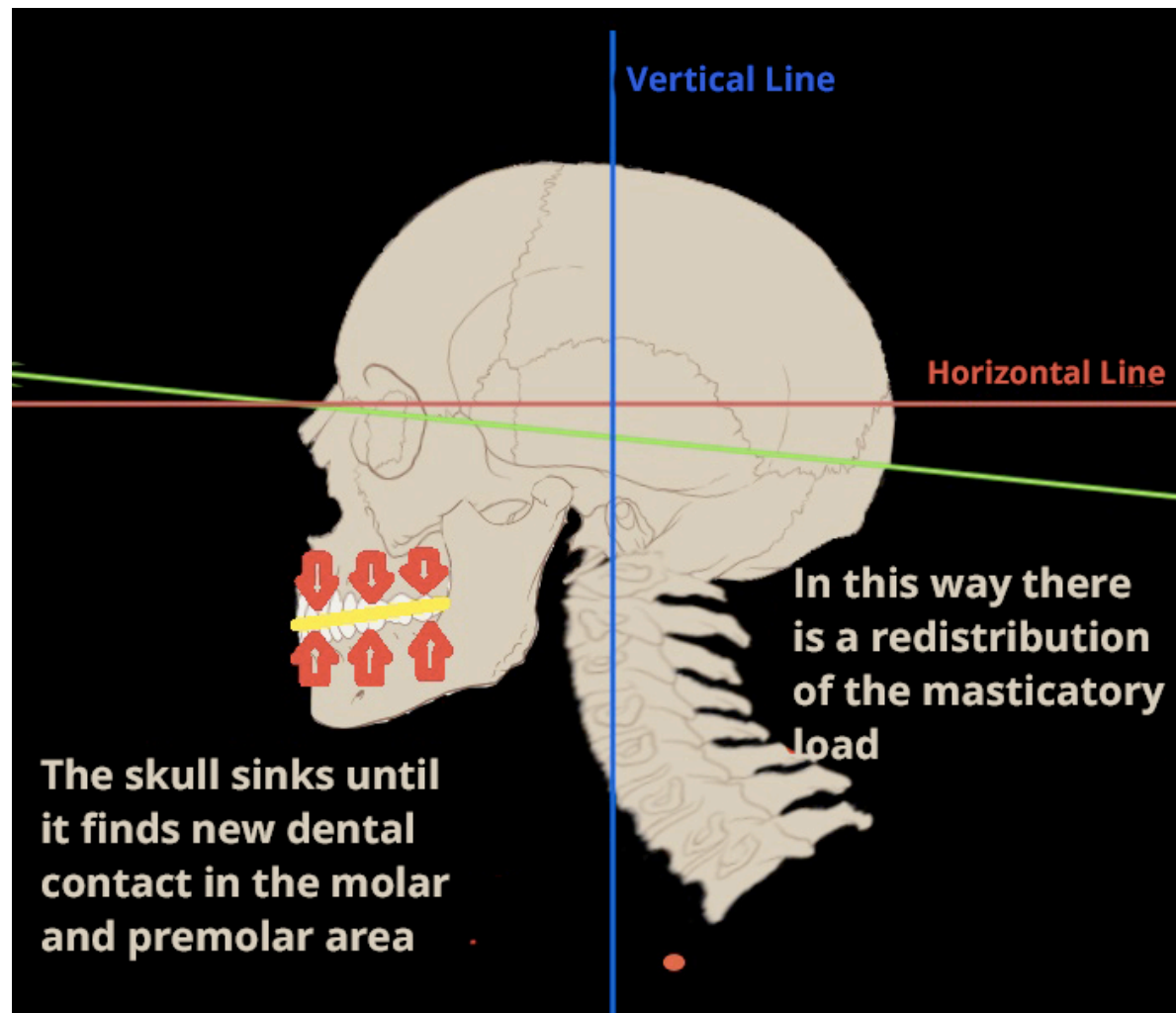
Picture 46 shows the decline of the skull as it was in picture 45. In fact in picture 46 it is visible just how much the skull has sunk, changing the direction of the gaze. In picture 46, the skull, having sunk down, finds a new stable occlusion and there is a redistribution of the masticatory loads.



44



45



46



It must be said that with every swallow the tongue pushes against the palate with a force of around 1 kg per square inch. Considering that over 24 hours 1500-2000 acts of swallowing are carried out, it follows that throughout the day a force of 2000 kg is exerted along the entire oral cavity.

This happens because the strongest muscle in our body, the masseter, does its work within the stomatognathic system.

This information helps us to understand that these forces have their origin in the mouth and are transferred to the underlying structures, modifying them in turn.

In the following chapters this phenomenon is explained in detail.



17) The Craniocervical Mandibular System

The system that keeps the skull in position is autonomous and involuntary. It is called the craniocervical mandibular system and works as a functional biomechanical unit. The cornerstones of this system are represented by the temporomandibular joint, the atlanto-occipital joint and by the “hanger system” of the hyoid bone. Other integral and fundamental parts of this system are: an adequate dental height, the swallowing mechanism, and all the muscles that activate these joints.

We can say that remaining upright is a natural process of the human body. The equilibrium reaction is a reflexive process and is involuntary. It is not possible to eliminate it, by trying to assume postures that are extremely straight, as it is stimulated in this case by a lack of dental height.

But what does the jaw do to support the skull?

The jaw and the stomatognathic system: a solid foundation whereon to find a foothold and use a lever.

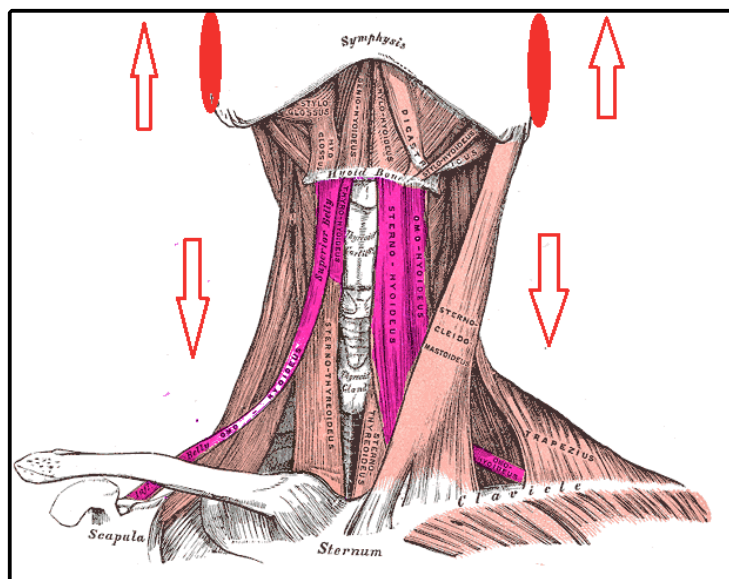
The jaw bone (the mandible) is a bone of the splanchnocranium, and is a single, median bone. It is the only bone in the face provided with a moveable joint, the temporomandibular joint.

Being the only bone with a moveable joint, the jaw bone is suspended between the skull and the hyoid bone. It becomes a stable and load-bearing structure only at the moment of occlusal contact. The greatest stability is created more precisely in the act of swallowing. In addition, its mobility makes it difficult to understand that it can be a solid fulcrum and of fundamental importance in the maintenance of the skull. It is just this dual nature that makes the jaw, with the teeth and the stomatognathic apparatus, the base on which the skull rests, within this closed-circuit system.

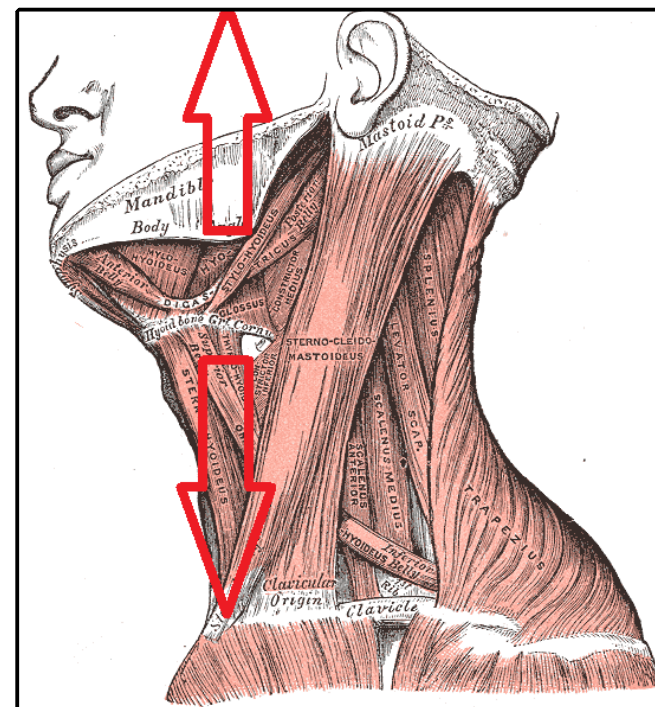
Consequently, what makes it difficult to understand the nature of the jaw is the fact that it does not offer constant support to the skull. Precisely for this reason this double function is not recognized by everyone today, and the important role of the jaw is not sufficiently appreciated.



In addition it is necessary to say that occlusal contact takes place either involuntarily (part. during swallowing) or voluntarily (part. when clenching the teeth). The support of the skull by means of occlusal contact becomes the most stable during a stronger closure of the jaw. In fact, during the act of swallowing the muscles of the stomatognathic system go into action, and it is precisely at that moment



47



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that the jaw becomes a solid structure, just like the mast of sailboat supported by sheets.

During this process, the levator, as well as the depressor, muscles of the jaw contract together. When these muscles



contract together, from opposite sides, they become ties that stabilize the jaw.

It is precisely during the act of swallowing that the forces generated by the contact of the teeth are transmitted to the underlying structures. Swallowing, like our heartbeat, accompanies us throughout our entire life.

With every swallow, the tongue thrusts with a force of about 1 kg per square inch. Considering that within 24 hours there are 1500-2000 swallows, we can say that in a day 2000 kg of force are transmitted to the underlying structures.

The muscles that allow this complex mechanism of the jaw are the masticatory muscles (temporal, masseter, external and internal pterigoid), the postural coordination muscles (suprahyoid and infrahyoid muscles), the muscles at the base of the skull (atlas trapezius muscles) and dental occlusion. This complex relationship between jaw, skull and hyoid bone connects, by means of the infrahyoid

muscles, the masticatory apparatus with the sternum and the shoulder blades.

The integration of the synergistic activity of these groups of muscles, and in particular the hyoid muscles, allows during swallowing for the elevation of the hyoid bone and the lowering of the jaw.

This means that, during chewing, the jaw can make large movements, while maintaining the hyoid bone in a relatively stable position. Otherwise it would not be possible to speak, chew and swallow without losing the ability to remain mobile.

All this is possible because the jaw has a dual nature.



18) The Biomechanical Correlation Between the Craniomandibular System and the Underlying Areas

There is a descending relationship between the skull, the jaw and the underlying structures (cervical area, hyoid bone, shoulder blades, rib cage, and the muscles that connect these areas).

Thus it is evident that an asymmetrical boney structure in the craniomandibular area that alters the plane of occlusion generates asymmetry also in the underlying areas and then in the rest of the body. With a skeletal asymmetry, the muscles adopt such an asymmetry as well, generating compensatory mechanisms. Thus the musculature plays a very important role in this process.

The muscles that connect the hyoid with the other structures involved in this process are:

- hyoid and tongue through the glossus muscle
- hyoid and jaw through the mylohyoid, geniohyoid and anterior digastric (anterior belly) muscles

- hyoid and skull through the posterior digastric (posterior belly) and stylohyoid muscles

These three components listed above make up parts of the same functional unit: the craniocervical mandibular system.

Closing the mouth can be carried out voluntarily or involuntarily during every act of swallowing. This is an important event from a biomechanical point of view as it permits the jaw to take part actively in the stabilization of the skull on the spine.

For the stabilization of the jaw in static or dynamic situations the muscular system which intervenes can be simplified into three subgroups: the levator muscles, the depressor muscles and the cervical (neck) muscles. These all have different functions, in fact, in jaw posture we distinguish between two different positions: that during repose and that during occlusion.



The muscles used during a position of repose are principally the hyoid muscles: the suprahyoid and the infrahyoid, and the muscles related to the clavicle, with the rachis cervical muscles, pharynx and tongue; all these use the hyoid bone like a caruncle to determine their positions, which results in tension in all the muscles connected to it.

The muscles principally used in the closed position are the levator muscles: the temporal, masseter, and internal pterigoid muscles. When, in swallowing, for a brief moment, all these muscles work together synergistically they make the jaw into a solid base which always maintains the same inclination.

The work that these muscle groups do together synergistically ensures that during swallowing the jaw can make large movements, thanks to the elevation of the hyoid bone and its ability to move.



19) Relationship Between the Stomatognathic System, Muscles of the Neck and the Rest of the Body

We have seen the close biomechanical relationships that are everywhere in the craniocervical mandibular sector. Now we can better understand the diverse compensatory measures that are generated during the collapse of the skull and what they entail for the structure of the muscles.

We have seen previously that a lack of dental height in the premolar and molar area causes the skull to sink inexorably. The first muscles that begin to compensate, in this case to become shorter, are the masseter and the temporal muscles.

As a result, also the supra- and infrahyoid muscles are put under strain, undergoing greater stress as a consequence.

Under pressure from the stomatognathic system, the skull sinks, compromising the cervical area.

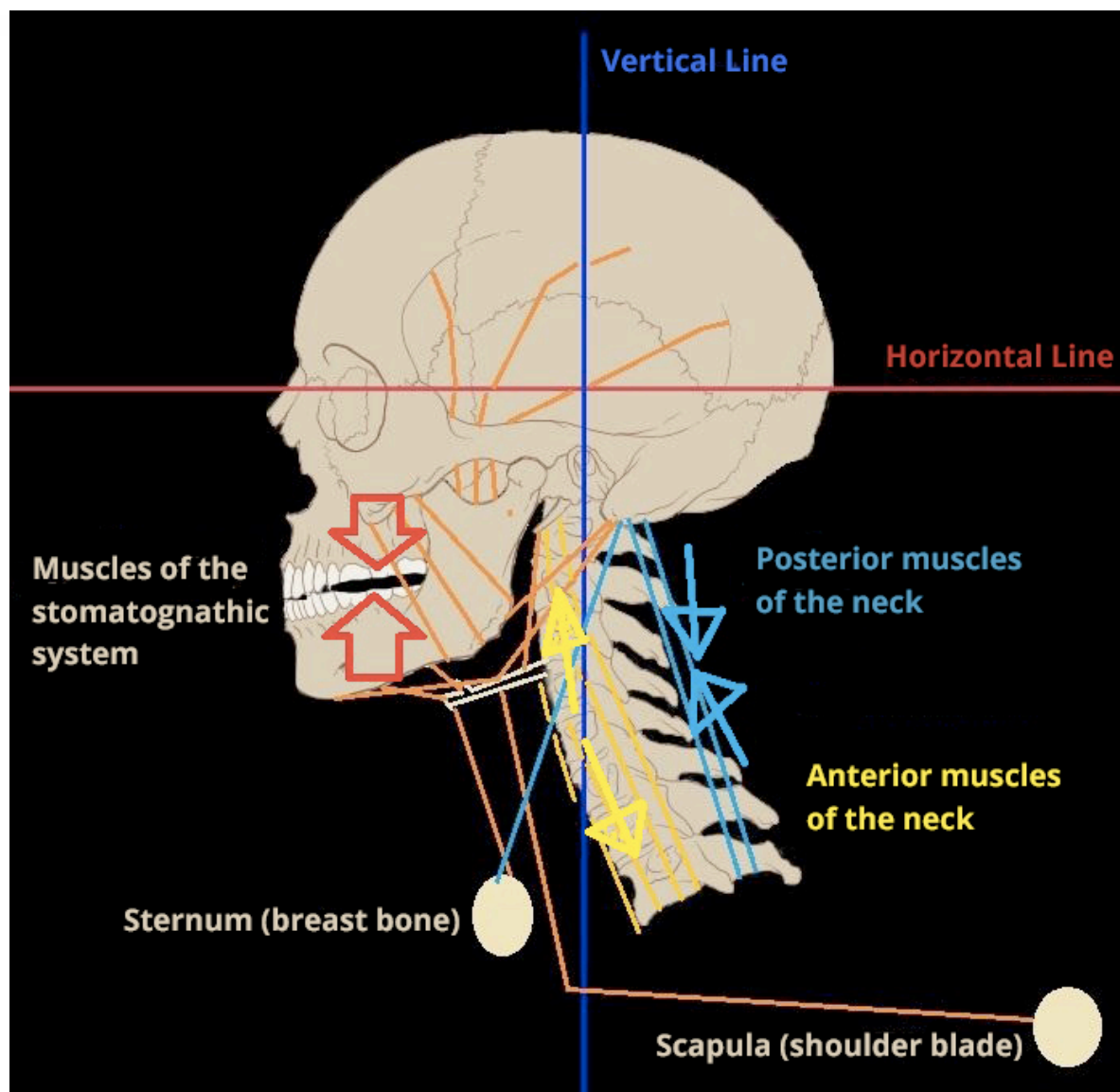
It is just at this moment that the muscles of the neck also change their form and their length, and are forced to compensate for the fall of the skull.

To understand this better, look at picture 49. The posterior muscles of the neck, indicated in blue, are called upon to become shorter; conversely, the anterior neck muscles, indicated in yellow, are called upon to stretch themselves.

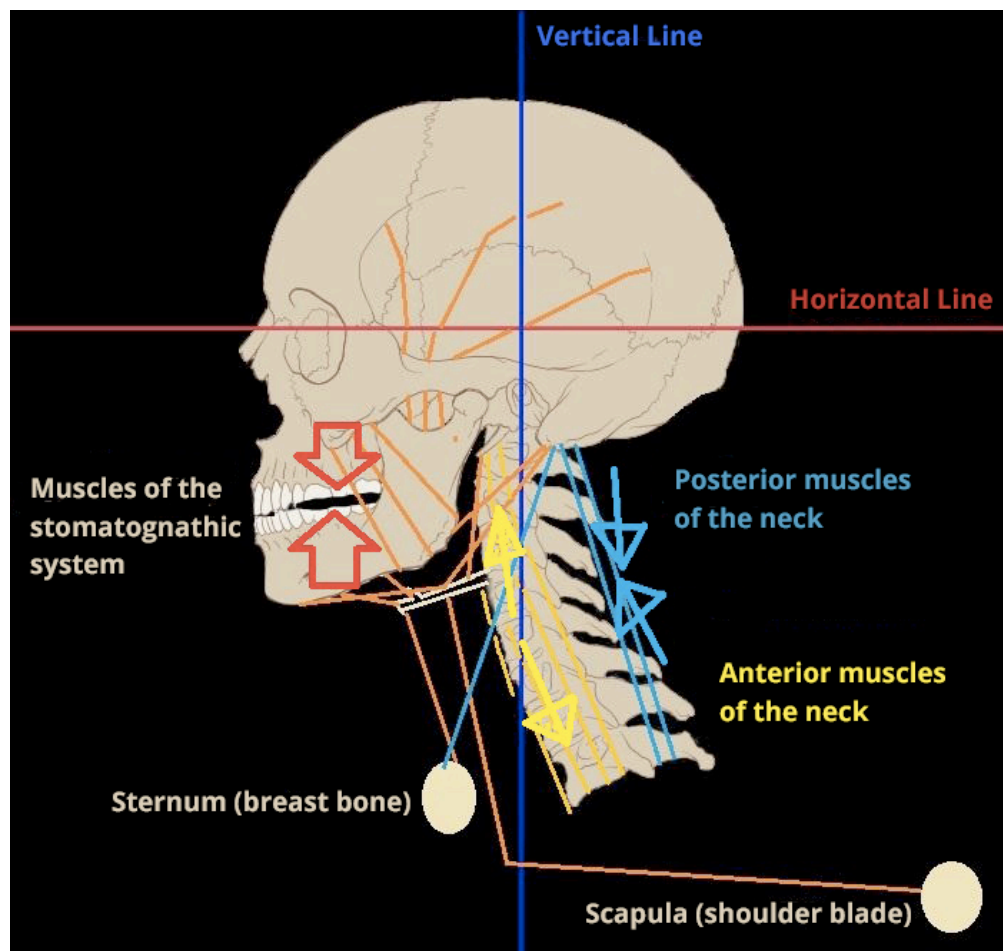
During swallowing, muscular forces are transmitted from the stomatognathic apparatus, the muscles of the neck, the spine, and the body until finally reaching the feet, as can be seen in the photo. Such forces serve to recalibrate the musculature.

Pictures 50, 51, 52 and 53 were put side by side in order to highlight the changes and the musculoskeletal compensation caused by a lack of dental height.

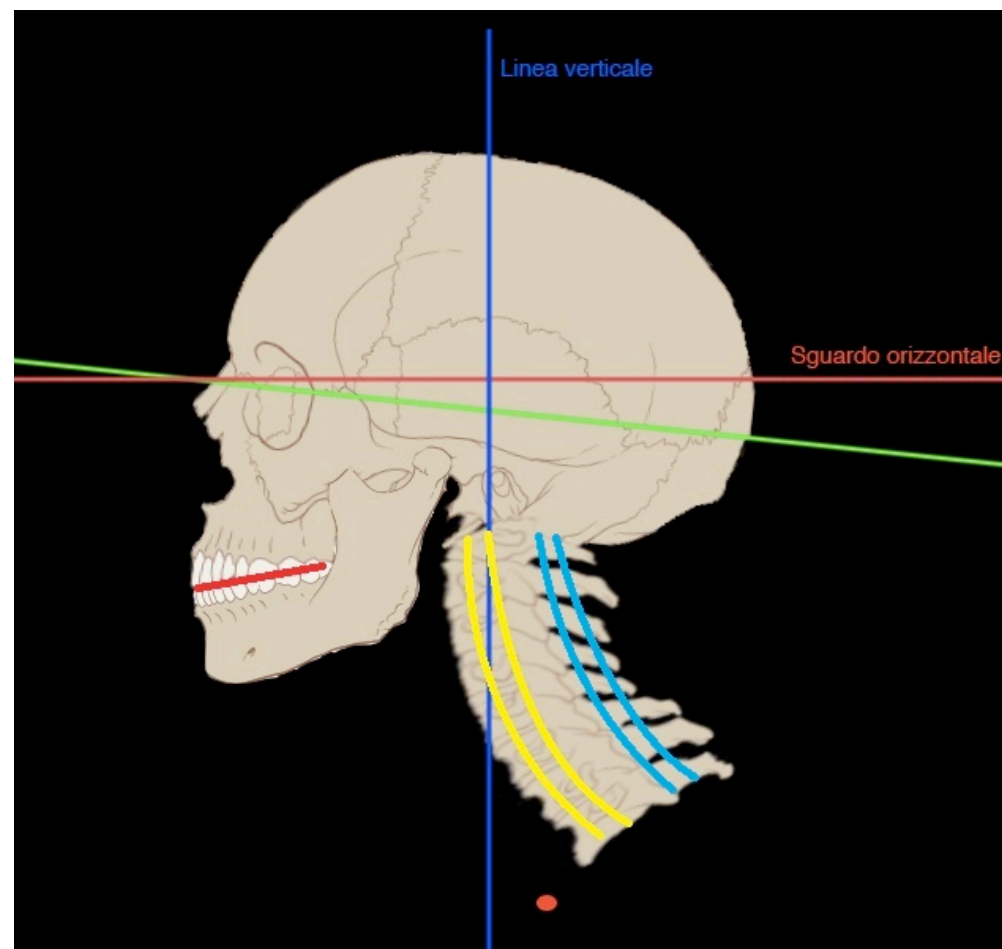
One notes that the skeleton to the right is compressed and forced to remain in a more restricted space to preserve, obviously, its dimensions. This translates into myriad



49



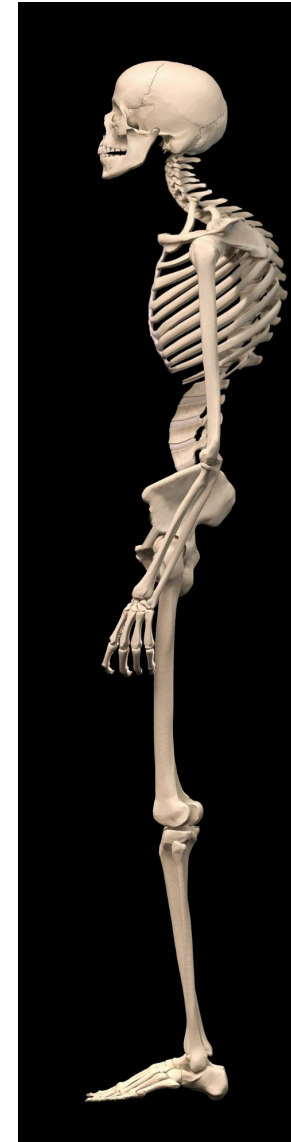
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51



52

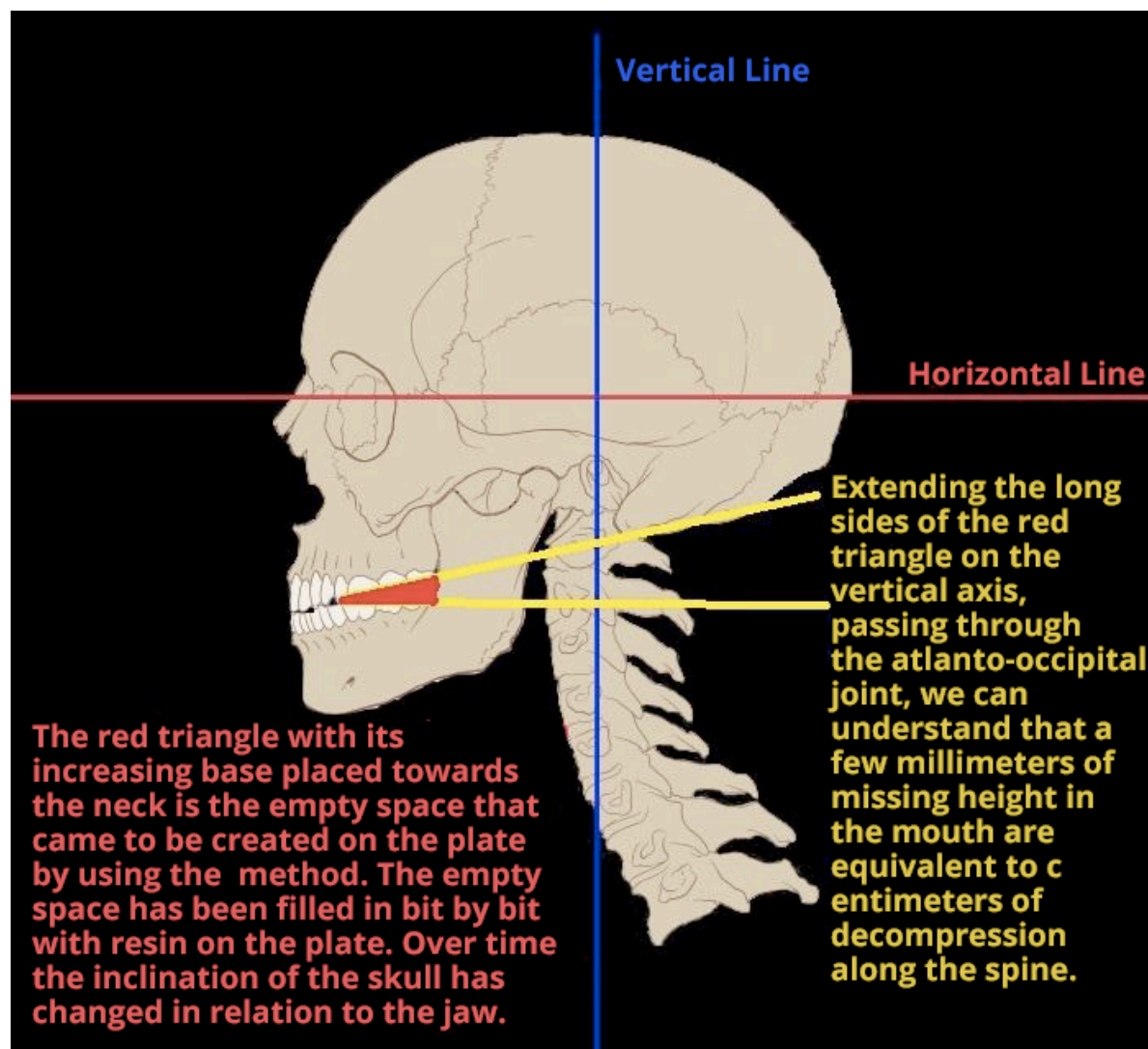


53



obviously, its dimensions. This translates into myriad intervertebral compressions.

A misalignment of the head with the jaw, caused by a lack of dental height (craniomandibular, atlanto-occipital, etc.) is transferred, by means of the hyoid bone and the suprahyoid muscles, to the underlying structures that then have to adapt themselves to a change in tension, setting off a series of musculoskeletal compensatory measures, that have repercussions as far down as the feet.



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20) The craniocervical mandibular postural system: a self-regulating closed-circuit system

In the previous chapters we concerned ourselves with observing the position of the body in space and in particular, with the craniocervical mandibular system. We have seen that this system is a self-regulating and closed-circuit one, thanks to a precise mechanism of feed-back arising from the vertical height of the teeth.

This is a closed-circuit mechanism (a system that regulates itself from within) in such a way that the human organism can provide a response to the stress arising from the force of gravity or from its absence (particularly in water).

For example, the body of a human which develops in water, which, as is well known, is not subject to the force of gravity, can develop a scoliosis as easily as the body of a human which develops on the earth, subject to the force of gravity. This indicates that gravity has no role in determining the development of such a deformity.

Conversely, as we have already stated previously, it is primarily muscular force acting on a foundation of bony asymmetry that generates musculoskeletal deformities.

I don't know if such a mechanism came about as an anti-gravity response. Nevertheless, it can function also in its absence, as it is a system that regulates itself by means of internal muscular tension, based on dental support. If it weren't so, the human being, in the absence of the force of gravity, would lose the principal mechanism by which he remains in an upright position.

Instead, thanks to the right musculoskeletal relationship, to adequate vertical dental dimension, and to his internal muscular tension, he is capable of regulating his own postural system. This system shows the extent to which the human organism is endowed with great plasticity and the ability to adapt to various situations in its environment.

We can therefore say that a correct and functional posture is characterized by the absence of asymmetrical muscular tension and abnormalities, and by good connections to the



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various segments of the body. Conversely, poor posture can trigger in the organism muscular compensatory measures that compress the nerves, blood vessels, and inner organs, and thus set off pathological symptoms.



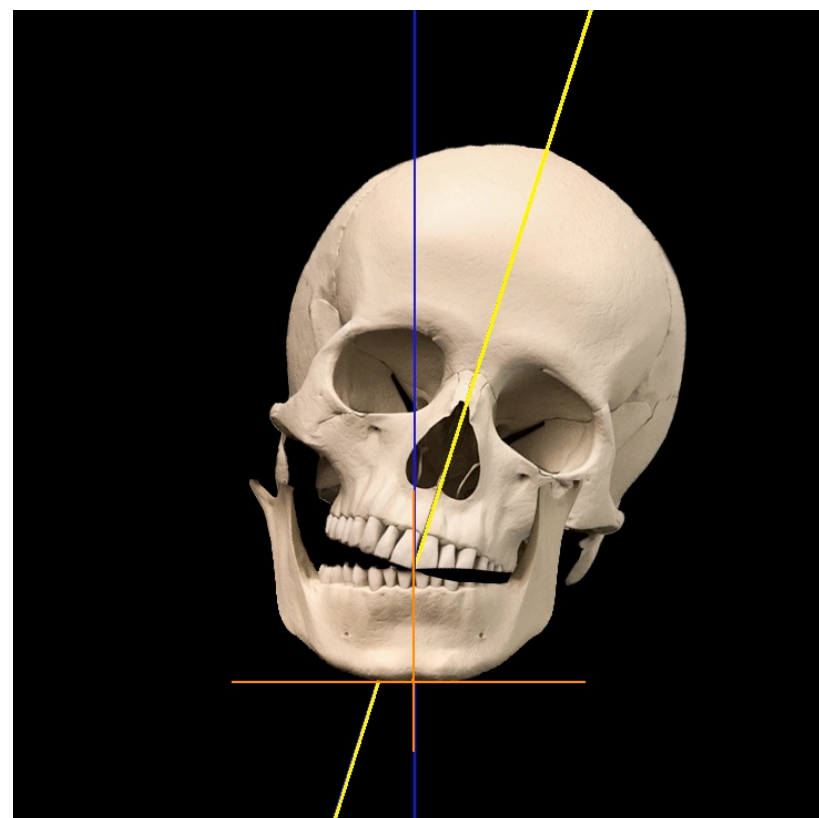
21) Displacement on the Frontal Plane: Lateral Deviation and Lateralization

As is customary, we began by speaking of the postural system from the point of view of the profile. Thanks to the profile view we have been able to describe in detail the process whereby the skull remains in alignment on the last cervical vertebra, supported by the jaw.

We have also seen how visible anomalies of the profile are those generated by the aggravation of the physiological curvature; I refer to a cervical lordosis, thoracic kyphosis and lumbar lordosis.

Having described the process of the sinking of the skull and its consequences from the point of view of the profile, we can deal with the problematic from a frontal point of view. Looking at the individual from a frontal point of view, we can observe other kinds of alteration: lateral deviation and lateralization.

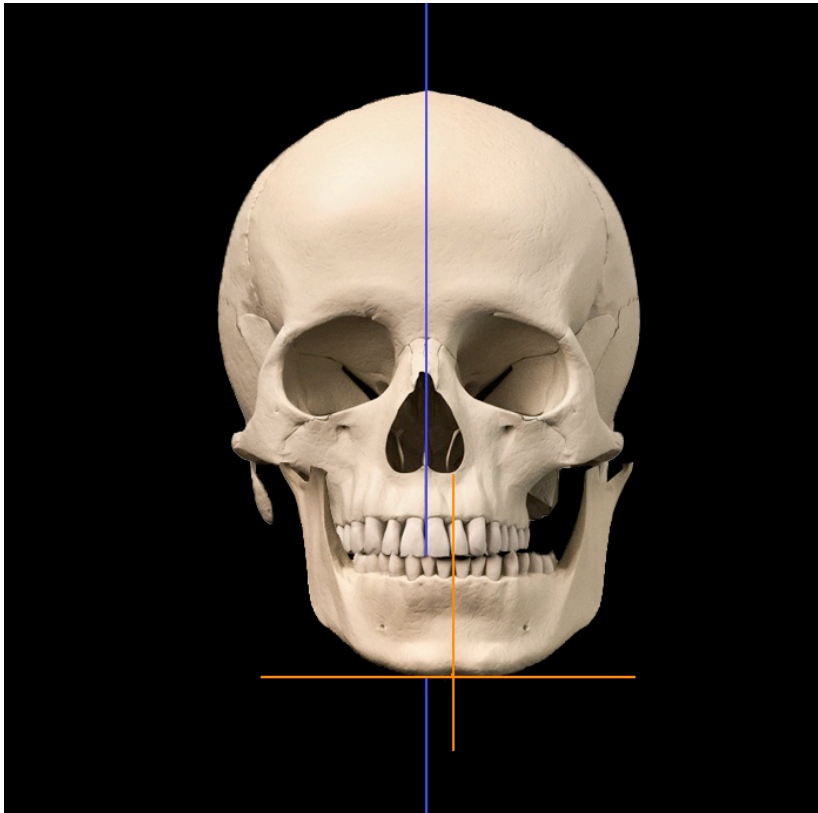
1) Lateral deviation: a lateral deviation of the mandible, or of the jaw, (both terms are used) can be defined as the change of the inclination of the skull in relation to it, at the point where there is a lack of dental height.



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2) Lateralization: Lateralization of the mandible can be defined as its shift to a point which can be either to the right or the left of the skull, until finding stable contact.



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It must be said that in lateralization the skull does not change its inclination, but has merely a horizontal displacement.

In any case, either lateral deviation or lateralization causes, in descending fashion, musculoskeletal problems throughout the entire body which result in pathological symptoms.

A series of problems can be observed that can range from dysfunction of the temporomandibular joint to neck pain to problems with the first cervical vertebra, scoliosis, pelvic rotation, misalignment of the shoulders, poor arch support, etc.

At this point it is understandable how postural problems arise. We are able to better understand the reason for displacements of the jaw in respect to the skull and their consequences that have repercussions throughout the entire musculoskeletal system.



I ask your indulgence for a few pages while I consider a very important subject: symmetry.

In this regard, we have seen that, in profile, it is very important to have a straight back with a curvature of the spine that reflects physiological harmony. In this case the concepts of beauty and harmony go together with those of health, ecology, productivity and performance.

From a frontal point of view this simple concept applies likewise.



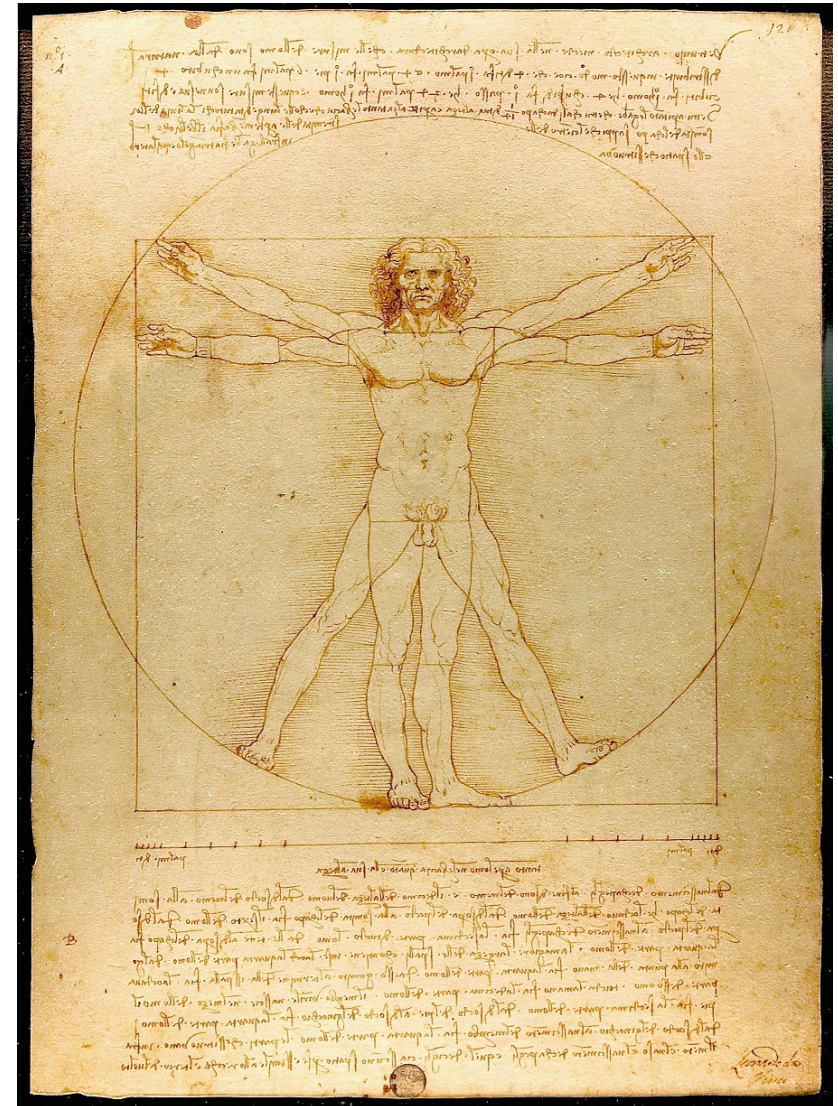
22) Symmetry

According to the definition of symmetry, “an object has symmetry when its form presents regular repetitions”. That said, one must add that there are various types of symmetry.

In our case we can say that a human being is symmetrical if the right half and the left half of the body are mirror images of one another.

We can take a look at the Vitruvian Man of Leonardo da Vinci, drawn in 1490. This is a representation of the ideal proportions of the human body, and demonstrates that they can be harmoniously inscribed within two “perfect” figures, a circle and a square.

The Vitruvian Man, having been placed in a circle and in a square, appears perfectly symmetrical.





Also, in regard to the field of mechanics, we can describe the importance of symmetry using a small example. A car is designed in such a way that its right half mirrors its left half. Try to imagine a car with a crooked frame – who would ever buy it, and above all, who would be brave enough to drive it?

It's quite normal that it be that way, as a car with an asymmetrical appearance has much more of a chance of breaking down than a symmetrical car. In fact, an asymmetrical car subjects several mechanical components to greater use compared to others. For example, weight wouldn't be distributed equally on the tires, and those tires that support a larger amount of weight are sure to wear out before the others.

A law of this sort is perfectly applicable also to machine-man. Following this train of thought we touch on the laws of biomechanics.

A case in point is the example of the soccer player, Pato. He has been pointed out by experts in the field

(posturologists, coaches, sports doctors, etc.) as running poorly! They have diagnosed that he has very elastic feet, but a slow rebound on the ground. During lift-off from the ground, the pelvis is too far forward, when, according to the laws of biomechanics, it should be in line with the pelvis itself.

He does run poorly, this is clear, but the reason does not lie in the fact that he has never learned to run properly.

Running is the most natural thing that a person can do. If Pato runs badly, this is a purely biomechanical problem, a problem that has to be analyzed from that point of view.

Pato's wrong way of running is due to a misalignment of the pelvis which, in its turn, is caused by a lateral deviation of the jaw.

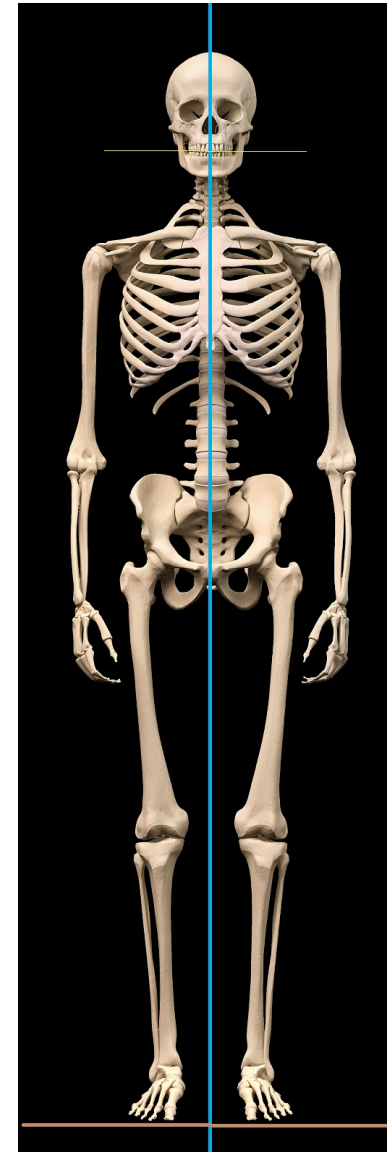
Like Pato, there are many athletes, in every athletic discipline, who suffer from a drop in performance caused by problems derived from asymmetry.



Musculoskeletal symmetry is an indispensable element if one wants to get the most out of one's body. In fact, being symmetrical permits us to keep going with as little expenditure of energy as possible.

In picture 58 one sees a skeleton divided into two precise halves, a right half and a left half.

The sagittal axis divides the skeleton in two. If you want to recreate the effect of the sagittal axis, you just need to take a photo with a plumb line that goes until it hits the floor and divides the picture in two. The sagittal axis falls transversely to the floor, which it intersects at 90°.



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23) Lateral Deviation of the Jaw or Change in Laterality: the Effects on the Skeleton

In the case of lateral deviation or lateralization, the center of the mass of the skull leaves the vertical axis that passes through the center of gravity.

As a result, first skeletal symmetry is lost, and then the muscular.

The loss of muscular symmetry has repercussions for the whole body, creating serious compensatory measures and pathological symptoms.

The asymmetry and the occurrence of symptoms are preliminary stages, and can remain latent for years.

The symptoms can get worse later due to any triggering factor. In general, this is a psychological trauma (for example, a bereavement) or a physical trauma (over-exertion).

This happens because, during a period of stress, the psychological stress of the body affects the muscles, contracting them. This is how psychological traumas can have repercussions for the whole body in the form of muscular tension. In fact, a body under stress contracts all its muscles. Among the muscles that contract are also those of the stomatognathic apparatus.

The muscles of this system involved primarily are the masseter and the temporal muscles. But how does psychological stress come to aggravate an asymmetry? As we have written earlier, in the face of the contraction of the masseter and temporal muscles the skull sinks where there is no dental height. This great muscular tension, generated by psychological trauma, increases the intensity with which the stomatognathic muscles force the teeth to meet. This causes an acceleration of the sinking of the skull.

In the same way, a physical trauma demands a large expenditure of energy, exactly like a psychological trauma. This energy, extracted from a weakened musculature, aggravates the symptoms.



This process increases the rate of postural decadence, which then leads to collapse.

In fact, very often it happens that after having had a physical or psychological trauma, for example a car accident or a bereavement in the family, there is a postural collapse with a worsening of related symptoms. This explains the expressions “bite the bullet” or “grit your teeth”.

With these expressions the individual is exhorted to remain stoic in moments of great stress, whether psychological or physical. A person with adequate dental support will have a better support in general in stressful times because the muscular forces will work symmetrically, without creating compressions of any kind.

In this case the T-Scan 3 plays an important role in monitoring the pressure that can be verified in the mouth during occlusion.

Once the postural decadence has come to an end, as described previously, little else is needed to bring a body

that resembles the Leaning Tower of Pisa more and more to a collapse.

Let's take as an example just this Tower of Pisa, famous throughout the world for its slope. In the attempt to straighten the tower, three additional floors try to bend themselves in the opposite direction to the slope.

The same mechanism takes place in the human body. It takes little to have the tower collapse!

At the moment during which the body is collapsing numerous related symptoms appear. Among the most common: neck pain, headaches, anxiety, panic attacks, stress, problems with the ears, etc.



24) Lateral Deviation of the Jaw in Relation to the Skull

We have seen previously that the causes of lack of dental height can be quite varied: sinking of the teeth caused by pressure, due to stress on porous bones; congenital bony malformations; wearing away of the surface enamel; poor orthodontic work, and so on.

These are the most common causes that contribute to a lack of dental height.

In picture 59 the lack of dental support is on the left maxillary arch. Thus, the skull, in accordance with simple physical and biomechanical laws, tends to sink just at this point. During such a sinking the skull alters its inclination in relation to the jaw.

As can be seen in picture 59, the left masseter muscle becomes shorter, requiring the lower and upper jaws to meet. In fact, as we have seen previously the skull sinks

for two reasons: the force of gravity and muscular tension in the masseter.

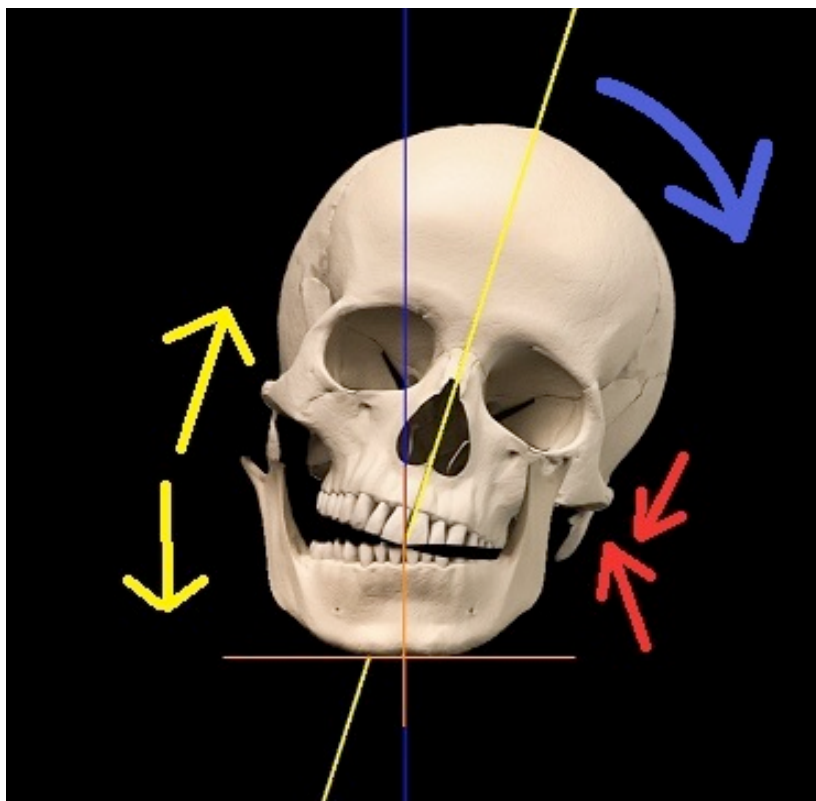
In effect, it would be more correct to say that the masseter forces the teeth to occlude until there is pressure created in the upper and lower teeth to support the skull. This pressure, according to Newton's Third Law, is called the "reaction force".

Thus, as we have seen, the left masseter and temporal muscles contact. As a result, the right masseter and temporal muscles become longer. In picture 59 the left-hand muscles and the right-hand muscles are indicated by red and yellow arrows, respectively.

This is a concrete example of how compensation in the musculature comes about. These compensatory measures can be verified in practically the entire body. In fact the entire body is destined to adapt to the new configuration imposed by the sinking of the skull.



It is in this way that the process begins which leads the skull to lose its own center of gravity and to abandon symmetry.



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25) The Phases of Lateral Deviation

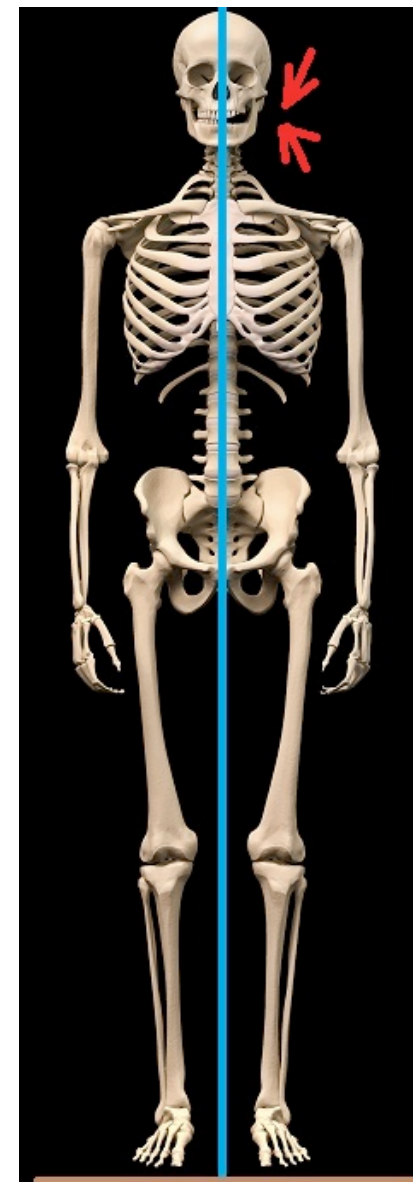
Let's analyze the process that leads the body to develop a common scoliosis. Let's observe, thereby, in detail the five phases that bring the skull to sink, the physiological curvature to change and the spine to undergo torsion.

PHASE 0

The first phase to analyze is obviously Phase 0. In this phase we concentrate on the skull, as it is from here that the process originates that leads to scoliosis. In fact, as we have repeated at other points, this is a descending process, which begins with the skull and has repercussions as far down as the soles of the feet.

In Phase 0, shown in picture 60, we take as an example an ideal human skeleton. Let's start from a hypothetical position of perfect symmetry.

The blue line that divides the skeleton in half ends perpendicular to the floor. This line that divides the



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skeleton into two perfect halves, two mirror images, is called the vertical line.

This physical state of perfection is not met with in nature, except in rare cases. All human beings (the professional model, the athlete, the farmer, the office worker, etc.) are imbalanced, mostly to the one side or the other. Some more, some less.

Certainly the degree of asymmetry differs from case to case. There are people who because of their asymmetry remain disabled, people who all in all succeed in living a dignified life, and finally there are those who succeed in becoming life-long athletes. It all depends on the extent of the asymmetry.

Assuming that the images portrayed in picture 60 is a perfect skeleton, extremely rare in nature, we begin to make it conform to what is usually seen in life by actually reducing the dental height, until preventing the skull from governing itself. In picture 61 a reduction of dental height is carried out on the left dental arch.

The first thing that shows up is a loss of symmetry of the dental arches that leads as a result to asymmetrical work on the part of the masseter and temporal muscles (levator muscles of the jaw).

With the removal of dental height on the left dental arch the skull loses its support on the left side. Conversely, the support of the skull remains unchanged on the right side.

As a result the masseters shorten themselves, forcing a contact at that point precisely due to the lack of a reaction force (Newton's Third Law) on the part of the teeth. As we have already said, it should be the teeth which counterbalance the force exerted by the masseter and temporal muscles. We see how the skeleton, no longer perfect, begins to take on the aspect of a common asymmetrical skeleton.



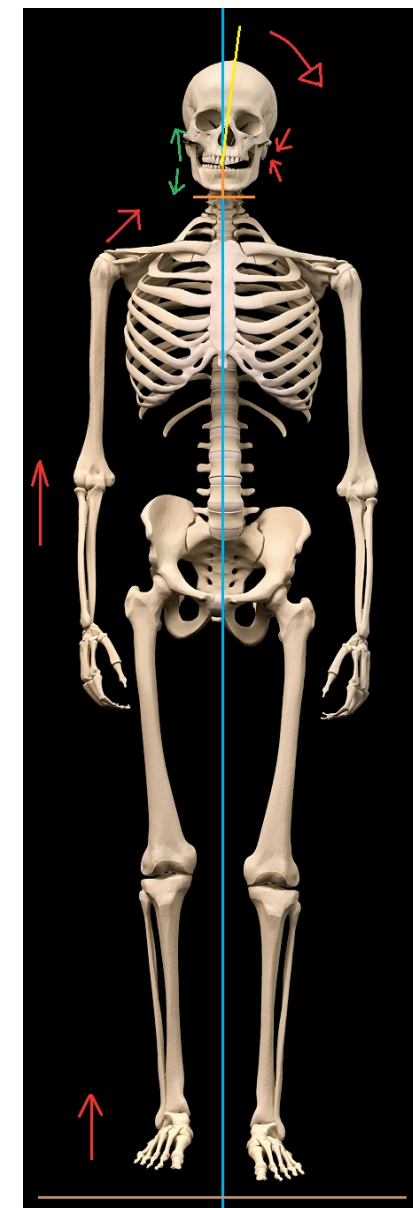
PHASE 1

In Phase 1 the skull, forced to sink down, conforms to the asymmetrical condition which, in descending fashion, is destined to provoke chain reactions in the rest of the skeleton, which takes on an asymmetrical appearance. Let's look at this in detail.

Let's begin by saying that the skull is run through by a yellow line. This yellow line divides the skull into two equal halves. This line allows us to see the change in inclination of the skull in respect to the jaw (orange line) and to the vertical line (blue line).

Given the lack of dental height on the left side, the skull begins to give way somewhat on the left side as it is being pulled downward by the masseter and temporal muscles.

Falling to the left, the skull alters its inclination in respect to the axes of reference. In picture 61 the axes of reference are the light-blue vertical line and the orange horizontal line (the line of the jaw).



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With an inclination to the left the skull begins sinking truly in this direction. As it sinks the musculature on the right extends, pulling the right shoulder towards it, which begins to rise.

As a result, the entire right side of the body (left in the picture 61) raises itself, causing the pelvis to rotate in a clockwise direction. The rotation of the pelvis draws the leg up and changes the arch support of the right foot.

Symptoms in Phase 1 are very mild. Muscle tension is not excessive, for which reason psychological tension is also limited.

With progression of the fall of the skull we pass to Phase 2.



PHASE 2

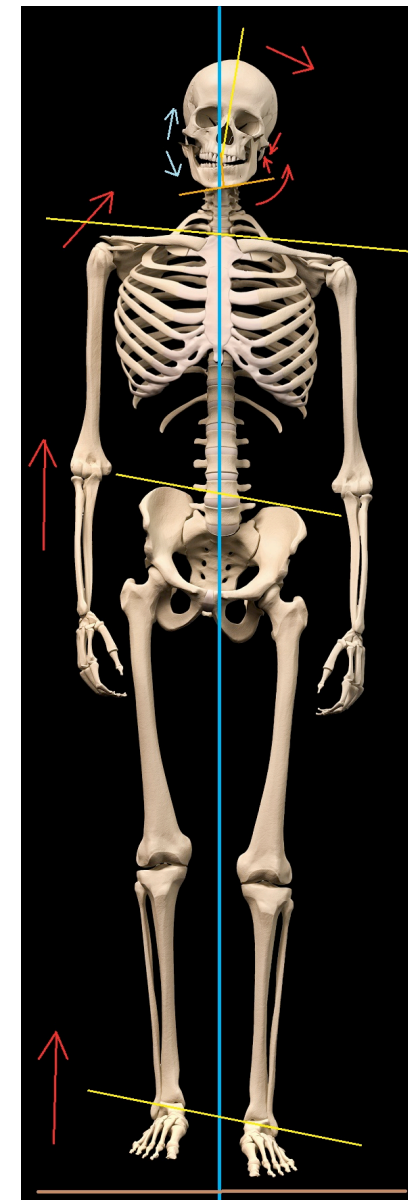
During Phase 2 we start to observe the first changes that take place in other parts of the skeleton. The descending nature of this phenomenon starts to become apparent.

In Phase 2, due to the effect of the masseter and temporal muscles, the skull continues its clockwise rotation, changing its inclination in respect to the blue vertical line and comes closer to the jaw (to the left), there where it lacks support.

Due to the alteration of the inclination of the skull, which moves from right to left, the right shoulder is drawn upward.

The skull pulls the right shoulder towards itself because it is kept at that point through the participation of the rhomboid muscles and those of the neck.

The entire right side begins to tense up and as a result increases the clockwise rotation of the pelvis.



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The first significant difference in Phase 2 in regard to Phase 1 is to be found in the inclination of the jaw, which tends to come nearer to the skull there where it lacks dental height. The entire jaw lifts itself momentarily only in this phase as it is pulled upward by a skull which is trying to remain straight on its vertical axis.

We can say that Phase 2 is an aggravation of Phase 1. The significant difference remains the change in inclination of the jaw, which defers to the skull.

Due to the change in inclination of the jaw, the supra- and infrahyoid muscles take on asymmetrical muscular burdens. These muscular burdens provoke a series of symptoms precisely in this area due to an unphysiological circulation of the blood.

The problems seen here affect various areas: the tonsils, the throat, the oral cavity, the thyroid, speech formation, swallowing, etc.

The left side of the body becomes taut and contracts in spasms, creating suffering which the individual interprets as being psychological, precisely for the reason that he cannot identify the real cause. As the sinking of the skull progresses, the intervertebral compressions increase until they press on the blood vessels.

Finally, as a last result, the right side of the pelvis lifts, altering also the arch support of the feet. Often posturologists treat this with insoles, but it is clear that this is merely a “band aid” for a problem that has its origin elsewhere. As written previously, whoever finds himself in this phase feels vaguely unwell in such a way that is not easy to define, and has psychosomatic problems.



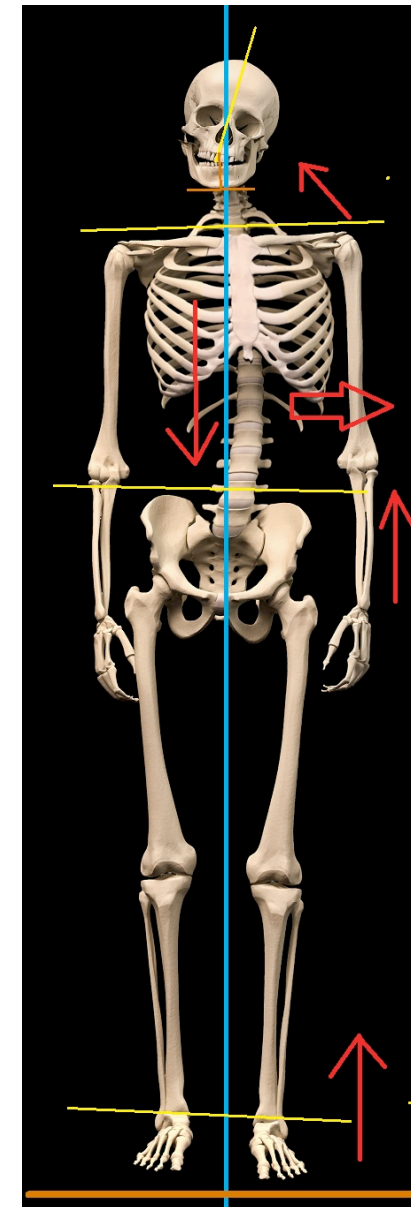
PHASE 3

Phase 3 is the penultimate one in terms of an aggravation of the overall asymmetry of the body. In this phase the body begins to undergo serious changes that alter it dramatically.

In Phase 3 we see right away two notable differences in regard to the previous phase:

- 1) The skull has continued its rotation towards the left shoulder while the jaw has not returned to the line of the vertical axis.
- 2) The jaw changes its inclination once again, returning parallel to the ground. With the change in inclination of the jaw, also the skull continues its rotation due to its sinking towards the left side (on the right side of the picture).

As well, during this phase, the skull is pulled downwards by the muscles of the back. This brings on the phenomenon of scoliosis.



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How is scoliosis brought about, in this phase?

In Phase 2 the muscles of the right side of the body are in spasm, in order to keep the skull from falling to the left. At this point the central part of the back begins to curve to the left, creating a scoliosis. That happens because the muscles of the left side of the body contract and in this way pull the spine with them. At this point the center of mass of the skull returns to its axis and reduces the muscular tension on the right side of the body. It is this phenomenon that generates scoliosis.

This process takes place because scoliosis is in fact a compensatory mechanism that serves to bring the center of gravity of the skull back to the vertical line (blue line) with a resulting reduction in muscular strain.

As we have said previously, with the addition of scoliosis the center of mass of the skull returns to its axis, and the right shoulder sinks. The sinking of the right shoulder relaxes the tension in the musculature of the right side. At

the same time, due to the shortening of the muscles on the left side the pelvis begins a counterclockwise rotation.

In this condition, the three yellow lines of shoulder, pelvis and feet turn out to be almost parallel.

This example demonstrates very well how the center of equilibrium always tends to keep the skull on its vertical axis which passes through the center of gravity.

Due to this involuntary, unaware and unconscious activity, the body is trying, either physically or psychologically, to keep the skull on its vertical axis.

This process has been described in Phases 6 and 7 of the displacement seen in profile. Thanks to continuing strain, in this phase we can have serious psychological symptoms (anxiety and panic attacks) and the rise of physical problems (herniated discs and gastrointestinal problems) due to the considerable amount of compressions that have come to be created in the body.



PHASE 4

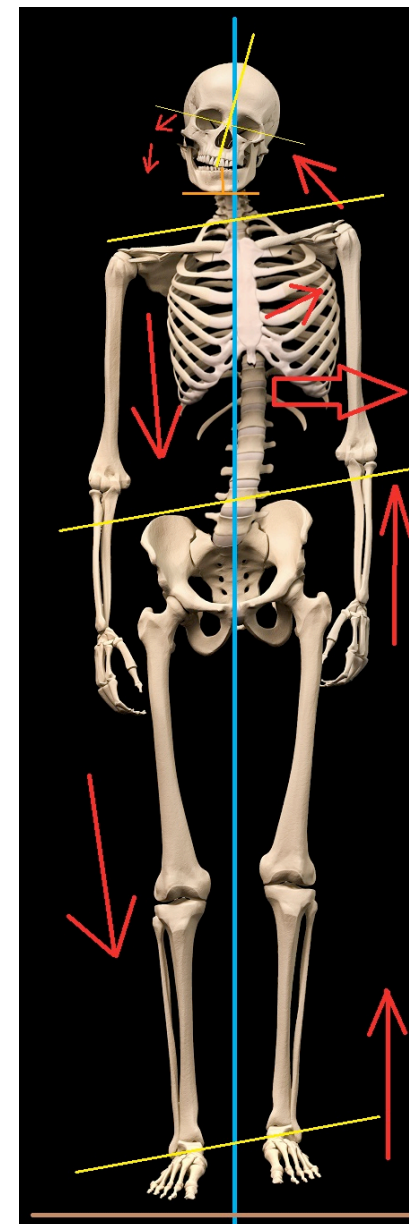
We have arrived at the last phase of our frontal displacement. At this stage there is an aggravation of the previous phase that accentuates the compensations that are created.

As can be seen in picture 64 the skull continues to collapse to the left. It is just for this reason that the body finds a new way to compensate by means of the right shoulder that is pulled downward.

The lowering of the right shoulder depends on two simultaneous and interlocking phenomena:

- 1) The musculature of the right side tenses up like crazy
- 2) The skull, in order to return to its axis, increases the curvature of a spine already sharply arched towards the left.

Both of these phenomena contribute to the lowering of the right shoulder. At this point the pelvis also continues its



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clockwise rotation, pulling the muscles of the left side down.

Thus we have a higher left hip, which pulls the left leg with it, making it shorter than the right one.

The rib cage is forced into a spasm, encaged by the muscles. It is affected by the displacement of the spine and of the elevation of the left shoulder. In this condition the rib cage compresses inexorably everything that there is within it; the heart, the lungs, the liver, the stomach and the diaphragm.

Due to these compressions, a number of internal organs can be subject to particular symptoms, such as shortness of breath, panic attacks, and gastrointestinal problems.

The muscles of the neck at this point are tense and painful. They work asymmetrically due to their varying lengths. They too are forced to adapt to the compensatory situation.

In the area of the throat, on the other hand, symptoms and common pathologies are generated such as recurring sore throats, thyroid problems, problems with swallowing, speech problems, etc.

Regarding the pelvis and the legs, in such a condition it becomes very difficult to achieve any notable results in sports. Thus, as a result many people tend to abandon the athletic activities they are very fond of.

In fact, people with a serious asymmetry are victims of frequent accidents, joint problems, constant pain, etc.

In this last phase the organism is definitely suffering. It presents with a multitude of symptoms, either physical or psychological, that often are attributed to stress.

It is interesting to see how the human body “curls up” on itself. This “curling up” can be devastating for the health, over time.



Luckily, my own frontal situation was still in a Phase 3, but if I hadn't taken action in a timely fashion I would have reached the phase just described, Phase 4.

The photo 65, on the side, portrays me at the start of the straightening process. Although my chief problem was a notable lack of profile form caused by a huge lack of vertical dimension in my teeth in the premolar and molar areas, I was also not in good shape from a frontal point of view. In fact, as indicated previously, I was in a Phase 3.

My belly falls outwards due to the compressions of the diaphragm; the spinal column shows a distinct deviation to the left.

Even though I was very thin, I seemed to have a “beer belly” due to a severe lumbar lordosis that pushed it outwards. The lumbar lordosis, apart from pushing the viscera of the abdominal cavity outwards, pressed also on the diaphragm, impeding its proper function.

In picture 65 a curvature of the spine to the left is seen



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(dotted red line). It can be seen the considerable asymmetry of the lower abdominal muscles in the area of the pelvis. How the left abdominal area has come to be much more protruding.

In this condition I had considerable problems with breathing as well as considerable gastrointestinal problems.

In picture 66, given in evidence, the compressions are affecting normal inhalation in the thoracic area. Such an asymmetry generates the symptoms described above, so much is clear.

In any case, we are not all imbalanced in the same way, and it not a given that a serious skeletal asymmetry brings a serious symptomatic with it.

Often it happens that one sees crookedly-made people or those with a facial asymmetry who however do not have any symptoms. Then, there are people that we see are relatively balanced but who present with a definitive

symptomatic. Let's see if we can understand the reason.

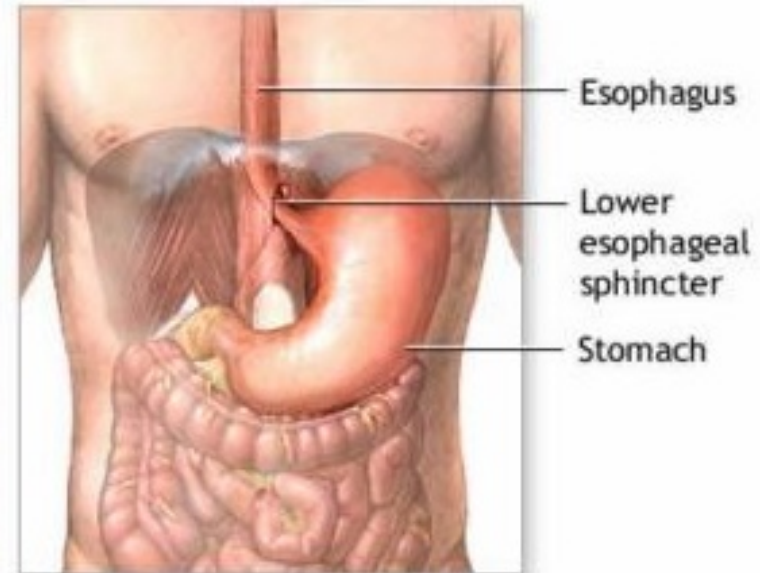
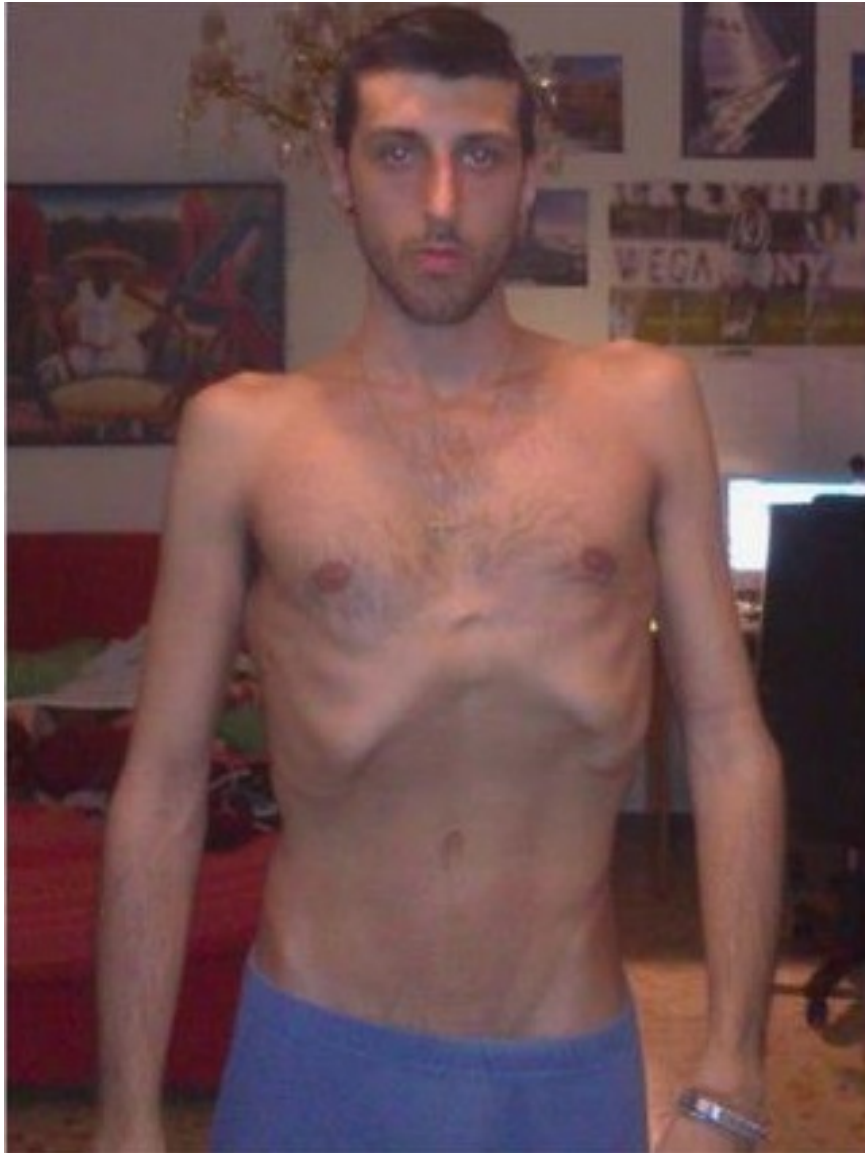
The main reason lies in the unpredictability of the muscular compensation. In some individuals the compressions can affect the arteries, in others the esophagus, the stomach or the diaphragm. When it is the stomach that is compressed, the symptoms present in the form of gastrointestinal problems, rather than in muscular complaints, as in the case of compressions of the cervical spine. For this reason, due to asymmetry some individuals may suffer more than others.

In addition it must be said that not all those in Phase 4 present with an imbalance apparent to the naked eye. My case was not one of those.



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26) The Dangers of Muscular Compensation

In fact, not all who appear straight and upright are symmetrical. In cases of this kind, it is thought that the muscles keep the spine straight. In practice, a true asymmetry is hidden by a false symmetry due to the intervention of the muscles.

There are numerous athletes who present an optimal vertical dimension of the teeth that permits them to remain straight.

If they had had a lack of dental height on one of the two sides we would think the muscles had compensated. In fact, anyone who lacks dental height on only one arch has more energy at his disposal to keep the body in balance by means of the muscles.

Let's take for example Alexander Dale, an athlete who excelled in his field, swimming. He died suddenly and inexplicably of a cardiac arrest. Let's analyze his case specifically.

Alexander Dale had a lateral deviation to the right in Phase 4, compensated to a great extent on a muscular level. Swimming permitted him to compensate for his asymmetry by means of the musculature.

This aspect shows itself in a good skeletal symmetry but an incredible muscular asymmetry. Let's see why, starting with an analysis of his face.

The first thing we notice is a marked development of the right side of the face to the detriment of the left side. That which appears to be a simple smirk is in reality none. The right part of the face is in reality much more developed than the left side. This aspect creates results visible also to the naked eye:

- the right eye is less wide open than the left
- the right cheek is much more developed than the left
- the mouth appears to be drawn towards the right due to the more powerful musculature on that side.

We can see these aspects also in other photos:



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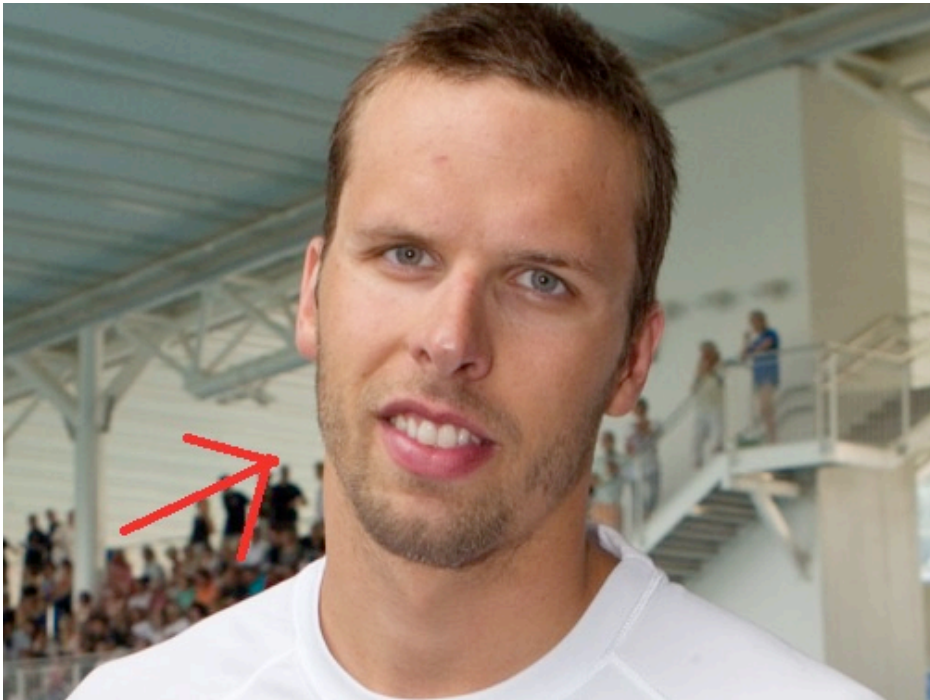
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In Photo 68 we also see how the face favors the right side due to the stronger musculature on that side.



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In Photo 69 we see how the skull tends to fall to the right due to the lack of dental height in that area. This decline



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has provoked a shortening of the muscles on the right. It has done this in such a way that the muscles on the right have become shorter. This has made them stronger.

Now let's analyze the Photo 70 of the lateral deviation of the jaw to the right and its consequences for the rest of the body.

We note how the entire musculature on the right side is more developed compared to the left side, which, on the other hand, has gone into spasms.

Taking a look at the abdominal muscles we can see their evident asymmetry. It is clear how the muscles to the left are making an enormous effort to keep Alexander from falling to the right. These muscles, in spasm, succeed in keeping the spine fairly straight.

Similarly, the left pectorals make a very taut impression.

Other serious compensatory measures (not seen in the photograph) are to be found in the cervical area. In that



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area there are nerves and arteries that, if damaged, can cause serious problems.

In Photo 71 the swimmer's incredible asymmetry is clear. We can see how his entire right side, arm and abdomen in particular, is much larger, is more powerful than the left side.

A body with an asymmetry of that kind, used to doing a sport at a competitive level, has to lead to serious



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problems. It's as though a Ferrari would go 300 km per hour and suddenly have a part of its structure break down due to wear and tear in the area of greatest strain.

The causes might be traced to internal compression of the blood vessels, nerves, inner organs and others. These unphysiological compressions tend to wear away at the internal structures. Wear and tear on the inner structures involves all the inner organs from the head on down. Major damage to or a sudden tear in one of these can be fatal.

Among the athletes who have died suddenly "for no reason" are also soccer players, among them Antonio Puerta.

For now, this is only a hypothesis, as a more detailed study of these deaths that occurred suddenly and "for no reason", particularly in competitive sports, is needed.

The aim of this investigation would be that of improving the performance of athletes in the field and reducing the number of accidents and sudden deaths.

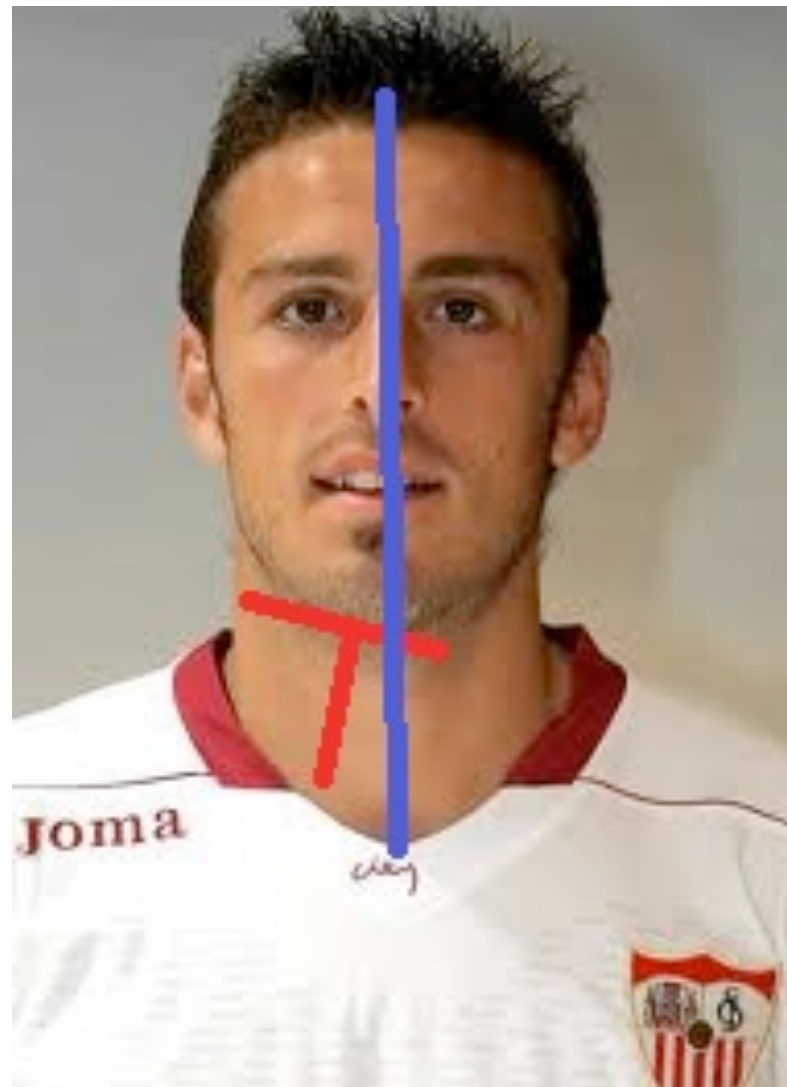


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How is it possible that in 2013 one takes it for granted that a 23-year-old guy dies of a heart attack? Will there be reasons that generated the heart attack? Not everything can be reduced to genetic causes. Of course, it can't be said that the cause is poor nutrition, as we're talking here of athletes who are "healthy as a horse". The question of asymmetry is, in my opinion, the more interesting one to explore.

As opposed to asymmetrical athletes, who have a short life, there are people who don't overtax their physical bodies and live long and tranquil lives even if they show typical characteristics of asymmetry. Such is the case with the Neapolitan actor, Antonio de Curtis, stage name Totò. As can be seen in Photo 74 his jaw is raised to the left. This indicates a very serious skeletal asymmetry. But Totò cannot be considered a serious case. In fact, notwithstanding his serious skeletal asymmetry, his muscular symmetry was not badly affected. This allowed him to remain in Phase 1 of misalignment and to lead quite a respectable life.

We have thus learned that when it is the muscles that compensate, serious problems can arise.



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If we could construct an instrument that measured compressions in the musculature we could finally succeed in detecting such compressions. Such an instrument would need to be able to detect the typical signs of compression, for instance the warmth produced by muscles that have been more developed or by the areas with less blood supply, the thickening of the walls of the organs, muscle wasting, etc.

At any rate I would not like to give the impression of undervaluing skeletal asymmetry. This, although less dangerous than muscular asymmetry, is a condition that leads to great suffering.

People with serious skeletal asymmetry are those commonly called “hunchbacks”. They are those who have not compensated for their asymmetry by means of the musculature. In this case the asymmetry is immediately apparent to the naked eye, also the eyes of those not really paying attention.

Paradoxically, they are more fortunate than the athletes mentioned before, as the so-called “hunchbacks” have never undergone intensive athletic activity, thus they have never had the occasion to compensate for their skeletal asymmetry, using their muscles. This does not take away from the fact that these people lead difficult lives. They have found a precarious musculoskeletal and psychophysical equilibrium which allows them to keep going with a great expenditure of energy. To be sure, this is not a wonderful life.



27) How Do We Perceive Asymmetry?

To perceive an asymmetry the individual needs to remain standing. Once in this position, one needs to look at him from the front. After placing the individual in a frontal position, one needs to imagine tracing a line from the head to the feet that divides the individual in half.

This line represents the longitudinal axis.

One needs to run one's gaze over the entire body, paying great attention, starting from the head, down to the feet.

Let's try to analyze a Photo 75, of me as a child.

The first thing to note is the head falling heavily to the left. As well we can see that the left side of the face is more developed than the right side. These clues point to a serious lateral deviation to the left.

The left ear also calls the objective viewer's attention to itself. It is clear how, owing to the huge burden of labor on

the masseter muscles, the left ear has assumed the form of a "jug ear". The "jug ear" form is in fact due to the fact that the muscles on that side have become shorter.

Finally, less evident but equally indicative of a left lateral deviation, is the left eye. It is less wide open than the right eye.

In practice, the entire musculature of the left side of the face has worked harder than the musculature of the right side. A greater oxygenation over the years has caused the left half of the face to develop better and grow stronger than the right half.

With the passage of time and through innumerable sports activities my body succeeded in holding out until the age of 18-19. Photo 1 represents one of the last moments of my apparently healthy physical form. In that photograph, I was seemingly in good physical shape, but it was nothing but the fruits of an extreme muscular compensation developed after years of sports. My body wasn't in good shape at all and the reality was much different than it looked. It was as



75

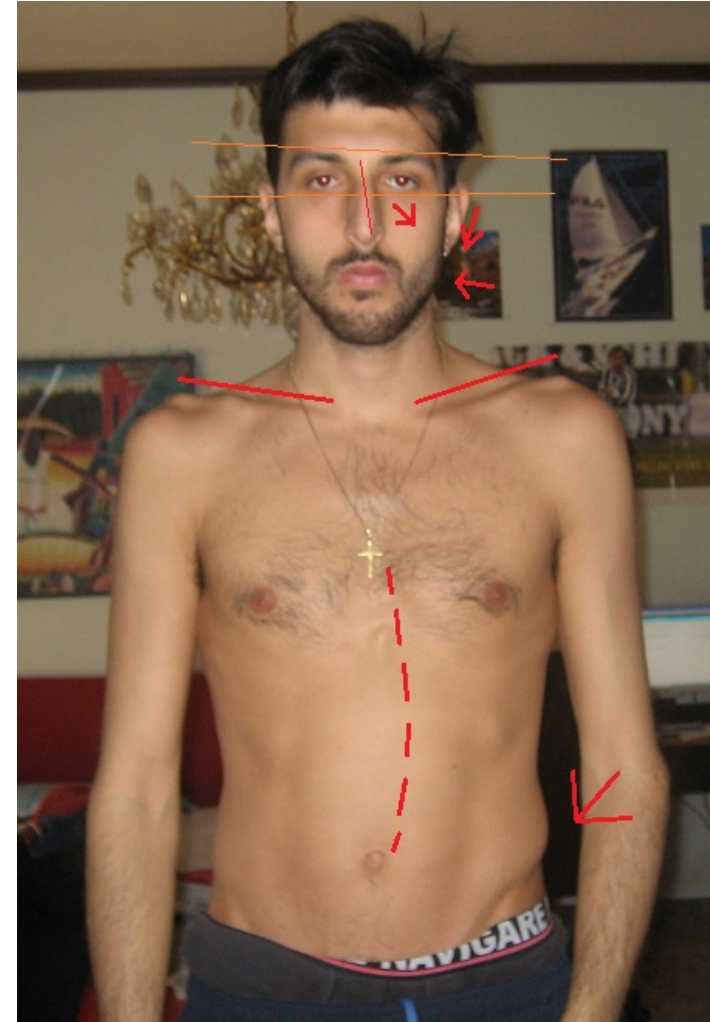


and the reality was much different than it looked. It was as though holes in a dike had been plugged with kitchen rags.

Even today most people have the idea that to help postural problems it is necessary to do sports, for which reason I worked hard through swimming to straighten myself out. These efforts brought about huge musculoskeletal compensatory measures, which then, in their turn led to strong compressions, particularly in the vertebrae corresponding to the stomach. The immediate result of that was intense muscle pain.

Photo 76 corresponds to the period of time just before straightening. Throughout the years I had compensated for my skeletal asymmetry with my musculature.

Nevertheless, for a variety of reasons, my musculature hadn't saved me any longer. For this reason, during this time, I was literally collapsing, in the sense that my skeleton continued to fold.



76



One sees very well how my gaze is lowered, towards the left. It is also evident to what extent the left side of my face is more developed than my right.

The red arrows indicate the action of the masseter and temporal muscles that have deviated my nasal septum over the course of the years. This explains how my nasal septum became deviated. In this case the nasal septum deviates to the left due to the action of the masseter and temporal muscles that work in an asymmetrical fashion due to less dental height on the left side.

Muscles, when they get shorter, become inevitably stronger than their counterparts which, instead, becoming longer, weaken themselves.

This explains what is meant by muscles working asymmetrically.

Another example is given by my left ear, which during my childhood was a “jug ear”. Conversely, over the years, due to muscular compensation, it returned to its rightful place.

Photo 76 shows other examples of muscular compensation. The dotted red line is lightly curved to the left. This line indicates the tendency of my scoliosis to bend to the left. Also my pelvis is rotated due to the hypertrophy of the muscles. In fact, the red arrow points out the hypertrophic side.

As we have previously mentioned, during the period of growth in childhood the body had to bring the skull, leaning to the left, back to its axis. To do that it created a number of musculoskeletal compensatory measures. One type in particular merits a special mention. I am referring to the lateralization of the jaw. Let's look at it in detail.



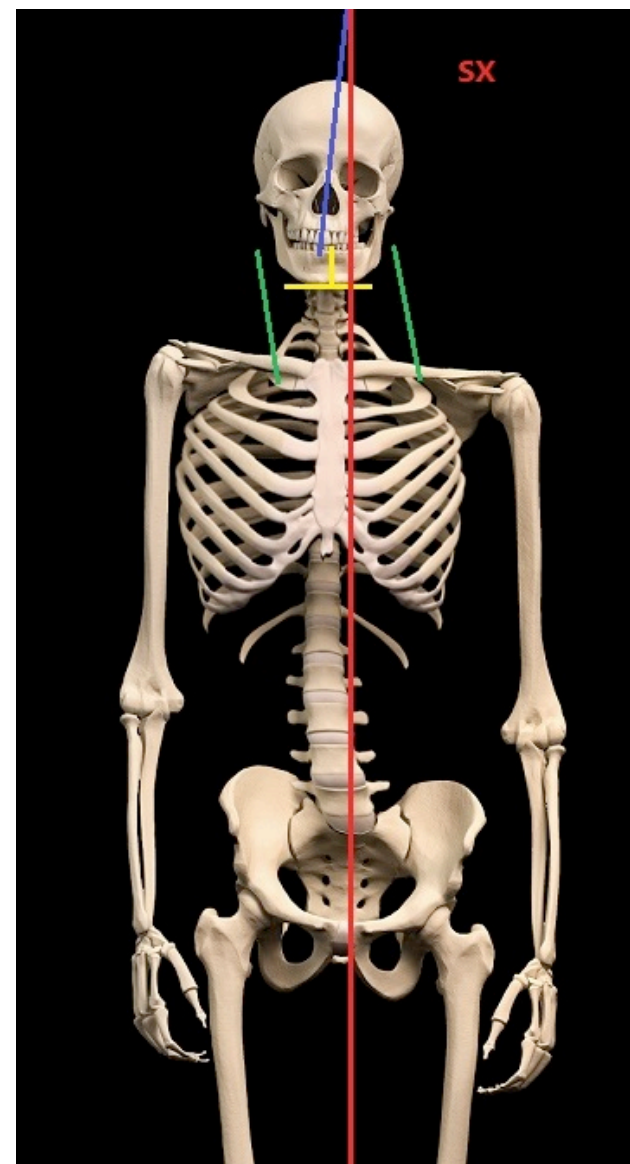
28) The Lateralization of the Jaw

Lateralization, as we have said previously, is the shift of the jaw in regard to the skull to one particular side. Lateralization is different from lateral deviation because the skull and the jaw do not change their inclination, but limit themselves to shifting.

The phases of lateralization can be superimposed on those of lateral deviation. Nevertheless there are two fundamental differences:

- 1) Lateralization happens faster than lateral deviation.
- 2) Lateralization of the jaw towards the left generates the same kind of descending musculoskeletal dysfunction as does an opposing lateral deviation. For example, lateralization of the jaw to the right generates the same type of problems as lateral deviation to the left.

Let's take as an example picture 77 which shows a skeleton in Phase 3. In this picture lateralization of the jaw can be noticed. As we can see the jaw has shifted to the left

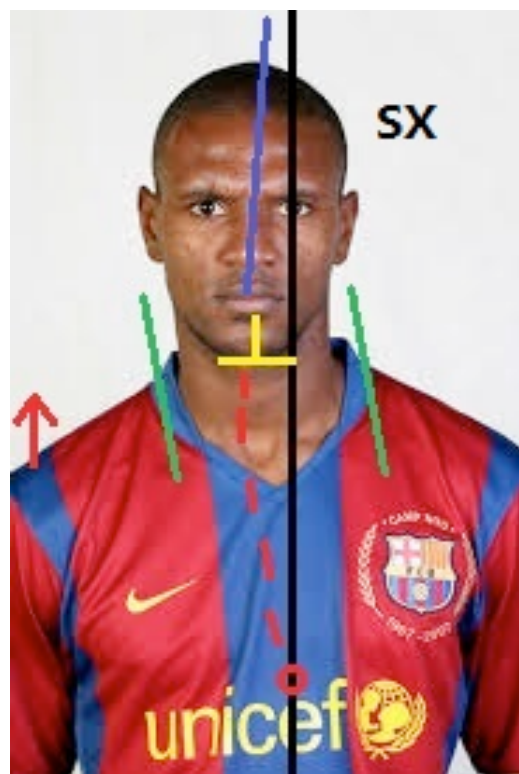


77



of the skull. The weight of the skull rests on the right shoulder. This has raised itself in order to support the weight of the skull.

Thus the musculature on the right side gets shorter due to the laws of muscular plasticity.



78

In Photo 78 let's take a look at the soccer player, Eric Abidal. We trace a line that passes through the center of the soccer player's chest and divides it in half. Thanks to this vertical line (black) we see that the skull is displaced to the right and that his jaw has shifted to the left.

Comparing this photograph (78) with the one immediately preceding it (77), we can see that they can be superimposed in terms of musculoskeletal compensation.

It is important to remember that there isn't only lateralization, or only lateral deviation; we can have both phenomena at the same time. These phenomena produce variances that interact with one another to create displacement and have an influence on one another as well.

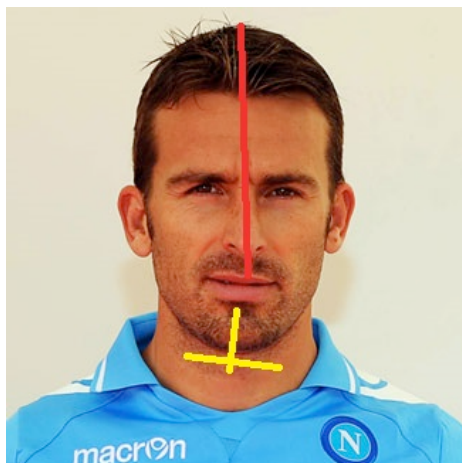
For example, lateral deviation and lateralization can be found on opposite sides to one another, or even on the same side. All these variances induce different types of musculoskeletal compensations and with each of them, one has different symptoms.



29) Other athletes with imbalances

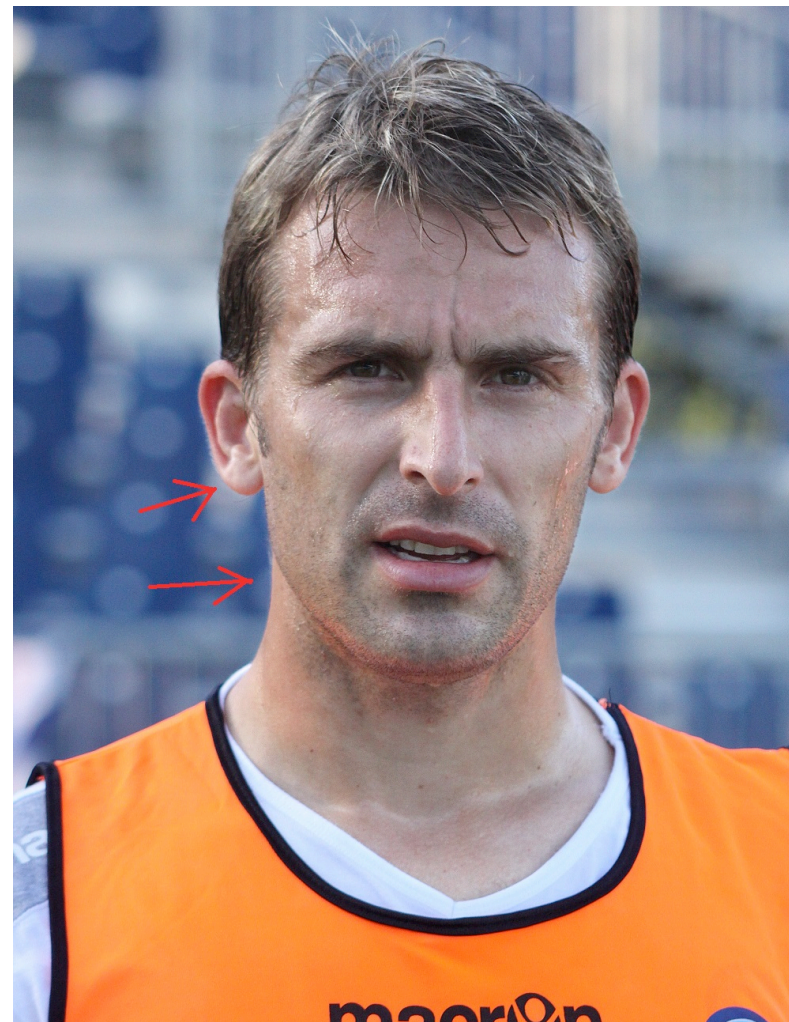


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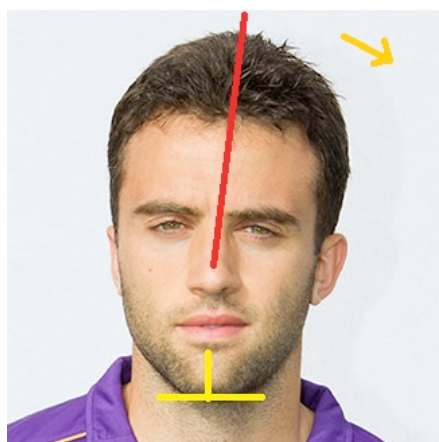
Hugo Campagnaro is a soccer player on the Napoli team who has a lateral deviation of the jaw to the right. In fact, we can see in Photo 81 that his features on the right are much more developed.



81



82



83

Giuseppe Rossi is a soccer player on the Italian National Team who is incredibly talented, and a great scorer. Unfortunately, however, he has frequent injuries due to his asymmetry, which weighs down one side of his body more than the other. This displacement makes him particularly vulnerable to injuries.

In fact, in Photo 83, one can see how Giuseppe Rossi deviates laterally to the left. This lateral deviation causes the muscles on the left side of his face to be shorter and

stronger. In this situation the masseter muscle on the left pulls the ear, the scalp, the eye, the nose and the lips towards itself. This trend is quite visible in his face.

As we have seen in the previous sections of the book it is clear that such a displacement in the face involves the rest of the body.

I hope that Giuseppe reads this book and realigns himself in such a way that the Italian soccer team can have a great scorer who won't have any more injuries.



84

Even those athletes who appear to be perfect are in fact not symmetrical. Jay Cutler is an example of a body builder who dedicates most of his own time to training his body.

Above all, that sort of discipline demands a symmetrical body in order to be successful at it. In fact, judges at competitions place great importance on symmetry, more than on volume or proportions.

No matter how much athletes like Cutler dedicate themselves to training they can never achieve perfect symmetry without getting to the root of the problem.

In any case, Jay Cutler has the great fortune to be one of the most balanced of individuals on earth, and it is for this reason that he can develop such muscle mass. on earth, and it is for this reason that he can develop such muscle mass.



30) Perspectives

I could continue to give thousands of other examples, but it would be useless to do so. It's very clear: a method like this contains within it possibilities, as yet unexplored, that lead me to imagine a new era for mankind.

We have learned that perfect posture makes the human body super-efficient, capable of undertaking any type of activity with little expenditure of energy.

We have learned that perfect posture noticeably reduces the possibility that this bio-machine (the human body) might break down in some way (for example, through sports injuries, ailments, lack of concentration, development of chronic illnesses, etc.)

Yet, up to now, no human being has succeeded in achieving such a physiological condition. Only a few fortunate ones are able to come close to such a condition (great sportsmen, models, a few actors). Often such individuals are successful athletes, people like Arnold

Schwarzenegger, Usain Bolt, or perhaps the soccer player, Javier Zanetti.

Compared to "common" human beings those people listed above almost appear to be superior beings.

A few of them never seem to grow old; they continue to accumulate successes in their professional lives, maintaining the highest level of performance throughout the course of their lives.

But from today, things are changing. Now it is possible to bring about a state of perfect posture by means of biomechanical equilibrium and a specific methodology.

A symmetrical and well-balanced body allows a human being to have perfect posture. Such a condition can give every human being the possibility of achieving great results in every field.

With a well-balanced physique anyone can excel and achieve success in the activities that he loves.



In fact, we have learned that the fundamental physical characteristics that make successful people the way they are, are essentially these three:

- perfect posture and a symmetrical body
- facial and bodily symmetry on the frontal plane
- a perfectly straight back , provided with harmonious, physiological curves on the sagittal plane

Symmetry and a straight back really do constitute the fundamental elements of a successful, fulfilled life.

One sees, in these famous figures, how well-developed and symmetrical their jaws are.

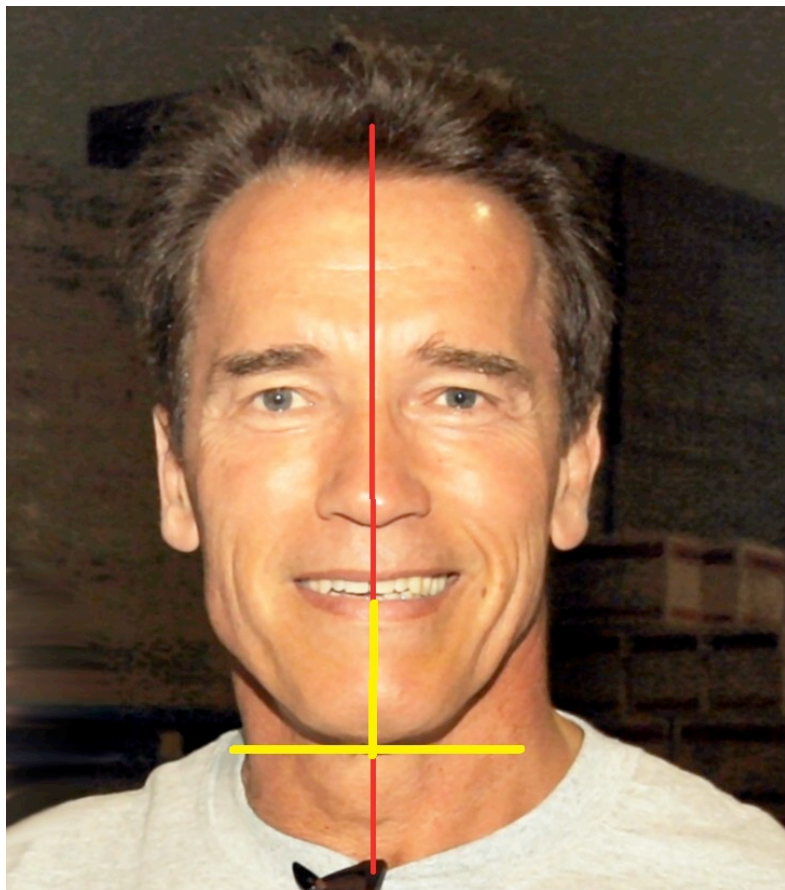


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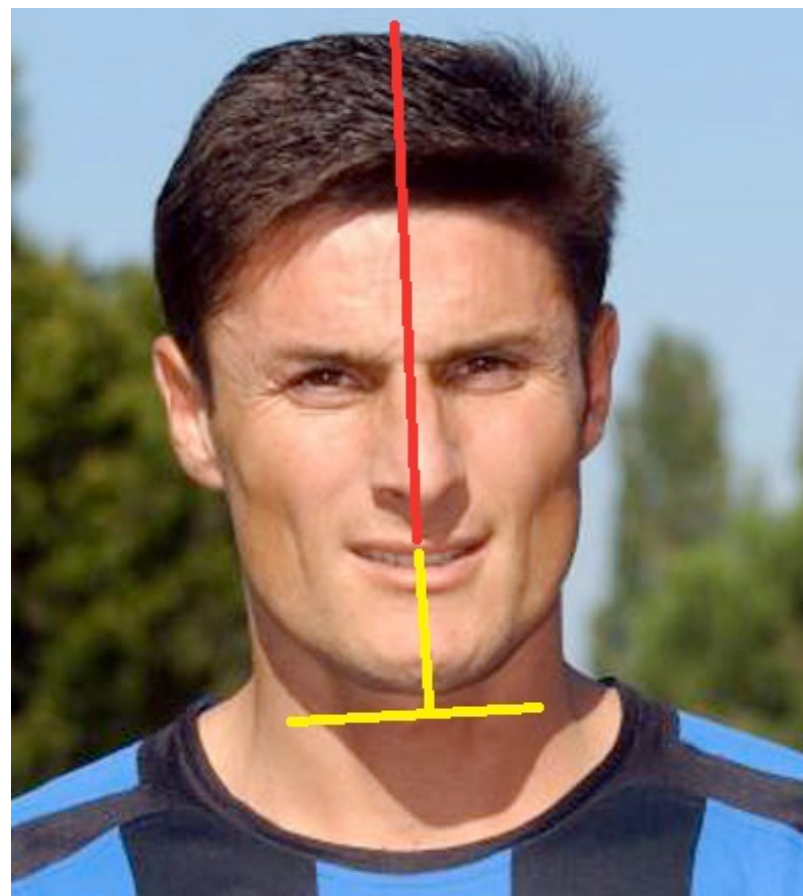


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How I Finally Straightened Myself Out - The Technique



86



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How I Finally Straightened Myself Out - The Technique

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Now I am finally returning to life again and am leaving that difficult time behind me. Slowly I am starting to play ball again, to go for long walks and to eat with a healthy appetite.

As regards my appearance, I now stand up straighter, am healthier and thus, better looking. This has allowed me to have confidence in myself again and to get involved in what's going on.

I hope this book can be a help to others who are suffering at this time, and can help those who want to improve their own performance in every area of their lives.





“Here's to the crazy ones, the misfits, the rebels, the troublemakers, the round pegs in the square holes... the ones who see things differently -- they're not fond of rules... You can quote them, disagree with them, glorify or vilify them, but the only thing you can't do is ignore them because they change things... they push the human race forward, and while some may see them as the crazy ones, we see genius, because the ones who are crazy enough to think that they can change the world, are the ones who do.”

Steve Jobs

“Being realistic is the most commonly traveled road to mediocrity. Why would you be realistic? What's the point of being realistic?

It's unrealistic to walk into a room and flip a switch and a light comes on! Fortunately Edison didn't think so. It's unrealistic to think that you could bend a piece of metal and fly people over an ocean in that metal. Fortunately the Wright brothers & others didn't believe that.

Our thoughts, our feelings, our dreams [and], our ideas are physical in the universe.

Just decide what it's going to be, who you're going to be, how you're going to do it. Just decide. And then, from that point, the universe is going to get out of your way.”

Will Smith



Moreno Conte

Author:

Every human being is born out of balance, I, in my case, more than others. This enormous handicap has made my life very complicated. In fact, in the course of my existence I have had scores of problems related to posture: kyphosis, scoliosis, pulmonary torsion, panic attacks, serious digestive problems, a hiatal hernia, and respiratory problems.

At age 22, there seemed to be nothing more to be done, because not a single specialist was capable of healing me and finding the cause of all my problems. I was bed-bound and waiting for death. In fact, I don't know how I would have made it if I hadn't used the Starecta Method.

From that time on I haven't stopped studying it and deepening my own use of it. I have improved the method, making it simpler and capable of being used by everyone. I applied myself to spreading information about this method as I consider it one of the greatest discoveries of mankind.