

Three Rolfers in a Lab

by Adjo Zorn, Ph.D., Certified Advanced Rolfer

There are two quite different kinds of people dealing with the health of human beings. First of all, there are the “real” physicians. After extensive university studies – during which they have to learn by heart more things than even the most able of them could possibly remember – they have to find out in ever-lasting clinical night shifts that things are even more complicated when it comes to real patients. For them, the simple conclusion “I know that I know nothing” is the result of very hard work. And this is why they simply will not believe anything that has not been demonstrated on a double-blind basis of evidence.

Then there are the “healers” of many complementary medical disciplines. They want to experience and treat the patient as a holistic being and try to meet him on a humane level. Too many technical details are viewed as harmful. They blindly believe in what their daily experience shows them: the effects of their methods. And maybe this is exactly why their respective methods work so well: because of their deep belief in it.

But which group do we Rolfers belong to?

On the one hand, we study anatomy just as hard as the medicos and we talk about things as real as fascia, mechanical structure and gravity. Energy, vibrations, love and the universe tend to play a minor part. But on the other hand, we do not have even vague proof – double- or single-blind – that Rolting® actually changes the fascia. In this unproven but nevertheless unshaken belief in our method, we are no different from the representatives of the most off-beat Tibetan Color Meridian Bell Therapy.

The ambiguity of this situation is being worsened by the fact that a long time ago physicians decided to ignore fascia – and, by doing so, to leave that field entirely open to people like us. But this situation will probably not last forever, as there are already hints of fascia becoming quite “hip” in medical research.

This would definitely bring about a decision: If there is fascia research and consequently fascia medicine and fascia treatment, we Rolfers could be finally discarded as esoteric believers-in-themselves. This need not necessarily be bad, of course, but I personally would not like it at all. Alternatively, we, with our years of practical experience, were to join hands with fascia researchers, Roling might well be included into research developments, bringing about mutual medical-scientific understanding and acknowledgement.

I had been pondering this point a few years, but eventually I gave up on it, because I did not see any clear possibility for me personally to participate in such a labor-intensive undertaking such as “real” research. But then something happened, something that still seems to me like a miracle. One day our colleague Robert Schleip made the courageous decision to “sacrifice himself to science,” to become a fascia researcher, and to write a dissertation on the topic.

During our first few conversations, Robert struck me as somewhat naïve about the amount of effort awaiting him. I have to admit that I would never have believed it possible for him to work his way through serious laboratory research. His first measuring equipment, home-made in his kitchen like a schoolboy Edison, his first attempts at obtaining samples of live fascia by bribery, charm and money, his optimism when trying to crack even the hardest formulas comprising x raised to the power of $3/2$, aroused my pity for him.

Today I can only say that this feeling has changed into the deepest respect and admiration. Robert has done it. He has actually worked his way through hundreds of scientific articles and acquainted himself with the most recent state-of-the-art research. He has become a professional in several university laboratories. He is a respected partner in discussions with large parts of the global elite in connective tissue research. I believe that we Rolfers are very fortunate to have Robert.

One day Robert asked me if I would like to help him to perform weeklong measurements on fascia at Bradford University (UK). How could I say no?

And so one fine day I found myself in a laboratory, preparing obstinate rat fascia, fighting with rubber tubes, making resistant ink flow again and dropping thousands of drops of complicated chemistry onto



stretched connective tissue until I almost fainted – only to conclude that none of the tested agents had any influence on fascia at all. I was encouraged by our fellow combatant Birgit Franke, whose muscle-preparations let themselves in on her optimistic curiosity and reacted with enthusiasm to simply anything that could be dropped on them.

I was finally allowed to take part in scientific research, something I had been dreaming of forever. I had the privilege of working with the only research institution world-wide that was looking at healthy fascia from a pharmacological point of view and that does not belong to a cosmetic company.

There is something really thrilling behind all this: Is fascia simply a kind of dead leather, which you can pull about, or are

there living cells in it? Do these cells react to external stimulus? Robert has found out, with our modest help, that fasciae do react to external provocation with slow but powerful contraction, be that provocation induced by certain hormones or by strong mechanical strain. The players behind this contraction have also been detected: the so-called myofibroblasts.

I beg your pardon? Fascia contracting just like muscles, only more slowly? If this should be confirmed, it would be a medical sensation, forcing physicians to completely rethink treatment strategies for many illnesses – which also leaves us Rolfers thoughtful about the way that Rolfing actually works. Is the Rolfing touch perhaps a language in which to communicate with the myofibroblasts?

I do hope that as many Rolfers as possible will find these questions just as fascinating as I do. And as many clients, medical doctors, alternative therapists, and journalists willing to be informed and amazed by the latest results of fascia research as well (as explained to them by Rolfers, of course).

Robert has made it easy for us:
www.fasciaresearch.com

This website is already becoming a hot site for insiders – whether it will be only for alternative therapists, or for medical doctors as well, time will tell.

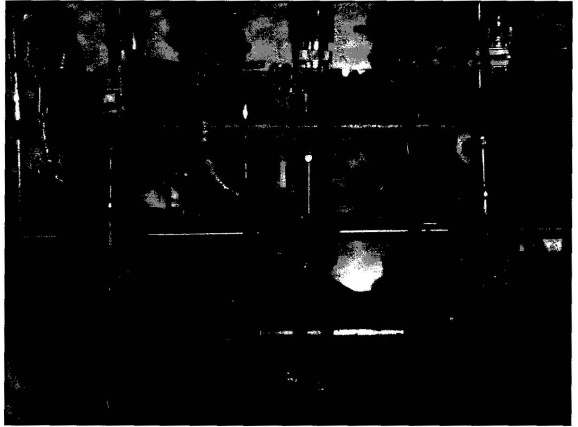
A short video about us three Rolfers and our scientific boss Ian Naylor in the Bradford lab is available at: www.rolfingberlin.de/fascianation □

Translation by Mattheus Els

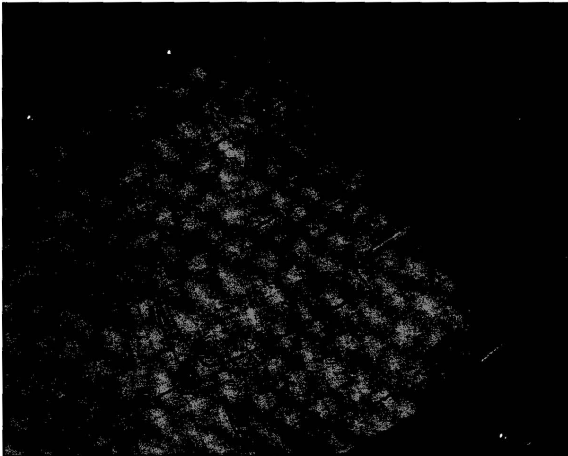
In the Bradford lab, four curious people assembled to research ways to communicate with myofibroblasts and to learn how much force they are able to apply onto the fascial net. We identified myofibroblasts as a possible candidate for what it is in the fascia that makes it actively respond to environmental influences. Myofibroblasts resemble strong muscle cells with three important differences. First, they live as eremites woven into the net of the load-bearing material of the fascia – the collagen ropes. Second, they react very slowly, they need several minutes to notice a call and react. Third they are thought to hold and pull without burning fuel – once they have contracted. They thus could be responsible for something like a “fascial tonus.”



In a living being, the fascial net experiences too many pulls, and the voice of the myofibroblasts is drowned in the chorus. We therefore isolated strips of fascia.



To keep the cells in it alive we put them into a stream of liquid, thus bringing water, food and oxygen to the cells. The tubes of the apparatus do the same thing as the tubes of the cardiovascular system.



We next introduced several drugs that we thought they could make the myofibroblasts respond – mean contract. We measured the force they were applying minute by minute with our measuring devices and recorded these forces onto paper. It is not enough to know which drug brings success – we also need some idea as to why and in which way these drugs work. We were fortunate in that the Bradford lab belongs to a pharmacological institute and our host – Ian Naylor – is a professor of pharmacology.



Mussels have primitive muscles, possibly resembling the antecedents of our muscles. They react slowly, with impressive force, and without burning energy while holding. We used them to test the influence of some drugs onto these kind of muscle cells.

