

Migratory Fascia - a role in Ductal Carcinoma In Situ?

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Purpose

To portray biomechanical links between pelvic obliquity and the shoulder and neck, possibly affecting lymph flow. Further research on the fascia/genomic instability interface is encouraged.

Relevance

The shoulder girdles interact dynamically with many structures, with corresponding susceptibility to misalignments. Treatment of shoulder pain in women revealed common pelvic misalignments and anomalies in upper thoracic myofascia, where distorted strain patterns may inhibit lymphatic function, therefore becoming a risk factor in Ductal Carcinoma In Situ (DCIS).

Windlass effect

The latissimus dorssi can be disrupted by pelvic obliquity, accompanied by right-sided thoracic hypercontraction, and compensatory spinal torque.

The anteromedial lat. border may shift posteriorly over the ribcage, weakening shoulder stability. (This more delicate elastic fascia differs from normal gathering of lat. dorssi that flattens in external humeral rotation).

Windlass effect helps to dislodge the LHB antero-caudally, the pectoral fascia tension assuming a lateral direction. Theoretically the interstitial lymph network drags caudally away from the axillary exit.

Simons and Travell (1983) say . .

. . . “Entrapment of this lymph duct by passage between tense fibers of an involved pectoralis major muscle, may cause edema of the breast.”

This seems to coincide with the reportedly higher proliferation of ductal accretions in the upper outer quadrant. (Darbre 2005), (Ellsworth et al 2004).

Additionally, proximal translation of the triceps/infraspinatus fascia may cause tightening across the scapula, affecting C7 alignment.

Conclusion

The right SI joint has more thorough integration than the left (Jellett H. 1910).

In pelvic obliquity with a left innominate upslip, the contralateral shoulder may exhibit the first strain pattern. An associated strain causing flexed closure of left C7 (reinforced by contralateral ITB strain), may compress the medial nerve, altering autonomic regulation of bloodflow to the lymph nodes and surrounding musculature. The findings of DCIS predominance by Ellsworth et al (2004) and those of Perkins et al(2004) corroborate this view.

Implications

Specific novel bodywork protocols developed by the author may help prevent DCIS. Similar “global view” rationales may illuminate dysfunction in other areas.

Key words

Windlass effect, Fascia, Ductal Carcinoma in Situ, Pelvic obliquity, Lymph

References

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