

Method of Ludmila Mojžíšová

Rehabilitation treatment of certain types of female sterility. It is based on influencing the tension of the pelvic floor muscles.

Ludmila Mojžíšová

(1932 Uzhhorod–1992 Prague)

She completed her education at a family school and secondary medical school. This was followed by work at the transfusion department in Pardubice, from 1955 she joined the FTVS UK in Prague, first as a research nurse, then as an assistant in the rehabilitation department. In the years 1978-1988 she was a member of the rehabilitation team and participated in many European and world championships and Olympics.

Origin and extension of the method

Originally, Ludmila Mojžíšová dealt with elite athletes and their pain from strained muscles. She realized how important it is to be able to exercise properly and regularly and then let the muscles relax properly again. She also noticed the adverse effect of over-specialization of athletes' movements, which caused some muscles to become overworked and other muscles to weaken. Experience and observation resulted in the first attempts to mobilize the SI joint, ribs and spine. Gradually, feedback from women showed excellent results in the field of gynecological problems. In 1977, she began collaborating with associate professor Evžen Čech, doctor of gynecology, and their joint work not only helped many women, but also resulted in scientific research. Over time, she developed her own procedures for the treatment of back pain and later focused on the treatment of female and male sterility.

Although the implementation of Ludmila Mojžíšová's method in medical practice took a long time and led through many obstacles, in 1990 L. Mojžíšová was awarded a certificate for a new method of treatment under the title "Rehabilitative treatment of some types of functional female sterility".

In 1991, Minister of Health Bojar recognized this method as the method of first choice for the treatment of functional female sterility.

Thus, the foundations were laid for the wide application of the method in medical practice.

Several workplaces deal with training in L. Mojžíšová's method, the most famous of which is the Department of Rehabilitation at the Educational Institute for Health Professionals in Brno, where the high level of teaching is guaranteed by Mrs. Hana Volejníková. Nowadays, almost every clinic has a trained specialist who masters the method of L. Mojžíšová.

Today, Ludmila Mojžíšová's method mainly deals with female sterility (eliminating gynecological problems, focused on the pelvic floor muscle). Secondly, there are disorders of the spine.

Conditions for starting treatment

If a woman decides on this type of treatment, she must first undergo a detailed gynecological examination, a complete internal examination and an endocrinological examination, which will determine whether she is a suitable patient for this type of treatment. Confirmation of the partner's fertility is also a necessary condition. However, rehabilitation treatment can be completed not only by women, but also by men for whom exercise has beneficial effects on spermiogram.

Course of treatment

This therapy of functional sterility is based on the reflex influence of the neuromuscular apparatus of the pelvic floor using movement therapy of the lumbar spine, sacrum, pelvis, coccyx and muscles that influence their relative position. The treatment itself includes several visits to a trained physiotherapist and successful results require daily regular home exercises. The first visit includes an explanation of the occurrence of various spasms and blockages, instruction on the importance of daily active exercise, examination and demonstration of exercises. The exercises are aimed at strengthening and relaxing the gluteal muscles and m. levator ani. Next, the patient learns two triads of exercises to relax the sacroiliac joints and relax the lumbar spine. The second visit usually takes place after two menstrual cycles. Here, the correctness of the exercises is checked. Part of this visit is the mobilization of the coccyx per rectum and the release of the sacroiliac joints and the lumbar spine using a soft technique. If the spasms on the abdominal wall have already disappeared and the sacroiliac and lumbar joints are relaxed, the woman will learn the third trio of exercises strengthening the abdominal muscles, gluteal muscles, paravertebral muscles and pelvic floor muscles. Further visits are made after one or more periods. If, after the control examination, spasms, blockages or subjective symptoms (e.g. pain) no longer appear, the woman continues to exercise alone. Therapy usually lasts 6 months.

Indication

- Impossibility of becoming pregnant, carrying a fetus to term (treatment of functional sterility).
- Repeated abortions.
- For women undergoing IVF.
- Pain in the external genitalia, pain during sexual intercourse, lack of orgasm.
- Absence of menstrual bleeding in young girls.
- Irregular or painful menses.
- Hypoplasia of the uterus, inverted position of the uterus, obstruction of the fallopian tubes.
- During pregnancy – modified exercises that facilitate childbirth.
- Helps women during climacterium.
- Incontinence in women.
- Constipation.
- Improvement of pathological spermiogram findings.
- Vertebrogenic problems (functional and based on structural changes).
- Scoliosis in children under 15 years of age.
- Coxarthrosis, coccyx pain.

Treatment Effects

- The success rate of the method for women (i.e. the number of pregnancies) is 30-33%. The patient gets rid of difficulties such as painful menses, headaches, back pain. According to statistics^[1] with regular practice of this method, there is a 100% improvement in urination in women, 70-80% of patients confirm improvement in structural vertebrogenic problems, 60% success in solving the absence of menstrual bleeding in young girls.
- Men improvement of 37% in the field of oligospermia.
- Success of course depends on the motivation of the woman/man to exercise (if he can exercise honestly every day, the size of the pathology found, age, frequency of problems...)

Links

References

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Resources

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