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Anal Autogenic-Training – AAT (in ASS-Anal Sphincter Syndrome)

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Abstract

Autogenic training consists of learning a series of concentration exercises that promote relaxation. It is based on the concept of autogenicity and was introduced in the 1930s by Johannes Heinrich Schultz. The technique is based on the self-regulation of normally involuntary functions. Anal Autogenic Training (AAT) is an original variant of the undersigned Author who, referring to the concepts of Schultz applies the Schulz technique to the proctological field and specifically to the situation of Anal Sphincter Syndrome. The fundamental principles and practical applications of the AAT technique are illustrated. The decades-long clinical practice of the AAT method has allowed the Author to resolve thousands of painful anal conditions with a high impact on QoL.

Introduction - Background

Autogenic training consists of the gradual learning of a series of passive psychic concentration exercises that promote relaxation. It is based on the concept of autogenicity, that is, it allows one to produce certain modifications at the level of the psyche/soma unit. This method was introduced in the 1930s by Johannes Heinrich Schultz, a German psychiatrist [1]. This technique promotes the self-regulation of normally involuntary functions by stimulating the functions of the parasympathetic nervous system and inhibiting those of the sympathetic nervous system [2]. Autogenic Training is indicated in psychosomatic medicine for the treatment of some psycho-vegetative disorders [3]:

- Gastro-intestinal disorders (gastritis, colitis, ulcers, constipation and diarrhea)
- Respiratory disorders (asthma, rhinitis, bronchitis)
- Cardio-circulatory disorders (tachycardia and hypertension)

- Sexual disorders (frigidity, impotence, premature ejaculation, dyspareunia)
- Skin disorders (eczema and psoriasis)
- Stuttering
- Sleep disorders
- Vasomotor headache
- + All those painful manifestations where the psychosomatic aspect is relevant.

Autogenic training is used to improve psychophysical well-being and to treat psychosomatic disorders Improvement occurs thanks to

- Self-induction of relaxation
- Psychophysical well-being
- Reduction in the perception of pain

Basic autogenic training consists of the gradual learning of a series of psychic concentration exercises that allow for modifications of involuntary functions that are part of the various organic systems: the muscles, the cardiovascular and neurovegetative system, the respiratory system. At a physiological level, autogenic training produces a response at the level of the hypothalamus, which reduces neurovegetative activity and increases parasympathetic tone. The practice of autogenic training requires a place protected from noise and intense lights. The first step is learning diaphragmatic and deep breathing that, by oxygenating the tissues, induces at first, a state of psychophysiological relaxation. Autogenic Training is then achieved through concentration exercises, through which one learns to mentally repeat certain formulas, aimed at relaxing specific areas of the body.

Autogenic training is also a very useful technique in the sports field: thanks to this technique, in fact, many psychophysical benefits are obtained, better sports performance, greater physical resistance and a quicker recovery of energy [4].

Finally, during labor, a good preventive Autogenic Training, with an adequate Childbirth Preparation Course, conducted by an expert Midwife and/or Gynecologist, with learning of correct coordination of the pelvic floor muscles, reduces discomfort for the woman giving birth, the worries of those assisting her and above all reduces the frequency and extent of any trauma to the unborn child.

METHODS

Patience and empathy are needed to allow the patient to overcome the necessary preconceptions about anal diseases, known through stereotyped representations of "common and well-known" pathologies of the anatomical region involved which, unfortunately, are trivially reduced to obsolete proctological concepts that correspond to extremely generic, as well as fallacious, diagnoses of "hemorrhoids, fissures and fistulas".

First Phase > Awareness

With simple, easily understandable explanations, the subject who declares "I suffer from hemorrhoids, they get inflamed, etc.", is pointed out the clichés to forget and the need to carefully concentrate on learning the true causes of their disorders, in order to hopefully "eliminate" them in close collaboration with the Proctologist: a strong relationship of trust must be built between patient and doctor, which becomes fundamental in the continuation of the treatment and for the successful outcome in terms of improvement and healing. Aphorisms, anecdotes, witty jokes and various other devices can simplify the understanding of problems and the need to solve them. The example of the hand in the door is valid for everyone: the patient is told that the hand inadvertently crushed by a door hurts (like his anus), that it bleeds (like his anus), that it swells (like his anus) and he is asked:

"which treatment should be done first?"; usually the patients' answers are various: "I put ice, I take a painkiller, I disinfect the wounds, I use a healing agent, etc.", but few are able to identify the main therapeutic maneuver to be performed, that is "open the door and remove the hand", otherwise all the treatments will be useless and will only be money wasted to buy medicines, with the problem that will not be solved in any way without removing the cause of the problem itself... the closed door.

This explanation makes the patient understand that his problems are not represented by pain, wounds, bleeding, swelling, nor by hemorrhoids or fissures, but by the closed door, represented by the hypertonic anal sphincter that crushes, damages and makes painful anything that is in the high pressure ring of the muscle and that nothing can be healed without reducing the sphincter tone.

At this point, if the patient finally becomes aware of his real problem, we can talk about

- ✓ Clarification of the diagnosis
- ✓ Identification of the determining causes
- ✓ Discrimination between causes and consequences
- ✓ Assimilation of the concept of the need for removal "primus movens"
- ✓ Concentration on the objectives to be achieved

Second Phase > Motivation

If the proctological patient does not understand the concepts expressed above and does not personally collaborate in the sphincter relaxation, it will be difficult for him and for the Proctologist to reach a possible resolution of the pathological picture. Patients who have understood the concepts, but who have been living with problems of intense and prolonged post-defecation pain for months or years, even though they are aware of the need to relax the sphincter, all ask: "but how can I relax my anus? I can't. I can't do it"; that is, despite being aware of the problem, they are pessimistic about their chances of changing the state of things. However, since the muscle-tension sphincter pain eases and often disappears during sleep with absence upon waking, the patient is asked to explain this well-being: the patient responds in various ways "because when I sleep I don't notice it, because in the evening I take a painkiller, because I put on cream, etc.", but he hardly manages to understand that it is the sphincter relaxation during the night's rest that is the real cause of the reduction in pain; once the problem is explained to him and he assimilates it, he continues to say that in any case he cannot manage the sphincter during the day. We must reply calmly but firmly that it is possible, with the motivation that if his sphincter relaxes during the night, it can also relax during the day, otherwise it would not be possible even at night, so we just need to learn to attach the brain (the conscious will) to the anal sphincter which, if we let it do what it wants and if it works well, it is good for everyone, but if it makes a mistake it causes damage, and then we need to teach it good manners, taking away the automatic pilot and "taking control of the manual controls". The anal sphincter system is not made up of a single muscle, but of a complex of muscles that work in synergy with each other (even if sometimes, in certain pathological situations, coordination fails). Most sphincters are made up of striated muscles, susceptible to being controlled voluntarily; only the internal sphincter is made up of “involuntary” smooth muscle, innervated by the fibers of the sympathetic and parasympathetic systems and not controllable by will: however, in most cases (with very simplistic explanations for the patient), it can be said that if you manage to

voluntarily relax the striated sphincters, the smooth muscle sphincters can also adapt to the others involuntarily. If this happens, the patient will have a significant improvement, so it is a good idea to follow this advice and start thinking about collaborating with your brain on other therapies that can be usefully implemented, provided that the first to “widen the anus” is the patient with his brain. In this way, in addition to awareness, we also give the patient the motivation to relax through

- ✓ Observation of the ways in which pain appears and persists
- ✓ Awareness of voluntary and involuntary sphincter function
- ✓ Example of the hand crushed in the door (symptoms, causes and therapeutic priorities)
- ✓ Awareness of the uselessness, in the long term, of symptomatic therapy, without relaxation
- ✓ Example of a herniated disc (I can operate on it, but then it is better to avoid motocross and weight lifting)
- ✓ Awareness of the genesis of associated disorders
- ✓ Awareness of the patient's indispensable collaboration in sphincter relaxation
- ✓ Clarifying the concept of therapy "help yourself and God will help you"
- ✓ Eliminating the idea "I can't do it"
- ✓ Highlighting the improvement with rest (if I can do it at night, I can do it during the day too)
- ✓ Clarifying the uselessness of all therapies, including surgery, if the patient does not comply
- ✓ Illustrative example of the possibilities of failure even of sphincterotomy surgery

Third Phase > Review of concepts and illustration of the technical modality of the exercises to be performed

- ✓ Notions on muscle relaxation (striated-smooth) and on reflex adjustments
- ✓ Clarification on the need to get rid of the clichés about "hemorrhoids, ice, topicals, etc."
- ✓ Awareness of the usefulness of warm and relaxing bidets (sitz baths)
- ✓ Perform the exercises (see below)
- ✓ Awareness of having to interrupt the automatisms of the sphincter system (always present)
- ✓ Awareness of having to "remove the autopilot" and take the "manual commands" of the sphincters
- ✓ Example of the electric cable with the switch on OFF to be changed to ON*

*We have neurons that, starting from the cortical areas of the brain, extend their axons and, thanks to synapses, connect with the anal sphincter muscles: the switch of these "electric cables" is generally on OFF > we must learn to turn the switch to ON, start the command from the brain and make it reach the bottom, where it is needed to relax the sphincter muscles

Fourth Phase > Practical exercises

At this point, the aware, motivated, educated and collaborating patient is ready to put into practice those exercises that could lead to the resolution of problems or even just to a partial improvement, but that, even in case of failure, will be very useful in association with any other possible therapy (use of topicals based on trinitroglycerin, botulinum toxin, anal dilators) and also before and after any surgery, considering that the anus is not replaceable, there is no "spare part" or "new muffler" (as for the heart and kidneys) and that in Proctology we always work on "used" and it is not "guaranteed used", so you will never get a new anus after surgery, but only a

"repaired" anus with more or less good results, so regular "management and maintenance" by the patient is essential for the success of surgical interventions, both in the short and long term. Hence the absolute necessity for the patient to always collaborate with those who treat him, but above all with his sphincter.

The practical exercises of the personal Anal Autogenic Training (AAT) technique require that the patient, first of all, must feel comfortable, calm and at ease, in a comfortable, known and "protected" environment.

- ✓ Fill the bidet with hot water (not boiling, but very hot) and immerse the anus
- ✓ Close your eyes and "connect the brain to the anus" (as and for the reasons mentioned above)
- ✓ Inhale deeply, concentrating with the will where you feel the heat
- ✓ Exhale slowly, making the relaxation "cascade" from the brain to the anus
- ✓ Maintain the relaxation for about 1 minute
- ✓ Repeat the exercise 4-5 times (for a total of about ten minutes)
- ✓ First AAT session. Upon waking up in the morning, before defecation, still in the absence of pain
- ✓ Subsequent sessions after each defecation (the most difficult moment) and before going to bed + as needed
- ✓ Do not be discouraged by poor results in the first few days; commit for at least 3-4 weeks
- ✓ Periodic check-ups with your trusted Proctologist to analyze the results and adjust the therapy

Discussion and Conclusions

In essence, Autogenic Training not only regulates the activity of individual systems, but also manages, thanks to this game of reciprocal influences, to induce a state of relaxation that involves the entire organism. Autogenic training allows anyone who learns it to then be able to manage it independently; however, learning the method has precise rules and requires training. In fact, to learn and use the technique in the best way, it takes several months and it is necessary to keep the practice alive over time, once the basic training has been completed. AAT is an original variant of the undersigned Author who, referring to the concepts of Schultz applies it to the proctological field and specifically to the situation of Anal Sphincter Syndrome [5]: this syndrome is characterized by the morphological and functional consequences of an excessively high sphincter muscle tone. The multi-decade clinical practice of the AAT method has allowed the Author to resolve several thousand painful anal conditions with a high impact on QoL [6-12] and "inexplicably" refractory to common proctological therapies, generically and illusorily catalogued, since always, as "hemorrhoidal disease", with treatments often directed more towards the symptoms rather than towards the identification and elimination of the real triggering cause, constituted by the reactive algogenic spasm of the anal sphincter, which translates into a symptomatic loop with painful lesion/progressive sphincter contracture/consequent increase in pain from compression, congestion and ischemia/tight algogenic sphincter spasm that enhances the progress of the vicious circle, all amplified by the resulting anxiety state. The interruption of the vicious circle is essential for all other conservative, pharmacological and mechanical (dilators) or surgical therapies to act successfully in terms of improvement and/or healing, with minimization of the possibility of recurrence.

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