Somato-Psychic Syndrome and Somato-Psychic Autonomic Dysregulation as a Pathophysiological Bridge Between Body and Mind

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OBJECTIVES

This study introduces Somato-Psychic Autonomic Dysregulation (SPAD) as the underlying mechanism of Somato-Psychic Syndrome (SPS) — a clinical and pathophysiological framework linking somatic and mental pathology through dysregulation of the autonomic nervous system (ANS).

Peripheral structural dysfunction—notably axial blockages (AxBb) affecting the pelvis, spine, rib cage, and skull—distorts proprioceptive input and impairs peripheral ANS structures, leading to autonomic dysbalance.

This dysregulation, consistent with the polyvagal theory (Porges, 1995, 2001), produces emotional, cognitive, and behavioral manifestations that may mimic mental or neurodevelopmental disorders.

Importantly, these dysfunctions are potentially reversible through targeted manual and reflex therapies that restore postural and movement symmetry and autonomic regulation.

LITERATURE REVIEW

Somatic and structural dysfunctions can influence psychological well-being by dysregulating the autonomic nervous system (ANS), which connects bodily and emotional states.

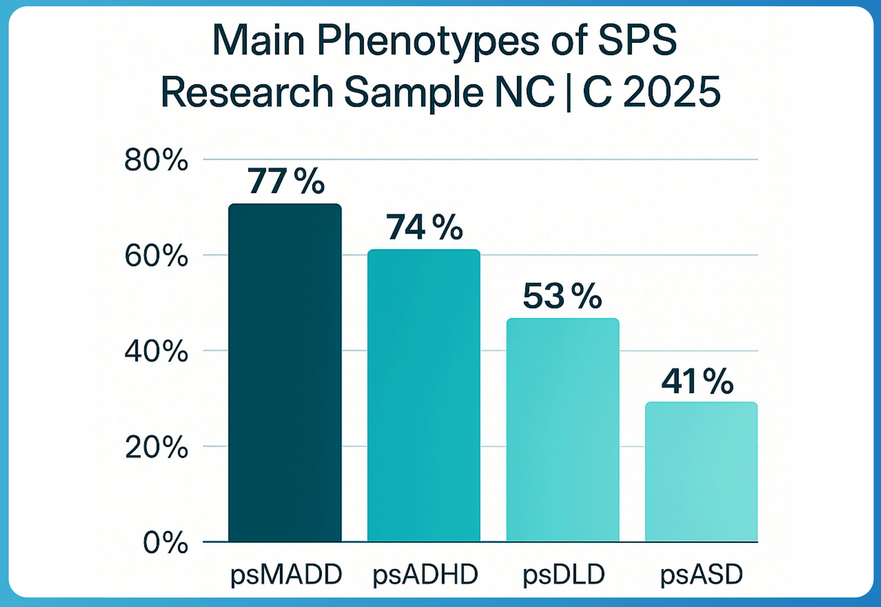
Altered autonomic balance, reduced parasympathetic or vagal activity, has been linked with anxiety, attention problems, and mood dysregulation across developmental stages.

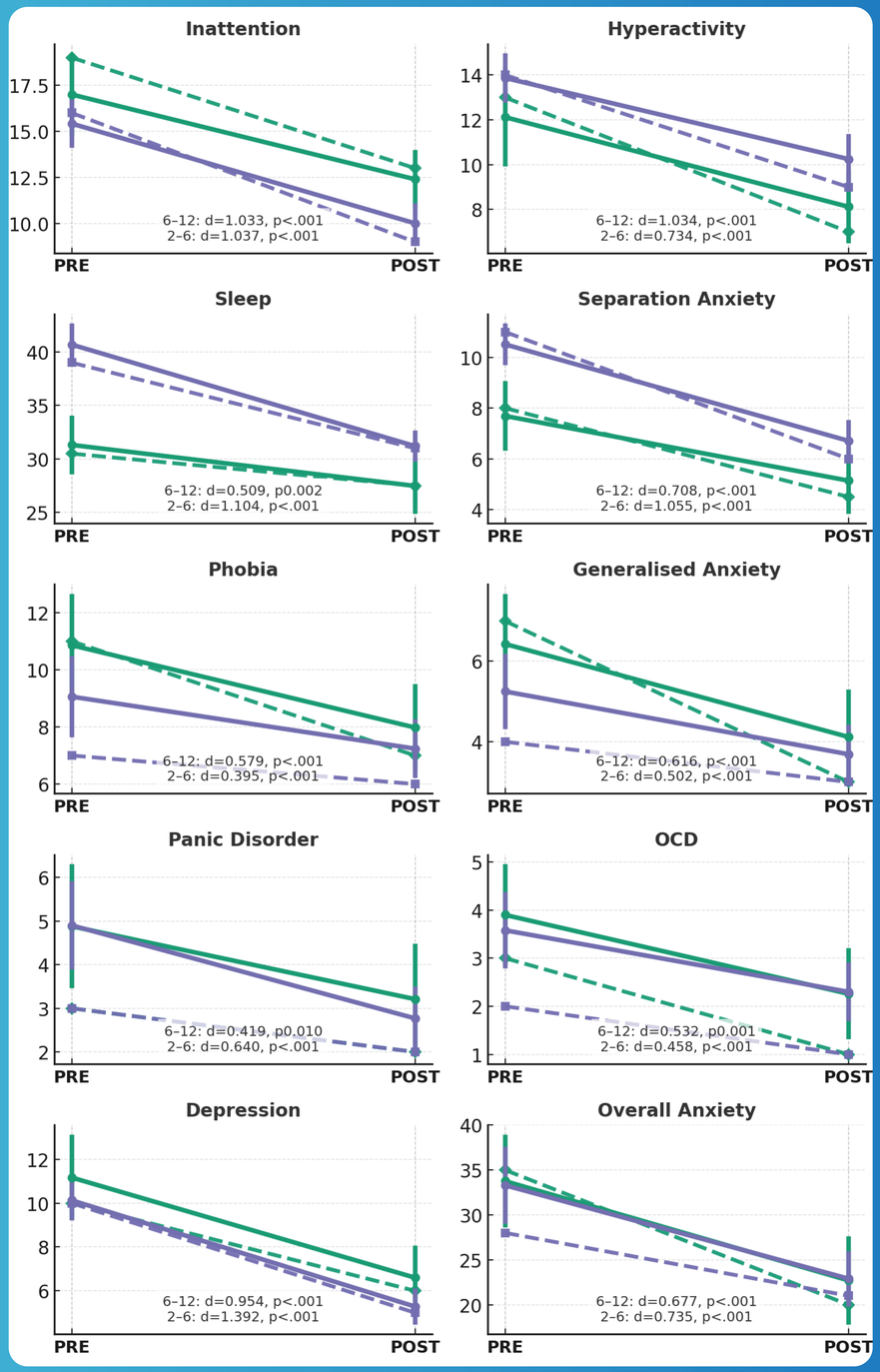
In children, early disturbances in ANS maturation may predispose to ANS neuropsychiatric and behavioral disorders, linking physical asymmetry or stress-related autonomic reactivity to emotional and cognitive outcomes.

Understanding autonomic mechanisms underlying mind–body interaction is essential for clarifying the pathophysiology of mental distress and for developing causally oriented interventions.

METHODS

A retrospective clinical study included 135 children aged 2–12 years diagnosed with Somato-Psychic Syndrome (SPS) and presenting with attention, emotional, and behavioural difficulties. Each participant received at least five therapeutic sessions combining reflex therapy (FPIT and related techniques), low-velocity axial manipulations (LVLA/LVHA), and neuromodulatory manual techniques that enhance vagal activity. Therapies targeted axial blockages (AxBb) to restore somatic symmetry, proprioceptive coherence, and autonomic regulation. Children were evaluated for inattention, hyperactivity, sleep quality, anxiety, and mood regulation. Assessments were completed by parents using standardized questionnaires before therapy (PRE) and after completing at least five therapeutic sessions (POST) as part of routine clinical follow-up.





ASSESSMENT TOOLS

- Ages 2–6 years: ADHD Rating Scale IV – Parent Report; Children's Sleep Habits Questionnaire; The Revised Child Anxiety and Depression Scale (RCADS) ADHD Rating Scale
- Ages 6–12 years: Swanson, Nolan, and Pelham-IV Questionnaire (SNAP-IV); Children's Sleep Habits Questionnaire; The Revised Child Anxiety and Depression Scale (RCADS)

STATISTICAL ANALYSES

Data were analyzed using paired t-tests and Wilcoxon signed-rank tests to compare PRE and POST measures. The Shapiro–Wilk test was applied to assess normality. Results were interpreted with effect size (Cohen's d) and rank-biserial correlation.

RESULTS

- Highly significant post-treatment improvements were observed across all measured domains ($p < 0.05$, mostly $p < 0.001$).
- Effect sizes (Cohen's d = 0.4–1.4) indicated moderate to enormous clinical impact, with no adverse effects reported.
- Across both age groups, improvements strongly correlated with resolution of axial blockages (AxBb) and restoration of ventral vagal tone, as shown in the accompanying graphs.

CONCLUSION

Somato-Psychic Syndrome (SPS), associated with Somato-Psychic Autonomic Dysregulation (SPAD), appears to be a common and distinct clinical entity in children and adolescents, often rooted in prenatal, perinatal, or early postnatal bodily dysfunction. SPS and SPAD are successfully treatable through manual and reflex therapies that restore bodily symmetry and autonomic balance. Ongoing research focuses on etiological and genetic factors and on early screening among children with neurodevelopmental phenotypes. Recognition of this mechanism may help reduce unnecessary use of antidepressants, psychostimulants, and antipsychotics.

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