

Visceral Manipulation

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Everything alive expresses movement, and loss of motion over time expresses a lessening of life. We are all aware of the pathological effect of immobility on the musculoskeletal system but have you ever thought of the effect of loss of motion on the viscera? Upper lumbar pain or sciatica may be related to intestines or rectosigmoid. I recently perused three volumes on visceral manipulation written by Jean-Pierre Barral and Pierre Mercier,^{1,2,3} two French osteopaths. Dr. Barral is presently chairman of the department of visceral manipulation at the faculty of medicine at Paris du Nord. They contend that there should not be any restriction of motion of viscera. "Any restriction, fixation, or adhesion to another structure, no matter how small, implies functional impairment of the organ. The consequent modification of its motion, repeated thousands of times daily in the body, can bring about significant changes, both to the organ itself and to any related structures."¹ They describe in very technical terms motion palpation and treatment of the viscera.

They describe four types of visceral motion: 1) passive movement caused by the somatic nervous system as occurs in walking, running, flexion of the trunk and other gross skeletal movements; 2) movement influenced by the autonomic nervous system such as diaphragmatic motion, cardiac motion, and peristaltic motion; 3) movement caused by craniosacral rhythm (flexion and extension) affecting cerebrospinal flow; and 4) visceral motility which is an inherent, independent, almost imperceptible movement present in all organs and which can be palpated. The health of an organ is a manifestation of correct motility. All obstacles to visceral motion predispose the organ to abnormal physiology creating a functional problem.

They describe "visceral articulations" which like skeletal articulations have sliding surfaces and a system of attachment. These sliding surfaces are the serous membranes and an organ can be contiguous with a muscular wall (liver-diaphragm), with the skeleton (lung-thorax) or with another organ (liver-kidney). A visceral restriction occurs when an organ loses part or all of its ability to move. They teach palpatory methods to discern the restriction and a variety of manual treatments to restore the normal motion. They have found that each organ moves in a particular direction along particular axes. The change in motion may involve the inherent motility of the organ itself or the mobility restricted by visceral articulations. These motion changes can: demonstrate local pathology with symptoms; the beginning of a local pathology without symptoms; a local sequela to an old pathology to which the patient has adapted; a distant pathology in a viscera; or a pathology in a structure having vascular, nervous or fascial relations.

Restrictive motion can be caused by an adhesion or fixation due to natural or surgical healing, ligamentous laxity (ptoses), and muscular restrictions (viscero spasms) causing, for example, gastritis. The gastritis may be due to a reflex restriction leading to immobility which, if it lasts long enough, creates alkaline and acid residues which attack the mucous membranes leading to eventual duodenal ulcers.

The practitioner before treating makes a diagnosis, localizes and classifies the restriction (adhesion, fixation, ptosis or viscerospasm). The manipulation attempts to aid the body to take over to achieve self-correction rather than force a correction.

Based on the organ involved, right and left sciaticas can have different visceral etiologies. For example right sciatica could be due to increased tension in the peritoneal attachments of the ileocecal junction. The psoas is usually in spasm and retracted, creating a mechanical problem. The Lasegue test can be used to implicate the viscera. If the right Lasegue test, for example, is positive, push the cecum posterosuperiorly and slightly medially. If the intestine is involved there will be a more than 30 percent increase in Lasegue leg raise. Left sciaticas may be related to a problem with venous circulation affecting the rectosigmoid and lower left limb. Perform the left Lasegue test with a posterosuperior pressure in the rectosigmoid area and there will be a 30 percent increase in left lower limb elevation, meaning there may be an intestinal and perhaps vascular problem.

References

1. Barral JP, Mercier P. Visceral Manipulation. Vista, CA: Eastland Press 1992.
2. Barral JP. Visceral Manipulation II. Vista, CA: Eastland Press 1989.
3. Barral JP. The Thorax. Vista, CA: Eastland Press 1992.

Editor's Note: Dr. Hammer will be conducting his next Subluxation Myopathology (SM) seminar October 29-30, 1994 in Philadelphia, Pennsylvania, and another SM seminar November 5-6, 1994 in Raleigh, North Carolina. You may call 1-800-359-2289 to register.

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