

Barral Institute Case Study

Visceral Manipulation - Laxatives Required for Bowel Movement

Sarah Labrecque PT

Patient Age / Gender

77 yr old female

Patient Symptoms

Hx 77 yr old female with 6-month Hx of being unable to have bowel movements without significant use of laxatives. Has been seen by gastroenterologist and had barium swallows and testing to see food moves through digestive system, there was basically little to no movt of food though large intestines and doctors want her to have a colostomy but have given her a trial of meds to help as pt did not want this procedure. She states meds were not helping and called us as we had treated her back before and was there something we could do. She has bowel movement every 10 days, with laxatives and significant straining. Has low back pain also. PMH low back pain, THR B, R TKR, 3 children all vaginal births.

Evaluation / Treatment

O/E stiff through spine. GL pt fwd bend slight left rotation. LL left lower costal region at depth of stomach. Mobility tested stomach in sitting, seemed restricted to move laterally, so in sitting created listening between left lobe of Lv and body of stomach, did a double listening and released. While in sitting position did transverse colon as well at hepatic and splenic flexures as pt very uncomfortable and hard to keep changing position. Then treated sigmoid colon supine w/ long levers of leg, pelvic and L/S release and th/diaphragm. Worked on all sphincters and balanced them. Did motility of Lv and st and then balanced them together. Tx 2, states has had a bowel movt every day if doesn't miss cue her body gives her did not have to strain so hard and did not have to take laxative. GL to R ASIS area. LL ascending colon. Worked ascending colon in side lying released from fascia of Toldt and D2. Cecum ligaments released using long levers of legs, released descending colon in L side lying, motility of ascending and descending colon balanced, cecum still restricted against ileum so release, rectum mobility tested and released balanced with coccyx and sacrum all diaphragm releases, Ki motility and see saw as pt "energy" very low, Lv releases in sitting. Tx 3 pt states is much improved has not taken laxative, having bowel movt nearly every day with no straining still needs to be aware when her body needs a bowel movement or she can miss the cue and that is why she may miss a day. Her low back pain is much better. Given TVA exs to improve abdominal wall tone, ICV had counterclockwise rotation so corrected and all sphincters checked again, hepatic flexure had listening so released. Checked all nerves in pelvic plexus, balanced to organs, then linked to frontal lobe. Made sure all nerves had longitudinal verticality. Checked motility of large intestines all areas and balanced, Lv and stomach motility balanced.

Outcome

Pt had 3 treatments she was to call back if any further problems, checked in with her 1 month later, was having a bowel movement every day, had not taken a laxative since after 1st session.

Does not need to strain. Cues her body gives her for bowel movement are less subtle so doesn't miss them as often. Has some back pain on and off but back to her normal kind of mild back ache she has had for years and even this is better. Very pleased with outcome.