

Barral Institute Case Study  
Visceral Manipulation – Leg pain and severe back pain

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Patient: 57-year-old active female. Does a lot of cycling.

Reason for coming: Since her two level laminectomy 3 years previously, she has had bilateral lower leg pain and tightness in her calves and shins, severe back pain in the morning, right hamstring origin pain, feeling of legs collapsing.

Evaluation:

Had hysterectomy and Abdominoplasty 7 years previously. In a MVA 14 years ago where she severed her right kidney, Cycling accident 2 years ago fractured pelvis. Right knee swollen – previously had arthroscopy,

Her posture shows a sacral counternutation She has decreased lumbar lordosis and increased thoracic kyphosis.

General Listening: Right anterior pelvis. In sitting the listening changed.

Local Listening: Right knee, right mid tibial shaft.

Treatment:

Started treating the right knee arcuate ligament, popliteal ligament, semi-membranosis tendon, popliteal artery. The listening then took me to the interosseous tibial distal third which I treated.

I rechecked the General listening in standing and I was still attracted to right anterior pelvis. The General listening stayed the same in sitting. Local listening then attracted me to inguinal canal, round ligament and peritoneum. Which I treated.

The patients Addominoplasty was very tight creating tension on the posterior spine pulling it into flexion and sacral counternutation.

The session ended with Visceroemotional treatment around her mother.

The patient was recommended to work on her neutral pelvis to prevent further progressing her disc pathology

Results and Follow-up

The patient returned for 3 more sessions. The follow-up sessions included treatment to her kidneys, ureter, bladder, left triangular ligament of her liver, etc. She is now able to sustain her lumbar spine in a natural lordosis, her legs no longer give way, and the early morning pain is gradually getting less.