

Barral Institute Case Study
Visceral Manipulation – Car Accident
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Patient (Age and Gender): Age 14, Male

Last date of treatment: June 30, 2020 (15-treatments about 3 times/month)

Presenting Symptoms:

The patient came in with the primary complaint of ‘difficulty breathing (inhalation), trouble sleeping, headaches, also with the inability to smell, pain to his left arm, mid to low back pain, right foot pain and he was also depressed. He came in wearing a ‘boot’ for his right ankle/leg and needed help from his parents to move and lay on the table. On 12/7/19, The patient was in a horrible automobile accident and lost sight to his right eye, his left arm was broken but doctor’s left the arm without a cast and just had an arm brace for support, he also had a fractured fibula and his head was cracked open and closed with 30 stiches. The driver (21-years old) died in the car accident (reckless driving, no alcohol). He started treatments on 2/5/20.

Evaluation (GL (VM & NM), LL (VM), Vertex Listenting (NM), chosen neural structures (NM), mobility test of nerve (NM):

GL – Left/superior/anterior chest, LL/VM – left lung at fissure, Vertex listening NM – Coronal Suture (suture)

Treatment (Findings during evalucation, tratement techniques and procedures used, number of treatments applied:

Since this was such a long case study, I will provide a snyopsis. Initially, I worked with Barral Visceral Manipulation to mobilize the lungs, diaphragm, pericardium, stomach, spleen and kidneys to release ligamentous restrictions and restore inspir/expir to the organs. I also incorporated some cranial release work through Upledger techniques and some brain techniques with ‘Chikley’ brain work. With Barral Neural work, I helped with tension in his breathing via the phrenic nerve. Neural work: I released the craniofacial junction, released the frontal bone with the neural technique, coronal suture, the infra and supra orbital nerves and infratrochelar nerves in an effort to help the pressure he was feeling in his right eye and nose. I worked with the trigeminal nerve with the use of breath work. To help with his constant headaches, I released the greater and lesser occipital nerves with V1, C1 nerve and release of the RCPM/s.

I also worked with the right and left brachial plexus to release the left radial nerve that had been affected from the break at the humerous. I connected with the tricipital space and did a double induction with the radial nerve to Frohse arch (deep radial nerve) to the radial nerve at thumb. I also had a listening to the the axillary nerve and released the neural tension.

He complained many times over about the pain in his back. I first started by mobilizing both kidneys, and then released the lumbar plexus and the sacral plexus; this work greatly reduced the pain he was experiencing. He had a subluxation in L3, L4, L5, which I also helped by utilizing Chikley lymphatic work and Barral manual articular work. For the pain in his shoulder, I worked with the brachial plexus and released buds at C5, C6. For the winging of his scapula, I worked the suprascapular nerve at the suprascapular notch and the inferior transverse ligament, the long thoracic nerve and the dorsal scapular nerve.

For his right leg, I relaxed the sciatic nerve to the Sural nerve to the lateral maleous (lateral dorsal cutaneous nerve). During these treatments, his boot came off, he was able to use his arm without the support brace and he no longer needed help from his parents to get around.

Objective Findings/recommended):

In March, I recommended that the parents consult with a Mental Therapist to help The patient with his depression, PTSD and around the death of his friend and the loss of his vision. The patient passed out during the automobile accident and does not remember any details of the accident. His body (through listening techniques) was able to guide me through the treatment plan. Through listening techniques, I found that his upper torso, back and head received a strong impact. It was strong enough to completely break his left arm, fracture his right leg and crack his head open. Luckily he was young, which helped his healing. He also has a kind, strong and resilient personality and attitude, which helped him move easier through this trauma experience. I was not able to help his eyesight and his doctor's said it would 'not return'. I feel that the treatments were able to bring him to a better level of function and that his quality of life will be much better due to the corrections made in his system. Initially, his parents would cry and were extremely upset because of the accident and almost loosing the life of their son. At the end, they were incredibly grateful and cried with joy off and on during his sessions. For me, this was a gratifying case to work on.

Outcome/Results:

The patient was able to regain his sense of smell. The vision in his left eye did not return. During June 2020, he started riding his bike and got a 'part time job' working with young children at a 'day camp', he was so excited about this. June 30th was his last appointment and reported that he was much happier and does not express anger about his loss of vision. He was also working concurrently with a Mental Therapist during his treatments with me. He can use his left arm very well and his gait has greatly improved. Initially, he came in slunched forward with a limp, shy and a left winged scapula. He is doing so well that they stopped their sessions.

Discussion:

Neural work is amazing and the results achieved greatly help mental health and well-being, function and quality of life.