

Barral Institute Case Study
Visceral Manipulation – Abdominal Pain
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Introduction

33 year old, mother of one (8yo), office worker, presents with pain in the left side of her low back and in the abdomen. She was also experiencing chest pain and pain in the neck. This started two weeks ago and patient went to Accident and Emergency where she had a series of tests including cardiac, lung and kidneys. Analgesics were given and no further diagnosis was given. The patient also reports that she is not sleeping well. Only getting two hours of continuous sleep.

Examination

Blood pressure (bp) 146/94 pulse 97bpm (beats per minute). Abdominal pulse strong but within range (find range), tenderness medial to left kidney. decreased left hip flexor power, left sacroiliac ligament restricted. GL below diaphragm, anterior and left. LL medial aspect of left kidney with EL to right kidney. Kidney mobility reduced especially in lateral movements. Motility **weak** expire on left kidney.

Diagnosis and Management

Working diagnosis of kidney nutcracker syndrome, leading to pheochromocytoma.

Treatment

Sidelying articulation of left kidney to encourage lateral position., renal artery. Motility induction and balancing with right kidney.

Outcomes

After treatment retest bp 112/72 pulse 79 bpm. Left hip flexor power improved and almost equal to right. Left sacroiliac ligament improved movement. Monthly follow up treatment bp 110/70 pulse 65 bpm normal. Patient able to sleep through the night.

Discussion

The working diagnosis of kidney and adrenal dysfunction leading to pheochromocytoma is my best hypothesis but came with a degree of uncertainty. The link between nutcracker syndrome and pheochromocytoma is not clear and may need further research. My best suggestion is that interference of the venous supply to the adrenal glands interferes with the corticosteroid feedback.