

Barral Institute Case Study

Visceral Manipulation – Chronic Abdominal Pain, Body Aches, Constipation

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Patient: 7 year old female

Symptoms

CC: chronic abdominal pain, body aches, constipation

Patient came in with her mother who reports she had jet fuel poisoning in 2021 when military base nearby her house dumped jet fuel to the ground. Many people living the area affected by it and she started having symptoms of abdominal pain, whole body pain, and constipation; she is taking various herbs and supplements, even then bowel movement irregular and difficult. Without them she cannot have bowel movement for many days. She goes to see a CST practitioner who referred her to me.

Evaluation/treatment/outcome

At first visit, MTE: left lung, liver, spleen, sigmoid, GL: left, LL: spleen, Extended L: left lung. Performed double induction spleen and left lung. LL changed to sigmoid colon. Performed double induction liver and sigmoid, released sigmoid with mobility and motility. Then, LL changed to liver. Performed liver lift, viscoelasticity, and motility. At second visit 3 weeks later, her mother reports she is having bowel movement daily since last visit and pain has lessened but still present. Especially that day of visit she is having headache and abdominal pain. GL: left posterior, LL: left vagus nerve at jugular foramen. Occipito-temporal junction mobility test shows left side restriction indicating jugular foramen restriction. Treated left jugular foramen and vagus nerve at carotid trigone, followed by balancing thoracic and abdominal plexi. She says her headache disappeared after this. LL changes to liver. Treated liver with liver lift and motility. Then, LL changes to sigmoid colon. Treated sigmoid colon with mobility and motility, double induction with liver. After treatment, she says she doesn't have abdominal pain any more.

Discussion

At first visit no neural manipulation technique was performed, but at second visit the listening showed clear sign of nervous system impairment, especially vagus nerve dysregulation. Vagus nerve passes jugular foramen along with glossopharyngeal nerve, accessory nerve, internal jugular vein and posterior meningeal artery. Internal jugular vein with caudad flow drains venous blood and posterior meningeal artery with cephalad flow provides to the dura of posterior cranial fossa. It might be that all these structures are interrelated and affecting each other creating the tension at the jugular foramen.¹ Releasing jugular foramen seems very important in treating these nerves and alleviating intracranial pressure.

¹ Vagus nerve shares arachnoid sheath with the glossopharyngeal and accessory nerve. Manual therapy for cranial nerve, p191