

Barral Institute Case Study

Visceral Manipulation – Discomfort on Left Side of Face and Cranium

By: Joon Hee Lee, LAc, CVTP

Patient: 48 year old female

Symptoms

CC: abnormal sensation and discomfort on left side of face and cranium

Patient reports she has been dealing with strange sensation on her left side of upper molar to sinus and head for 14 years; it started with flu-like symptoms and she was diagnosed with stage 4 cancer at hospital and stayed ICU for 4 weeks; it was so traumatic to her that made her become non-verbal for a while; the diagnosis turned out to be false and later determined as "some type of brain infection that crossed blood barrier". She states that she still experiences this "crazy sensation" in her left upper molars to the sinus and into her cranium. She describes her whole sinus feels collapsed. She states MRI has been scheduled but she does not like the procedure and want to avoid it if possible. She has ongoing left hip joint pain. Health history includes: persistent vomiting when she was a new-born infant and anti-biotics was used; series of ear infections; facial trauma, hit by a bat on the nose at age 10; carbon dioxide poisoning in Mexico at age 22; MVA in 1992

Evaluation/treatment

GL: left anterior, LL: descending colon. VM technique for descending colon and fascia of Toldt performed. Listening changes to left kidney, released left kidney with mobility and motility with right kidney. Listening changes to stomach, released stomach with combined technique. Then, listening changes to left maxilla and vertex listening to left tentorium, released maxilla with neuro-cranial junction technique. Vertex listening disappeared after this.

Outcome

Patient came in 2 weeks later and reports that her left side of tooth and sensation to the cranium much better, she hasn't felt discomfort on the area since last visit, left hip also considerably better. She postponed MRI and later canceled when she was no longer feeling the sensation on the left side of her face and cranium. After 2 more treatments, the sensation has completely gone. 1 year later when she returned for other complaint, she was still symptom free on the affected area.

Discussion

Both the patient and I were surprised how quickly such a long-term symptom alleviated with simple technique. It is suspected that the combination of childhood trauma on the area and undetected chronic sinus abnormality due to recurring infection might have caused neural meningeal tension in the area and intracranial pressure contributing to the abnormal sensation in the area.