<u>Barral Institute Case Study</u>
Visceral Manipulation – Endometriosis
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Introduction

47 year old, female, full time mother of three (15 yo, twins 4 yo), presents with pain in the lower abdomen, low back and lateral aspect of the right thigh to leg. She also has some experience in raising the left arm. She has as had this pain a year after the twins were born. G.P diagnosed endometriosis. The pain is aggravated by walking long periods, stress and during menstrual cycle. There was also weekly headaches. At 16 years old had abscess removed on the appendix and a cyst removed on the right ovary. The twins were IVF and patient had elected c-section.

Examination

Kyphotic lumbar spine, poor abdominal tone. General listening anterior, below diaphragm and superficial. Local listening on quite superficial on insertion of rectus abdominis with extended listening to the parietal peritoneum. Palpation revealed adhesion and scar tissue on rectus abdomens lower wall. Active exam decreased lumbar extension to 10 degrees with pain in low back. Supine hip power bilateral weakness but right more.

Diagnosis and Management

Rectus abdomis adhesion leading to fixation of the parietal pertioneum, leading to abdominal and referred pain, caused by birth trauma and surgery.

Management.

3 weekly treatments for specific work of abdominal wall. To develop core strength. Then to extend to two monthly treatments then review.

Outcomes and treatment

First treatment: Specific work to release rectus abdominal adhesion/fascia, and parietal peritoneum. Good improvement on power testing and improved lumbar active extension to 20 degrees with no back pain.

Second treatment. Good improvements patient able to walk without pain. No headaches reported. Pain was only in the right thigh. No restriction reported in the left arm abduction. Testing improved power to hip flexion though left slightly weaker. Treatment directed towards left lumbar plexus LI, tib talar flexor retinaculum. Pelvic floor and core exercises given.

Fourth treatment. Patient feeling good, treatment directed towards spine especially t4 and t6, exercise reviewed, improved pelvic floor and abdominal tone noted. Treatment extended to a month.

Fifth treatment. Patient complained that neck stiffness and mid back was sore. She was experiencing headaches again. GL anterior left and just below the diaphragm. LL stomach, Extended listening through to esophagus to 2NIthoracic level. On further question patient revealed that she was drinking more tea and coffee 4-6 per day and eating processed foods. She was also experiencing heartburn and noticed that neck was sore when lying down at night. Most probably from reflux irritation. Her house and kitchen was being renovated hence the disruption to her normal diet. Treatment directed to stomach and left c2/3 articular. Diet change advised gastric acid stimulating foods.

Fourteenth Week, no neck stiffness of mid back soreness reported. No pain reported in neck when lying down. No pain that was presented on initial presentation. Pat reported that she had avoided all the recommended foods and drinks.