

# **Barral Institute Case Study**

## **Visceral Manipulation – Neck Pain**

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#### **Introduction**

63 year old, retired, female, mother of two children with an extensive history of abdominal surgery presented with pain on the left side of the neck, which can travel to the back of the left arm and into the whole of the left hand. During higher levels of neck pain the patient also experienced headaches, to the frontal region. The pattern can vary. With pain varying between 4/10 to 8/10.

#### **Past History**

10 years ago surgery for electrical nerve stimulator for cauda equina implanted. 2 years ago surgery for abdominal hernia, mesh used. 1 year ago due to complications of mesh, large intestine resection and stoma. Medication: senocot, alexia, galpen, movitech, panda flux, amlodipine.

#### **Examination**

Active and passive cervical restriction on left side. GL strong pull to left side of diaphragm region. LL stomach body with drag to pubic region. Motility absent in stomach. Patient revealed that she had 4 cups of hot coffee per day. Diet lacked micronutrients.

#### **Diagnosis and Management**

Working diagnosis of stomach ptosis and vagal irritation with concomitant degeneration of c1/2. To stop caffeine, hot drinks and acid secreting foods.

#### **Treatment**

Seated artic of gastric ptosis stretching inferior restriction. Seated artic gastrophrenic ligament. And three planes. Motility induction into inspire of stomach with stomach liver motility balancing.

Supine chin tuck exercise given to sub occipital muscles. Patient advised to lie down, avoid sitting for long period and reduce time on smartphone.

#### **Outcomes**

After treatment, improved cervical range of movement patient felt less pain. 2 weeks after treatment, patient has given up hot coffee drinks, reported no neck stiffness in am, though evening neck stiffness was present with vas 2/10. No frontal headaches or headaches were reported.

#### **Discussion;**

Initially I wondered if treatment could help. I thought the patient would be lower bowel and spinal, but the listening drew me to the stomach which revealed a different viscera-somatic lesion.