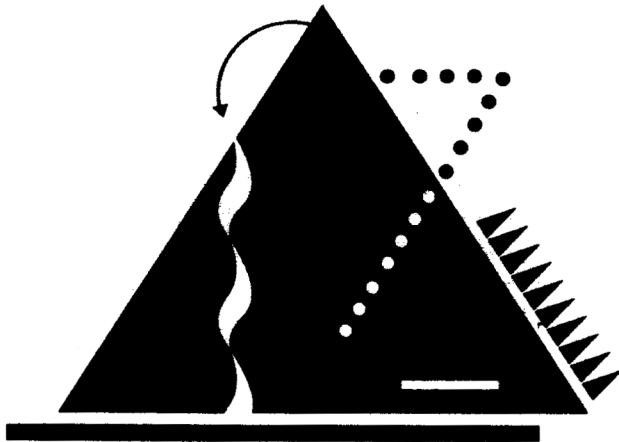




Visceral Manipulation

The In To The Out of Rolfing

by Linda Crocker



How often have we accused, if only in our minds, other therapies from employing a fix-it mentality? Of taking away a compensatory mechanism adopted by the body to protect an injury or weakness in some other part of the body? Have you ever considered that what we do as Rolfers may be subject to the same criticism? As Rolfers, we have been taught to work on the myofascial systems of the body, with very little consideration for the visceral system. It becomes evident as the visceral system is studied, that this approach, i.e. removing fascial adhesions, without addressing the visceral adhesions, can and must interfere with the body's compensatory mechanisms, thus putting greater stress on the organs that are in trouble. Let's look at the visceral system with this concept in mind.

Visceral Manipulation therapy was introduced in this country by an osteopathic physician and registered physical therapist from France, Jean Pierre Barral. His research and clinical work led to a system of manual therapy that focused on using the body's normal forces and rhythms to remove the effects of the abnormal forces. He has successfully demonstrated that each organ's motility and mobility can be palpated and directly related to the health of that organ as well as the optimal functioning of the entire body.

The organs in the visceral system are intercon-

nected in many ways. There is an interconnected synchronicity between the motions of all the organs, as well as a motion specific to each organ, that can be readily palpated. When the body is healthy, this motion is manifested throughout the organ system, as well as throughout the muscular skeletal system, cranial system, etc. However, when one organ cannot move because of adhesions, toxicity, or displacement, it affects the other organs as well as the muscular skeleton system that it is attached to. Lack of movement creates a fixation, or a still point in the body, which in turn creates a vector that the body must constantly move around. Every force in the body is being continually modified by every other force. The body *doesn't* "like" a constant pressure. This creates an optimum condition in the body for disease and or dysfunction.

Let's look at the heart for an example. The cardiac motion is repeated approximately 120,000 times a day. This motion directly affects the lungs, esophagus, mediastinum and diaphragm. The diaphragm completes approximately 24,000 movements a day, exerting a direct push-pull effect on the lungs and abdominal viscera. The diaphragm transmits the heart's motion, plus its own motion, to the abdominal cavity. The wave motion of the blood leaving the heart is propagated via the arterial bed to the farthest capillary



of the most distant organ. Thus, it becomes evident, that an interruption of the normal movement of the heart, as it is stressed 120,000 times a day, can have far reaching significance.

Mobility is the movement of the organ in response to the cardiac pulse and the piston-like movement of the diaphragm. Barral was able to demonstrate that when the pleuro-pulmonary unit was attacked, the axes of motion of the thoracic cavity and the viscera changed. These changes had significant and far reaching repercussions including changes in the intra-abdominal pressures, changes to the position of organs, and musculoskeletal changes. Changes in the soft tissue were evident, including loss of elasticity, increased thickness and eventual fibrosity.

Motility is the specific motion of each organ once the extrinsic forces have been screened out. Barral set up a system of clinical criteria with many practitioners perceiving identical organ movement with no previous knowledge in order to prove the palpability of motility of an organ. Again, he has been able to demonstrate that adhesions inhibiting an organ's motility cause a decrease in the amplitude of motility, as well as change the axes and create problems throughout the body.

Mobility tests require a direct and precise movement of the organ in order to determine the elasticity, laxity,

tonicity, or injury of the muscular and ligamentous attachments of the organ. In the case of the liver, for instance, it may be necessary to actually lift the organ up in order to make this determination. A precise knowledge of visceral anatomy is essential in order to achieve beneficial results.

Furthermore, changes in visceral mobility are able, over time, to create gross changes in the musculoskeletal system. Adhesions in the pleuro-pulmonary system create changes in the axes of motion in the thoracic cavity. Intrathoracic pressures are changed and all the musculoskeletal structures related to the thoracic cavity then need to move along different axes as well. This causes a whole chain of effects to take place including stress on the gastroesophageal structure, increased risk of hiatal hernia, rotation of the stomach, and increased pulls on tendons, ligaments and fibro-osseous attachments that cause stress to the costal structures and spine.

Barral uses a variety of methods to test for visceral motility, of which "listening" and "manual thermal diagnosis" are often the most appropriate. Listening is a very gentle, passive touch, during which the hand adapts itself to the form of the organ. The hand passively follows the movement that it feels. A slow cyclical movement will soon become evident. Upon patient monitoring of this

movement, the practitioner will develop the ability to determine amplitude, axis, and eventually dysfunction.

Thermal diagnosis is a method of determining areas of stress in the body by palpating the energy that is released from these areas. This thermal energy can be felt by passing the hand slowly over the body at varying distances from the surface, depending on the strength of the energy field that is being emitted from the body. We are able to ascertain information pertaining to the location, size, and age of the adhesion using this method. We are also able to trace the chain of effects that have been precipitated as a result of an adhesion and determine the sequence of release that the body will benefit the most from.

Hopefully, the impact that this knowledge can bring to our body of work is evident. It has impacted my work greatly and completely changed the way that I view a body. I encourage you to request that this work is taught as a functional part of the Roling training.

*"Seeing, for instance,
can be a creative act.
The creative process is a
dynamic that responds
according to our
participation with it.
What we see is what we get.
We can get whatever we
can see, and we can learn
to see in new ways."*

—Joseph Chilton Pearce
Evolution's End

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