

Wrong, yet popular: the Barral system of organ treatment

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It's still a riddle: what the Barral system says about organs is wrong, yet it is quite popular in osteopathy. Organs avoid it, osteopaths flock towards it. The organs are scared of the Barral system. It states that organs are like joints: they should run around all the time. If the kidneys listen to such talk they run for their lives, because they like nothing more than lying in their own fat bed in warmth and stability. The kidneys and the other organs seem to know what osteopathy does not know: the Barral system can hurt.

The Barral system says that organs are like joints and therefore movement is important. It identifies organ movement with organ function. Both assumptions are wrong. Organs are not focused on motion like the musculoskeletal system; Stability in shape and position are much more important for many organs. Likewise, movement and physiological organ function are not identical either. Because the Barral system puts emphasis on movement, false conclusions have arisen: More movement is more function, less movement is diminished function. Such statements completely bypass the reality of the organs. The physiology of the organs only knows states of activity. There is no evidence that kidney movement has anything to do with its physiological activity. The physiology of organs is a rhythmic change between resting activity and hyperactivity. Pathophysiology and diseases are expressed as fixed hyperactivity and -what is even more important – as hypoactivity, i.e. exhaustion.

Second, the Barral system confuses intrinsic and spatial motion. It shows spatial movement and falsely names it motility (= intrinsic movement). The rotation of the stomach and small intestine around an axis are presented as motility. This is wrong. since motility is defined clearly in physiology: a movement in the organ as a whole (no spatial displacement) and the driving force and rhythm (pacemaker) is in the organ. Gastric motility is the rhythmic contraction of the stomach itself, not a rotation about an axis. The motility of the small intestine is its rhythmic contraction for mixing and transporting food, formerly called peristalsis. Likewise, motility of the heart is the inner contraction of the heart in the systolic-diastolic activity.

Third, the Barral system has created the false assumption that organs move around axes. This is not true in healthy physiology and occurs mainly if the elasticity (deformability) of tissue in or around the organ is disturbed. In motility organs follow their inner architecture, which is three-dimensional and not organized around axes. If an alignment of motility around an axis occurs, it is the result of altered tissue activity in the organ. These changes in tissue activity lead to a disturbed elasticity and deformability of the organ, for example, in lung fibrosis or gastric ulcers. If, on the other hand, the spatial movement of the organ is suddenly organized around an axis, it is due to changes in the elasticity of tissue in the neighborhood of the organ, - for example, the rotation of the stomach because of changes in the elasticity of the smaller omentum.

Fourth, these wrong assumptions have fostered false conclusions about the embryological development. The Barral System speaks of axes in embryological development. Such axes were never observed and contradict the principles of growth. Growth is always three-dimensional and can therefore by no means be described as movement around axes. The Barral system

confuses position-changing growth and morphogenetic growth because it confuses spatial and intrinsic aspects of motion. The lungs grow three-dimensionally in all directions like a tree. It is possible to see a movement in this growth, but certainly it is not a movement about an axis. The lung movement during respiration is also a three-dimensional deformation of the lung following its inner architecture, - a movement around 1000 million constantly changing axes, which is why the concept of a movement around an axis is not helpful.

Actually, it is very clear and simple and it remains a mystery why this clarity has not has its way in osteopathy. Physiology and embryology describes the life of organs in this way:

1. Organs show different states of activity. Movement is only one aspect of this activity and not the most important one. Stability of shape and position (= elasticity) as well as volumetric and pressure changes are usually more important.
2. The organ movement that is worth talking about is motility, intrinsic self-mobilization of form and volume. Motility is a movement that takes place in the organ while the driving force and pacemaker activity are also located in the organ. Intrinsic movements effect the shape and volume of an organ. It is a three-dimensional contraction and expansion that knows no axes.
3. Physiological organ movements do not occur around an axis. This applies to intrinsic as well as position-changing movements. Movements around axes arise through changes in normal tissue elasticity in the organ itself or in its environment. They are a sign of altered or pathological tissue deformability (elasticity) and need treatment.
4. Growth is three-dimensional and therefore by no means about an axis. Changes in form and position must be distinguished. Position and shape are not the same. In growth, the shape of an organ arises and the resulting form is activated in physiology. Growth leads to form, which is then made dynamic by intrinsic physiological activity (motility). Form is not memory but the presence of growth in the organs architecture.

Our slogan is therefore:

Barral systems come and go, the organs stay!

Fact over fiction!

Reality over personality!