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Preface / A New Approach to Manual Treatment of the Digestive Organs

The purpose of this book is to develop an understanding and practice of osteopathic visceral manipulation of the digestive organs that is in keeping with current physiological knowledge. In order to achieve this goal, we have had to bring the viscera themselves into the center of the theory and practice of visceral osteopathy. Instead of looking at their external support and their external mobilizing forces, we offer a view from within the visceral gut tube. Instead of approaching the gut from the outside and focus on what connects the gut it to its neighbors, we place ourselves right inside the tube and watch its internal activity.

The authors believe that allowing the intrinsic activity of viscera to take up this pivotal position in visceral manipulation constitutes the next step on the road to improving visceral treatment. This step does not imply that the viscera are more important than other parts of the body; rather, it stresses the need for a true understanding of visceral function and dysfunction. Thus, it is paramount in our approach to look at the organs' internal architectures, intrinsic power centers, and intravisceral mechanisms, as well as their neuro-hormonal regulation. Based on current physiological knowledge about local auto-regulation of visceral functions, we place the autonomy of the viscera at the core of our concept. Physiological research shows that these local autonomous mechanisms are sufficient to maintain normal function in visceral structures. Any manual approach that wants to be in sync with organ physiology must shift its focus to autonomous regulation. This paradigm, which is used in this book, works via the normal intravisceral forces to make the gut independent of external hyperfunction.

Hyperfunction is often the focus of manual treatment. The area or tissue in hyperfunction is often creating the symptoms. Although symptoms are bothersome, they might just be signs of hyperactivity in compensation. Physiological hyperfunction shows the functional ability to react to physiological challenges. In other words, compensatory hyperactivity is good; loss of compensation and depletion are bad for the body. In our diagnostic approach, compensation shows the strength of an organ to react to challenges, while the loss of compensation is something we have to take very seriously in our treatment approach. Loss of normal activity of the gut is considered an osteopathic dysfunction, and should be treated. Sometimes viscera react to aphysiological or traumatic challenges with sustained hyperactivity. In this case, the hyperactivity, a reaction to the trauma (physical, social, or emotional), is a problem we have to treat. The person is stuck in a reaction, and the reaction itself might eventually exhaust and deplete the resources without solving the problem.

This book deals in a comprehensive way with all the visceral movements described in the osteopathic literature, and adds intrinsic motility as a real intravisceral movement to the toolbox of osteopathic expertise. Until recently, visceral osteopathy was primarily concerned with spatial movement of viscera within the abdominal container. For the first time in visceral osteopathy, we describe intravisceral movements. We follow the research on physiological motility and on morphogenetic growth—how the forms of the viscera develop by differential growth and how these different forms are put into action in motility. We also show how this research can be used in diagnosis and treatment. A new type of bimanual palpation is applied to assess intravisceral motion. Intravisceral movements are the palpable, mechanical equivalent of autonomous regulation, and they are the major force in maintaining normal function.

This book also offers an in-depth discussion of the physiological benefit of visceral movements. From our perspective, most types of visceral mobility that we take for granted are actually compensations and will, if not treated, exhaust the body over time. If it is true to say that life is motion, the viscera are reminding us of another truth: less is more. In the normal workings of the viscera, life is easy and needs less movement than previously assumed. Through a series of inhibition tests, this book helps the practitioner to differentiate between normal and compensatory movement.

Each organ has an inner force that allows it to withstand the forces of deformation and gravity. All viscera are self-supportive and do not need an external system to hold themselves in their proper places and stabilize their forms. For example, the positional stability of the liver is also due to inner forces, once the volume of the blood is taken into consideration. This understanding

shifts the focus from forces acting from the outside, such as the ligaments, diaphragm, and vagus nerve, to intrinsic mechanisms, which we call the inherent stabilizing force of the organ.

This is particularly true of the digestive organs, where the gut tube acts as a second (visceral) spine and contributes to an easy and upright posture. Visceral dysfunctions often create postural strain. When an organ loses its intrinsic activity, it becomes dependent on external (extrinsic) forces to compensate for the loss. If the diaphragm must work overtime and extra hard to support and drain the liver, this will compromise its own job (breathing) and easily exhaust itself. Through a specific differential diagnosis approach, we offer a way to determine which organ is in dysfunction and has to be treated, and which is in compensation and needs no treatment at all.

The organs of the digestive tract are defined by wall tension and luminal pressure. These organs have form and function; they are elastic and stable. They have volume and a position in a shared abdominal space with other organs. They are moved around in the body cavity by the breathing action of the diaphragm, and they perform intravisceral movements (peristalsis) through their intrinsic activity. While this book discusses most of these qualities at great length (movement, elasticity, stability), others are not developed in the same systematic way. Form and volume of the viscera are mentioned with respect to clinical application, but will be developed in a more comprehensive manner in another publication.

In treating the digestive organs manually, we need to know which ones are working normally, which are compensating, and which need treatment because they are in dysfunction. This book offers different ways of approaching these clinical questions through informed palpation based on a sound physiological understanding. The aim of the manual treatments discussed in this book is to activate and restore the intrinsic activity in the digestive organs. We stress the importance of intravisceral movement and intrinsic activity in diagnosis and treatment.