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Manipulation and Physical Medicine in Abdominal Disorders

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MANIPULATION AND PHYSICAL MEDICINE IN ABDOMINAL DISORDERS

Sixty cases of various gastro-intestinal diseases were observed for spinal and other mechanical inefficiencies. 97% were shown to have tenderness, distress and restricted motion in the spinal areas from seventh T to third L spinal segments. Full spinal standing x-ray studies revealed that these areas coincided with the apex of a scoliotic curve or angulation of the spine in these same areas.

The cases included in the study were peptic ulcer, gastritis, duodenitis, pancreatitis, hepatic cirrhosis, hepatitis, cholecystitis, cholelithiasis and colitis. Corrective physical measures were directed toward removing of adverse gravitational influences, abnormal visceral and somatic tissue tensions, and spinal asymmetries and imbalances. Marked clinical improvements resulted in 100% of the cases. 73% have remained either symptom-free, or have experienced a more satisfying reduction of symptoms, than when previously handled by ordinary medical measures only. Such improvements have sustained over a period of four years.

Although one would be hard pressed to say a ptosis condition existed in many cases, still, elastic abdominal supports, abdominal muscular strengthening exercises and modified trendelenberg sleeping positions all seem to be productive of improved symptomatology. Presumption follows that lymphatic and venous circulation is beneficially enhanced by these measures.

"Corrective" manual and mechanical spinal manipulative procedures were serially performed, directed toward lengthening shortened "fibrotic" soft tissues and mobilization of restricted vertebral motions. Patients were placed on regular home mechanical treatment measures, designed to achieve the same end. Not only did the visceral symptomatology disappear

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or greatly ameliorate, but a repeated recheck of spinal x-ray studies revealed a lessening of original spinal curvatures, lists and lateral angulations in 60% of the cases.

Important to emphasize, is the need for continued home treatments by the patients to maintain the improved mobility achieved by the physician's office manipulative procedures. Heel lift therapy was utilized as part of the balancing therapy program.

This study was started in 1956. It is interesting to note an excerpt from the JAMA, November 15, 1958, to the effect that "thoracic scoliosisand the vertebral column seemed to play a part in 90 of 100 patients with peptic ulcer."