The Relevance of the Viscera

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Do you have patients you have repeatedly worked on whose musculoskeletal issues keep re-appearing? Or who you feel have 'pulls' that take you deeper into the body? Or who, if you look at the way they stand or move, seem restricted from somewhere inside the trunk? Sometimes restrictions in the fascia surrounding organs, especially scar tissue from operations or injuries, can affect the muscular system, the skeleton or both – often in locations removed from the site of the apparent problem.

Jean-Pierre Barral is a French osteopath who, on noticing a significant number of patients whose problems fell into the above categories, set about exploring the anatomy of the viscera (internal organs) to see how relevant they were. He observed, from detailed dissections, that there are many connective tissue links that provided the answer to some of the questions he was asking for these patients. With a deeply anatomical framework he started applying simple techniques to release such restrictions, and had some great results. How does this work?

First of all, organs need to be able to move. They need to move in response to gross external motion, such as flexion, rotation or lateral flexion of the trunk. In flexion, the liver, for example, must be able to move forward, over the duodenum and the hepatic flexure of the colon. The stomach must have freedom to move across the splenic angle of the colon, the pancreas beneath it, the transverse colon, the latter part of the duodenum and the left kidney. We have, no doubt, all experienced the greater difficulties in moving when it is full.

Movements of the diaphragm also necessitate displacement of organs. The stomach and liver must also be able to slide gently downwards as we breathe in – then return as we breathe out. Think as well of the kidneys – situated high in the posterior wall of the abdominal cavity. As the diaphragm moves up and down over 20, 000 times a day, the kidneys need to move downwards and a little laterally (they move along the lines of the psoas muscle) with each of these breaths – totalling about 600 million day.

Barral has shown that restrictions in the connective tissue 'coats' of the liver or right kidney will restrict its own motion but, for example, can also reflect up to the right shoulder, the brachial plexus or the cervical vertebrae. Other times, they may create pulls that affect the right side of the pelvis, causing sciatica or problems with the pelvic organs. If the connective tissue around the bladder, uterus or sigmoid colon is adhered to, it can pull on the sacrum, affecting the sacroiliac joint, lower lumbar vertebrae, piriformis or sciatic nerve, thus generating lower back pain or leg pain. Problems in organ movement can also cause impairments in function. They can reflect back nervously (nerve-ous-ly) to the related segments of the spinal cord and appear to affect other structures that are innervated from similar spinal cord segments. The examples are nearly as endless as there are people with restrictions.

Our bodies are inherently super-adaptive machines. Our gross movements are the summation of muscular pulls on different bones *as well as* of many small movements often involving the viscera adapting their relationships with each other. Our physical alignment depends on the forces being able to be transferred through the body in ways that do not impinge on other structures. However, as soon as there is some kind of tightness in any one link of the chain, the body must adapt its 'preferred' route of transmission. To start with, this may not be noticeable or cause problems, but sooner or later, as other restrictions typically enter into the fray, the compensatory mechanisms are lost. *"It is when all the adaptive processes have been exhausted that the symptoms suddenly appear"* (Barral).

So if our bodies can adapt so well – initially at least – to restrictions, how well can it react to 'suggestions' to improve them? The beauty of this connective tissue stuff surrounding our organs is that it is really quite responsive to 'physical' suggestions from caring hands to let go. If we learn to look and listen deeply to the body, then it will lead us to its needs. Fascial pulls, even deep into the abdomen or thorax, can be quite strong and quite clear, and when we really know our anatomy we can go to those structures, let our hands connect with them and let them lead us to their salvation. By listening and following, the body, the super-adaptive organism, will let us take the tissue into the 'stretch' or unwinding pattern that will allow it to release. Imagine cling film, with bits of itself stuck together, under water; it wouldn't take too much pressure, if applied at the correct angle and in the right direction, to unstick it.

So next time a client has a sacroiliac joint whose hold will not release, or a neck problem that just isn't giving in, spare a thought for the possibility of a pull from deeper in the body… those viscera might just be relevant.