

SET TALK

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TREATING UPPER ABDOMINAL CONDITIONS

Over the years every massage therapist is going to have clients who are experiencing difficulties from conditions existing in their abdominal cavity. Many of these conditions will either be caused by, or complicated by, soft tissue restriction and tension. Some will also contribute to other structural distortions which can be the cause of painful conditions relating to the spine, even in the cervical region. A number of the digestive organs are actually smooth muscle tissue and subject to the same sort of myofascial holding patterns found throughout the muscle tissue of the body.

Let's look at a variety of different types of abdominal conditions that are affected by the soft tissue restrictions of the abdomen.

The first major area of concern is the client's breathing process. When a client's breathing is restricted the inability to exchange oxygen and CO₂ is limited and the energy and overall health of the body is affected. In extreme cases this can cause a susceptibility to diseases of the lungs and bronchial tubes such as chronic bronchitis and pneumonia. The inability of the lungs to fully expand and contract can lead to fluid build up and an inability to expel bacteria and pollutants. The resulting build up weakens the system and leaves it susceptible to ongoing inflammation and infection.

Case Study: Jenny, a 32 year old school teacher, contracted pneumonia and had a year long running battle trying to overcome its affects. Even though she had been on IV antibiotics, three hospital stays, and chemotherapy, she still had congestion and a shadow in the lower lobe of her left lung. The doctors were considering a lobectomy if the lower lung did not clear up in the next couple of months. She was referred to me by a friend who had noticed a substantial increase in her breathing from the bodywork she had received and hoped it could make a difference in Jenny's recovery.

It was obvious that Jenny was a very shallow breather. When she was asked to breathe deeply she had very limited ability to expand her chest due to tension in the abdominal muscles. Relaxation exercises did not release her thorax even though the abdominal muscles were relaxed. The connective tissue of the abdominal muscles (rectus abdominus, obliques, and diaphragm) was in a restricted myofascial holding pattern. In addition, the

smooth muscles of the large and small intestine were also contracted and held by a restricted myofascial holding pattern.

Applying slow deep myofascial release strokes allowed the restrictions in the myofascial holding pattern to start to unwind and release. Since some of the muscles of the abdomen were deep, this was done by releasing the surface layers first, and then working deeper one layer at a time until the deep restricting fascia of the diaphragm and the intestines could be worked within Jenny's tolerance level. It was important not to work through too many layers of tension at one time or Jenny could not have relaxed and released into the strokes. Instead she would have gone into fight or flight and resisted the necessary changes. The deeper the pressure of the stroke, the slower and more patient the application of the stroke. **THE DEEPER YOU GO, THE SLOWER YOU GO!!!**

After several sessions Jenny was breathing more fully and her color, energy and vitality had improved. With successive sessions deeper and more complete releases of the restricting fascia were achieved, and the effectiveness of Jenny's medical treatments increased dramatically to the point that she was able to fully recover from the bacterial pneumonia. After one of the deepest releases from her diaphragm and large intestine Jenny was able to cough and clear from her lungs a substantial amount of green viscous mucous that appeared to be what caused the shadow in her left lobe. After that episode it was no longer visible on the x-rays. The only change in Jenny's medical treatment was the addition of the deep massage to release the restrictions of her breathing which Jenny felt made the difference in her ability to heal and overcome the chronic pneumonia.

Even some chronic conditions such as asthma and COPD can be helped by releasing the restrictions in the breath process. Asthma at its onset often leads to an anxiety attack that is coupled with the inability to breathe. Many of the asthma sufferers will have anxiety about having future attacks which becomes a limitation of their ability to breathe. This anxiety can be felt as tension in the abdominal muscles. When releasing the chronically tightened myofascial holding pattern of the abdominal muscles there is usually a release of this anxiety which had become an added restriction and complication for asthma clients. Once the anxiety has released asthma clients naturally breathe more freely and deeply. They also report fewer asthma attacks. The client with COPD also experiences deeper, freer breathing after the deep abdominal tensions that affect the breathing are released.

Case study: Sally, an 87 year-old, suffered with COPD. She also had osteoporosis with a substantial structural collapse which compressed her abdomen. She had very little stamina and had difficulty getting around due to lack of energy. Whenever Sally went out she had to take her oxygen bottle because even walking to the car and traveling could over stress her ability to oxygenate her body. Part of Sally's structural collapse was due to a collapse of her core distortion. Cranial/Structural techniques were applied to provide a support for the collapse of her spine into the osteoporotic curvature. This also started to raise her chest and move her shoulders back. The next step was to release the abdominal musculature including the large and small intestine along with the restrictive connective tissue and fascia. This was done layer by layer staying within Sally's tolerance working very slowly due to the severity of her collapse and frailty of her tissue. After 5 sessions Sally was breathing more deeply and needing less supplemental oxygen. There was a marked increase in her activity and she was beginning to eat more normal sized meals. Sally came for another five sessions at which time she felt good enough to move near to children in another part of the country. Although Sally's COPD did not disappear, the symptoms greatly improved with the release of the tension in the abdominal muscles caused by the structural collapse of the core distortion. Sally's collapse and tension in the abdominal area had been so great that she was not eating enough to maintain her strength, and the release of this tension took the pressure off her stomach and intestines making it comfortable for her to eat reasonable meals.

Other conditions of the upper abdomen that respond well to the release of the myofascial holding patterns which hold the tension of the structural collapse of the thorax are hiatal hernia, acid reflux, nervous stomach, and ulcers.

Acid reflux and hiatal hernias both involve the esophageal hiatus, the opening from the esophagus into the stomach that passes through the diaphragm. Where the esophageal hiatus passes through the diaphragm the controlling factor is a sphincter valve. When there is acid reflux or a hiatal hernia, this sphincter valve does not close properly to keep food down in the stomach. To understand the principal cause of malfunction of this esophageal hiatus we need only look to the muscle it passes through which is the diaphragm. The diaphragm attaches to the ribs, sternum and spine. and forms the bellows of the expansion and contraction of the lungs. Because of its relationship to the ribs and spine it is also influenced greatly by the structure and alignment of the spine and rib cage. Any misalignment of the spine and rib cage will affect the tension and stresses that are exerted on the diaphragm, and consequently the

esophageal hiatus. Most clients will be in the core distortion which creates a lowering of the rib cage on one side and a scoliotic curvature in the spine. When the degree of the collapse of the core distortion is significant it will create a considerable imbalance of tensions on the diaphragm and prevent proper functioning of the esophageal hiatus. Consequently it will not be able to open and close properly and acid reflux and/or hiatal hernias are often the result. Releasing the Structural Collapse of the core distortion using Cranial/Structural techniques provide a support for the unwinding of the scoliosis and a rebalancing of the rib cage. Add to that the deep myofascial release of the obliques, rectus abdominus, diaphragm, and the musculature and connective tissue of the digestive system, and the esophageal hiatus functions properly, the acid reflux disappears, and the stomach no longer protrudes through the esophageal hiatus that created the hiatal hernia.

Nervous stomach and ulcers. The tension held in the diaphragm, obliques, rectus abdominis and the digestive muscles often leads to tension on the vagus nerve pathway causing it to become hyperactive creating additional stress within the stomach. This results in a nervous hyperactive stomach and can contribute to the formation of ulcers. Again, one of the causes of this tension is the structural collapse of the core distortion. Releasing the structural collapse of the core distortion and the resulting tightened fascia that causes chronic contraction of the musculature and excitement of the vagus nerve changes the condition from one favorable for nervous stomach and ulcers to one that favors function and homeostasis. Cranial/Structural releases integrated with soft tissue myofascial releases are optimal for producing positive long term results.

Successfully treating conditions involving upper abdominal symptoms involves working the deepest layers of the abdomen. If you do not have specific training and experience in working deeply in this area, please seek the training necessary before working at this depth. As you can see from the article, the integration of Cranial/Structural and the deep myofascial work can produced phenomenal results. This great opportunity awaits those who are willing to seek out the necessary training and develop the necessary tools.