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Visceral Manual
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Visceral Manipulation in Structural Work

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In structural work we are usually trying to effect the alignment, balance and kinetic behavior of the structure. We try to solve problems in all of these areas. Visceral restrictions (restrictions in the fascia of and around the organs) will impact all of these structural issues. A visceral restriction may be the cause and/or a part of a problem of misalignment, imbalance or kinetic dysfunction. When our work is not being successful we need to be able to assess for a visceral component. If we find restrictions, we need to be able to correct them.

There are two very significant ways in which the viscera affect the structure. One, is that the body will shape itself, even to the point of misalignment and restricted movement, to protect and assist an internal organ. It is as if the body honors visceral ease first and structural wellness second. Secondly, the viscera reside in the center of the body. Any restrictions in visceral fascia are directly transferred to the myofascial and bony structures of the torso. This is especially true of the pelvic, respiratory and thoracic diaphragms. The brain is also a visceral organ. The relationship of restrictions in the intra-cranial fascia to the structure of the cranium has the same local and global consequences for the structure. The major diaphragm of the cranium is the sphenobasilar junction.

The organs are designed to cooperate with the body's needs for alignment, balance and movement. In general there is a high elastic component to the visceral fascia and the visceral ligaments. This allows the viscera to move with the myofascial and bony structure without injury or inhibition. When there is a restriction in an area of the visceral fascia it will interfere with that area's capacity to move with the body. Any forced movement through the visceral restriction could injure or greatly inhibit the function of the viscera. It is rarely the case that the body will allow the viscera to be affected in this way. Instead, the body will inhibit the myofascial and bony structure to protect the viscera.

The body will go even further in its protection of the viscera. It will actively use the structure to create ease and assist with the function of a restricted organ. One common instance of this active use of the structure for the benefit of the viscera is seen when there is tremendous restriction in the stomach. The myofascial and bony structure will bend and twist to put the stomach into a position that creates ease for the stomach tissue and creates an optimum position for the stomach's function. It is a hierarchy in the effort for survival – stomach function is more important than joint alignment.

As structural workers who work to align the myofascial and bony structure, we are often frustrated when all of our good work to resolve the side bends and rotations or to create support and transmission seems of no avail. We are often working against the survival hierarchy. Until the visceral problem is resolved, the structural changes will not hold.

The horizontal structures of the torso – the diaphragms – are in direct relationship with the viscera. Many most organs are attached in some way to these structures. The viscera also has attachments to the sheaths of fascia that border the visceral cavities. These sheaths are then attached to the internal surfaces of the muscles and bones of the torso. This is truly the core of the body. This part of the core is bounded by the pelvic floor and thoracic outlet, and is transected by the respiratory diaphragm. Restrictions, misalignments and inhibitions in the visceral fascia directly transfer into the structure of the torso and then indirectly into the rest of the body. As with all structural issues, the longer the problems remain untreated the further and more completely the single issue of a visceral restriction will be patterned into the entire structure. In the body's efforts toward equilibrium, there is a resonance that happens in the horizontal structures. This resonance is all happening with horizontal fascia in the appendicular and cranial structure as well. It is very frequent that opening the visceral core also produces and opening in the appendicular and cranial core.

Visceral restrictions

What creates visceral restrictions? Most fundamentally, it is inflammation. When there is inflammation in the tissue, the body lies down more connective tissue fibers. Essentially, this is scar tissue. This produces a local tightness and reduces local elasticity. When the visceral fascia is torn or bruised, there is inflammation. When there is illness there is also inflammation. So, when we are assessing visceral problems we are interested in accidents and injuries that might have affected the viscera. For instance, whiplash is potentially more damaging to visceral tissue than it is to the muscles and joints. Another common injury that strongly affects the pericardium is anaerobic exercise. This stresses the heart and will create restrictions in the pericardial fascia. But, we are also interested in what illnesses a person has had. Hepatitis, pneumonia, stomach troubles, etc will all create restrictions in the viscera. These visceral restrictions will, in turn, create problems for the entire structure.

As structural workers, we are not addressing the visceral fascia to cure illness and disease. We are working with the viscera to help with structural wellness. We might have to correct the effects of an illness, just as we would correct the effects of a broken leg. Our work might also improve the overall health and function of the viscera. However, we are best to keep our legitimate goals in mind.

Working with the viscera

The main work with the visceral fascia is done with indirect techniques. There are a few instances when direct work can be used. Indirect work is done by taking the tissue into its restriction. Direct work is done by taking the tissue away from its restriction. Indirect techniques seem most successful when there is a high ratio of elastin in the tissue. In a few areas, the visceral tissue can be less elastic. The mesentery of the small intestine can be one such area. This is an area where direct work can be effective.

Assessment

There are several ways to assess visceral restrictions. One is to deduce their presence by looking at the structure and at movement. The organs can also be gently mobilized (moved around) and any restrictions will inhibit the natural motion of the tissue. If you know what the natural mobility should be, then you will be able to assess the general location of restrictions.

The most accurate way to assess visceral restriction is to read an organ's pattern of inherent motion, also known as motility. The motility pattern of an organ is prescribed by the organ's shape, its attachments to the structure and its arrangement with other organs. Within a healthy visceral system the organs move back and forth in predictable patterns, with a steady amplitude and full range of motion. Any restrictions will change the expected pattern, disrupt the amplitude and decrease the range of motion. These diversions from the normal all give information about the location and nature of the visceral restrictions.

The nature of inherent motion

The back and forth of inherent motion is the same motion as is found with the long tide in cranial assessment. The long tide, first written about by William Garland Sutherland in *Teachings in the Science of Osteopathy* is actually a motion of expansion and contraction. A full cycle, composed of one full expansion and one full contraction, takes between 100 to 120 seconds – so about 2 minutes.

There are many speculations about what this motion is, where it comes from and why it is here. These speculations range from the spiritual to the physiological. Sutherland had a quasi-spiritual idea and called the long tide, "The Breath of Life". Jean Pierre Barral, who has written several books on visceral manipulation, has speculated that the motion is established by the activity of development in the embryo. My own belief is that the long tide is the kinesthetically palpable effects of gravitation. This would not preclude a correlation with the activity of embryological development. And, a full grasp of the nature of gravitation is a metaphoric correlate with Sutherland's Breath of Life. If you are interested in this topic, there is a section at the end of this manual that has two articles and some other writings of mine on gravitation and motility.

With the long tide, the body will widen and shorten in the expansion part of the cycle and narrow and lengthen on the contraction side. The patterns of motility of all of the organs will naturally move with this cycle. Jean Pierre Barral labeled the expansion inspir and the contraction expir. His idea is that the organs are moving as they would from the effect of respiratory inhalation and exhalation. This is not a good direct correlate to the actual motion of the viscera. However, the terms are so widely used that they have moved beyond their original conception.

There is a unity and harmony of this inherent motion within the construction and the function of each organ. For instance, the structure of the bronchi, and

the function of their passing air into and out of the lungs, is harmonious with the inherent motion of inspir and expir. There is also a harmony in the way the shapes of the organs are arranged inside the body with the ways that they will move with the cycle of widening and shortening and narrowing and lengthening. Because the organs are tightly packed in the visceral cavities, if one organ is restricted and not moving naturally, it will interfere with the natural motion of other organs. Finally, the way that various physiological process work is harmonious with the cycle of motility. One very clear example of this is the movement of matter through the digestive tract. With expir there is a motion down the tract from the stomach through to the rectum and with inspir the motion reverses, assisting the churning, squeezing and peristaltic actions of digestion. In releasing restrictions in the visceral fascia we help restore the organs to not only to their natural pattern, amplitude and range of inherent motion, but also to their natural function.

When this natural pattern, amplitude and range is restored in the viscera, the myofascial and bony structure no longer has to inhibit or misalign itself to protect and assist the organs. In the process of correcting the structural misalignments that relate to visceral restrictions, it is still necessary to realign the extrinsic fascia. It is usually best to address the extrinsic fascia first. Then, when the viscera are released, the openness that is created with this work will allow the full expression of the inherent motion. If the extrinsic structure is still bound up in its response to the original visceral restriction then, when the viscera is released, it will not be able to express its full range of motion. This can be uncomfortable and seemingly disconcerting for the system. Any extrinsic limitations will usually become obvious within a few moments of walking about after the visceral work.

Receiving the visceral work can be a more parasympathetic (relaxing) event. Receiving direct extrinsic work can be more sympathetic (arousing) in nature. If both intrinsic and extrinsic work is to be done in one session, it is usually best to do the extrinsic work first. The system will integrate the work better in this order. However, if there is good preparation, it is possible to bring a client's system back to the more sympathetic experience and do a little extrinsic work to help the body adapt better to the visceral changes.

Induction – the primary indirect technique

The primary indirect technique is induction (also called facilitation) To use induction with the organs, after sensing the whole pattern of motility follow the strongest, fastest and most undisturbed motion in the pattern to its end point. This is the point of greatest excursion. There will be a pause until the opposite motility motion begins. This will produce an exactly opposite direction motion to that which was followed in. Hold a barrier at this point against the direct reversal. This barrier needs to be as strong as needed to prevent opposite direction motion, but light enough to allow further excursion. Fairly quickly there will be motion other than the direct opposite. There may be a motion further along the same original line. Or, it could move in any new direction. If the barrier is too strong there will be no new motion. Any new motion is followed to its point of greatest excursion. Any directly opposite motion is

again sensitively blocked. Any new motion is followed. This activity of follow/barrier is repeated until there is a release. A release feels like a general opening and softening in the organ. This release should always be followed by another assessment of the organ's motility pattern. If there are still restrictions then further inductions can be done. Restrictions will always express themselves as a faster and slicker segment of the entire pattern.

This way of working is deceptively powerful. There can be tremendous change in the position and range of motion in the organs from just a small amount of work. Care needs to be taken to integrate these changes through out the viscera. Generally there is more than one restricted organ. And often several organs are involved in an area of old illness or injury. Strain and restriction can also be through out an entire system such as the urinary or digestive. It will be a great disservice to the person if only one organ is tremendously freed while others are not. Discomfort and a reversion back to the restricted nature is the least that could happen. It is better to get just 30% improvement in several restricted organs or through out a system than it is to get 100% improvement of just one organ.

There is a lot to become familiar with in working with the visceral fascia. It seems to be a work needing great patience. However, because such tremendous transformations can result from the work, it is actually a work for the impatient. The real patience that is required is in taking the time to learn to do the accurate and integrative work that produces these benefits. I wish you the best in this endeavor.

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