Foreword to the English Edition

When asked to consider writing a foreword to Visceral Manipulation in Osteopathy by Eric Hebgen, DO, I was conflicted but intrigued. Leaving the next day to lecture in Australia, I had hoped to empty my plateful of writing projects on the long flight, yet treatment of visceral dysfunction was near dear to my heart (no pun intended). In the end, the title of Chapter 3 proved impossible to resist. I offered to examine the text and happily so.

The clear, uncluttered diagrams and dynamic pictures of osteopathic manipulative technique (OMT) immediately impressed me. Coupled with the publisher’s spacious layout, Visceral Manipulation in Osteopathy was remarkably easy to read and “digest” (pun intended for a cooking analogy!). The author is an effective chef who has carefully balanced precise appetizers and chosen just the right amount in each entrée to nourish—but not overstuff—clinicians.

- **Appetizers:** In his first four chapters, the author pares down and deconstructs several key osteopathic approaches; treatments reflecting both European and American flavors. For complete recipes and their rationale, the reader should really return to the original texts; but for an overview or a quick trip down “memory-lane,” the author handily summarizes terminology and many key concepts related to visceral treatment.

- **Entrées:** Having introduced ingredients (concepts and techniques) in the first four chapters, Eric Hebgen then specifically serves up 18 additional organs in his wonderfully uncomplicated style. His simple clarity provides immense clinical practicality.

I would like to close this foreword by observing that in 1990 when we wrote our first text, Osteopathic Considerations in Systemic Dysfunction, we could not have imagined its impact. In later texts and editions, we continued to build upon the acknowledged work of our respected teachers and mentors (especially Korr, Denslow, Kimberly, Frymann, and Zink), just as they built upon the work of Sutherland, Chapman, Burns and others. As future texts synthesize improved, coordinated osteopathic approaches promoting health and visceral homeostasis, they will benefit from access to this text—I know our subsequent editions will.

Because of its clear explanations, quality graphics and intent to convey some of the contributions of the author’s colleagues and teachers, I recommend you make this text part of your library. While it benefits from a number of practical OMT “recipes,” in caring for patients I trust you will find that Visceral Manipulation in Osteopathy will be more than a mere cookbook.

Prof. Michael L. Kuchera, DO, FAAO
(Author of Osteopathic Principles in Practice, Osteopathic Considerations in Systemic Dysfunction, and Osteopathic Considerations in HEENT Disorders)
During the 150 years in the history of osteopathy, numerous approaches have been developed.

Andrew Taylor Still, the founder of osteopathy, was far ahead of his times and formulated a number of thoughts that continue to enjoy unchanged validity for contemporary medicine and for osteopathy. It was his desire to warn and preserve the medicine of his times against overly radical specialization and mechanization. He advocated a holistic and individualized perspective in medicine.

For this purpose, he emphasized placing the patient at the center of the consultation. His ideal of medicine was to first do everything in one’s power to activate the autoregulatory powers of the patient. It was only when the limits of autoregulation were reached that allopathy should get involved. His first yardstick for the healthy functioning of the human body was movement, in the largest sense of the word.

Eric U. Hebgen, the author of the present book, and his teacher Josi Potaznik have grasped the meaning of this philosophy. Especially in our modern world with its host of stimulations and overstimulations, the osteopathic view of the patient is gaining new significance. It offers an extremely interesting approach, in the context of the viscera in particular. The decision to write this book was therefore not far-fetched. To create a comprehensive survey, Eric U. Hebgen has adopted and integrated much information from previous publications by different authors. This book is also rooted in the visceral instructions by Dr med Josi Potaznik, DO, who has collaborated in the development of visceral instruction at the Institute for Applied Osteopathy for a long time.

The present book serves not only as a general treatment of visceral manipulation, but also as a guidepost and textbook, describing the organs according to osteopathic criteria in their physiologic movement, defining movement disorders, and presenting pathologic effects.

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Preface

It is my pleasure and honor to offer you this book, which was first published in Germany in 2003 as *Viszeralosteo-\hspace{1em}pathie—Grundlagen und Techniken*, now in its English translation as *Visceral Manipulation in Osteopathy*. The publication of an osteopathic book in the "mother tongue" of osteopathy, as it were, appears particularly significant to me. I hope that you will find suggestions and inspiration for your daily work.

The osteopathic manipulation of the internal organs is as old as osteopathy itself. Andrew T. Still’s books show that he already treated the internal organs. He describes manipulations that primarily affect the organs through the circulatory system and aim at strengthening their self-healing powers. William A. Kuchera, DO, and Michael L. Kuchera, DO, compiled and refined these treatments in an outstanding book that was published in 1994. This traditional American treatment approach is part of this book, as is the reflex therapy according to F. Chapman, DO, an American osteopath who at the start of the twentieth century discovered the reflex points named after him and linked them to certain organs, as a result of which we know that treating the points improves the health of the organ.

European practitioners also began to manually treat the abdominal organs in the late nineteenth century. The Swedish gymnast Mårten Thure Emil Brandt (1819–1895), for example, developed a diagnostic and therapeutic method for treating the organs of the lesser pelvis. Thus, a repositioning technique for uterine prolapse is named after him, which is still used successfully today. Henri Stapfer, one of Brandt’s students, further refined these methods. The French physician Frantz Glénard (1848–1920) also described visceral palpations and manipulations of different organs systematically during this time. In addition, he introduced a first visceral concept.

In the 1970s and 1980s, French osteopaths such as Jacques Weischenk, DO, in turn took on the known treatment methods and developed them further. And, finally, we have Jean-Pierre Barral, DO, to thank for the fact that the visceral manipulation of the internal organs could be established as a part of osteopathy in Europe. He systematized and structured existing information, carried out his own studies, and published a visceral concept that has become the most widespread model in European osteopathy. In the present book, I have therefore devoted the largest amount of space to Barral’s therapeutic approach.

Furthermore, the two Belgian osteopaths Georges Finet, DO, and Christian Williame, DO, also carried out extensive studies in the 1980s to investigate the mobility of the organs in relation to the movements of diaphragmatic breathing. On the basis of their research, they developed a fascial treatment of the internal organs that surely deserves more attention. In this book, I introduce one part of this treatment concept that I consider the most effective.

For many people, manual treatments of the internal organs initially appear strange, and they may ask why we should even push around on the abdomen at all. Thus, we should take into consideration the fact that the internal organs are affixed mechanically to each other as well as to parts of the locomotor system and are subject to the same physical laws as the rest of the body. If we therefore recognize them as part of the mechanics of the body and take into account the anatomical connections, we can see how a disturbance in the movement of an organ has an affect on other parts of the body. Bear in mind: I am referring here to an osteopathic dysfunction, as it occurs also in the locomotor system, and not to an illness of an organ, even though in such cases Andrew T. Still himself established the circulatory treatment method. Thus, I am firmly convinced that the osteopathic manipulation of the internal organs presents an enrichment of therapeutic skills. Anybody who has personally discovered them will never want to manage without them again.

*Eric U. Hebgen, DO, MRO*
Introduction


The following chapters offer a description of the osteopathic manipulation of the internal organs. I will introduce you to four treatment concepts that have one feature in common: all of them use the anatomy of the body as the foundation for the development of each particular concept. In the following paragraphs, I would like to explain the differences between these concepts.

The manipulation of the internal organs according to Jean-Pierre Barral, DO, is the standard method of visceral osteopathy in Europe. In this method, Barral views the organs from a mechanical perspective: organs form visceral joints with another organ or a part of the locomotor system, e.g., the diaphragm. Similar to joints in the locomotor system, the partners of a joint move against each other in fixed directions and ranges. To ensure that this movement is executed with as little friction as possible, the partners of a parietal joint are characterized by a smooth surface and by the synovium, which produces small amounts of joint fluid. Likewise, the organs have a smooth surface as their external surface is sealed off by a layer of serous skin. This layer is the peritoneum, the pleura, or the endocardium. Furthermore, we find a small amount of fluid in the serous cavities between the organs. The organs do not move against each other haphazardly but are subject to certain laws: they are fastened to each other and to the locomotor system by the mesenteries, omenta, or ligaments. This limits their range of motion. We also find this feature in the joints of the locomotor system. Ligaments permit and limit the extent and direction of movement.

Barral hence constructs his theory parallel to the parietal joints. His treatment techniques are also, to a large extent, informed by them. Similar to the parts of a joint, the organs are tested for their ability to move and directly treated to increase mobility, until a normal range of motion is restored. It is only his concept of visceral motility that follows a more energetic approach, which I will treat in more detail below.

Georges Finet, DO, and Christian Williame, DO, two Belgian osteopaths, carried out extensive radiograph- and ultrasound-supported studies in the 1980s, to examine the movements of the abdominal organs in relation to diaphragmatic breathing. In the course of their research, they discovered organ movements that follow certain rules. For the organs that they studied, they defined movement directions and extents, which largely concur with Barral’s results. In addition, they developed a treatment method to influence disturbed organ movements and were also able to control their method using X-rays or ultrasound waves. In contrast to Barral, who palpates the organs and moves them directly in his mobilizing techniques, Finet and Williame utilize the anterior parietal peritoneum in their therapy. By moving the peritoneum, they achieve a mobilizing effect without palpating the organ itself. They call their method fascial because the peritoneum is seen as fascia and connects all abdominal organs with each other. If you pull on one part of the anterior peritoneum, this also has an effect on a distant region, e.g., the peritoneum of the pancreas. You could compare the peritoneal cover to a balloon: if you push or pull on one part of the balloon, this pull spreads throughout the entire balloon and deforms it.

Ultimately, both treatment concepts succeed in restoring the physiologic mobility of an organ, with the only difference being that Finet and Williame do so a little less invasively. The indication for this method thus also extends to organs that, because of a disorder, should not be palpated and mobilized directly. In this book, I introduce what I believe to be the most effective technique from the treatment concept according to Finet and Williame, namely expiratory dysfunction. I consider it particularly successful because the mobilizing effect is herein achieved by the diaphragm in the context of respiration, meaning that the patient’s body is thus carrying out the real “work” itself.

In the circulatory movements according to William A. Kuchera, DO, and Michael L. Kuchera, DO, the osteopath does not aim at contact with the affected organ, but rather analyzes which arteries, veins, vegetative nerves, and lymphatic vessels supply an organ and dispose of its waste, using special techniques to influence the circulation of the organ. In this technique, the mobilization of the organ is not of primary importance. This concept is thus an excellent complement to the mobilizing concepts of Barral and Finet/Williame. These manipulations are less invasive and far too little known in some countries. For didactic reasons, I have recorded the appropriate techniques for each organ, knowing full well that an exact separation of its circulation and therefore an isolated treatment of an individual organ is not possible. The techniques themselves are described all together in the general section of the book.

The fourth treatment concept is the reflex therapy according to Frank Chapman, DO. The Chapman points are a valuable diagnostic tool, can provide follow-up results after treatment with visceral manipulation, and
take advantage of the vegetative nervous system to influence the internal organs. Reflex therapy should be found in every therapeutic tool kit. The Chapman points have become highly valued tools for me.

These treatment techniques are supplemented by concise information about the physiology and clinical pathology of the individual organs. This information is not intended to be exhaustive but rather as a quick reference source in one’s daily work.

While reading this book, you will encounter the term “central tendon” again and again. This is not to be confused with the “core link.” That term is used in the English literature to refer to the connection between the base of the skull and the sacrum or coccyx via the dura mater. The central tendon, by contrast, refers to a fascial string that also runs through the body from the base of the skull to the pelvic floor, but is located anterior to the spinal column in the superficial and deeper-lying fascial layers of the body and does not include the dura mater. This fascial continuum works together as a functional unit: if a dysfunction is present in the body that should be protected in a global chain of protection, the central tendon can collaborate in this effort. The ability to carry out a fascial contraction is therefore of great importance. The fascia contracts towards the location of the dysfunction, thereby contributing to the protection of this area. As the fascial organ coverings (peritoneum, pericardium, pleura) are integrated into this system, compensatory increases in tension are also found in this fascia. As circulation passes through the fascia, elevated fascial tension disturbs the circulation of the tissue behind it. In concrete terms, this means that pathologic tension in the central tendon disturbs the circulation in the organs and can be the trigger point for impaired organ function or result in a reduced ability of the organ to compensate for biological, physical, or chemical noxa. Restoring normal tension in the central tendon is hence of vital importance for undisturbed organ function.