



10 Case Reports for VM5-6

Please send your case study along with any related charts, graphs, or other attachments for your case report to dlanges@gmail.com and include your name and case report reference.

First Name	Ivy, Ka Pik
Last Name	Mok
Professional Title	Registered Physiotherapist (HK,UK)
Address Line 1	Room 1012, Fung Chak House
Address Line 2	Choi Wan Estate, Kowloon, Hong Kong
City	Hong Kong
State/Provence	N/A
Zip/Postal Code	N/A
Country	Hong Kong
Phone	+852 97709099
Fax	N/A
Email	ivymok.physio@gmail.com
Profession	Physiotherapy

Case #1 Right frozen shoulder, right neck pain, high liver enzymes reading

Abstract

The intent of this case report is to illustrate the effectiveness of using emotional techniques of Visceral Manipulation (VM) as treatment for a patient with insidious onset of right shoulder and neck pain, which was subsequently being diagnosed as frozen shoulder. Patient was found to have increased liver enzyme readings on liver function test during annual body check. The condition persisted for several months prior VM treatment. Throughout the course of treatment, by listening, the body showed emotional tensions that required attention.

Key words: Visceral Manipulation, Neural Manipulation, right shoulder, frozen shoulder, liver, neck pain, liver function test

Introduction

Physical and emotional responses in our bodies are closely connected. When we have certain emotions, the body will have certain physiologic changes e.g. diversion of blood, increase of

heart rate, broncho-dilation, and decrease in renal/gastro activity, etc. All these changes are taken place in order to prepare the body to handle the situation (like fight or flight response). Dr. Jean Pierre Barral discovered in his clinical practice that, by holding the hand near, but not in contact with, the patient's body, the hand can differentiate the change of radiant temperature of the body, and where the body part that emits more heat, is the area that have specific disorders or medical problems. With a lot of experience, he developed manual thermal evaluation (MTE), where characteristic thermal projections can be correlated with specific disorders and symptoms. He discovered that if a large amount of energy is tied up in the process of storing, there is less energy available to adapt to current situations.

In the first few treatment sessions, the initial general listening (GL) of this case was liver. Throughout the treatment sessions with necessary tensions released, the GL changed gradually to stomach. Coming to the end of the treatment sessions, I learnt more stories from the patient that was related to her emotional aspect and with emotional listening and treatment approach, everything appeared to make sense to us. MTE and cranial emotional listening were employed in the last few sessions with treatment done. We wanted to see if we could "wake up" something and open the pathways for emotions, energy and stresses in the tissues.

Methods

Patient was a 60 year old female who was retired and lived sedentarily. She practised pilates and yoga once a week. She developed right shoulder pain and limited movement (symptoms were around gleno-humeral joint and scapula), with right sided neck stiffness and soreness for around 6 months prior to treatment. She tried various treatment for symptomatic control with no long lasting effect. In recent body check, she was found to have high level of certain liver enzymes in LFT. Hence she came and sought for treatment. Her general health was good with no long term medication required.

Dates of emotional treatment: April - May 2017, 3 sessions

Over the course of 8 treatment sessions, GL changed from right side bending and slight forward bending (i.e. liver), to left side bending with slight forward bending (left triangular ligament and sub-sequently, starting from 4th session, the primary lesion changed to stomach), Cranial emotional listening and manual thermal evaluation (MTE) were introduced in the last 3 sessions, with obvious emotional listening (large, diffuse thermal projection, without precise boundaries) on liver, superior cardiac plexus and right frontal area. By emotional inhibition, the liver was the primary emotional lesion. There was relationship between the emotional listening of liver and the right frontal area, and also that of superior cardiac plexus and the right frontal area. After releasing physical tension that was found previously, my hands were placed 10cm above the liver and right frontal area at the same time, trying to relate the two with technique emit/receive. It was not easy and the hands were being pushed away. On 30cm i.e. the second level, I did the same and tried to do emit/receive and a while later, our hands could come closer and I could feel some emotional tensions were discharged, but the body still wanted to push my hands away at ~10 cm level. Cranial emotional listening was done again on right

fronto-parietal zone. A very dark, dense spot, was felt on right side close to occiput level. It was sluggish to move. Lining, fishing, hooking, storming were done with the right fronto-parietal zone connected with the liver. However, it could not completely discharge the tension as confirmed by listening. Non-verbal dialogue was initiated. We received answers as: it was a significant event for patient, which happened at her childhood around 10, in Hong Kong, an indoor area, with the patient's mother, and patient was angry and disappointed. Coming to this point, we felt the emotional tension suddenly softened, and the dark spot started to move and eventually dispersed out. The following 2 treatment sessions, we started with physical listening and treatment, and then we focused on working emotional treatment for the patient. It was obviously easier to discharge the tension even by placing hands above the organ and also the right fronto-parietal area. In non-verbal dialoguing we could see the image of a girl crying. As she was allowed to cry, again the emotional tension softened. We felt the tension was being discharged. We came back to the physical listening on the liver and we did treatment of motility and viscoelasticity of the organ, it was much easier to perform the treatment after the emotional listening and treatment.

Results

We talked with the patient after the first emotional listening and treatment session. She reported of an event that she had never told any one of her family members. She was abandoned by her biological mother when she was newly born and she was being raised up in a family with her adopted mother who always taught her to behave well and followed what she asked her to do. At the age of 12, at home, when it was only she and her elder brother (not the biological brother), she was raped by her brother and she was asked not to tell anyone. She did not know what happened but her private part was painful and was bleeding. She could not do anything and she told everything to her mother. Her mother learnt everything, but she just asked her not to tell anyone about this event. Her mother did not punish the brother. The patient was very angry with her mother and she felt like there was no one to help her even though she told everything to her.

Physically, physical symptoms subsided, and the liver function test repeated in May 2017 showed the enzyme reading returned back to normal. Emotionally, patient felt like everything was much lighter, and more importantly, 1 month later, she took the courage to talk with her mother and also she disclosed this event to her daughters, which she felt she relieved something that had been stored inside her for the whole life. She also reported of better relationship with her husband.

Discussion

It is an interesting case with definite physical restrictions and heavy emotional component, initially we could not understand the correlation, but her background as an abandoned child, and eventually having the mishap of being raped by her brother, it all got her to have anger, issues related to her deep self, her self-esteem (not being respected by the closest family members), and she also questioned her existence, that she was not being loved by her biological mother. After emotional treatment, she felt relieved and she could speak up to her mother, and daughters. Physically, the right shoulder and neck achieved full ROM, and the

liver enzymes readings were brought back to normal. It is believed that something was being woken up after the emotional treatment and the condition, even on physical level, improved.

Case #2 Skin problem

Abstract

The intent of this case report is to understand the efficacy of using emotional techniques of Visceral Manipulation (VM) as treatment for a patient with chronic and severe skin issue. Dermatologists diagnosed it as nodular vasculitis. Patient received 8 sessions of VM treatment sessions before she was introduced to viscerο-emotional treatment of VM. We would like to understand if emotional techniques from VM5 & 6 can assist patient to better compensate her physical and emotional issues in her life.

Key words: Visceral Manipulation, skin, nodular vasculitis, emotional techniques

Introduction

Dr. Jean Pierre Barral shared, "If we find emotional tensions, we aim to break the cycle of emotional tension stored where there is physical tension affecting their life. If the physical listening and the emotional listening are in the same location, " treat the physical listening first, always". After serial VM treatment on physical structure, viscerο-emotional treatment was introduced to patient as emotional listening was found on certain areas of the body. Attempts were made to see how the change of emotional listening would affect the patient's emotional parts and eventually which would also improve the relationships between the patient and her family, which would bring patient to a more relaxed state, for better chance to heal.

Methods

Patient was a 38 year old female who was sedentary in work. Her skin problem developed since 2005, she recalled it was after she was being bit by some insects when she was working in a park. The main symptoms were nodular spots on legs and arms, sometimes even on trunk, which was super itchy and sometimes painful. The nodules seemed to be affected by her period - condition got worse in pre-menstrual phase and would be better (less itchy, flattened and smaller nodules) after finishing period. Period was regular, no pain. The nodules never got completely dormant, from time to time, it flared up. Patient sought treatment from many dermatologists and traditional Chinese medical practitioners with ups and downs condition. Patient's general health was good.

Dates of treatment (emotional): November - December 2017, 2 treatment sessions

Before treatment on emotional aspects, patient had received 8 sessions of VM treatment with once every 3-4 weeks. In previous treatment sessions, primary lesion was mainly on liver with extended listening to left kidney and left ovary. Treatment was done and patient reported of loosening of tension on stomach in eating and no more neck discomfort. She once had reduction of itchiness condition by 70% post-treatment, but it relapsed after 2 weeks. VM with emotional techniques were introduced in Nov 2017. Manual Thermal Evaluation (MTE) showed there were emotional tensions on stomach and left lung or pleura. Which had connection with right frontal zone. There were also emotional tensions on superior cardiac plexus (more diffuse) than the lung/pleural listening. Cranial emotional listening showed patient had a big

arrow in the middle, i.e. around 19-20 years-old. Through cranial emotional listening, I perceived a screen and the right side of the screen was completely dark. Some images popped up and through non-verbal dialoguing, patient was at around 19-20 years old, in Hong Kong, at home, arguing with a female, and she was angry, and tired. We tried to follow the emotional tension and keep the image and see if there would be some change. We also tried to zoom into the face of the girl and looked for something that was unusual, she was angry but at the same time sad. I followed the image, and sent a line to connect with the image, and I waited for the response. This was repeated several times, which took a while and suddenly, something changed. The colour of the screen was lighter, and the area of darkness reduced. The girl's face had no more anger but sadness. Techniques on emit/recieve was carried out again but there was not much change after a few minutes. Until I felt there was not likely to have any change, and I listened again and the tension was lessened, then we went back to do organ listening by MTE at 10cm distance. Listening on stomach subsided but the one on left lung/pleura had obvious connection with right frontal zone. Three weeks later, during the second treatment session, physical treatment on pleura and pericardium and motility of lungs and heart were done first, followed by cranial emotional listening. The focus was on physiology centre. Emotional tensions was found again on superior cardiac plexus and left lung/pleura. I listened to physiology centre, I sent a line and that connected immediately to the left mediastinal pleura. Lining, fishing, hooking and storming were done and we suddenly felt some expansive feelings, the tension was lessened. Organ listening by MTE on left lung and superior cardiac plexus was done until there was no more emotional listening on the organs and the right frontal area.

Results

Patient reported of a sudden loss of her younger sister in 2003, who had fever and was admitted to hospital, and one week later, her sister passed away. No diagnosis was made as the family did not permit forensic investigation. Since then she was terribly upset but she was the eldest child in the family, she took up the role to take care of her parents while her another younger sister went abroad for study. Every month during period, she cried for her loss of sister, and this was kept secretly. She felt big responsibility to maintain the family in harmony. She also regretted of having a very severe quarrel with the lost sister before her admission to hospital. They did not talk for 3 months and she was at that time 23 years old. She was regretful that she did not treasure the time spent with that sister and of course, she could never imagined that it would be the last months being with her lost sister. Patient also had anger towards her mother due to odds and ends happened in the family. She confessed she was stressed out in family and she could not let go the grief of the sudden loss of her sister.

Post-treatment, she felt herself light and happy. She started to be more willing to communicate with her mother, the skin condition was similar. She definitely felt less stressful and happier and this persisted up to now. She now can hug her mother and tell her she loves her every time she sees her.

Discussion

Viscero-emotional treatment has definite effect on patient's emotions and as her emotional being changed, her surrounding environment also changed. The main emotional tensions were found on stomach, which indicated the social self, the self about responsibilities to the family, or career, etc. Emotional tension on pleura or lung has connection with family, something that occurred since childhood. It seems that these aspects also matched with the patient's background and her source of stress. It is hypothesised that if further treatment sessions be done, it might have some effect on the skin condition as well.

Case #3 Digestive issues

Abstract

The intent of this case report is to understand the efficacy of using emotional techniques of Visceral Manipulation (VM) as treatment for a patient with digestive issues who could not eat by mouth for two years. He felt things were stuck in the stomach and he had serious constipation so he stopped eating and he was admitted to hospital for nearly two years for nasogastric tube feeding. The case had obvious physical tensions that were managed by VM physical techniques. Emotional technique was introduced to see how it could assist patient's health without missing this important aspect (emotion) of a being.

Key words: Visceral Manipulation, Viscero-Emotional techniques, digestion

Introduction

This case was a young male with digestive issues (feeling of inability to digest food, severe constipation). Viscero-Emotional treatment was carried out after around 6 treatment sessions. In previous 6 sessions, the motility and mobility of related organs i.e. stomach, esophagus, liver and sigmoid colon improved. However, there was still some tension especially on oesophageal junction that could not be freed up. From manual thermal evaluation (MTE), the body expressed heavy emotional tensions mainly on right frontal and parietal areas, then the stomach. There was also connection of the right frontal area and the stomach. Dr. Jean Pierre Barral said (1), "The stomach corresponds to the social or professional self - how others see you. It can reflect the desire to be recognised excessive or deficient of self-esteem. It reacts quickly to stress". Nobody can truly understand everything when it comes to emotional issues, but if the body gives us an obvious message that there is emotional tension that needs to be taken care of, we could not ignore it, but try to find a way to discharge the tension. It is always based on listening, and follow the tension with induction. In this case, we try to understand if the viscerο-emotional treatment of VM could aid in further improvement of the patient's digestive system.

Methods

Patient was a 27 year old male who worked sedentarily in office. Two years before treatment, he found himself unable to digest eaten food. Defecation was also difficult. He stopped eating because it made him suffer a lot (stomachache, abdominal pain etc). He was admitted to hospital for serial investigations of which all results on blood test, on stomach and small and large intestines were negative. In a few months, he lost 40 pounds. He was put on nasogastric tube for feeding (milk) during hospitalization. He stopped eating by mouth for nearly 2 years. Conventional western medicine did not offer any treatment for him. Patient tried 30 sessions of cranio-sacral therapy (CST) with futile result. Patient's general health was good. No known medical diseases was reported.

Dates of treatment (emotional): Oct 2017 (1 session)

In previous sessions, the primary lesion by listening and mobility tests had been on stomach and oesophageal junctions. 6 sessions were done, primary lesion changed to liver. Emotional treatment was introduced on 7th session. General listening (GL), Local listening (LL) with

inhibition showed the primary lesion was on liver. Extended listening went to left triangular ligament with connection to oesophageal junction. MTE showed significant emotional tensions on stomach, with connection to right frontal zone. Cranial emotional listening showed significant feeling of drawing in to the brain, around 40-50% depth, close to midline. Compression and decompression test on cranium showed a clearer message that the tension was on the area around cingulate gyrus.

Treatment on physical structure was done. Attempts were made in releasing the physical tensions as much as possible, but some areas were still in tension. Technique on emit/receive stomach with connection on right frontal zone at 30 cm above the body was done. Tensions on both areas reduced slightly but the bigger tension was on the head region and it seemed to be sluggish to discharge. As the body conveyed a strong message on emotional tension on the brain, I started cranial emotional listening again and quickly a screen appeared. On the screen, literally a very big and dark cloud appeared which occupied both left and right side of the screen. It was dense and heavy. It was unmovable. I followed the listening, I waited, I sent a lining to the cloud and I waited for the response. I kept following the dark cloud, after nearly 5 minutes, the dark cloud was lighter, willing to move. I kept following the cloud, intending to encourage it to move or change. The cloud was smaller and clearer. Suddenly, there was an obvious but sudden push from the brain out to my hand. After that, everything softened. Then I did the technique for balancing the cranial rhythm index (CRI), to encourage the brain to expand more in expansion phase and relax in contraction phase, for restoring the vitality of the cranial fluid pressure system. The treatment ended with checking and confirming both physical and emotional tensions between stomach and the brain was discharged and there was no more emotional linkage between the two.

Results

Right after the treatment, patient reported of something being loosened up. He felt some tension on the stomach and abdomen area was immediately relaxed and he could breathe deeper. After that session, patient decided to try resuming eating by mouth. He moved back home and he started from eating porridge. He felt he could digest the food better. He also started to have loose stool easily. Since then, until now, patient has been eating normally and the portions of food increased. Weight gradually increased (he is 6 feet tall with 80 pounds when he first came for treatment, and he gained over 10 pounds after resuming eating). Emotionally, he confessed that he had great fear of his mother as she always wanted him to be the best student in school, and that he should work for the best company, with the best prospects in life. He realised it was not something he truly wanted. He changed his career after this digestive illness and he planned to learn something about diet and health to help people to live and eat healthily.

Discussion

6 VM sessions were done on this patient and the VM physical techniques helped to a certain extent, but it could not resolve all the physical tension and the emotional tension became dominant in the subsequent session described above. During the emotional treatment session, by following and encouraging the tensions, we realised the image changed from dense and

unmovable to light and movable. The tensional feeling reduced. It improved patient's emotional as well as physical aspects. Emotional component on physical impact cannot be underestimated.

References

1. Barral JP, "Manual thermal evaluation" Seattle, WA: Eastland Press, Inc. 2005

Case #4 Left upper & mid back pain (Case #10 in VM1-4 reports writing)

Abstract

The intent of this case report is to understand the effectiveness of incorporating viscerο-emotional techniques of Visceral Manipulation (VM) to a case with chronic left upper and mid back pain. Emotional tensions were found during the treatment session. The pain occurred after she had given birth to her second child, that is around 1 year prior to the treatment.

Key words: Visceral Manipulation, upper back pain, mid back pain, thoracic pain, pericardium, viscerο-emotional techniques

Introduction

In this case, patient presented with left upper back pain which I found two primary lesions, left mediastinal pleura/pleura and right antero-inferior parietal peritoneum. VM was applied to release the two primary lesions as much as possible. After that, Manual Thermal Evaluation (MTE) was employed to see if there was significant emotional tension that was required to discharge, to clear a part of unconscious, to bring light to the unconscious.

Method

Patient was a female aged 32, who had two children aged 1 & 3. The first newborn was delivered by cesarean section. She complained of left upper and mid back pain soon after giving birth (natural delivery) to her second child. Patient's general health was good with no known medical history.

Date of Treatment (emotional): 1 July 2018

With manual thermal evaluation (MTE), emotional tension was found on superior cardiac plexus, spleen (very diffuse, no precise boundary), which had connection with right frontal zone. Cranial emotional listening showed emotional tension on the middle of right hemisphere, around 30% deep. It should be the gyrus with sensory motor cortex. On cranial emotional listening, a screen showed up with a dark spot around a coin on right side mid horizontal level. It was dense and sluggish to move. From sending a line it was found there was a connection between this spot and the heart and pericardium. Lining fishing hooking storming was done. The colour of the spot melted away and the spot could move up to the top part of the screen. Organ listening was done by checking the emotional projection of spleen and the brain. For this the spleen and the left frontal zone had a connection. Since the body did not push my hands when I did organ listening, I set my hands at 10cm above left frontal zone and the projected area of the spleen, to feel the connection and to try to discharge it by emit/receive technique. After that, I came back to the superior cardiac plexus and did the same with emit/receive technique until there was no more emotional listening on both left frontal zone and the superior cardiac plexus area.

Results

Physically the shoulder and left upper back pain subsided. A few days later, patient found herself light in terms of the mind and she felt less stressful. She had been stressed out by her elder son who had recurrent otitis and that made her worry a lot. After treatment, nothing externally changed but she could relax herself more. There was still mild back pain but she could handle it much better than before.

Discussion

In this case, both physical and emotional VM techniques were employed in the first and single session. It is hard to tell how much the emotional techniques aid in helping the patient to adapt to life more, suffice to say that, if we found emotional tension on a patient's body and we did not treat the emotions, it would be something that is unjustifiable - whether it is physical or emotional level, if there is listening, we just cannot ignore it. Dr. Jean Pierre Barral said that our interpretation could be wrong but we should not allow our listening be wrong.

Case #5 Overactive bladder

Abstract

The intent of this case report is to understand how viscerο-emotional techniques aided in a patient suffering from overactive bladder syndrome on and off for 15 years. Five treatment sessions of Visceral Manipulation (VM) was given to patient prior to introduction of viscerο-emotional techniques. Patient had been consulting urologist in private and public sectors for observation, with no active treatment involved, as the doctors said there were not much to do, if she could tolerate the condition.

Key words: Visceral Manipulation, viscerο-emotional, overactive bladder, urology

Introduction

Viscerο-emotional techniques are not confined to patients with obvious or expressive emotional or psychological conditions. Whenever our hands are called for in emotional listening (manual thermal evaluation, MTE), regardless of patient's symptoms (whether there was emotional complaints or not), treatment has to be done in response to the findings throughout listening. In fact, there is never a clear distinction between physical and emotional beings. We learned that we can have an effect with manual therapy on the physical and emotional centers of the brain. For emotional techniques, the first link is the sensory motor cortex, followed by the cingulate gyrus, and the final destination is the core of the limbic system: thalamus, hypothalamus and septal nuclei. When there is an emotion being triggered in the body, the brain processes it on amygdala (unconscious non verbal memories), hippocampus (conscious memories), and the septal nuclei aids in how to respond to those emotions. After this process, depending on the types of emotions (subjective, how the person interpreted it) it can then be stored in different organs as they are an excellent receptacle.

Methods

Patient was a 38 year old full-time mother who oversaw a restaurant which was a family business. She came for treatment due to overactive bladder syndrome as diagnosed by urologist. Investigations e.g. ultrasound scanning on bladder, and kidneys showed everything normal. Specialist could not explain it and said it could be due to stress. She developed frequent urination especially at night (frequency: 1 hour) since 2000 while she was in university in the States. The condition did not respond to medication. Her social life & life enjoyment was highly restricted due to urination problem. She had given birth to the first son in mid 2014 by suction and epidural injection, then her second son in May 2017. She was always on and off on antibiotics due to e.g. E. coli or Candida. She consulted chinese medical practitioner for herbal medication and she found the nocturia was mildly controlled. She reported that whenever she had stressful events in life, the frequency of urination increased.

Dates of treatment (emotional): September - October 2017 total 2 sessions

Before introducing viscera-emotional techniques on this case, 5 treatment sessions of VM were carried out on patient. There was good response from the treatment, with gradual but not complete remission of nocturia. Primary lesions on subsequent sessions changed to small intestine, left inferior peritoneum, bladder. On the sixth session, on general listening (GL), we

found the listening was on emotional aspect, patient nearly lost balance posteriorly. Hence viscerio-emotional techniques were introduced from then on, together with other necessary VM techniques. Local listening (LL) with inhibition, confirmed by mobility tests, showed the primary lesion was on left kidney. Listening was like gliding along the superior part of kidney. Extended listening was left ureter. VM techniques on left renal fascia, together with the structures around the left kidney, including small intestine, DJ junction, descending colon, stomach and spleen were released in the previous sessions. Manual thermal evaluation (MTE) showed two areas with obvious emotional listenings: small intestines, and superior cardiac plexus, inhibition showed the main one was on loops of small intestine. Listening of small intestine had connection with the right frontal zone. MTE showed listening on left kidney was functional, instead of emotional or structural. Vertebral emotional listening was left transverse process on L2-4 level. Cranial emotional listening was on around 40% depth very close to midline, it seemed to be the thalamus. After this, an image of arrow was perceived. It showed a small arrow turning downwards towards occiput, the age of the significant event occurred near childhood, around 10 years-old.

Treatment started from cranial emotional technique on arrow, to follow the arrow and to encourage it a bit each time to the direction it intended to go, but then the arrow started to change direction and the arrow became bigger. Treatment was done until there was a feeling of expansion instead of contraction. Then the cranial listening showed a screen with a spot on right side of the screen, it was small like a dime, but it was dense and unmovable, it was lateral and close to occiput (very low). A line was sent out to this dark, dense, unmovable spot, to try to erase something. Lining was formed and emit/receive technique was employed. I followed the spot and waited and it started to respond and I received the message and I emitted again, with several times like this, the spot started to move up and it was less dense than before. However, with this technique, I did not see the spot was being cleared up.

In the second session, after physical treatment, emotional listenings, I started with organ listening and I connected small intestine and right frontal zone using emit/receive technique, from 30cm onwards. I did not feel a force pushing my hands off. Hence, I followed the emotional tensions and continued the emit/receive techniques several times, for a few minutes. The listening started to become quieter while my hands could be closer to the organ and the right frontal zone. Emit/receive technique continued and it came to a point that a storm was created and very quickly, something was softened, the emotional tension was discharged. After cutting the emotional tension between small intestine and right frontal zone, cranial emotional listening was performed again and this time, from the screen, instead of a small dense dark spot, a cloud was perceived. It was white small but light, moving. The emotional tension between superior cardiac plexus and the brain disappeared. Treatment completed by cranial rhythm index to encourage the expansion, to restore the vitality of the cranial fluid pressure system.

Results

With 7 sessions of VM including viscerio-emotional techniques, patient reported of no more nocturia. Emotionally, she reported of stress after having her own son in the past few years, as

she had a big conflict with her mother after the babies were born, in terms of ways of teaching and raising up a child. She was resentful to her mother as she did not consider her mother raised up her in the best possible way. She did not want to pass this impression to her own sons. This gave her a great deal of stress. She also disclosed that her mother did not properly train her when she was at youth, hence, in university life, she had to pay extra effort to catch up the curriculum and she took 6 subjects in one semester, and there she realised she started to have this urination problem. After treatment, she did not confront her mother as before and she had more understanding on her mother, and she had more capacity to love her.

Discussion

In viscerio-emotional treatment, we tried to clear up something in treating the physical structures that we could not release. There is no agenda - the agenda is from the patient. If there was not a GL on emotional level for this patient, I might not consider applying emotional treatment on her. In cranial emotional listening, we have to pay attention to what we perceived from the screen, be neutral, and where there is a cloud or a spot, there is an electromagnetic difference with the rest of the brain, that requires skills to assist it to release, in order to let it integrate with the whole brain. When the primary emotional lesion is being cleared, the secondary emotional lesion might as well be released. Dr. Barral finds that most listening attracts to the Right Side with cranial emotional listening, as this is our self identity, and it relates a lot with mother, the deep self of the patient, which was also being illustrated in this case.

Case #6 Epilepsy / Seizure (Chin)

Abstract

The intent of this case report is to demonstrate the effect on using viscerο-emotional techniques with physical Visceral Manipulation (VM) and Neural Manipulation (NM) to help a patient with episodes of epilepsy. Patient was incidentally found to have epilepsy during his work and he was hospitalised for a month for investigation and medication. MRI brain reports showed negative findings. He was termed as “idiopathic epilepsy”. He had to stop working since the diagnosis.

Key words: Visceral Manipulation, Neural Manipulation, Epilepsy, Seizure, viscerο-emotional

Introduction

An epileptic seizure is a brief episode of uncontrolled jerking movement or simply a loss of awareness due to abnormally excessive or synchronisation of neuronal activity in the brain. Some research studies (1) showed that by blocking excessive synchronization in an epileptic neural network could reduce or even control seizures. The synchronized neuronal activity is sensitive to changes in the size of the extracellular space, which affects the efficiency of field potential transmission and the threshold of cell excitability. Hence, the hypothesis is to increase the extracellular space thereby to block the synchronization. However, so far there is no a standard research to prove this hypothesis being successful and being taken as a “goal” to treat epileptic patients. The US Food and Drug Administration in 1997 approved that vagus nerve stimulation. The vagus nerve stimulation system has been confirmed to be an effective auxiliary treatment for partial seizures.

In this case, we hope we can understand more about the problematic areas of the body that are responsible for this condition on this patient by utilising VM listening techniques. Listening the tissues and the electromagnetic field (when it comes to emotional treatment) is the heart of VM that we can only respect the tissues to formulate our treatment, instead of having a set protocol in mind regarding the patient’s signs and symptoms. Viscero-Emotional techniques were incorporated, again, due to the strong listening of emotional tensions on the cranial emotional listening.

Methods

Patient was a 28 year old male who worked in airport. In January 2017, he developed seizures a few times at home. He also experienced several times a day of brief absence of consciousness (a few seconds each). He was admitted to hospital for thorough investigations with MRI brain scan done, EEG etc. None of the investigations showed positive findings. He was diagnosed as idiopathic epilepsy since none of his family members experienced this condition. Medication on Keppra Levetiracetam and Trileptal were prescribed for control of the seizures, but the episodes of seizures remained (once every few days or sometimes once a day). He once after waking up, found himself on floor with a painful shoulder, and he could not move his right arm, he went to hospital with X-rays confirmed he had crack fracture of humeral head. Doctor suspected it was due to his seizure during sleep, as patient could not recall

anything. The seizures and brief absence of consciousness rendered him resign from his job as he could not operate machine under such condition. Patient came for treatment without prior consultations of other manual therapy.

Dates of treatment (emotional): August - October 2017, 3 sessions

Four treatment sessions were given to the patient, and viscerο-emotional techniques were incorporated in the session from the second treatment onward. General listening (GL) on physical aspect was first from right side occiput level, to forward bending on umbilical level in the last session. Local listening (LL) with inhibition confirmed the primary lesion on the first session was right tentorium cerebellum (TC). VM and Neural Manipulation (NM) treatment techniques were carried out, TC tension released, right jugular foramen and right vagus nerve techniques were done, with pressure of the brain balanced. There was still mild listening on right TC after first treatment, but it was much more quiet. During second treatment, the same primary lesion was found but through listening, we also felt a strong connection from the TC level to the area much below than diaphragm, it was closer to anterior, and it seemed to be loops of small intestine. Manual Thermal Evaluation (MTE) was thus employed and it was confirmed listening was found on loops of small intestine and superior leaf of mesenteric root.

For emotional treatment, we started with cranial emotional listening on right frontal-parietal zone, we perceived a deep dense dark spot in the screen, very close to midline on the right side. We sent a line and waited for response, we never forced any change but we followed. We did it several times, emit/receive, the spot started to change its shape, it softened a bit, the colour was lightened, the emit/receive was faster and a storm was created and eventually we felt something was discharged with the cranial rhythm was more expansive. After that, we came back to organ listening, we connected the small intestine with the right frontal zone, emit/receive technique was employed. There was not much effect for releasing emotional tension. On the next session, we connected the physiology centre with the small intestine, and using lining, fishing, hooking, storming, and always followed the listening with induction, until we did not feel the connection between the physiology centre and the small intestine.

Alongside with the emotional treatment, we treated the vagus nerve, we released any tension on TC and jugular foramen, we started the session with Cranial Rhythm Index (CRI) technique (cranial pumping) and ended the session with this technique until we felt the expansion of the brain and the balance of tension on both sides.

Results

After the first session, patient did not feel much difference. There were around 3-4 weeks apart in between each session, he had five episodes of loss of consciousness (a few seconds to no more than 15 seconds) and one episode of seizure. After the second session, which incorporated with emotional techniques, patient reported of only two episodes of loss of consciousness. After the third session, patient did not report of any episodes of seizure or loss of consciousness. He was confident that he was on the healing path and he started to work again. After the fourth session, patient did not come back for follow-up anymore. He reported

to me recently that he had been doing well without recurrence of loss of consciousness nor seizure. He could work normally while he reduced the dosage of the medications.

Discussion

It is shown from this case that emotional technique did play a role on physical signs and symptoms. We could not do more than what we found from our listening. We postulated that through emotional techniques, we definitely discharged or re-organized the electro-magnetic field of the patient. It is not something tangible but it is certainly something factual and scientific. As patient did not incline to speak a lot, we did not know his background or any past stories, but everyone must have some emotional trauma that they would store it in specific part of the body. Dr. Jean Pierre found that patients with emotions stored by small intestines, had great need to talk, and were prone to psycho-somatic reactions. Perhaps patient's character of not willing to talk suppressed his expression and seizure could be a way of psychological aspect manifested on somatic level. It remains to be confirmed with a lot more experience, but certainly the EM field being re-organized and physical structural tension being released help in the recovery process so the body no longer needs to express the problem through signs and symptoms.

References

1. Wu J.X., MD, Yang H., Peng Y., Fang L.J., Zheng W., and Song Z., MD, "The role of local field potential coupling in epileptic synchronization" in *Neural Regen Res.* 2013 Mar 15; 8(8): 745–753.

Case #7 Insomnia

Abstract

The intent of this case report is to understand if a patient came with only insomnia, without physical complaints, would viscerο-emotional techniques be able to help this condition? Patient expressed no special stress in life recently, so she found no clue on her insomnia.

Key words: Visceral Manipulation, Neural Manipulation, insomnia

Introduction

The major complaint of the patient in this case was insomnia. The use of listening techniques from VM and Manual Thermal Evaluation (MTE) helped us locate the physical and emotional tensions on the body and that the body showed obvious emotional tensions that could not be released after some VM techniques on the tissues. Viscero-emotional techniques were applied to release the emotional tension, hopefully it can bring in some effects to the symptom i.e. insomnia in this case.

Methods

Patient was a 37 year old female, a yoga teacher who are active in sports. She developed insomnia for around 3 months prior to the treatment. There was no physical complaints. She did not recall of any change in life or change in mood in recent few months. She preferred not to take medication, hence she came to us for treatment. Her general health was good with no known illnesses.

Date of treatment (emotional): 14 & 28 November 2017

General listening (GL), Local listening (LL) with inhibition and differential listening illustrated the primary lesion was on the fascia of stomach, with Extended Listening (EL) going superior to left pleura. On MTE, emotional tension was found on stomach, duodenum, left pleura, left temporo-mandibular joint (TMJ) and left frontal zone. With inhibition, stomach and duodenum had the strongest connect with with left frontal zone. Cranial emotional listening showed a big arrow turning towards occiput at a sluggish pace. Necessary VM techniques on physical structural tissues were done. Then, viscerο-emotional techniques began. I followed the direction of the arrow, waited for it to move and I followed, at the end of its movement induction was applied to encourage the move. With time, the arrow could move faster, and it became bigger, it changed direction: from going towards the occiput to going towards the frontal bone (i.e. anterior). After this, we listened to cranial emotional listening again and a screen came up, with a dark spot of coin size on the left lateral side, close to occiput, dense and it moved a bit and it stopped. A while later, the sport appeared to me as an image. Initially a park with green grassland appeared, the weather was sunny, nothing looked disharmonious. Then I noticed a squirrel who hid itself behind a big tree trunk. The squirrel was small but it was eating something as its mouth was chewing. The squirrel used both hands to hold a piece of nut and chewed it quickly, as if otherwise the food would be eaten by others. Zooming to the face of the squirrel and its eyes showed a sense of shyness - it appeared to us that the squirrel was not willing to be seen. Treatment started with emit/receive technique. I sent a message to the

image, intended to be “what if you (the squirrel) can see others and do not have that unwillingness to be seen”. As Dr. Barral said, “we tried to find something in abnormal, something in disharmony in the image, and we sent a message trying to see if the abnormal image can appear as normal”. The process of sending a message to the image and waited for response repeated for several times, and then, the squirrel slowed down the speed of eating the food, it became to me that it was more relaxed and it was not as shy as before. We verbally asked if she owned a pet or the meaning of a squirrel to her yet she did not relate squirrel to any significant issue in her life. We asked about diet, and she responded she had a struggle on diet. She had been feeling stressful in eating because she was being criticised by her peer about her dietary options and that she never liked to dine with friends - she always preferred to eat alone.

In the second treatment session, I checked on the cranial emotional listening again and the spot was more mobile, easy to move and less dark and dense. I still found the emotional connection between the stomach and duodenum with the left frontal zone. I tried with organ listening by placing hands 30cm above the projection of the stomach and left frontal zone, my hands gradually arrived to the 10cm zone, then I kept on emit/receive with both hands, but there was still some tension that could not be discharged using this method. I returned to cranium and I tuned into the physiology centre, I connected the physiology centre, I sent a line and I felt the connection of the centre with the stomach. Emit/receive to and from the stomach and the physiology centre for several times, the response got faster. Then I repeated lining, fishing, hooking for a few times, and then storming, and suddenly, there was a sense of expansion followed by discharge of emotional tension. Re-assessment on emotional tension by MTE on organs and cranial emotional listening showed every was silent.

Results

After the first treatment, patient expressed more on her reason of struggling with food, as she was very conscious on her body image as a yoga teacher and she could resist all temptation on food, but this created a gap between she and her friends and she was criticised of being too picky on food. She did not see it as a problem but she gradually avoided all social gatherings that was with meals and she preferred eating alone. After the 2 sessions, patient reported of sense of comfort in diet and she did not have insomnia anymore. She kept on her choice of diet but she justified herself having chosen her own way of dieting and did not feel stress on eating out with friends anymore.

Discussion

Listening showed us that this patient with insomnia had emotional tensions on stomach and duodenum. Dr. Barral stated that (1) emotions on stomach was about “the building of your social life, your mission in life and it represents and relates with the appearances” while the duodenum was about “dealing with your true being, intolerance to frustration and marked ambition”. With the image and the verbal dialoguing with patient, as well as conversation with patient after treatment, it appeared that the explanation of Dr. Barral matched well with patient’s hidden stress - she was not aware of this as her stress before receiving the treatment. The treatment was intended to wake up a part of the unconsciousness to the consciousness, as well as to discharge the tensions stored in the organs. After these be achieved, the symptom manifested as insomnia subsided. The relationship between

emotional condition and physical symptom could not be overlooked in any circumstances, at least when the listening already perceived this message from the body.

References

1. Barral JP, "Manual thermal evaluation" Seattle, WA: Eastland Press, Inc. 2005

Case #8 Left scapular pain & psychological fear

Abstract

The intent of this case report is to understand how viscerο-emotional techniques of Visceral Manipulation (VM) can help a case with psychological fear and physical left scapular pain with limited left shoulder movement. She also complained of stomachache from time to time. Emotional tensions were found on chest area during treatment sessions. The left scapular pain occurred for 2 months prior to treatment.

Key words: Visceral Manipulation, left scapular pain, shoulder, stomachache, viscerο-emotional techniques

Introduction

In this case, patient presented with physical and psychological problems. VM techniques and viscerο-emotional techniques were applied to see how much the two problems could be alleviated. Listening and Manual Thermal Evaluation (MTE) were employed to guide us to understand where the physical and emotional tensions were to see what treatment was suitable for the patient.

Method

Patient was a female aged 28, who worked sedentarily. She complained of left scapular pain which occurred without significant injury. She had been having on off stomachache for a few years. She also came for treatment to try to see if treatment could help her overcome a psychological fear - she was beaten up by her mother many times when she was a child. Eventually, she found that she had fear getting close with female friends, e.g. when a female friend tapped her shoulder or back, she felt fearful and wanted to stay away from the situation. Patient's general health was good with no known medical history.

Date of Treatment (emotional): September - 29 October 2017 (total: 2 sessions)

Since patient came for both physical and emotional issues, treatment started with general listening (GL), then MTE, local listening (LL) to understand tensions on both physical and emotional levels. GL was on upper part of stomach, extended listening was up to oesophagus at the level of 4th rib anteriorly. MTE showed emotional tensions on stomach, pericardium and left frontal zone. There was obvious connection between the emotional listening from stomach and the left frontal zone. Listening from RCM showed left side of dura on mid thoracic level was restricted. Cranial physical listening showed left sided membranous tension more anteriorly. Cranial emotional listening showed a small dark spot on right side of screen close to bottom, unmovable. After carrying out treatment on releasing physical tissues on stomach, oesophagus, dural tube and left side membranous tissues, and pressure on left and right side of hemisphere were being balanced, viscerο-emotional techniques were implemented.

Treatment started by treating the dark spot through technique of emit/receive. A line was sent to the dark spot and a response was received, this part was repeated several times to encourage the spot to change, eventually it moved up and it was less dense. An image popped up as the dark spot changed its position and density. A very dark corner, a girl dressed in white dress, was crying. She avoided being seen by anyone. I tried to establish the non-verbal dialoguing. I "zoomed in" closer to see the girl's face, her eyes, with tears. She tried to hide herself, not letting others saw her or that she cried. I then sent a message, as if I

would like to see if she would have less tears what would be the change. She appeared to be fearful but with less tears, she did not hide herself so much as before. I kept this and waited and she did not hide herself and she appeared to be more willing to connect with the outside of the world. I sent another message, to see if the surrounding change from darkness to some soft light and what would be the change. The girl appeared to be more at ease, less rigid and she was willing to look around and tried to see the outside. She rotated her head around and looked at the surroundings with a sense of wonder. While focusing on the image, my listening hand felt the emotional listening reduced significantly. In the next session, I connected to the physiology centre and there I found a connection immediately to the pericardium. I sent a line to the pericardium and waited for response and it was repeated a few times until I felt the faster and faster response from the pericardium. It was a process of lining, fishing, hooking and a while later, storming occurred. The emotional connection between the pericardium and the physiology centre was disconnected. I checked by using MTE on stomach, pericardium and left frontal zone and the emotional listening on these three was gone. I came back to physical LL and I released tension on inferior sterno-pericardial ligament. The treatment session ended with motility of the heart as the axis of motility of the heart was totally out of the normal axis.

Results

Physically the shoulder and left scapular pain subsided right after first treatment. Right after the first treatment session, patient did not have appetite to eat. 3-4 days later, she started to eat and the usual stomach discomfort disappeared. After the 2 sessions, patient reported of some positive change in the relationship between she and her mother. She was willing to share more about herself with her mother. Previously she could not do that. She found she could be more at ease when female friends came closer to her but she still felt the fear and there was a boundary of how close it should be, crossing that boundary and she felt unsafe.

Discussion

The case requested both physical and emotional resolutions for her special condition. Hence, VM techniques and viscerio-emotional techniques were implemented during both sessions. Physical tension was tackled first and then the emotional tension. Patient responded positively on both levels. It could not be certain if further treatment would help more but definitely, by changing the emotional tension as felt from the MTE, the electromagnetic wave of the person changed and the result was patient felt emotionally something improved.

Case #9 Headache, Insomnia, Stomachache

Abstract

The intent of this case report is to understand how viscerο-emotional techniques aided in a patient suffering from insomnia on and off since February 2016. Initially Visceral Manipulation (VM) treatment was given and it relieved stomachache and bodily painful symptoms but not insomnia. Viscero-emotional techniques were introduced during subsequent treatment sessions. Patient had been consulting psychiatrist for medication to cure insomnia but the effect was not promising.

Key words: Visceral Manipulation, viscerο-emotional, insomnia, headache, stomachache

Introduction

Viscerο-emotional techniques were introduced alongside physical VM treatment due to the fact that patient did not yield favourable response regarding insomnia, as such, emotional techniques were applied to see if it would aid in the insomniac condition.

Methods

Patient was a 43 year old female who was a restaurant owner. She reported of undue stress from work and the fact that she lost her father in February 2016. Since then, she developed insomnia. She also lost appetite and she suffered from headache and stomachache from time to time. Weight loss of around 15 pounds was resulted due to loss of appetite.

Dates of treatment (emotional): November - December 2017 (total 4 sessions)

Before introducing viscerο-emotional techniques to this case, patient has been receiving treatment of VM and her stomachache was relieved. Headache condition fluctuated. There was left chest discomfort and left shoulder pain yet they could not be relieved by standard VM treatment. General listening (GL) changed from stomach, liver to pericardium and cranial membrane at occiput level. Emotional techniques were incorporated in subsequent treatment sessions. GL, local listening (LL) confirmed the primary lesion was on pericardium, particularly superior and inferior sterno-pericardial ligament. Treatment for releasing these ligaments, and then pleural tension (from extended listening) was released. Treatment on cranial membrane, cranial base, facial bones were done according to listening. After that, emotional treatment commenced by using Manual Thermal Evaluation (MTE) to locate the emotional tension on heart area, the jaw, left side of temporal and parietal bones area. The emotional tension on heart area had a strong connection with left frontal zone. Cranial emotional listening were done and the listening was to the very centre part of the brain, around 40% depth, it seemed to be the thalamus. A very big dark spot was perceived on the right side of the "screen". It was big like a table tennis ball, unmovable. When I connected the physiology centre, I perceived a strong connection of the physiology centre with the heart.

Treatment started from cranial emotional technique emit/receive, to the dark spot, it was not intended to force anything, but to encourage the spot and wait for its response. It was done for many times back and forth, and finally, the spot started to move a little bit, and it started to

become less dense. The process continued for a few minutes until a sense of expansion was perceived. The spot was still big but was less dense and it moved on the screen. I focused back to cranial emotional listening on the physiology centre, and I found the connection of the heart. Techniques on lining, fishing, hooking, storming were done. It took a while to have faster response in lining and after storming, there was a sense of lightness on the cranial listening and there was no more connection between the heart and the physiology centre. The session ended by induction to normalise the motility of the heart.

In the subsequent sessions, cranial emotional listening on the timeline of an important event was very close to coronal suture, i.e. it occurred very recently. Then an arrow, small but with a sharp turn towards posterior was perceived. In the treatment of arrow image, the intention is to discharge the memory of this accumulation of energy by induction. Emission of a line was sent to the accumulated energy area and then I waited for the response. It took a long time to have response but it was not dormant, rather, it seemed to us that the tension of the arrow was so strong that it took some time to respond. Eventually, it started to move, it softened, it slowly changed direction slightly to anterior. The arrow changed direction and became a little faster in movement. After that, MTE was checked and it was found minor emotional tension on the heart area. Organ listening was done on 10cm level, one hand above the heart and one hand above the left frontal zone. The organs did not push my hands away and I could do emit/receive again and I landed on the body very soon. Emit/receive technique continued until there was no longer a sense of emotional connection. The same technique repeated on superior cardiac plexus and the left frontal zone. Treatment finished with cranial rhythm index to encourage the expansion, to release / reduce the tension on brain upon cranial listening and to restore the vitality of the cranial fluid pressure system.

Results

With 4 sessions of VM incorporated with viscerio-emotional techniques, patient finally reported of better sleep - she could fall asleep like normal and she could sleep for 6 hours without waking up. Chest pain and left shoulder pain also reduced. She could breathe much deeper and she resumed appetite. Emotionally, she reported that she had a big cry after first emotional treatment and she correlated it with her missing of her father, who passed away suddenly due to cardiovascular accident. She suppressed her grief in order to continue working and other matters in life and she did not find anyone to talk with - she considered it was useless to talk about her emotions.

Discussion

In viscerio-emotional treatment, we tried to clear up something in treating the physical structures that we could not release. For this patient, if viscerio-emotional techniques were not applied, it would not be able to release the big tension in her heart. Even though the physical tension around pericardium and the heart was released, the motility of the heart was still not very good - it was weak and its expir phase was short. Viscerio-emotional techniques allowed us to perceive the electromagnetic field of the body and to change it, to encourage it to a balanced state. In turn, this change brought out a change on emotional aspects of the patient.

Patient experienced emotional change at home after the treatment. The case proved that it did not necessarily require verbal talk or dialoguing with the patient to help the patient on emotional level.

Case #10 Uterine fibroid

Abstract

The intent of this case report is to understand how incorporating viscerio-emotional techniques in physical Visceral Manipulation (VM) help a patient with uterine fibroid. During listening, big emotional tension was perceived on certain parts of the body and hence it is indispensable to use viscerio-emotional techniques to help releasing this tension.

Key words: Visceral Manipulation, viscerio-emotional, uterine fibroid, uterus

Introduction

Patient came for treatment due to a 18 cm large uterine fibroid, of which she was advised by specialist to have hysterectomy yet she refused. She tried on some alternative treatment targeting emotional healing. Patient somehow perceived the uterine fibroid condition be linked with her emotional health. It was observed that the lower abdominal area was enlarged like a 4 month old pregnant lady. She reported of heaviness and soreness from time to time due to the fibroid.

Methods

Patient was a 45 year old lady who ran family business. She has been single all along. As confirmed by ultrasound scanning, she was diagnosed of uterine fibroid 4 years ago. The fibroid grew bigger and bigger throughout these years and she developed soreness on lower abdomen and sometimes she felt it was difficult to empty bladder completely during urination. She was advised to have hysterectomy and salpingo-oophorectomy yet she refused. Instead, she consulted Chinese medical practitioner for herbal medication and she received some alternative treatment as well.

Dates of treatment: October - December 2017 (total 3 sessions)

Viscerio-emotional techniques was applied to patient alongside the physical VM treatment. General listening (GL), local listening (LL) with inhibition showed the primary lesion was on left side of uterus. The uterus was rotated to the left together with the bladder. Initially, I only planned to release the physical tension using VM techniques based on what revealed to me through listening but manual thermal evaluation (MTE) showed a strong emotional tension on uterus and left chest area of which they were connected emotionally. Then there was also connection between right frontal zone and the emotional tension on uterus. Emotional tension was also found on floor of mouth area.

Emotional treatment started from organ listening on uterus and right frontal zone first, as it seemed to be the gentler way to see how the body responded. I started from 10 cm level, I felt the pushing and I adjusted the distance to around 20 cm, then I started emit/receive, and it took nearly 5 minutes for me to land on the body. A portion of the emotional tension was discharged. I then worked on cranial emotional technique, an image showed up which was a moon, with one side being completely darkened. I perceived a sense of sadness from the image. It seemed that the moon could not shine as much as it should be. I received how it expressed and I sent a line to the image, intending to discharge the accumulation of energy

built up there and to allow the image to express itself more and I received something back and I continued the emit/receive technique in working on the image. A few rounds later, I perceived something changed, the image started to change, the darkened side of the moon was lightened up. The moon originally did not rotate and it started to rotate. A while later, a sense of harmony was perceived and I did not feel further change upon further emit/receive. Reassessment showed the emotional tension on cranium was discharged. I ended the session with organ listening between left chest area and the right frontal zone to discharge the tension between the two by emit/receive technique.

Upon the following two sessions, after proper physical tension being released, I worked on the emotional tension again. During cranial emotional listening, a dark spot was shown on right side close to midline in the middle of the screen. Its size was like a walnut and it was very dense, very dark, unmovable. A line was sent out to this spot, to try to erase something. Lining was formed and emit/receive technique was employed again. I followed the spot and waited and it started to respond and I received the message and I emitted again, with several times like this, the spot started to get less dense, and it was like it melted to the screen. I continued the technique by encouraging it without forcing it to change. It gently started to move. It went laterally first and then it slowly but surely went to upper part of the screen. I came back to the body and felt the emotional tension. The emotional tension on uterus and right frontal zone was not completely discharged. Organ listening was applied again to discharge the tension between the two. The emotional tension between uterus and the right frontal zone subsided. Treatment ended with cranial rhythm index to encourage the expansion, to restore the vitality of the cranial fluid pressure system.

Results

With 3 sessions of VM including viscerο-emotional techniques, patient reported that she felt the lower abdomen was not as heavy and swollen as before. She cried during the first treatment session and after the session when she went back home. She confessed to us in the subsequent sessions that she felt some rage against her parents and that she was not being able to do what she has wanted to do in life, that idea had been in her mind, and she could not let go of the idea until after the first treatment, that suddenly she felt it was time to let go of the idea. She cried but afterwards she felt light and she felt finally her mind was “free”.

Discussion

In viscerο-emotional treatment, we tried to break down a cycle of emotional tension. While the physical tension is diminished through treatment, the psycho-emotional tension was also reduced. Dr. Jean Pierre Barral suggested an image of moon could be a deep fear inside oneself. He reinforced that we might perceived the image differently, but we should be certain of the emotional tension using MTE and listening skills.