Barral Institute Case Study
Visceral Manipulation – ADD/Poor Muscle Tone
Joanne Enslin de Wet, PT, BI-D

Therapist: Joanne Enslin de Wet, BSc Physiotherapy (Wits), BSc (Med) (Hons) Sport Science UCT, MSc Exercise Physiology Boston University USA

Patient: Female 10 years old.

Reason for coming: Sent by her Educational Psychologist for ADD and poor muscle tone

Evaluation: The patient’s mother was concerned about her daughter’s excessive weight and poor posture. The patient was also experiencing stomach aches before going to school in the morning, the patient presented with forward shoulders and a decrease in her lumbar lordosis. She walked with her hips in slight external rotation, more so on the right. She had a waddling gait with very little trunk rotation.

General Listening: The patient had an emotional listening.

Manual Thermal Evaluation: There was an intense heat from her liver and connected to her right frontal

Local listening: The listening went to the emotional area of the liver as well as Gall Bladder and D2 which was more structural – hepatoduodenal ligament

Treatment: I first treated the structural components which included the hepatoduodenal ligament, hepatic flexure, transverse mesocolon, relationship of liver to right kidney lienorenal ligament, ascending colon. I then treated the Visceroemotional component. The emotional part was incident was very specific. The tension in the brain went back to trauma at the beginning of life. The image of a spot with a concavity within the cloud. the spontaneous image was feeling was of a deep dark hole a lot of fear around entering this world. The treatment using emit and receive transformed the spot into blue sky.

The mother confirmed her birth process was very traumatic and she had an emergency Caesar.

Results and Follow-up

I recommended the patient reduce her sugar intake and suggested to the mother that she should not worry too much about her daughter’s size and help her with diet and to increase her physical sports.

At follow up after the first treatment the mother of the patient reported that she no longer had stomach aches and that she was happy to go to school every day. He bloatedness had improved as well as her posture.

The follow-up treatment one month later was structural large intestine. She had already lost 5kg. The patient was recommended to return in 6 months for a follow-up.