

## SET TALK

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### **Structural Balance Provides Relief for Acid Reflux, Hiatal Hernia and Esophageal Spasms**

Acid reflux, hiatal hernia and esophageal spasms are extremely common in our culture. The frequency dramatically increases in the over 40 age group. Allopathic medicine explains this as part of aging and weight gain and has come up with a medication that changes the acidity of the stomach as its solution. Unfortunately changing the acidity of the stomach reduces the body's ability to break down foods and digest nutrients. Amazingly enough it also blocks the body's ability to ingest many of the medications that they are prescribing. Consequently, larger doses of medication are being given.

There is another way to view acid reflux, hiatal hernia and esophageal spasm. You must step out of the box and the belief that it is mainly due to too much acid or weight. Once away from that limiting concept you can start to view what is taking place in the body in the area of the thorax, esophagus, diaphragm, and the esophageal hiatus, the valve to the stomach whose responsibility is to close the stomach and prevent acid from going into the esophagus. Looking at the structure you can see that the vast majority of people have a twist in their thorax where the ribs on the right are twisted down and forward and the ribs on the left are higher. This twist also affects the diaphragm, esophageal hiatus, and esophagus. This is part of the core distortion that is also seen in the pelvis creating a long leg/short leg discrepancy, a tipped sacrum and exaggerated curvatures in the spine.

After 40 years of life experience the twist of the core distortion will increase which results in greater imbalance in the thorax and the diaphragm. As this imbalance increases the stress in the diaphragm also increases putting uneven pressures on the round sphincter valve of the esophageal hiatus. The uneven pressures in the diaphragm and esophageal hiatus result in the inability of the esophageal hiatus to close efficiently thus allowing the acid of the stomach to flow back up into the esophagus while the client is supine. This is especially problematic when a client has eaten a large meal late at night and then lies down for sleep. Additionally if that large meal were spicy the normal burping and gas could further push stomach acid into the esophagus. If the pressure on the esophageal hiatus is strong enough from the twist (core distortion) it can actually cause a tearing in the wall of the valve or in other areas of the diaphragm. When the tearing takes

place in the wall of the valve it becomes totally ineffective in containing stomach acid and the constant burning and irritation is felt. This is also one of the definitions of hiatal hernia. The other one is when there is a tear in the diaphragm and part of the stomach pushes up through that tear. This can be caused by the exaggerated twist from the core distortion.

Thus, a major cause of our acid reflux, hiatal hernia, esophageal spasm conditions is not an overactive stomach or excessive weight, but the structural twist of the thorax from the core distortion. This opens a whole different direction for treatment - not one of drugs and surgery, but one of soft tissue release leading to structural balance creating the opportunity to take care of the cause that led to the conditions.

**Jack**, a 50 year old business owner and golfer, came in for treatment for low back pain after a weekend of golf. On his intake form he had also indicated acid reflux and had been taking Nexium for three years. Jack's principle reason for coming for treatment was his back pain from golf and that was the original focus of treatment.

Structural evaluation revealed Jack had a significant twist in his body (core distortion) with his left ilium rotated anteriorly and his right ilium rotated posteriorly. This caused a left functional long leg and a right functional short leg with distortions down his legs to compensate for this imbalance. Due to this twist his sacrum was tipped and rotated causing an exaggerated curvature in his spine where his back pain was most severe. This exaggerated curvature was also seen through his thoracic and cervical spine. His thorax was rotated down and forward on the right and up and back on the left.

In his first session the Cranial/Structural Core Distortion Release (CSCDR) was applied to bring the iliums and sacrum into weight bearing support and start diminishing the curvatures in his spine. Specialized soft tissue myofascial work was applied to further release the soft tissue imbalance of his legs, pelvis and low back. This also included releasing the abdominals and some of the diaphragm. This session was repeated two more times over the next two weeks.

By the fourth session Jack's back pain was only some stiffness and he was back to hitting golf balls. Jack also reported that he had not had any discomfort from the acid reflux since the second session. In the fourth session more time was spent on releasing the rotation of the thorax with work on the soft tissue of the deep abdominals, specifically the diaphragm and psoas. Additional work was applied to the ridges of tension in the diaphragm. This session was repeated in the fifth

session. By Jack's sixth session he was no longer having any symptoms of acid reflux or back pain and had stopped taking the Nexium. Jack never reported acid reflux again.

**Ginny**, a 60 year old nurse, had a diagnosed hiatal hernia and esophageal spasm. She was afraid to have surgery because of what she had seen in the hospital. Structural evaluation revealed a significant twist, the core distortion. This twist was most obvious in the pelvis and thorax with rotations of the iliums, functional long leg/short leg discrepancy, tipped sacrum, and exaggerated curvatures of the spine. The CSCDR was applied to reduce the ilium rotations, twist and curvature and provide support for rehabilitation.

Specialized soft tissue myofascial protocols were applied to her abdomen and thorax after the CSCDR in the first session, then to her pelvis and legs for her second session. By her third session the pain, acid reflux, and esophageal spasm were less. Ginny continued to be treated weekly for eight sessions alternating between abdominal / thoracic and pelvis / legs. After the eighth session Ginny reported no hiatal hernia pain and esophageal spasm symptoms. She only needed to be treated once every six months for the next year to be able to maintain the structural balance for her hiatal hernia to heal. Then Ginny was pain free without treatment.

**Frank**, a 40 year old college drama professor, developed esophageal spasm while producing a play. He had late night rehearsals and late meals. His doctor believed that stress and anxiety were causing his esophageal spasms and prescribed Klonopin. Frank reported that his stress levels were extremely high and hoped that the soft tissue work would reduce his stress.

Structural evaluation revealed a significant twist in his thorax that was part of the core distortion. Frank reported that he had noticed the twist getting worse and his stress levels increased. Major stress will often make the body go further into core distortion. The CSCDR was applied to reduce the twist in Frank's thorax and provide support for his pelvis and spine which would reduce the thoracic twist. Specialized soft tissue myofascial protocols were applied to Frank's thorax to further release the stress on the diaphragm. The vagus nerve also passes through the esophageal hiatus and is involved in esophageal spasm.

As the thoracic twist and tension in the diaphragm and deep intrinsic muscles lessened, his breathing increased and relaxed allowing his pain and stress levels to dramatically decrease. After six sessions Frank was no longer having esophageal spasms and was able to discontinue the klonopin. Even though stress was a

significant player in Frank's esophageal spasm, the structural imbalance and resulting tension in the diaphragm and deep abdominal muscles were the reason that the esophagus actually spasmed due to pressure on the vagus nerve. The structural improvement and reduction of tension on the diaphragm were the basis of Frank's recovery.

The structural core distortion is a significant cause of acid reflux, hiatal hernia, and esophageal spasm. Understanding this core distortion and how to treat it will help clients avoid medications and surgeries that are often invasive and restrictive to their health. I hope you will take the time to learn and understand the treatment possibilities for long term rehabilitation for these conditions with your clients. You can save them misery and pain now and in the future.

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