



# Correcting a Hiatal Hernia using Manipulation

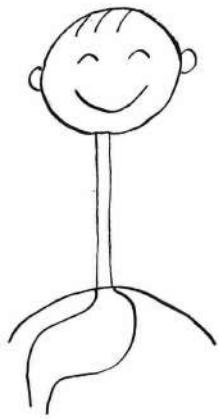
# Disclosures and disclaimers

- ▶ Nothing to disclose
- ▶ I speak on behalf of my knowledge and experience
  - ▶ I have sought malpractice and legal assistance for my medical practice but do not speak on behalf of those fields

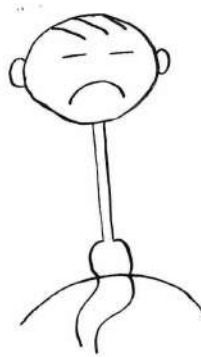


# Review: A Hiatal (Hiatus) Hernia

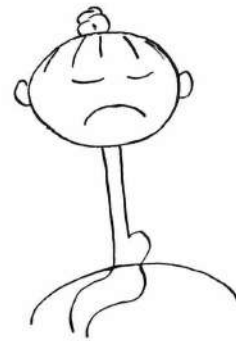
- ▶ In hiatal hernia, part of the stomach pushes into the chest cavity. It enters via an opening where the esophagus passes on its way to the stomach.
- ▶ Can be sliding or paraoesophageal (see next slide).
- ▶ Increasingly common. Estimated at 50% of people over 60 years old.
- ▶ Occurs in 15 or more % of pregnancies.
- ▶ My experience suggests it may be much higher.
- ▶ Most medical sources claim that the majority of individuals with a hiatal hernia will not experience any symptoms.



NORMAL



SLIDING



PARAESOPHAGEAL

# Standard Diagnosis

- ▶ Usually done by 2 methods.
  - ▶ X-ray with a Barium swallow.
    - ▶ Best method if the “severity” of the hernia is to be evaluated (ie. will surgery be recommended).
  - ▶ Endoscopy.
    - ▶ Often noted on report as “mild hiatal hernia present”
    - ▶ Rarely discussed with patient
    - ▶ When mentioned, never explained as causative of their symptoms

# Changes to normal physiology or anatomy due to a Hiatal Hernia.

- ▶ Lack of closure between the stomach and the esophagus
- ▶ Size of stomach is effectively smaller
- ▶ Hypochlorhydria
- ▶ Lack of mucous lining the stomach wall
- ▶ Lack of digestive enzyme function
- ▶ Dysbiosis



# Direct Consequences of a Hiatal Hernia.

- ▶ Acid reflux
- ▶ IBS
- ▶ Abdominal Pain (any)
- ▶ Gastritis
- ▶ Diarrhea
- ▶ Constipation
- ▶ Candidiasis
- ▶ Predisposition to infectious gastroenteritis
- ▶ Arrhythmia
- ▶ Shortness of breath
- ▶ Deficiency of nutrients, particularly trace minerals and B vitamins

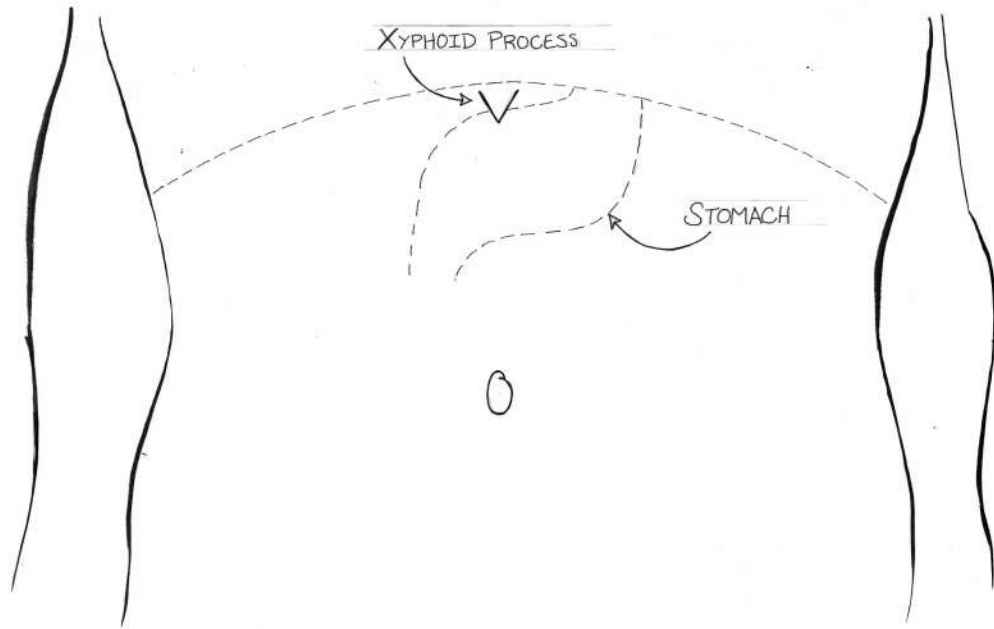


# Diagnosis through palpation.

- ▶ Palpate the epigastrium to determine if there is a Hiatal Hernia present.
  - ▶ Using the pads of your middle and or index finger, press firmly and directly from A to P in the epigastrium.
  - ▶ Ideally this is done approximately 2 cm below the xyphoid process, however, anatomy can vary widely by patient and or by age.
  - ▶ When the stomach is herniated through the diaphragm it is usually exquisitely tender to the patient.
  - ▶ On palpation of this area you would normally feel the lesser curvature of the stomach.
  - ▶ When the stomach is herniated you finger pads will be in contact with a firm smooth surface. This is the body of the stomach.

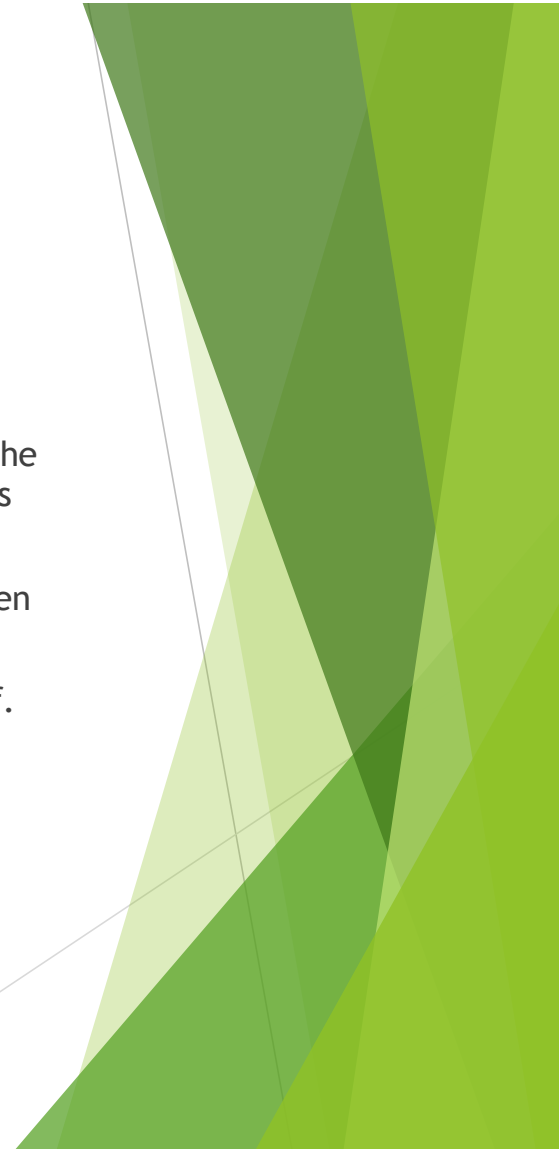


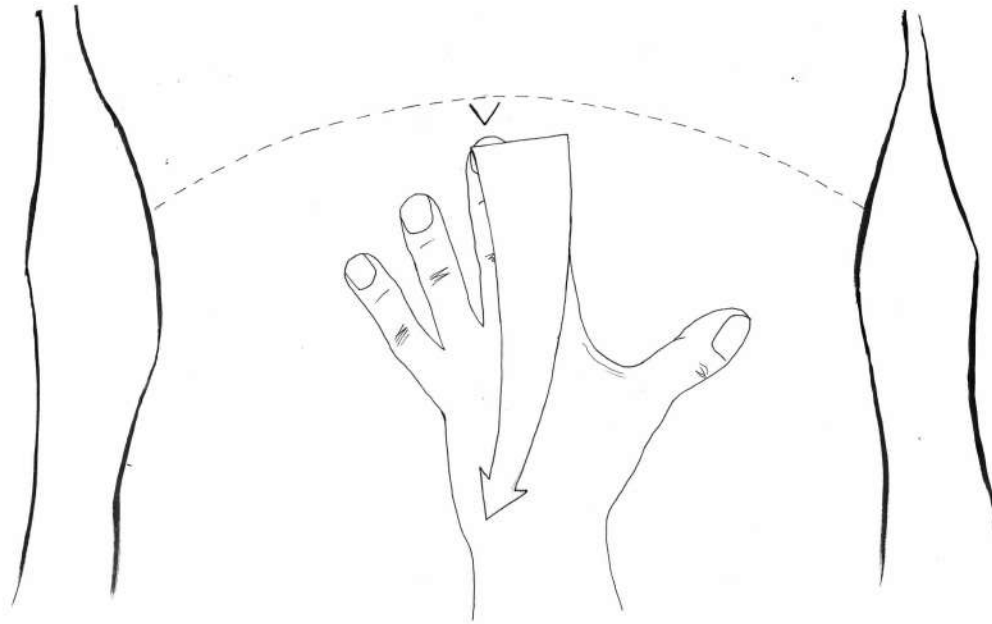




# Correction of the Hiatal Hernia using manipulation.

- ▶ The patient's knees and hips should be flexed.
- ▶ As the patient inhales, apply firm posterior, superior pressure with the pads of the fingers of your L hand about  $\frac{1}{3}$  of the way between the patient's xiphoid process and their umbilicus.
- ▶ Use the fingers of your R hand to stabilize the L and add additional pressure when performing the maneuver.
- ▶ As the patient exhales, draw the stomach inferior and laterally towards yourself.





# Correction of the Hiatal Hernia using manipulation.

- ▶ Repeat the maneuver 2-3 times maximum. Rarely any benefit to repeating more times than this.
- ▶ Often causes an audible gurgling sound when the movement is dramatic.
- ▶ Improved palpation skill will allow you to feel the movement in most cases.
  - ▶ Exceptions are for obesity and extremely firm abdominal muscles.



# Gestalt

- ▶ Additional skeletal manipulation enhances the effects markedly.
  - ▶ Cranial Manipulation
    - ▶ I use Bio Cranial Therapy primarily.
  - ▶ Upper and mid thoracic spine
    - ▶ Specifically T2-4
  - ▶ Upper lumbar spine
    - ▶ Specifically L1

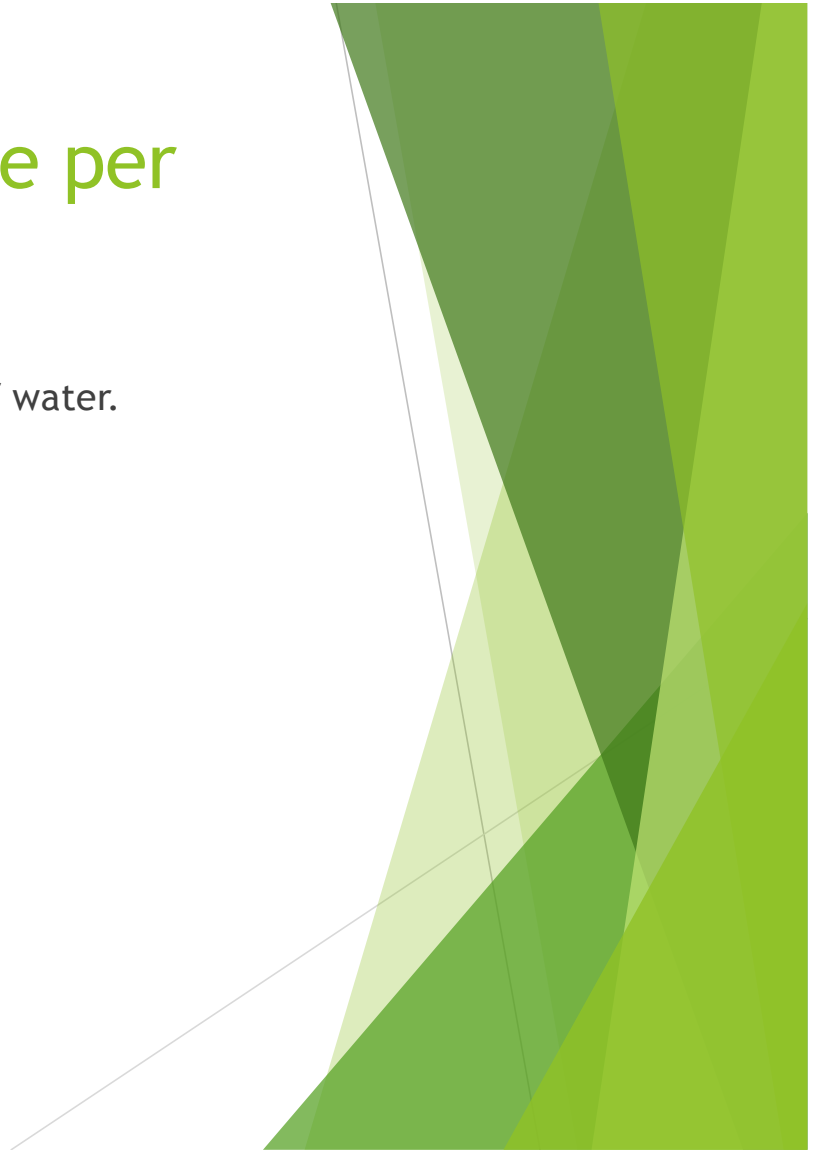


# Post manipulation care

- ▶ Sit the patient up. Ask them to inhale deeply and exhale.
  - ▶ Most patients will notice the ability to take a deeper breath
  - ▶ Some will report feeling “more space there”
- ▶ Determine a course of follow up treatments that suite the case best.
  - ▶ Generally speaking, I usually recommend a course of 10 treatments done closely together. Ideally 2 times per week for 5 weeks.
  - ▶ In some cases we stretch this to 1 time per week for 10 weeks.
  - ▶ An exception is pregnancy. Course should be determined by symptoms. Will almost assuredly be frequent in the 3<sup>rd</sup> trimester.
  - ▶ Usually only done once or twice for an acute hiatal hernia.
- ▶ Recommend an ice pack or Arnica 12X for bruising.
- ▶ Heel Drops 1 time per day.

# Heel Drops to be performed once per day.

1. On an empty stomach, drink a large (12 to 16 ounce) glass of water.
2. Stand on toes.
3. Drop onto heels with great force.
4. Repeat steps 2 and 3 about 3 times.



# Heel Drops

- ▶ Purpose is to keep the stomach in place in between treatments.
- ▶ Rarely is it able to correct the stomach once it is herniated again.
- ▶ Avoid the use of this exercise if the patient has any severe disc herniation in the lower lumbar spine, or pain or damage to the knees or ankles.





# Demonstration

- ▶ Here's how it looks...



# SPECIAL THANKS



ANIA WOLCZACHI  
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