

Lærebog i Kranio-Sakral Terapi

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The mysterius back ache.

KAPITEL 26

Pain under the ribs, feeling tired at 4:30 in the afternoon, feeling tired after dinner, and in some cases, diminished desire for sex.

Usually when there is a pain in the back, we immediately suspect that it is a problem with a discus, or a tension in some of the muscles of the back.

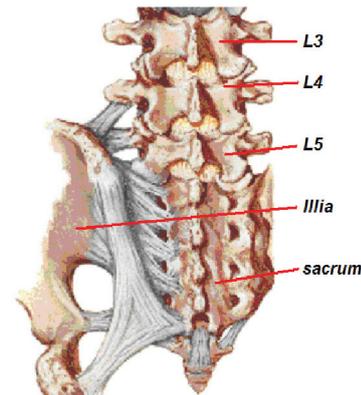
However, the following client suffered from a back problem that had had nothing to do with neither a displaced vertebra, pinched nerve, collapsed disk or a tight back muscle. The cause was a descended kidney - in Denmark, called "a wandering kidney".

She was a woman in her early thirties, also in exceptional form in terms of a well balanced body posture with very good muscle tone. She was a wellness coach for one of the large Danish companies. She gave massage, exercise coaching and taught movement classes to prevent back problems. She had been scanned and it showed a major discus prolapse between L5 and the sacrum. The pain was there only part of the time. The doctor said that she was lucky because she was so well trained that the disc did not bother her more than it did.

I told her that seeing a discus prolapse on an x-ray or on a scanning does not necessarily mean that this is the cause of back problems. A milestone in medical research carried out by an orthopedic surgeon and published in the New England Journal of Medicine about 10 years ago showed that at least 2 out of three people who had no back problems and who never had back problems showed a disk problem on an x-ray or on a scanning. If prolapsed discs were the problem, then these people should have been hurting. But this was not the case.

Even if there a disc problem showing on her scanning or x-ray, it might well be that the cause of her pain was caused by something else. I find that this is often the case.

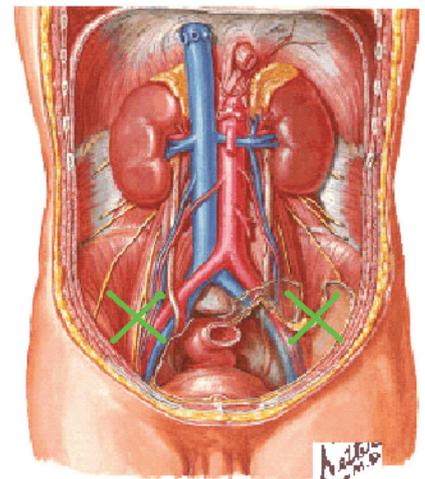
I examined her posture and noticed that while her head was in a good alignment over a point centering between her two feet, her hips were displaced to the side. This is the sign of a problem in the sacro-iliac joint.



Ligament structure of sacro-iliac

I did a technique from S.O.T. (Sacro-Occipital Technique which we teach in KST VII), placing her on wedges to help take the rotation out of her pelvis and to restore the integrity of her sacro-iliac joint. One wedge was placed under the back corner of her pelvis (PSIS) aligned in a specific direction – the other under the bone of her thigh (femur) aligned in a different direction. The blocking released much of the pain, but she was still having some problems.

The kidneys should be here, at the level of the 12th rib, but they can descend to the cross at the picture.



She told me that she had a problem of pain in her back under her last two ribs (R11 and R12). She said that she thought that she had a problem with her kidney, but that she had been examined by her doctor with an x-ray and ultra sound. Her doctor had told her that he had found no problems with her kidney. I told her that this surprised me. I went ahead and checked the skin response on her abdomen in the area of the 12th dermatome. (The kidney gets its enervation from the 12th thoracic nerve.) My evaluation of the skin response showed that she had a descended kidney.

She also had typical symptoms of a descended kidney. She was tired in the late afternoon about 4:30 and then again got very tired after dinner about 7:30.

Nudging her kidney back into place with the technique from the course in visceral massage (organ massage) brought immediate relief from her back pain. She was able to move freely without pain – bending over backwards and swinging her leg in extension.

Just a few days after these two sessions, I had yet another client who came in also complaining of pain in her back below her last rib.

She was aware that she had a kidney problem. She was also tired in the late afternoon and in the early evening. Her problem was on the left side.

I told her that problems of descended kidney on the left side in addition to tiredness also often resulted in

a lessened desire for sexual activity. This is because the nerves to the left kidney are branches of the same nerves that goes to the genitals. (The right side does not have this branching to the genitals.)

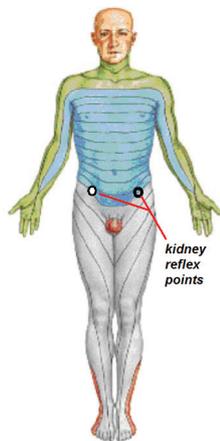
Many times, people with diminished desire for sexual activity caused by a descended kidney on the left side, are happy to learn, that it has not been psychological or a sign, that they had problems of a lack of compatibility with their partner. They seem relieved knowing that the problem is not “them”, but rather just a descended kidney and the kidney can be put back into place. The problem can be solved by a trained therapist in a matter of a few minutes.

Obviously, if one person in a relationship has diminished desire for sexual activity, it can often cause a problem in the relationship for one or for both partners. The one feels constantly pushed and harassed by their more active partner, or the more active partner feels frustrated and rejected in their advances.

A descended kidney is a very common condition, affecting approximately 70% of the population. (This is my personal observation from checking students in classes in visceral massage over the years.) Aside from causing many back aches and movement problems, if half of the descended kidneys are on the left side, 35% of the population has a reduction in their sexual drive with resulting problems of functioning in a relationship.

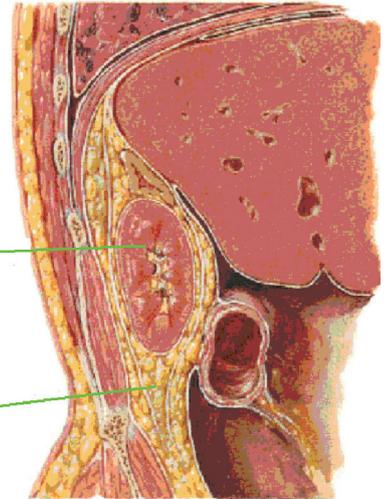
Why do so many people have a descended kidney?

The kidney is a heavy organ - filled with blood and urine. It is held in place by the pressure of two layers of connective tissue. The layers are the back surface of the peritoneum and the front of the muscles of the back. There is only a small amount of brown fat under the kidney holding it up, so that its weight does not pull it down towards the hips.



Kidney - heavy with blood and urine.

Held in place by this brown fat.



The problem of a descended kidney can be visualized, if you imagine a pair of glasses in a shirt pocket between the two layers of material.

Usually, we push the glasses in the pocket all the way down so there is little chance of them falling out. However, if we place the glasses so that they only go halfway down into the pocket, they will be held there temporarily by the pressure between the two layers of cloth. If you leave them sitting halfway down and walk around going about your business, in a short period of time, they will have worked their way all the way down to the bottom of the pocket.

The kidney sits between the two layers of connective tissue like the glasses in the shirt pocket.

What causes “a descended kidney”?

It is easy to imagine that such a heavy organ can easily be displaced - especially given the fact that we sometimes jolt our body - a child falling down from a coffee table or from a bike, an adult falling on skis or suffering the shock of a car accident, or just the constant pull of gravity over many decades.

Sometimes, the problem arises if people have lost a lot of weight on a crash diet. The first fat to be metabolized by a person fasting is often these deposits of brown fat that should hold the kidney in place.

Almost 100% of the patients that I see with whiplash from car accidents have one or both kidneys descended.

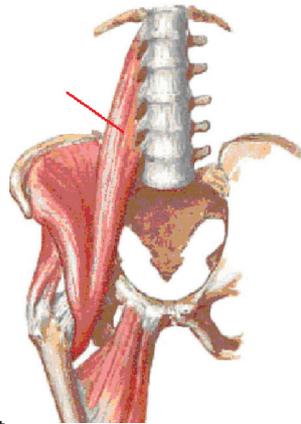
A descended kidney can be returned to its proper position using a technique from visceral massage.

The descended kidney sits all the way down in the bottom of the abdominal cavity. It is very painful to have increased pressure. As the kidney moves up towards where it belongs, it becomes far less sensitive to the same amount of pressure. When the kidney is back in place, the client can feel that the pressure from the therapist’s hand is on the same structure, but there is no pain.

According to the French osteopathic tradition the kidney rides up and down in the fascia of the psoas muscle, rising and falling up to 10 centimeters (four inches) with each out breath and lifting falling up to 10 centimeters with each inbreath. It can move up to 20 centimeters with each breath - If we breathe 10 times per minute, then

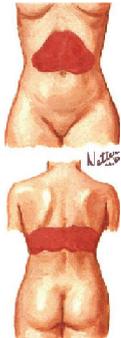
the movement is 200 cm.(eighty inches) per minute. This adds up quickly to 120 meters per hour or 2.8 km (one and a half miles) over the course of a day.

Psoas



The French osteopaths believe that this movement helps with circulation of blood to the kidney, which is necessary to the proper function of the kidney itself. If that is the case, then it is easy to understand that displacement of the kidney can result in general fatigue at two times of the day where we usually seek a dose of pick-me-up caffeine in the form of coffee or tea - the English traditionally have their tea or coffee at 4 in the afternoon. For many people, an after dinner coffee lifts their energy so that they can enjoy the rest of the evening.

If the descended kidney is painful with increased pressure, then bending over forward or even swinging the leg forward will put increase the pressure and thus increase the pain. People will compensate to avoid this pain by reducing the range of their movement of their leg on the side of the descended kidney when they are walking or running.



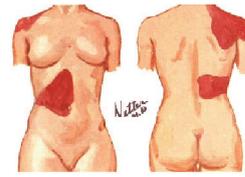
A descended kidney can also cause problems when they bend their legs in relationship to their trunk when sitting. Over a long period of time the imbalance from reduced movement on one side can result in chronically tense muscles used to restrict the normal range of movement. This muscle tension can also cause rotation of one or more vertebrae in the lower spine, as well as displacement of the sacroiliac joint.

One of the therapists that I trained in organ massage was giving massage to some of the patients in a doctor's medical practice. He told me that he had worked on a woman awaiting two hip replacement operations for pain in her hip joints. The pain was simply the result of two descended kidneys. With a few minutes of massage on each side, she stood up, was pain free and did not need the operation.

Other back pain can be referred pain from the other organs to an area of the back usually at the root of the nerve that goes to the organ.

For example, to the left there is a picture of referred pain from a dysfunction of the pancreas. Although part of the pattern is on the front of the body, including the area above the pancreas, there is also a stripe of pain across the back just below the level of the shoulder blades.

In the next drawing below and to the right, there is the pattern of referred pain from the liver or gall bladder.



On the front of the body, the area is clearly over the liver, gall bladder and the duodenum, where the canal from the gall bladder enters the digestive tract to help with the digestion of fats and to help neutralize the stomach acids.

Some back pains have their origins in the visceral organs. Not all back problems come from the spine and the muscles of the back.