

The following is a case study that I sent Rosie after completing NM1 for the second time. At the completion of this course, Rosie gave me some incredibly useful advice, which was to always check for nerve tension after working the organs. In particular, Rosie suggested that I check the femoral nerve and sacral plexus whenever having worked with the cecum, sigmoid, and colon, as there wouldn't always be a listening from midline to these nerves. For me, adopting this process in my clinic has been the beginning of a deeper understanding of Jean-Pierre's work, and how to more effectively integrate its different components into my treatment approach.

The patient was a woman in her sixties with chronic neck pain. She only had 18 degrees lateral cervical flexion left and right upon initial assessment and had done the rounds of physios, chiros, and osteos, but had had no relief. The listening took me to the liver and cecum. After treating these organs, listening at the vertex took me to the tentorium. There was no listening at the pubic bone to the femoral nerve, however, I checked this according to Rosie's suggestion. The femoral nerve was restricted in lateral roll and inferior glide. After releasing the tentorium and femoral nerve, and not having touched the neck at all, cervical lateral flexion more than doubled in both directions increasing to 40 degrees and 38 degrees, left and right.

The tentorium and femoral nerve restriction was all on the right side, yet all of the pain and muscular tension was on the left side of the neck. This was the area that all previous therapists had targeted. It was at this point in the session that she informed me that she also had 3 lumbar disk herniations, a fact she had neglected to mention in her client intake form. My hypothesis for why the treatment protocol I used worked so well, where others had failed, was that the muscular tension on the left was a compensation for the dural tension on the right; the disk prolapses were creating a pull on the right dura which then had to be counterbalanced by the tension in the tentorium. Releasing this tension removed the need for the cervical muscles on the left to brace as a countermeasure and relieved the neck pain.

Hopefully this case study proves useful to a few of you in this group. It taught me a lot, in particular, it shifted my thinking to viewing the body as an integrated set of systems that are all interconnected. It also taught me the importance of constantly checking and rechecking my assessment during the process of treatment to ensure that my clinical reasoning is sound, and that I have a precise reason for treating the structure that I am on.

Cheers,

Chris Gauntlett.