

Case Study

Patient is a 64 year old Caucasian male who was diagnosed with a cancerous tumor in the distal rectal colon (sigmoid) in 1997. Surgery was performed to remove the cancerous sigmoid colon and since the remaining colon could not be reattached to the rectum a permanent surgical colostomy was done. Once a day the patient would self irrigate his colon with 1 liter of water through a capped stoma placed adjacent to his naval. This routine was successful for 15 years and resulted in a dormant colon for 24 hours and was not impactful to the patient's activities as opposed to constantly wearing a colostomy bag. The patient has a physical job and is a high level tri-athlete and marathoner.

In March of 2012 the patient was diagnosed with a sinus infection and was prescribed an antibiotic (Cephalexin) for 10 days. After the introduction of the antibiotic the patient was unable to successfully irrigate his colon. The water would go in but nothing would evacuate. The patient states he had no discomfort or any other symptoms. Patient saw his gastroenterologist and a hernia in the stoma were ruled out. Patient had a colonoscopy and was found clean. He states his physician had no answers and he was forced to wear a colostomy bag which severely impacted his life style especially his swimming.

At the time of the initial evaluation the patient had been symptomatic for 6 weeks. With cranial scanning the visceral system was found to be the most problematic. Hot tender points for bilateral jejunum, medial and lateral sigmoid colon, medial and lateral cecum and all the valves (Ileocecal Valve, Sphincter of Oddi, Duodenojejunal Junction, Pylorus and Gastroesophageal Junction) were found. Treatment was initiated and all the points cleared easily using the Counterstrain Visceral approach. Treating the Ileocecal Valve first cleared all the other valves and they did not require any local treatment.

The following day after the treatment the patient states that there was no change. The second day after the treatment the patient irrigated and was able to completely cleanse and evacuate his colon. Follow up phone calls at 2 weeks, 4 weeks and 6 weeks found the patient completely back to his normal routine with successful daily irrigation. Only one treatment was performed.

Patient Testimonial: Feeling great! Ran 13.3 miles on Friday, swam 1 mile and bicycled 50 miles on Saturday. I will compete in the San Diego half marathon on June 23rd thanks to Randy and Strain and Counterstrain. This fantastic technique gave me my life back again.

Conclusion: The Counterstrain Visceral approach is typically used by clinicians to alleviate common orthopedic symptoms such as pain and restriction in the lumbo-sacral joints, cervical-thoracic spine, shoulder and scapular area, hip and knee joints and others. This case study demonstrates the techniques potential to directly impact organ function. Previous case studies have shown positive results with conditions like Gerd and dysmenorrhea.