

Hiatal Hernia and Failure to Thrive

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Abstract

The objective is to share a case history of an child aged six with a sliding hiatal hernia. We used solar plexus stimulation assessment (SPSA) to discover digestive dysfunction and then the honed in on and verified the cause was corrected and re-evaluated with SPSA. Failure to thrive is a common occurrence on a functional level with children surviving off junk packaged foods and carbohydrates being chronically consumed. The case study shows a single case; its improvement and a simple method used for follow-up assessment.

Key Indexing Terms

Failure to Thrive, Chiropractic, Applied Kinesiology, Hiatal Hernia, SPSA, Herbs, Manual Muscle Text, MMT, Nutrition, Physiological Phenomena, Functional Medicine, Stomach, 2nd Brain, Large Intestine, Colon, Ileocecal Valve

Introduction

Children may be the most commonly overlooked group with digestive problems. This is not surprising as functional digestive problems are grossly overlooked in adult populations as well. The digestive tract contains several functional valves; these include the Iliocecal, colic, valve of houston, cardiac sphincter, lower esophageal sphincter, and anus. Children have the same anatomy as adults and dysfunction of these valves may cause health problems. There are certain cultural and ingrained mentalities that exist where a child's complaint may be ignored or taken less seriously - unless of course there is gross weight loss, trauma, or projectile vomiting, or fever.

Jargon relating to failure to thrive - Hiatal hernia, Ileocecal valve also abbreviated "ICV," "Meridian therapy" is the stimulation of acupuncture points that alter function and energy in energetic pathways called "meridians." Nutritional support would be those supplements given to assist structural corrections. "Diet modification" means changes made to patients' diets. "TFL" is short for the Tensor Facia Lata a muscle which originates between the ASIS and the middle and lateral aspect of the external surface of the iliac crest and attached on the lateral thigh on the Iliotibial band (IT band) a thickening of the fascia lata. "TS Line" Stands for Tempero-Sphenoidal line, a mostly diagnositic palpatory line located bilaterally on the skull near the temporal and sphenoidal areas. The clinician palpates this line for nodules that correspond with muscle and possible organ imbalance.

Case report

A six year old female was chronically ill on and off for four years. The parents could hardly travel or go on vacation. Ultimately during vacation the child would end up with some sort of allergic type reaction and in the hospital. The family was referred to the practice by a family who had good outcomes with their child suffering from hyperactivity.

Intake examination revealed an underweight child with pale skin, cold extremities, and chronic rhinitis. She was shy and introverted. Standard examination findings that included vitals, pulse, blood pressure, were within normal limits. But more detailed exam findings revealed, orthostatic hypotension, low basal temperature, a positive solar plexus stimulation assessment, which led to further investigation of the full digestive tract in this child. The exam revealed tenderness in the area of conception vessel 14 and in the right lower quadrant. Tenderness was not rebound, no fever was present and the problem was chronic - years, which ruled out appendicitis. Forced vital capacity was measured and was low, indicating sub-optimal diaphragmatic function.

Muscle testing outcomes revealed; bilateral conditional inhibition of the pectoralis major clavicular, tensor fascia lata, and lower and middle to trapezius.

Diagnosis

Sliding hiatal hernia with an associated hypoacidity and reflexive Ileocecal valve syndrome. We chose first two remove the hiatal hernia, then addressed diaphragm function. The patient was given herbal digestive enzymes Digest Plus - Nutri-West, then management was as per Walther in The Applied Kinesiology Synopsis standard reflexes for an open ICV were tested and in this case all were active, these were treated with hard digital pressure, or other standard methods.

Follow up re-evaluation which included solar plexus stimulation Assessment (SPSA) was now negative and the parents reported fewer allergic reactions, improved eating, and sleeping patterns. After almost 100% improvement the patient was release from care. Several months later they returned for a follow-up visit because very mild symptoms had begun to return. The patient had grown substantially, circulation improved, she was happy, bright, and doing well and an adjustment was needed as well as nutritional support and patient was released for future care.

Discussion

We know that good health is of paramount importance in any human. In our contemporary society and industrialized nation, food processing is a major area of assault - antibiotics, hormones, additives, immunizations, other ingredients, and consuming foods not intended for one's genome, as well as the introduction of foods too early in the child's life may play a role in the future poor health of the digestive system and the immune system. Failure to thrive represents a gross failure to get nutrition into, absorbed, utilized, and eliminated. The immune system surrounds the gut, so any assault on the digestive tract especially when immature may have unpredictable consequences later. When managing patients with any type of immune

related problem it is important to assess good health by looking at the digestive process and the elimination process. This can be done in many ways; the solar plexus stimulation assessment method is a quick way to assess for general digestive problem, especially in the child who we can muscle test. Combined with this the power of structural manipulation, and visceral manipulation which is grossly underestimated and should be employed in all cases.

It seems these days that a large part of healthcare consists of undoing what people and fancy marketing firms have convinced them to-do-to themselves and their children.

Conclusion

Children have digestive problems too! The assessment and discovery can be easily accomplished via thorough history and exam. The correction involves not only the management of the child but management of the person responsible for the child's care who may be the primary cause of the actual problem because of poor lifestyle choice. Clinicians must add standard management of this condition to their armamentarium after having appropriately ruled out more dangerous conditions that may have a similar presentation.

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