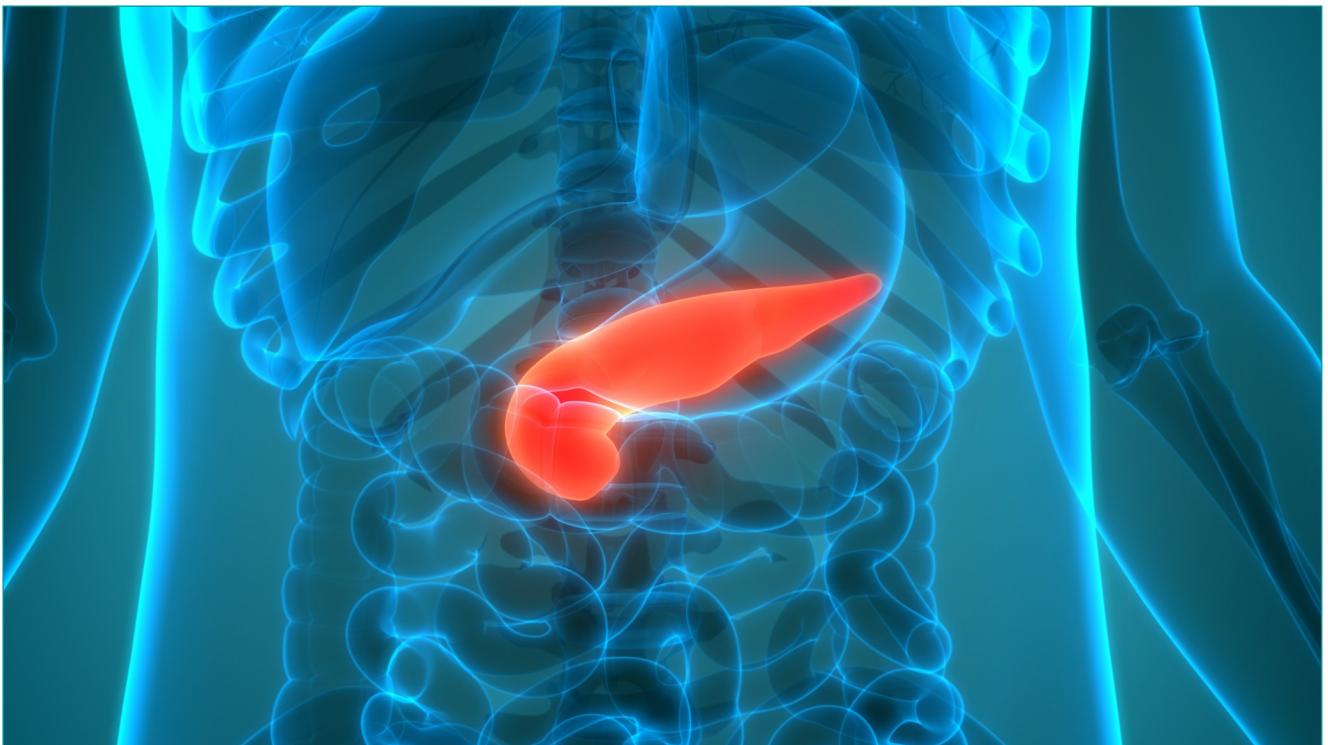


'I am not ill, my Pancreas is just lazy'

Diabetes log-book (2020)

'The Pancreas is by far the most complex organ in the body'

Patrick Soon-Shiong, transplant surgeon (2005).



14. PANCREAS

14.11.3.3. Test cauda Pancreaticus

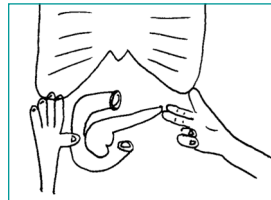
Function-test



Patient: is in supine position with knees pulled up.

Osteopath: stands to the right of the patient.

Implementation: the osteopath brings the index and middle finger to the level of the right linea semilunaris caudal from the umbilical line towards the FDJ. Arriving at depth, the hand palpates over the FDJ in a cranio-lateral direction to the cauda Pancreatic.



Assessment: the osteopath assesses the degree of mobility of the cauda Pancreaticus.

Remark:

It is in the patient's comfort to reduce pressure slightly when sliding over the FDJ.

This is also where the vascular angle of Treitz is located, with the passage of the V. Mesenterica Interior.

It may help to lift the left Hemithorax slightly to ventral, so that the musculature at the corner of the FDJ relaxes a little more.

14.11.3.4. Test gliding surface Pancreas with PPP (Fascia of Treitz)

Function-test

Patient: is in supine position, with knees raised.

Osteopath: stands to the right of the patient.

Implementation: the osteopath 'covers' the Duodenum-Pancreas-Complex with his thumb and fingers in the deep visceral framework. Then a movement to the left and then to the lateral right is performed.

Assessment: the osteopath assesses the degree of mobility of the Pancreas and Duodenum in relation to the posterior wall.



Remark: the movement should be carried out calmly and at a high level.

14.12. THERAPY PANCREAS

14.12.1. Mobilisation Pancreas

Patient: lying on his back, with his knees raised.

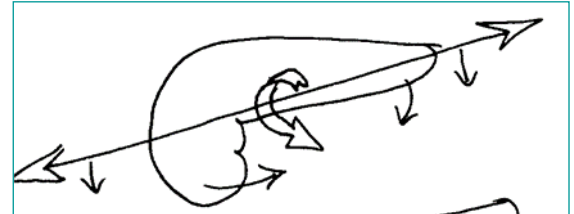
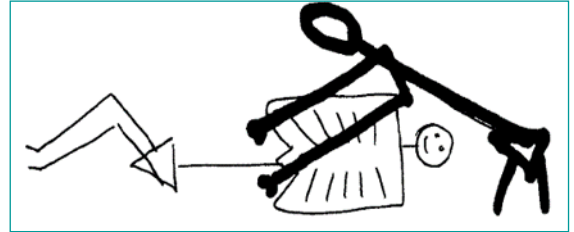
Osteopath: stands at the head of the patient.

Implementation: fingers penetrate epigastric area with 60°.

Inspiration: Mobilize from cranial to caudal.

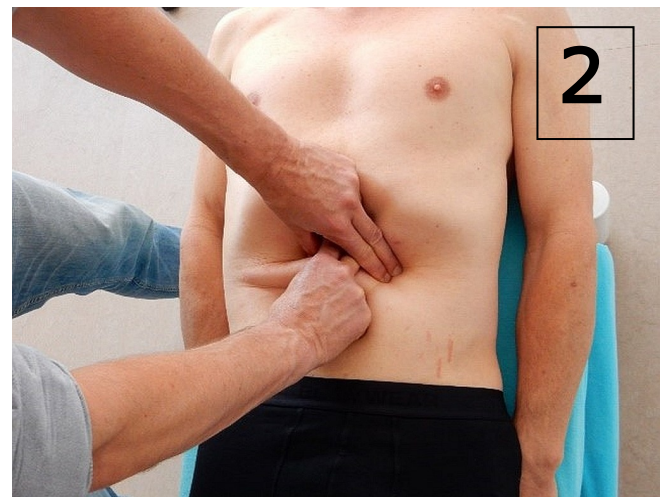
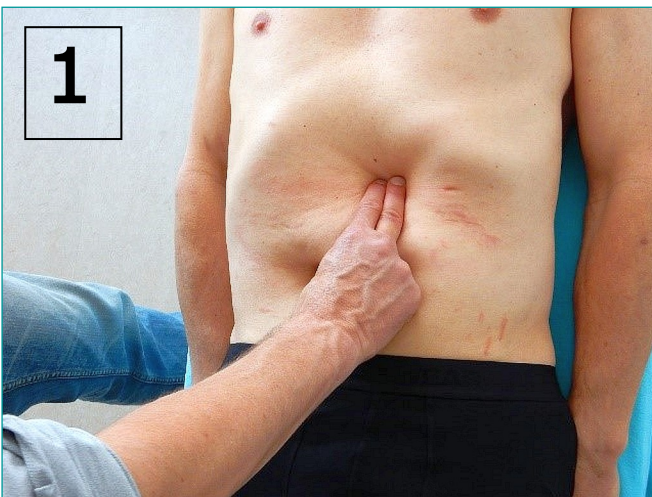
Then: tipping movement (liver).

rotational movement (liver & spleen)



14.12.2. Four-point technique Pancreas

Indirect technique, at fascial level.



Patient: is in supine position with knees raised.

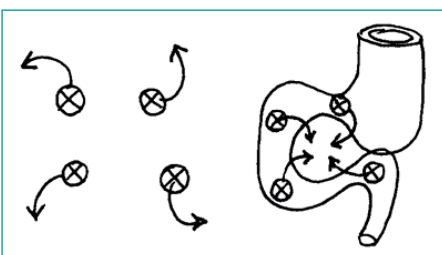
Osteopath: stands to the right of the patient at the level of the Umbilicus.

Implementation: the osteopath places the index and middle finger of the right hand at the level of the Pylorus, the right thumb at the level of the Genu inferior of Duodenum-II (photo 1), the thumb of the left hand is placed at the level of the Genu superior of Duodenum-II and the index and middle finger at the level of the FDJ (Photo 2). The patient's respiration is then moved in the free direction.



Assessment & normalization:

1. the osteopath assesses the degree of change in the mobility of (the environment of) the Pancreas.
2. the osteopath gives a pressure perpendicular to dorsal to resistance is felt, then the following follows:



Clockwise - concentric (converge).
Counterclockwise - excentric (diverge).

Remark: all pancreatic techniques may be followed by a hypoglycaemic phase in sensitive patients. So make the patient wait after the consultation before traveling.

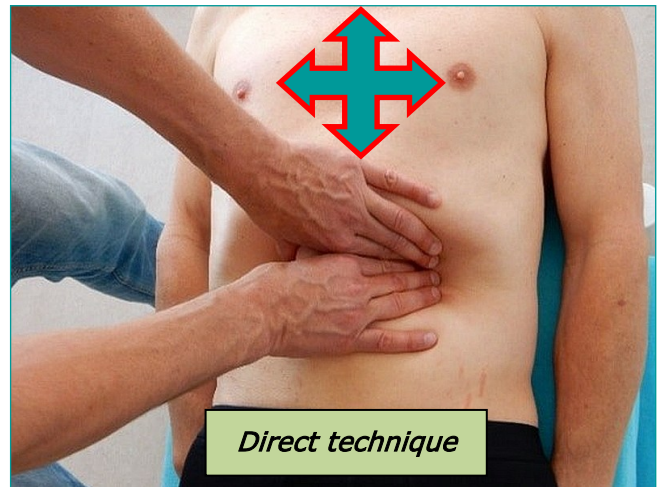
14.12.3. Mobilization sliding surface Duodenum-Pancreas-Complex (Treiz Fascia)

Patient: is in a supine position with knees raised.

Osteopath: stands to the right of the patient.

Implementation: the osteopath 'covers' the Duodenum-Pancreatic Complex (deep visceral framework) with his thumb and fingers.

Normalization: the osteopath normalizes the mobility of the Complex in relation to the posterior wall in all directions.



Remark: The movement should be performed slowly and at a deep level. It involves multiple structures and standardisation takes time.

14.12.3. Other techniques Pancreas

There are more therapeutic techniques that are not used (anymore) by us (CS). We mention a few of these techniques because they are described in books. We also mention the comments here.

14.12.4.1. Fluidic Parenchym Pancreas

Patient: lying on his back, knees raised.

Osteopath: stands at the head of the patient.

Implementation: fingers 60° in epigastric region. The osteopath follows the movement in the direction of the ductus of Wirsung (ductus Pancreaticus).

Correction: the osteopath moves:

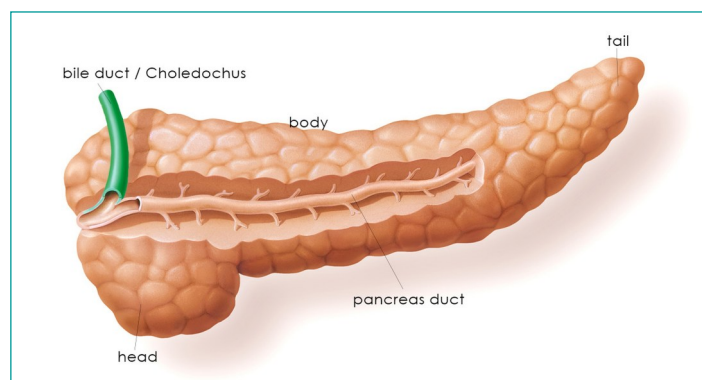
1. From Caput to Oddi.
2. From Corpus to caudal & Oddi.
3. From Cauda to Oddi.

Indirect direct technique, at fluidic level.



Remark: a very indirect technique to improve the 'flow' inside the pancreas. If done very slowly, the technique is usable.

Nota Bene: we do not have (from an osteopathic perspective) a direct influence at the physiology of the acinar cells, neither on the flow of the ductuli.



14.12.4.2. Relaxation Technique Pancreas

Patient: sitting, left hand on right shoulder.

Osteopath: stands behind the patient.

Implementation: right index and middle finger on the caput, left index and middle finger on the cauda.

Correction: the osteopath's right hand turns to the right, with a rotation of the Lumbar spine to the right.

The osteopath's left hand turns to the left (and stop the rotation).

Remark: Actually a kind of stretching of the pancreatic tissue. Particularly difficult to perform, because the osteopath rarely arrives at the right level.

If done very slowly and supremely indirectly, it maybe can reduce pancreatic congestion.

Nota Bene: the Pancreas is an endocrine and exocrine gland, there can be no question of 'relaxation'. Fluidically, a mobilization can improve congestion.

However, support and congestion can be better promoted by a healthy and sensible diet.

14.12.4.3. Fascial stretching Pancreas

Patient: lying on his back, knees pulled up.

Osteopath: stands to the right of the patient at pelvic height.

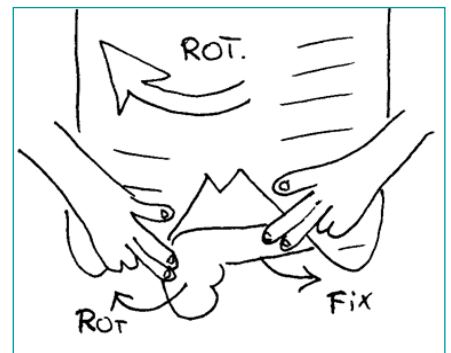
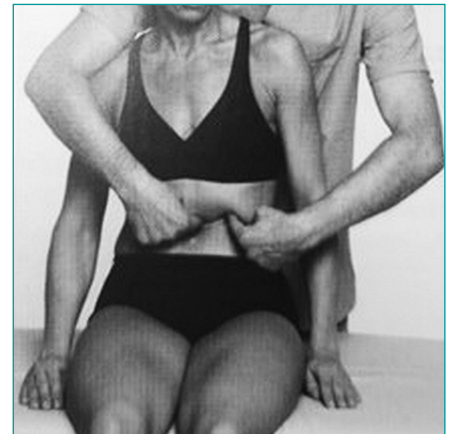
Implementation: the osteopath brings his left hand with his fingers on the projection of the caput pancreas on the Abdomen. The right hand is struck with the Thenar on the projection of the cauda Pancreas on the abdomen. With both hands a pressure to dorsal is given, on superficial tissues are compressed on the Pancreas.

Correction: once the fascial level of the Pancreas has been reached, stretch with both hands at the same time along the longitudinal axis of the pancreas and maintain this stretch until a fascial relaxation is observed.

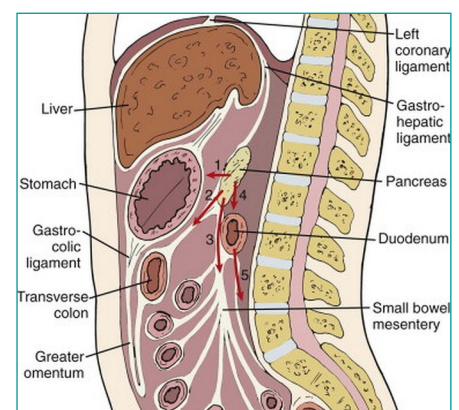
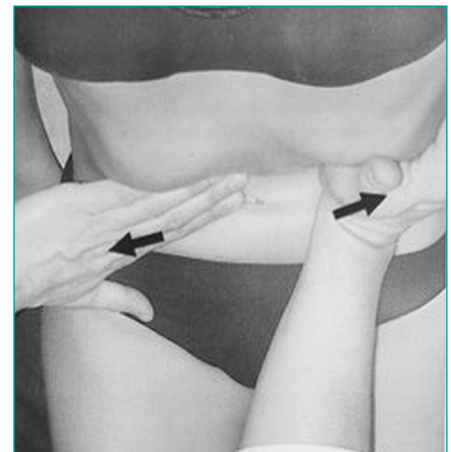
Remark: the technique is, in our opinion, too superficial; the assumption that one would reach the Pancreas centrally through the ventral tissues (Gaster, Colon Transversum, Intestinum) we consider as doubtful.

By the way, the sliding surface of the ventral organs in relation to the dorsal Pancreas should be free. If this is not the case, this technique can achieve this freedom, but not a stretch on the Pancreas itself, as the title assumes.

Indirect technique



Fascial technique



14.12.4.4. Motility Pancreas

Patient: lying on his back, legs extended.

Osteopath: sits to the right of the patient.

Implementation: the osteopath places his right hand on the Pancreatic projection on the Abdomen. The thenar lies on the caput, the fingers on the cauda.

Assessment: the osteopath feels a wave movement in the palm of the hand (from thenar to the fingertips) in the expiration phase (IR). In the inspiration phase (ER) in the opposite direction.

Correction: the motility is treated indirectly and one follows the free movement up to the endpoint and wait several cycles until a new endpoint. One can also increase (induce) the free movement.

Indirect technique



Remark-1: The motility is, according to CS, an autonomous movement, which we should not treat, the free movements are the result of mobility. We do consider this test useful as palpation exercise.

Remark-2: The wave motion from the carpal (Caput) to the fingertips (Cauda) is not entirely consistent with embryonic development, as it involves complex growth and rotational movements.

14.12.4.5. Fascial treatment Pancreas

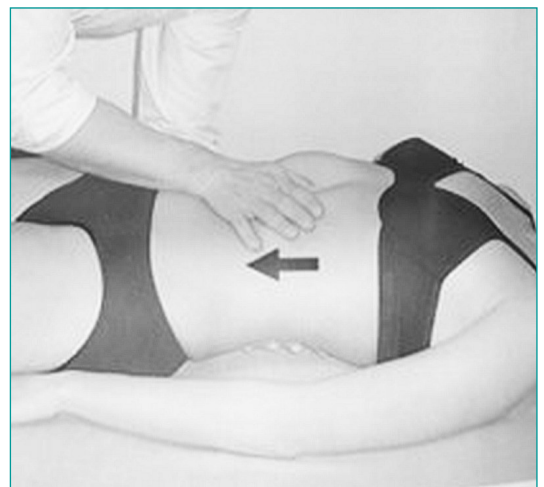
Patient: supine lying legs stretched out.

Osteopath stands to the right of the patient.

Implementation: the right hand is on the projection (visualization) of the Pancreas with the carpal on the caput and fingertips on the Cauda. The osteopath places the left hand on the dorsal projection of the pancreas, also with the carpal on the caput and the fingertips on the Cauda.

Correction: in the inspiration phase, both hands simultaneously move to Caudal. At expiration, the position is retained. This manoeuvre is repeated until the fascial end of motion is reached. The draw is released at the next expiration. The entire manoeuvre is repeated 4-5 times.

Fascial technique



Remark: This technique is, in our opinion, too global and too superficial, it is based on treating the complex between the two hands: Gaster, Duodenum, Jejunum, Colon Transversum, FDJ, Aorta, V. Cava Inferior, both Ren, Lumbar spine, muscles, etc.



Nota Bene visualization: These types of techniques rely on visualization and mental concentration to achieve the desired tissue. Nothing against visualization, to imagine the anatomy well, but you can mentally think your hands to structure, but physically little happens.

Compare one hand on and the other under an aquarium and then assume that you have caught the fish. It is true that you may be able to observe the wave motion of the water (and the body is a fluid organization), but encompassing the fish (organs) themselves requires different techniques.

14.13. IMPLEMENTATION PANCREAS IN GOECS

The testing of Treitz's Fascia fits into the general research scheme GOECS (Guideline for Osteopathic Examination College Sutherland). This is covered by the testing of the Abdomen.

14.13.1. Abdomen: Duodenum-Pancreas-Complex



Rapid Test

Patient: in supine position with or without knees raised.

Osteopath: stands to the right of the patient.

Implementation: the osteopath 'encompasses' the Duodenum-Pancreatic Complex located around the deep visceral framework with his thumb and fingers. Then a movement to the left and then to the lateral right is performed.

Assessment: The osteopath will assess the degree of mobility of the Duodenum-Pancreas-Complex in relation to the posterior wall (PPP).

Remark: This rapid test covers all structures involved in the Treitz fascia, such as Duodenum, Pancreas, PPP.