

## Hiatal hernia syndrome

**Hiatal hernia syndrome** is one of the most common functional GI disorders. Those manifesting this may present with gastroesophageal reflux symptoms, and it may also trigger asthmatic broncho-constrictive episodes.

*This is actually far more of a problem than the medicos are aware of. When the Three Heater is compromised: nothing else is as it should be.*

### From my 1986 notes . .

Perhaps 80% of patients presenting at a clinic may benefit from this technique. As with all the fascial work, we can easily speed up recovery rate. Feel better when they leave us.

There is a difference between the actual hernia and having the syndrome,

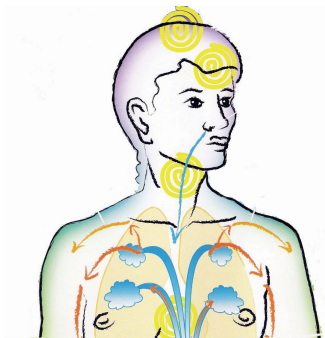
### Most will have some of the following symptoms:

1. Awaken tired,
2. Throat problems – “Plum-stone Throat” or sensation of something stuck there
3. Feel oppression in chest - unable to take a full breath,
4. Dull frontal headaches,
5. Inability to think clearly,
6. General feeling of discomfort in the epigastric region, maybe with burning and indigestion.

### If hernia is actually present, there may be also

1. Actual pain in the epigastric region, with regurgitation of food, perhaps involuntarily, esp. when horizontal.
2. Sensation of burning in epigastrium, extending into throat and perhaps mouth.

### Why is this so?



Looking at the physical organ placement, we get some idea. The body works on instructions. When these are not right, the body is in disarray.

There is a physical division between the upper and middle section (‘heater’ in Asian medicine) – the diaphragm.

Following the system of medicine I have for the past 4 decades (acupuncture)

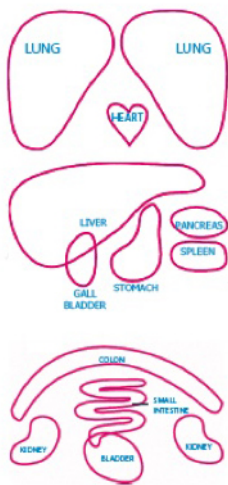
**Liver Qi** must flow . .

**Spleen Qi** must hold

**JING (what we were gifted at conception)** must have been strong enough to gift us a body that works.

**Lifestyle** /habits/adherence to what works allows us to not have to be 'high maintenance' and dependent in staying within rigid rules to survive/live well. What stops us from being at ease in our body?

Posture and movement are crucial to allow the body to work well



We can see that each organ has its place. When these encroach on others - expect distress. The Liver energy allows free flowing of everything.

Adhesions and anything that binds the body into lack of flow set in motion the dramas that those without understanding can miss and wait till 'real' trouble begin.

OR - we can undo what is holding the body hostage, so it CAN freely work as designed.

**Diaphragm** - looking at muscles and how they move/work, we quickly go from the western idea of a body is the bits to the more inclusive understanding given through learning /taking on board - a more inclusive/holistic model of care.

The person may have had an upper GI barium study or endoscopy, which may **not** reveal organic disease/hiatal hernia. This does not preclude the possibility that you will detect this **syndrome**.

You can also use this technique to treat a true hiatal hernia. Often results are immediate and dramatic.

### What is a hernia?

Any time an internal body part pushes into an area where it doesn't belong.

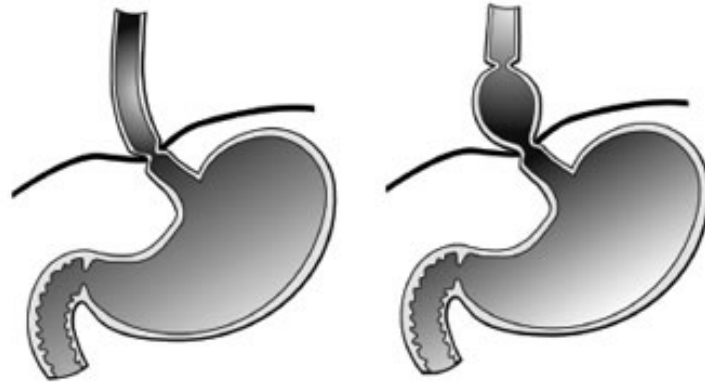
### What is the hiatus?

The hiatus is an opening in the diaphragm - the muscular wall separating the chest cavity from the abdomen. Normally, the beginning of the food passage - from the mouth - the esophagus (food pipe) goes through the hiatus (the delineation between the Upper and Middle Heaters) and attaches to the stomach - where all food is to be processed.

**Actual hernia . .**

In a hiatal hernia the stomach organ bulges up into the chest through the diaphragm. An actual hernia smaller than 2 cm may not be visible on barium films or endoscopy.

Figure 1: Normal Stomach and Hiatal Hernia



## Types of hernia

**(Medical physical body version)** The paraesophageal hernia is less common, but is more cause for concern. The esophagus and stomach stay in their normal locations, but part of the stomach squeezes through the hiatus, landing it next to the esophagus. Whilst you can have this type of hernia without symptoms, the danger is that the stomach can become strangled: have its blood supply shut off.

Many people with hiatal hernia have no symptoms, but others may have heartburn related to gastroesophageal reflux disease, or GERD. Although there appears to be a link, one condition does not seem to cause the other, because many people have a hiatal hernia without having GERD, and others have GERD without having a hiatal hernia.

People with heartburn may experience chest pain that can easily be confused with the pain of a heart attack. That's why it's so important to undergo testing and get properly diagnosed".

**There are two main types of hiatal hernias:** sliding and paraesophageal (next to the esophagus). In a sliding hiatal hernia, the stomach and the section of the esophagus that joins the stomach slide up into the chest through the hiatus. This is the more common type of hernia.

- Heartburn, regurgitation
- Difficulty swallowing
- Chest pain radiating from below the breastbone
- A bloated feeling after eating
- Shortness of breath

## What causes this?

### **MEDICALLY (The 'we don't really know brigade)**

I am reminding you - ***Get your body corrected so it is strong enough and not under tension thus all organs and systems work as designed.***

**Self Care/Self Discovery** packages hold the keys

Standard orthodox medicine is stymied by the reliance on the physical body – not the instructions that have it working well. I have included their versions.

You may well have these barriers when working with someone – as they have looked it all up - or have been told . . . I have this as separate text so in no way do you see this as being 'real' and what I would advocate.

### ***How Can I Prevent a Hiatal Hernia?***

- *Wear loose clothing. Anything that presses on the stomach can aggravate hiatal hernia symptoms.*
- *When your stomach is full, avoid bending over or lying down. This increases abdominal pressure and makes heartburn more likely.*
- *Do not bend over or lie down for two to three hours after eating.*
- *Raise the head of the bed six to eight inches by using wooden blocks under the bedposts'.*

*Most of the time, the cause is not known. A person may be born with a larger hiatal opening. Increased pressure in the abdomen such as from pregnancy coughing obesity or even straining during a bowel movement may create this problem.*

### ***Who Is at Risk for Hiatal Hernia?***

*Hiatal hernias occur more often in women, people who are overweight and those over 50.*

### ***How Is a Hiatal Hernia Diagnosed?***

*A hiatal hernia can be diagnosed with a specialized X-ray (using a barium swallow that allows a doctor to see the esophagus or with endoscopy'.*

<https://www.webmd.com/digestive-disorders/hiatal-hernia#1>

*If you do have heartburn, there are many things you can do at home to relieve your symptoms: Refrain from eating large meals; instead, eat four or five small meals each day, and eat slowly. This, along with maintaining a healthy weight, will minimize abdominal pressure and heartburn. Reducing fat in your diet and avoiding foods that aggravate your symptoms may also substantially reduce*

*symptoms. Also, avoid caffeine and alcohol, which tend to worsen symptoms. Smoking is an intense heartburn generator; if you smoke, stop.*

*In most cases, if lifestyle changes don't work, your health care provider can either prescribe or point you to over-the-counter remedies for heartburn symptoms*

### ***How Is a Hiatal Hernia Diagnosed?***

*A physical exam for this is similar to that for heartburn, with two additions: X-rays may be ordered to show the hernia, and if anemia is a concern, a blood sample may be taken to check your red blood cell count.*

*A hiatal hernia can be diagnosed with a specialized X-ray study that allows visualization of the esophagus and stomach (barium swallow) or with endoscopy (a test that allows the doctor to view the hernia directly). An esophageal manometry test (pressure study) may also be performed in which the strength and muscle coordination of the esophagus is measured while swallowing. A pH test can also measure the acid levels in the esophagus.*

### ***What Are the Treatments for a Hiatal Hernia?***

*Most people do not experience any symptoms of their hiatal hernia, so no treatment is necessary.*

*Paraesophageal hernias, however, should be repaired by surgery because the danger of strangulation is high. Surgery may also be needed when sliding hernias bleed or become large, strangulated, or inflamed. In surgery, the hiatus is reinforced and the stomach is repositioned. This surgery is now commonly done using a laparoscope, a thin, telescope-like instrument for viewing inside the abdomen. This approach is less invasive and allows for faster recovery. Typically, a one- to two-night hospital stay is required, and regular activity can often be resumed in two weeks.*

That was the medical version . . .  
Life has a different trajectory:

**Clinical picture – a more real assessment of being in a body.**

Another version – the chiropractic one that was aired in 1977:hence I was taught  
The possible symptoms are the same for both the true hernia and the syndrome.

These may include fatigue, mental dullness, easy satiety, shallow thoracic breathing, relatively rapid respiratory rates, globus sensation, dysphagia, chest oppression, reflux, stitching chest pains, regurgitation, aversion to constriction at the waist, flatulence, a "spare tire" bulge just below the inferior margin of the ribs, and a tickling, non-productive cough.

**Causes - etiology**

This syndrome may be due to an inherited wide diaphragmatic hiatus, or may be acquired from trauma or increased intra-abdominal pressure. Examples of trauma include abdominal surgery, the impact of jumping from a height, horseback riding, strenuous abdominal exercise, a blow to the abdomen or a "belly flop" dive, falling from a height, or merely exertion with breath holding.

An increase in intra-abdominal pressure may also be due to pregnancy or abdominal obesity or any space-occupying lesion of the abdomen.

**Diagnosis**

Press Lu 10 – Left side only – if it is far more tender than the right – assume that this needs to be corrected.

**Hiatal Hernia Syndrome - A Synopsis**

Onset	Abdominal surgery impact of jumping horseback riding abdominal exercise	Blow to the abdomen "belly flop" dive falling from a height exertion with breath holding
Symptoms	Fatigue mental dullness easy satiety shallow thoracic breathing chest oppression stitching chest pains relatively rapid respiration	Globus sensation dysphagia reflux/regurgitation aversion to constriction at the waist flatulence "spare tire" bulge just below the rib margin tickling, nonproductive cough

**Visceral Manipulation of the Hiatal Hernia Syndrome**

As explained in this page: this is done differently to as I am teaching.

<http://www.townsendletter.com/FebMarch2009/hernia0209.htm>



## The Gentling Way applies . .

Let Nature return to normal.

Set them up to win . .

Please always remember that **Structure Determines Function**.

**Accident Recall** - allow the body to unravel

**Stuck Liver Qi Release.**

**Take out the cold** and provide the Yang Qi to allow normal body restoration.

**Calm the Shen . .**

**Enhance the lymph flow** and do all the belly moves - this is an advanced one.

Yet as with the Accident Recall – it may be that we need to get the contents of the belly happy BEFORE we do other work – your call.

I have always found that the ‘protocol’ that I have given you works in most cases. The underlying issues are being resolved at the body space – not forced (as the correction of this is very forceful).

(Dr. Failor says - any additional techniques that you already use to free the thoracic vertebrae, ribs, and diaphragm muscle in general are helpful, should you find these necessary. Dr. Failor found that the T10 and T11 were especially important. In addition, the occiput is often essential to check and correct. The basic "cranial base release" is effective; or use myofascial or other cranial techniques, or osseous manipulation if you prefer. In addition, check C3, 4, and 5, which "keep the diaphragm alive" (innervate the diaphragm).

Change should be immediate.

Hence we do all we do . .

**Post manipulation exercises:**

**Heel drops.** Drink (not sip) a large glass of warm water on waking, stand and rise onto the toes, and drop onto the heels eleven times in succession. The downward momentum of the water-filled pendulous stomach supports the benefits of the visceral work.

**Dietary basics:** Love your life/and love your body better

In general, avoid foods to which they have sensitivities is important. Simplify meals (simple combinations). Just as important as **what** they eat is **how** they eat: Look after your middle heater - see elsewhere: [Gut Health](#) Avoid overeating and large meals. Especially after 5pm.

- Take time to sit and chew food until it becomes liquid before swallowing
- Avoid stressful eating conditions.

## REASONS FOR THE PRESENCE OF THE SYNDROME

**From a TCM viewpoint** there are 2 major causes of the hiatus hernia syndrome. They may co-exist. Underlying Stuck Liver Qi moving upwards and/or moving across to insult the Stomach/Spleen. Of course the [Stuck Liver Qi](#) must be undone. (Look also to the [Diastasis](#) information). All Gentling Way methods apply FRST . .

**Spleen Qi Xu** – The Spleen’s function of holding is impaired. The Spleen controls muscle tone, especially within the abdomen. Over time, the weakened Middle Heater, (upon a trigger occurrence), will permit the stomach organ to drift into a higher area of the abdomen, causing upper heater disharmony.

### Stomach Yin X

The burning sensations up the oesophagus typify this condition. Where is the hydration? Why all the ‘food’ that becomes sugar inside the body? Once the area is weakened, such events as belly-flops, fetal kicking, punches to the abdomen, and/or eating large meals when upset, or before lying down/sleeping, can give rise to the Qi to rise and bring the stomach with it. stomach’s slightly upwards disposition.

Acupuncture treatment will vary in accordance with the accompanying patterns (and hence etiology). Please start moving the underlying body distress.

**Stomach fire** – seek out why - this is the issue.

Usually ‘tension’ may be on dietary, emotional (Liver invading Sp/St) etc.

(TCM dogma will have you use such points as BI 20, 21, St 44, CV 14).

Also **BI 17** – diaphragm Shu point

**Pc 6** – works on upper and middle heaters

**Liv 14** – local point and harmonizes Liver

**Liv 13** – Shu of Sp and influential point of liver/ point

**CV 14** – local point

**Extra point 1 cun below St 36.**

**Spleen Qi will be upset** – (how do you count all the ways ??) the standard take out cold to begin will always apply – as the Qi needs to be liberated. Over a period of time, if not corrected, the Middle Heater’s function of providing nourishment to the body will be impaired, thus allowing the person to become Blood and Qi deficient.

## Self Care

Undo the structural upsets - [structure determines function](#).

(Part of the [Gentling Way](#))

BI 17, and any other back points, perform correction, Liv 14, CV 14, maybe Pc 6, other points depending on individual. Extra St point 1 cun down from St 36.

Advise to drink a glass of warm water on arising, and thudding from toes to heels about 12 times for 2 weeks.