

**Clinical Presentations  
Affected By Physical  
Manipulation**

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**What conditions may benefit  
from physical manipulation?**

- Constipation
- Diarrhea
- Hypertension
- Anxiety
- Respiratory distress
- Congestion
- Vertigo, dysequilibrium
- Pain, pain, and more pain.

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**Case I-Abdominal Pain**

- **SP 11/14/2005**
- **S:** A 39 year old female presents with acute sudden onset mid-abdominal/diaphragm pain that she describes as sharp and overwhelming. She has difficulty moving and breathing due to the pain. She can speak, but is also in pain when she does. She feels as if she will pass out due to the pain and must lie still in a ball to try and get some relief. The pain reduces to an ache if she remains still, but becomes sharp if she moves. The pain remains in one spot and does not radiate.

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**Case I-Abdominal Pain**

- ♦ **S:** She has had a previous episode when she was in medical school and was diagnosed with a kidney stone.
- ♦ **O:** BS X 4 q, no rebound or guarding
  - ♦ Liver = 6.5 cm at mcl
  - ♦ Urinalysis = Ph 7.0 SG 1.005
  - ♦ Occult blood = trace 5-12 RBC's/hpf
- ♦ **A:** Probable kidney stone.

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**Case I-Abdominal Pain**

- ♦ **P:**
  - ♦ Hot packs to abdomen
  - ♦ Cimicifuga ¼ oz, Gelsemium ¼ oz, Belladonna ¼ oz, Bryonia ¼ oz
    - ♦ Sig: 10 drops in ½ cup water - 1tsp q 15 minutes
  - ♦ HP Berberis vulgaris 1M X 2 doses
  - ♦ HP Ipecac 12c X 1 dose
  - ♦ Myers IV protocol

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**Case I-Abdominal Pain**

- ♦ Patient only marginally responded to the therapeutic protocol administered in the office.
- ♦ A compression subluxation of T5 and T6 was found and released with significant pain relief.

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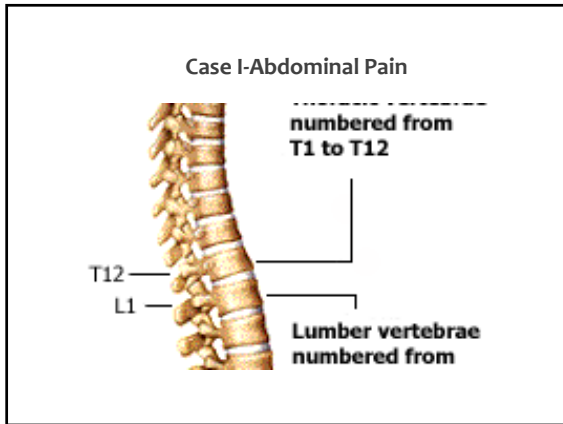
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Case II-Chronic Migraines

- SH 7/23/2010
- S: 44 year old female referred for cranial AOF for chronic migraine headaches by her PCP. The headaches begin at the back of her neck and move to the frontal region, are accompanied by nausea, but no vomiting. They are < with noise and light. Dull and intense sensation. PMH of trauma to her neck and head as she was a stunt double.

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**Case II-Chronic Migraines**

- ♦ **O:** C1 = left lateral fixation of C1 through C6 on the left. No cranial motion and a L sphenoid and vomer shear is found.
- ♦ **A:** Chronic migraines, cranial-somatic dysfunction.
- ♦ **P:** Cranial AOF
  - ♦ HP Nux vomica 30c qd

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**Case II-Chronic Migraines**

- ♦ Patient was found to have a very unstable C1/occiput that contributed to her chronic migraines as they were relieved when corrected.
- ♦ She underwent weekly AOF's as she was reluctant to undergo prolo-therapy due to the location of the injections.
- ♦ Eventually she did and the migraines ceased.

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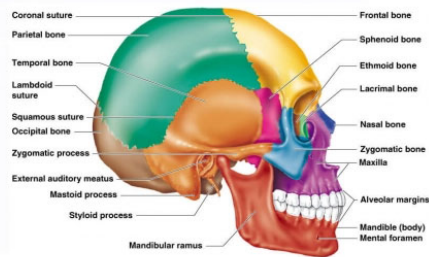
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**Case II-Chronic Migraines**



**HUMAN SKULL ANATOMY**

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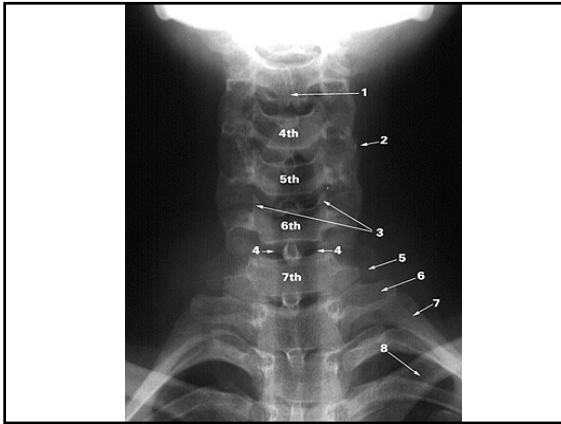
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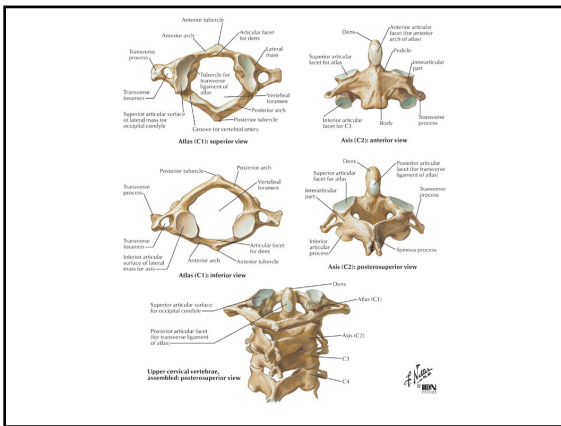
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**Case III-Chronic Prostatitis**

- HW 7/19/2018
- S: 70 year old male presents with chronic prostatitis that began while on vacation with back pain, urinary frequency and scrotal burning. Episodes can occur any time, but especially at night which wake him due to the burning scrotal and perineal pain and urinary urgency. He was diagnosed by a urologist as having prostatitis and given several courses of antibiotics. These did not relieve the condition. His PSA went from 4.0 to 4.3. He has developed a number of GI symptoms, probably due to the antibiotics.

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**Case III-Chronic Prostatitis**

- ♦ **O:** deferred
- ♦ **A:** 70 yr old male presents with previously diagnosed prostatitis which has been unresponsive to antibiotic therapy.
- ♦ **P:**
  - ♦ HP Nux vomica 30C qd
  - ♦ Prostate Formula 3 capsules a day
  - ♦ Vitamin C 4000 mg a day
  - ♦ RTC in 3 weeks

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**Case III-Chronic Prostatitis**

- ♦ 2 week follow up - 8/2/2018
- ♦ **S:** He reports an increase in gas and bloating and stomach discomfort. His bowel function has improved, but he is still waking at night due to the scrotal and perineal pain that has not improved. His urinary stream has improved and there is less frequency during the day.

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**Case III-Chronic Prostatitis**

- ♦ **O:** deferred
- ♦ **A:** Pt. reports doing somewhat better except for waking at night due to the perineal pain. GI symptoms have become worse which may be due to the Vitamin C.
- ♦ **P:**
  - ♦ Dietary Serotype Panel
  - ♦ HP Lycopodium 1M X 1 dose
  - ♦ Phytostan 3 BID

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**Case III-Chronic Prostatitis**

- Patient reported discomfort for several additional visits.
- A prostate massage and 2 glass urinalysis was negative for infection. When the prostatic massage was performed it was discovered that there was a significant amount of rectal spasm. The rectal spasm was traced to a subluxation of his coccyx.
- He underwent several coccyx adjustments as well as pelvic bowl ligament release.
- His prostatitis symptoms resolved soon afterward.

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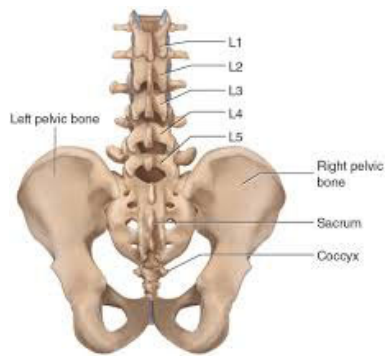
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**Case III-Chronic Prostatitis**



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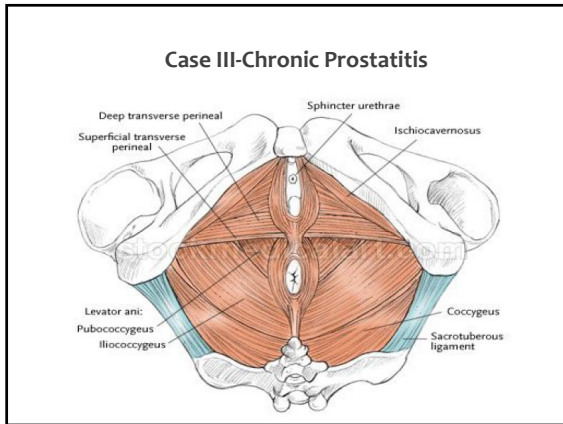
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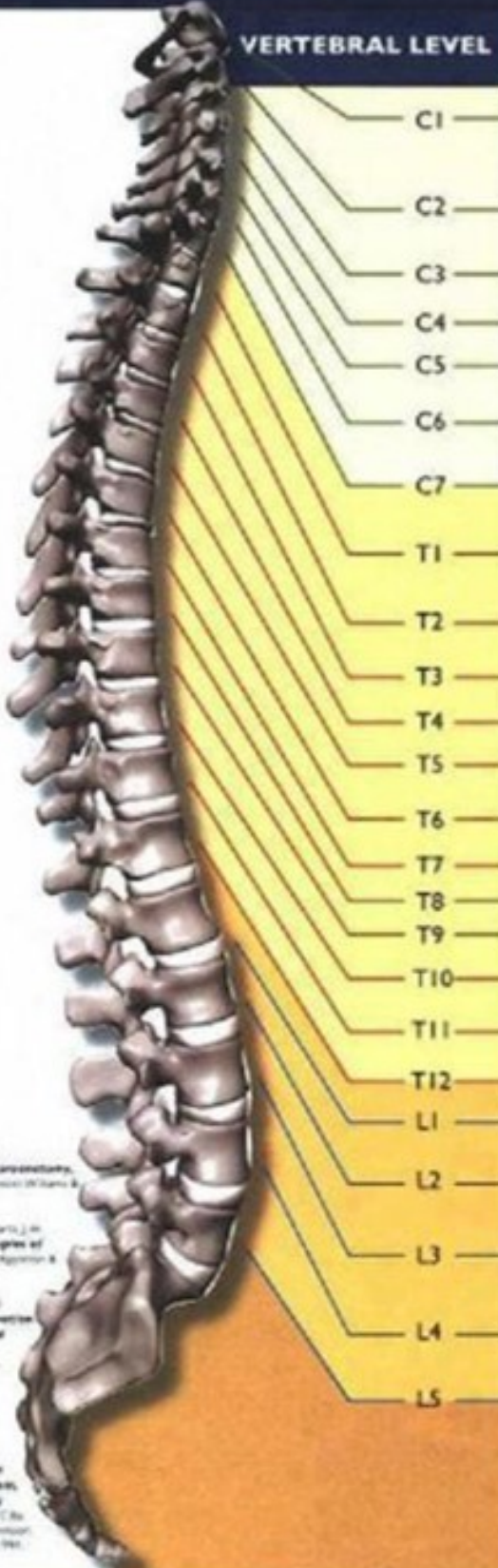
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# Spinal Nerve Function

Every Cell of Your Body Has a Nerve Component



VERTEBRAL LEVEL	NERVE ROOT*	INNERVATION	POSSIBLE SYMPTOMS
C1	C1	Intracranial Blood Vessels	Headaches • Migraine Headaches
C2	C2	• Eyes • Lacrimal Gland	• Dizziness • Sinus Problems
C3	C3	• Parotid Gland • Scalp	• Allergies • Head Colds • Fatigue
C4	C4	• Base of Skull • Neck	• Vision Problems • Runny Nose
C5	C5	Muscles • Diaphragm	• Sore Throat • Stiff Neck
C6	C6	• Neck Muscles • Shoulders	• Cough • Croup • Arm Pain
C7	C7	• Elbows • Arms • Wrists	• Hand and Finger Numbness or Tingling • Asthma • Heart Conditions • High Blood Pressure
C8	C8	• Hands • Fingers • Esophagus • Heart • Lungs • Chest	
T1	T1	Arms • Esophagus	Wrist, Hand and Finger Numbness or Pain • Middle Back Pain • Congestion • Difficulty Breathing • Asthma • High Blood Pressure • Heart Conditions
T2	T2	• Heart • Lungs • Chest	
T3	T3	• Larynx • Trachea	
T4	T4		
T5	T5	Gallbladder • Liver	
T6	T6	• Diaphragm • Stomach	• Bronchitis • Pneumonia
T7	T7	• Pancreas • Spleen	• Gallbladder Conditions
T8	T8	• Kidneys • Small Intestine	• Jaundice • Liver Conditions
T9	T9	• Appendix • Adrenals	• Stomach Problems • Ulcers
T10	T10		• Gastritis • Kidney Problems
T11	T11	Small Intestines • Colon • Uterus	
T12	T12	Uterus • Colon • Buttocks	
L1	L1	Large Intestines	Constipation • Colitis • Diarrhea
L2	L2	• Buttocks • Groin	• Gas Pain • Irritable Bowel
L3	L3	• Reproductive Organs	• Bladder Problems • Menstrual Problems • Low Back Pain
L4	L4	• Colon • Thighs • Knees	• Pain or Numbness in Legs
L5	L5	• Legs • Feet	
	SACRAL	Buttocks • Reproductive Organs • Bladder • Prostate Gland • Legs • Ankles • Feet • Toes	Constipation • Diarrhea • Bladder Problems • Menstrual Problems • Lower Back Pain • Pain or Numbness in Legs

**REFERENCES:**  
 \*Kandel, R. B., Schwartz, J. H. *Principles of Neural Science*, 4th Edition, W. H. Freeman & Co., 2000.  
 \*Kandel, R. B., Schwartz, J. H. *Principles of Neural Science*, 4th Edition, W. H. Freeman & Co., 2000.  
 \*Hopper, S. W. *Physical Examination of the Spine and Extremities*, Appleton-Century-Crofts, 1976.  
 \*Nager, H. W. *The City Edition of Medical Illustrations, Vol. 1, Nervous System, Part 1, Anatomy and Physiology*, The Thomas Publishing Company, Chicago, 1941.