

Abdomen

THE NUMBER of significant thermal projections is typically higher for the abdomen than for any other region of the body. The apparent complexity of this region is somewhat deceptive; a good working knowledge of topographic anatomy makes interpretation of MTE reasonably straightforward. However, since some projections are very close to each other, it is important to learn their configurations as well as locations. For example, hyperthermia of the right parumbilical area can reflect a problem of many structures (sphincter of Oddi, duodenum, small intestine, right kidney, etc.)

In this chapter, I will describe the usual locations and configurations of projections from the various organs and structures, and give tips on how to avoid common evaluation “traps.”

Stomach

See Chapter 8 regarding the gastric air pocket.

FUNDUS

This projection is usually at the level of ribs 7–9, since the superior end of the stomach is almost never above rib 6. The projection usually extends below the inferior limit of the thorax. It is a large zone with indistinct boundaries (Illustration 9-1, no. 1), and is found with most disorders of the stomach, some disorders of other digestive organs, and with anxiety or hyperreactivity.

BODY

Two types of projection are found with problems of the gastric body:

- a large projection, about the size of the palm, on the left hypochondrium, beneath the air pocket and a few centimeters

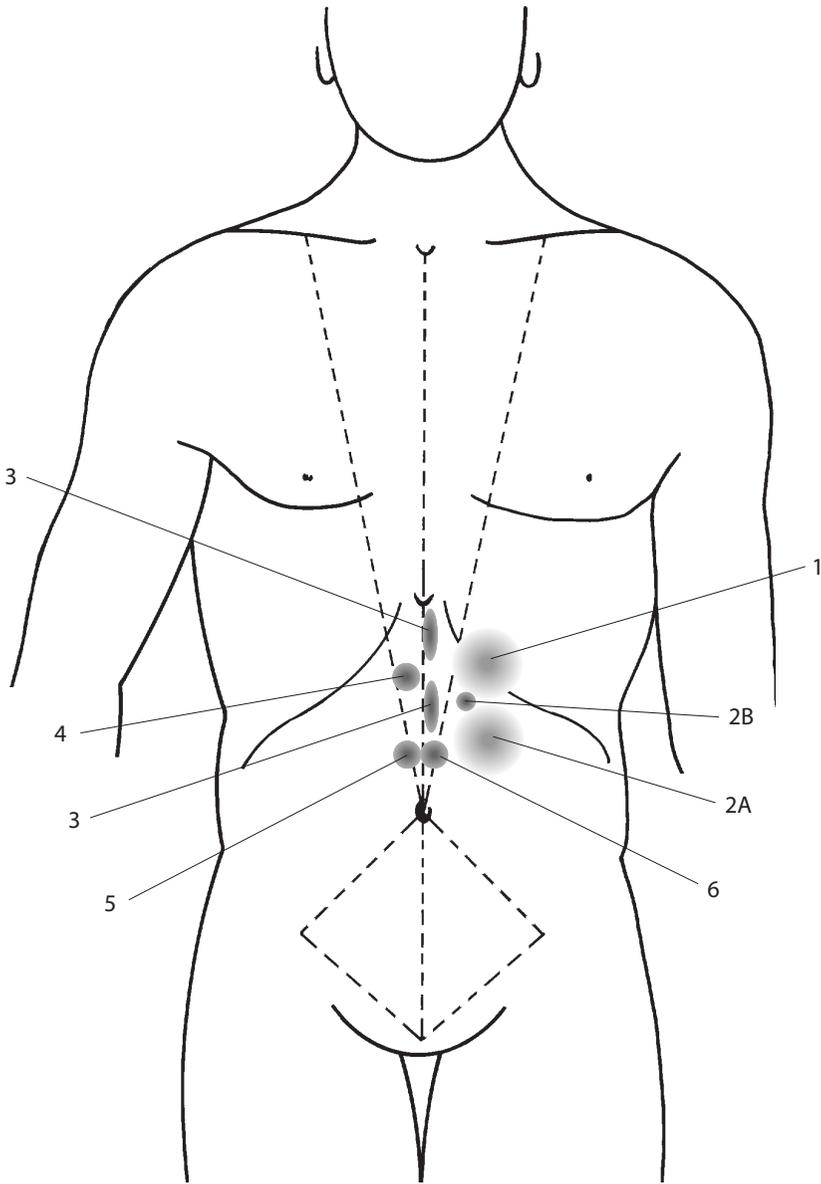


Illustration 9-1: Stomach and Duodenum

left of the midline (no. 2A). This usually relates to a non-localized problem such as spasms.

- one or a few punctiform projections in a slightly more superomedial location (no. 2B). This reflects localized inflammation or ulcers, and is often accompanied by a projection over the sphincter of Oddi.

It is possible for both these types to exist in the same patient.

LESSER CURVATURE

This structure is located just left of the midline. Its projections are small punctiform or vertical linear zones (no. 3). It is necessary to differentiate them from other superior epigastric projections. A projection very close to the xiphoid process often reflects a hiatal hernia. In this case, the projection tends to extend into the thorax, along the midline or a bit to the right. Punctiform zones over the lesser curvature may reflect an ulcerated zone, in which case there is almost always a projection over the sphincter of Oddi as well.

PYLORIC ANTRUM

Location of this structure is highly variable. It may be at the level of the umbilicus or as far down as the pubic symphysis. Its projection is 3–4cm wide, circular with vague boundaries, and near the midline (but with similar vertical variability). When it is near the pubic symphysis, it reflects a gastric ptosis and is often accompanied by a projection over the pylorus.

PYLORUS

This projection is circular and ~2cm wide, located 4 or 5 finger-widths above the umbilicus, near the midline, usually slightly to the right (no. 4). It is typically associated with ulcers of the stomach or adjacent duodenum, or with anxiety.

VERTEBRAL CONNECTIONS

Left-sided restrictions of C5–C6, T6, and rib 6 are often associated with problems of the stomach.

EMOTIONAL CONNECTIONS

The stomach corresponds in an emotional context to the social/professional self. It represents us in relation to society and the people who surround us. This aspect is usually more important in men than women. It does not concern the real character, the deep self, the root personality. Rather it is all in us that makes up the image that we give, or want to give, to others. It can reflect desire to be recognized, creativity, pride, ambition, narcissism, hyperactivity, aggressiveness, authoritarianism, rancor, sense of social injustice, guilt, excessive or deficient self-esteem.

Trouble can arise when a person does not sufficiently differentiate his “professional personality” from his “real personality.” For example, doctors need to stop being doctors when they are off duty. They should refrain from diagnosing others, giving advice, and so on.

The stomach reacts to short-term or medium-term hyperanxiety. Compared to the gallbladder, it reacts to higher levels of stress.

A good hypothetical example would be a man who sees a position of great responsibility that he thinks he deserves given to one of his colleagues. This type of professional frustration is difficult to verbalize in the confines of “polite society.” Accumulation of unexpressed rancor, and a feeling of being underappreciated in relation to others, may lead initially to simple gastralgia and later to an ulcer.

The stomach, compared to other organs, reacts very rapidly to stress. I have been surprised to see cases of very young children who develop stomach ulcers from the stress of hospitalization and separation from their families. We should remember that, as author Paul Valery put it, “The child is father to the man.”

In overly simplistic terms, we could say that the stomach is the organ of appearances, whereas the liver is the organ of being. This may explain why pathologies of the stomach are frequent in relatively young men at the height of their social standing, or on the “fast track” to professional success.

Duodenum

This is the proximal (first) part of the small intestine, extending from the pylorus to the jejunum.

DUODENOPYLORIC JUNCTION

The projection of this junction is essentially the same as that of the pylorus itself (no. 4), but may project a bit more in a superior direction toward the right costal margin, slightly inferomedial to the gallbladder.

SPHINCTER OF ODDI

This projection is on the right midclavicular-umbilical line, three finger widths above the umbilicus (no. 5). It is a small, easily detectable circular zone ~1.5cm wide.

Pancreatic or biliary problems

A projection of the sphincter of Oddi can be associated with a functional problem of the exocrine pancreas, symptoms of which are difficult to differentiate from those of the liver. This projection can also reflect problems of the extrahepatic biliary pathways, e.g., excessive bile viscosity or microlithiasis.

Gastroduodenal problems

A projection over the sphincter of Oddi can also accompany gastric or duodenal ulcers. Perhaps this is due to spasm and inflammation of the sphincter.

DUODENOJEJUNAL JUNCTION

This projection is on the left midclavicular-umbilical line, three finger widths above the umbilicus (no. 6), exactly symmetrical to that of the sphincter of Oddi on the right. It is also circular and ~1.5cm wide. It can reflect problems with hyperacidity of the stomach, gastric emptying, or duodenojejunal reflux.

Do not confuse this projection with that of the left kidney, which is much larger and located slightly more superior.

VERTEBRAL CONNECTIONS

Duodenal problems are often associated with restrictions of T7 and right costovertebral joint 7.

EMOTIONAL CONNECTIONS

These are similar to those of the stomach, tending toward more chronic or intense situation. That is to say, professional or social frustration over a short or moderate term is likely to affect the stomach. Frustration that is more intense and/or experienced over a longer term is more likely to cause problems of the duodenum.

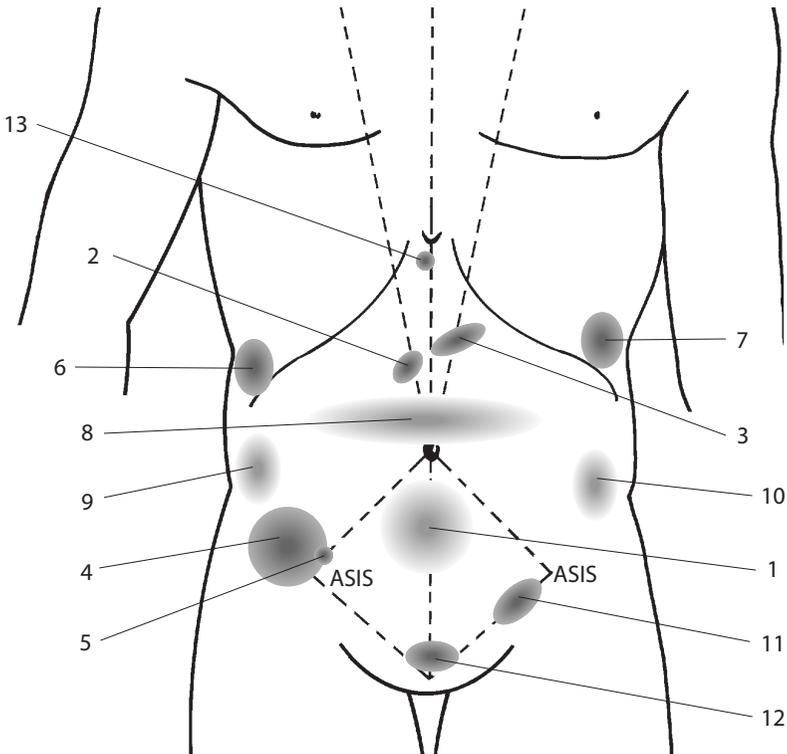


Illustration 9-2: Intestine and Pancreas

Jejunum/ileum

These are the middle and distal portions of the small intestine. Their projection is larger than the palm, diffuse, and usually located between the umbilicus and pubic symphysis (Illustration 9-2, no. 1). Its presence reflects a general functional problem of the small intestine (with associated spasm and gas), or an infection. In children, you may feel heat here following a vaccination.

There are sometimes small, distinct circular zones over this area. They signify local inflammation from causes such as torsion, ulceration, infection, or abdominal surgery. They may also be associated with spasmophilia, muscular tetany, or spastic muscular disorders.

VERTEBRAL AND EMOTIONAL CONNECTIONS

Problems of the jejunum/ileum are associated with restrictions of T10, or less commonly T12 or L1. Emotional connections will be discussed below in combination with the large intestine.

Pancreas

The projection for the pancreas in general is an oblique band ~4–5cm long. It starts around the sphincter of Oddi projection and runs superolaterally toward the left costal margin at the level of rib 10.

EXOCRINE PANCREAS

Functional problems here give a projection concentrated around the sphincter of Oddi (no. 2).

ENDOCRINE PANCREAS

This projection, which corresponds more to the body and tail of the pancreas, is closer to the costal margin (no. 3). It is associated with diabetes, various lung and skin disorders, and significant allergies.

VERTEBRAL CONNECTIONS

My experience with diabetic patients shows that the most common restriction associated with the pancreas is at T9. Pancreatic dysfunction can also cause left scapular pain at the insertion of the levator scapulae.

EMOTIONAL CONNECTIONS

I have observed pancreatic projections linked to stress that the individual has great difficulty integrating or compensating for. Examples are violence, breakups of a relationship or family, profound injustice, death (especially violent death), sadness, depression, mourning, withdrawal, low self-esteem, lack of confidence, and paranoia. Some of these patients feel that they are under a family curse, or must suffer because their parents have suffered.

Large intestine

CECUM

This projection is a circle or band about the size of the thenar eminence. It is located above the right anterior superior iliac spine (ASIS), just lateral to the ileocecal junction (no. 4). It is associated with metabolic problems (from a bad diet, too much animal protein, or too much sugar), right lower back pain, sciatica, or right knee pain.

ILEOCECAL JUNCTION

This projection is circular, ~1cm wide, and has distinct boundaries. It is slightly medial or superomedial to the right anterior superior iliac spine (no. 5). It reflects hyperacidity of the ileum or improper orientation of the ileocecal junction resulting from adhesion following appendectomy or other surgery.

APPENDIX

The location of this structure is variable, but the most common location of the projection is McBurney's point, one third of the dis-

tance from the right ASIS to the umbilicus, and close to the ileocecal junction.

One of the pioneering studies on remote thermal detection with a machine was made by Dr. Bruno Roche, University Cantonal Hospital of Geneva, Switzerland. He examined 109 children with acute abdominal pain. Sensitivity of the thermal detector was 96 percent, and its specificity was 76 percent.

A projection in the area of the appendix does not definitely signify acute or chronic appendicitis. It may also reflect lymphadenitis or terminal ileitis. In these cases, the only subjective symptom is often sharp lower back pain plus knee pain. With lymphadenitis, there are often thermal signs that the body is having trouble organizing its defenses, e.g. projections over the liver, lung, or root of the mesentery.

Many cases of lymphadenitis occur around age 10, perhaps for immunological reasons. This is also the most common age for appendectomies—of which an estimated 40 percent are unnecessary!

FLEXURES OF THE COLON

These were mentioned in Chapter 8. Their projections are partly on the inferior thorax and partly on the superior abdomen. The hepatic flexure (no. 6) is at the level of ribs 9–10. The splenic flexure (no. 7) is slightly superior (rib 8) and more lateral.

It is easy to confuse the hepatic flexure with the liver, or the splenic flexure with the gastric air pocket or spleen. A good way to differentiate these is to pay attention to the direction. For example, with the hepatic flexure, the heat goes downward past the costal margin, but this is almost never true for the liver.

TRANSVERSE COLON

This is a highly mobile structure. Its projection may be felt as a band or vague circle, about the width of the palm, above the umbilicus (no. 8). It can be distinguished from the small intestine because it is not below the umbilicus, and from the stomach because it extends to the right of the midline.

ASCENDING AND DESCENDING COLON

These give vertical bands 4–5cm long on the right and left sides of the abdomen respectively (nos. 9 & 10). The bands are patchy rather than continuous. Their pathological implications are the same as for the cecum, with the possible addition of diverticulosis and polyposis.

SIGMOID COLON

This projection is an oblique band 4–5cm long, on the line from the left ASIS to the pubic symphysis (no. 11). It, like the projection of the cecum, can be intense—sometimes 2–3°C higher than other organs! It may be extended in the direction of the descending colon above or the rectum below.

Hyperthermia here can reflect constipation, venous stasis, hemorrhoids, sigmoiditis, tumor, left lower back pain, or lumbosacral strains. Interestingly, a projection over the liver is almost always accompanied by one over the sigmoid, possibly because of the portal venous system that connects these two structures.

RECTUM

Although the rectum is one of the hottest areas inside the body, its surface projection is not unusually intense. This zone is vaguely circular, located just above the pubic symphysis, and radiates in the direction of the sigmoid (no. 12). It is 4–5cm wide, more precise and smaller than the uterus or bladder, but bigger than the cervix or prostate. It reflects such problems as hemorrhoids and tumors. The vertebral connections of the rectum are to the sacrum and coccyx.

VERTEBRAL CONNECTIONS OF THE LARGE INTESTINE

Restrictions of T12–L1–L2 are commonly associated with problems of the large intestine. The right sacroiliac joint corresponds to the ascending colon, cecum, and appendix. The left sacroiliac corresponds to the sigmoid colon and rectum.

EMOTIONAL CONNECTIONS OF THE SMALL AND LARGE INTESTINES

The small intestine reacts more quickly and intensely than the large intestine to emotions, but I will speak here of both together as “the intestine.”

Functional problems of the intestine are more common in women; the same is probably true for emotional connections. In an emotional context, we can consider the intestine more “feminine” and the stomach more “masculine.”

The intestine is the organ affected by long-term somatization, frustration, and stress. In general, shorter-term stressors impact the gallbladder and stomach, longer-term stressors impact the intestine.

“Intestinal” patients often suffer from logorrhea; they talk excessively, in a rapid, pressured fashion. This excessive talking serves to conceal their anxieties. They may speak of various illnesses, often involving the intestines. Regularity of bowel movements assumes great importance and is closely monitored.

I have observed that “intestinal” people are hyperprotective of their families. If such a woman has children, she is a mother with a capital “M.” She hovers over the children, pays great attention to their bowel movements, and is obsessive in “taking care” of and supervising them. As part of a couple, the woman will dominate and protect her spouse in the same way the mother does her children. If you ask a question of the husband, the wife will answer for him.

These women may exhibit hysterical or hypochondriac behavior, making dramatic statements or gestures in regard to their problems and pains. They desire constant affection, which must be demonstrated clearly and abundantly. They are not really aware of the true needs of others. For example, the protective, dominating mother/wife may not know much about who her children and husband really are, even though she wants to be loved and recognized herself.