

## **Technique of massage of the stomach / by Gustaf Norstrom.**

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# TECHNIQUE

OF

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BY

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NEW YORK.

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# TECHNIQUE OF MASSAGE OF THE STOMACH.

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BY GUSTAF NORSTRÖM.

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ONE knows, and I have already said in my "Traité du Massage," that, if massage yields good results in some cases of nervous gastralgia, it is on the contrary often insufficient or even useless in chronic gastritis and in affections presenting a real alteration of the walls of the organ.

This want of success is easily explained if we consider on one side the deep situation of the stomach and on the other the slight resistance of the deep plane on which it rests.

On account of these different causes one is able to mass only a very limited portion of the anterior wall of the stomach, the rest withdrawing under the pressure or not being reached because of its distance from the abdominal wall.

However, in a certain number of cases I have obtained amelioration or even definite cure, but in almost all of these the thinness of the abdominal wall and of the skin and the flattening of the thoracic cage allowed me to seize the diseased organ without too much difficulty—physical conditions which are very rarely realized.

I have wondered if it would not be possible to place the patient in such a position that the stomach might become, as does the intestine in the genu-pectoral position, easily accessible to the hand.

The massage of the stomach is ordinarily performed with the patient in the dorsal decubitus. About three years ago, finding myself in the presence of an invalid with a very thick abdominal wall, it occurred to me, in order more easily to seize

the organ<sup>1</sup> to make him lie on the right side, the left going beyond the vertical plane.

I was then astonished at the facility with which I could seize and mass the stomach. In cases of gastric dilation I obtained the sound by means of very small succussions, and, in a word, the organ entrainé by its own weight fell, if I may say so, into my hand ready to undergo the different manipulations that I wished to perform.

To this way of operating the following objection has been made: The object of massage being to make the aliments circulate from the cardia to the pylorus, is not the contrary effect obtained through massing from the pylorus to the cardia? To this I answer that the object of massage is not only to make the aliments circulate in the stomach, but also and above all to restore the tone of the muscular fibers of the organ, and, these fibers being circular, the direction of the pressure is a matter of little importance. As to the aliments, we begin by driving them from the cardia to the pylorus by massing the patient in the dorsal decubitus, then we make him lie on the side, and finally we end by a new massage in the dorsal decubitus.

The following is the exact *modus faciendi*. The patient is placed in the dorsal decubitus with the legs bent and the head somewhat raised. The breathing ought to be free and the meal to have been taken a few hours before. One has indeed wondered whether massage performed during the digestion did not delay this physiological act, but the experiences of Gopadze and especially those of Dr. Beulet,<sup>1</sup> of Berne, have on the contrary proved that the acceleration imparted by massage to the peristaltic movements and the increase in the production of the gastric juice through the excitation of the glands stimulates the gastric function. The duration of the digestion can thus be diminished by more than an hour. The aliments remain then for a shorter time in the stomach, they are better

<sup>1</sup> Beulet Correspondenzblatt für Schweizer Aertzte, March, 1888.

assimilated, and the best proof that we may give thereof is the diminution of the quantity of fæces, a diminution that is great enough to frighten some patients.<sup>1</sup>

Another advantage of performing massage two or three hours after the meal is the avoidance of the rippling noise which is so unpleasant to the patient and which is almost always produced, especially if there is the slightest dilatation of the organ.

These conditions fulfilled and the patient being placed in the dorsal decubitus, massage is at first performed from the cardia toward the pylorus for a few minutes, as in the old method; then the position is altered, the patient lying on the right side, and petrissage is performed on the stomach with both hands, alternately, from the pylorus toward the cardia, dwelling for some time on each of the regions of the organ as one does for the colon in cases of constipation.

Generally, after a few sittings the patient gets accustomed to the treatment and one is able to mass easily. In very unfavorable cases, that is, when the teguments or the organ are very sensitive or the patient very pusillanimous, one is obliged to use great gentleness during the first five or six séances in order to let the unpleasant contusional sensation pass away before beginning the definite petrissage.

The amelioration most often shows itself by the return of the appetite, then follows very rapidly the disappearance of the spontaneous rippling, the eructations, the gastric pains, the cephalalgia, the vertigo, etc., in a word, all the symptoms of gastric affections.

The sittings ought to last about a quarter of an hour when one has to treat the stomach exclusively, but most often the different diseases of this organ are attended with constipation and it is necessary to mass the intestine at the same time.

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<sup>1</sup> Last year an elderly lady got so frightened at the diminution of her stools that she asked me if a part of her fæcal matters did not hide itself somewhere in her belly.



What is exactly the action of massage?

It is a double one. Massage acts at the same time on the muscular tunic and on the secretion of the glands of the organ.

It acts on the muscular fibers of the stomach to make their atony disappear, the same as it acts on the muscles of atrophied and paralyzed limbs.

Its action on the glands is equally obvious. The recent experiences of Dr. Colombo, of Turin, although they relate to animals only, show perfectly well that massage stimulates the glandular secretion of the stomach. Dr. Colombo made gastric fistulæ in dogs on which massage had been performed and noted a marked increase of secretion.

He concludes from these experiences that massage acts on the glands through a double process; on one side it stimulates the working of the glandular epithelium; on the other it determines in the organ a more abundant afflux of blood, which favors the filtration.

Besides this special action on the gland itself, the secretion of the gastric juice is also increased through the acceleration imparted to the peristaltic movements by the first and last period of massage. This action is immediate and one not rarely sees dyspeptic persons become relieved immediately after the first treatment by massage. They say that they feel lighter, their "food is no longer on the stomach." Nevertheless, as much as possible one must prevent the patient taking too large a quantity of aliment at the beginning of the treatment. During the first days he must submit to a diet, and little by little one brings him back to his habitual regimen, suppressing, however, any indigestible aliments he may have been using. This return to the habitual regimen is only made according to the indications given by the state of the patient, and it is more or less rapid according to each case.

I have spoken in my "Traité du Massage" of constipation in neuropaths. The indications are the same in gastric affections of nervous origin, of which gastralgia without material lesion

is the principal type. Massage in these cases often gives excellent results, especially if one associates with it the general treatment appropriate to their state, a treatment which we need not describe here.

We must also notice the results which one obtains in dilatation of the stomach. I do not believe that this disease is as frequent as it is generally said to be. Bouchard, who has given an excellent description of it, says that writers have too often called by the name of "dilatation" affections which were nothing but simple gastralgia or chronic gastritis, and in this view we may see dilatation everywhere. On the contrary, we shall find that the number is much more limited, if, besides surgical cases, which we have not to occupy ourselves with here (polypus, cancer, etc.), we consider only that idiopathic form of dilatation which is produced under influence of a nervous trouble.

In this kind of dilatation one almost always obtains excellent results through massage, and by excellent results I mean the diminution or the disappearance of the morbid symptoms, without the volume of the stomach being diminished in any obvious way.

I have noticed in these cases frequent relapses. It is not so in the dilatation of the stomach consecutive to a chronic gastritis in which the production of flatus in large quantity results in a mechanical distention of the walls, a distention which massage soon removes. The gastritis which is the cause thereof disappears at the same time and the results are most favorable.

Only one thing is to be regretted and that is that this affection is not sooner submitted to our treatment. We are consulted only when the muscular tunic has undergone considerable alteration because of the prolonged distention of its fibers. Besides, this great dilatation explains the necessity of submitting the patient to a relative diet, so that the wall of the stomach may become more supple and consequently more

easy to reach. In the contrary case the hand slides, as it would on a bladder filled with water or air.

In dyspepsia, which by some authors is ranged in a particular class, but which I regard as due only to chronic gastritis, massage renders great service, and it is not rare to see the patients relieved after only a few sittings.

Gastralgia may be ranged in two classes: essential gastralgia and that which is dependent upon a diathesis (anæmia, neurasthenia, etc.). These last, although they derive good effects from massage, are completely cured only when one has at the same time through appropriate means made the cause which has produced them disappear. As to essential gastralgia, I have rarely seen it resist a massotherapeutic treatment, and, strange to say, what one often meets with in neuralgia of other parts of the body, it is frequently after the second or third sitting that the patient begins to feel relief.

I might cite among others the case of a young lady who had suffered for a certain number of years from violent gastralgia, and who was cured after relatively few sittings of massage. I saw her two years later. She had not noticed any return of the symptoms of her disease.

Finally, in cramp of the pylorus, which is an affection rather difficult to diagnose and, besides, not frequent, I have also performed massage with entire success. The cramp of the pylorus most often attends chronic gastritis. It is a painful affection, which is frequently produced at regular hours, principally during the night, and which ceases only when the contracture of the muscle has at last yielded and left passage for the flatus accumulated in the stomach. The cramp of the pylorus is often confounded with other gastralgia; it is especially important to make its differential diagnosis from the pyloric crisis that attends the ulcers or tumors of this orifice, because in the latter massage may be dangerous.



