The recognition of the mesentery as a continuous organ rather than fragmented attachments provides anatomical support for the visceral effects theoretically possible through Eldoa practice. This fan-shaped structure attaches obliquely from the L2 vertebra to the right sacroiliac joint, maintaining all abdominal digestive organs in position while serving as a conduit for blood vessels, nerves, and lymphatics. The continuous nature of the mesentery creates potential pathways for mechanical influence between spinal segments and visceral organs, supporting theoretical mechanisms for how targeted spinal work might affect organ function.

The clinical relevance of mesenteric anatomy to Eldoa practice remains largely theoretical, as no studies have directly measured visceral changes following spinal decompression protocols. However, the anatomical relationships provide plausible mechanisms worthy of investigation. The mesenteric attachment points at specific vertebral levels align partially with the segment-organ relationships proposed by Dr. Voyer, though the specificity of his claims extends beyond current anatomical evidence. The rich innervation of the mesentery, including sympathetic fibers that influence digestive function and blood flow, suggests that mechanical tension changes could theoretically affect visceral neural activity. Understanding mesenteric anatomy helps practitioners appreciate the potential for visceral effects while maintaining appropriate skepticism about specific claims lacking empirical support. Future research using advanced imaging to visualize mesenteric dynamics during Eldoa positions could establish whether mechanical influences actually occur.

Meta-analysis

The complete absence of meta-analyses or systematic reviews specific to Eldoa represents a critical gap preventing synthesis of existing evidence into clinically actionable guidelines. Meta-analysis provides the highest level of evidence by combining results from multiple studies, increasing statistical power and identifying patterns that individual small studies might miss. The current Eldoa literature, consisting primarily of small trials with 20-60 participants, would benefit enormously from systematic synthesis that could reveal overall effect sizes, identify optimal protocols, and highlight which conditions respond best to treatment.

The methodological requirements for conducting a meaningful meta-analysis of Eldoa research highlight current limitations in the evidence base. Heterogeneous populations mixing athletes with general patients, varied outcome measures preventing direct comparison, inconsistent treatment protocols across studies, and limited follow-up periods all complicate synthesis efforts. The small number of published trials may currently preclude meaningful meta-analysis, but this should serve as motivation for researchers to adopt standardized protocols and outcome measures that will enable future synthesis. The success of meta-analyses in establishing evidence for interventions like balance training and postural exercises provides a roadmap for what Eldoa research should aspire to achieve. Until such synthesis becomes possible, clinicians must interpret individual studies cautiously, recognizing that small sample sizes and methodological variations limit generalizability.