

CASE STUDY

Chiropractic and Nutritional Management and its Effect on the Fertility of a Diabetic Amenorrheal Patient: A Case Report

John P. Adams, DC

ABSTRACT

Objective: To study the effect of chiropractic care and nutritional supplementation on the fertility of an insulin dependant female presenting with primary amenorrhea.

Clinical Features: A woman in her early twenties is followed through a twenty-month course of care with a subluxation-based chiropractor who specializes in Applied Kinesiology (AK). AK is a functional neurologic assessment process that extends the neurological examination, utilizing manual muscle testing to identify subtle shifts away from optimal neurologic status.¹

The patient in this study reported that she had never been able to have menses without the use of birth control medication. She was an insulin-dependant diabetic who complained of chronic lower extremity skin lesions as well as hip and knee pain. Her course of care consisted of chiropractic adjustments to remove spinal subluxation, manual correction of uterus malposition², and nutritional supplementation.

Chiropractic Care and Outcome: This patient received three to four specific chiropractic adjustments per month during the first four months of care to reduce spinal subluxation. AK muscle testing was used to examine for nutritional deficiencies,

malabsorption syndrome, and uterine malposition. The patient chose to discontinue her oral contraceptives after starting chiropractic care.

Initially, she experienced increased lymphatic congestion and passed blood clots, possibly indicating a “cleansing reaction” to changes brought on by her new protocol. Four months after beginning chiropractic care she began having regular menstrual cycles. Twenty months after her first adjustment, she achieved pregnancy.

Conclusion: This young woman experienced normal menstrual function for the first time without medication, following specific chiropractic subluxation correction and adjunctive nutritional support. It is significant that her care was designed to support natural bodily function by decreasing nerve interference and supplying nutritional building blocks. The culmination of this approach was the appreciative subject’s experience of pregnancy and motherhood.

Key Words: *chiropractic, subluxation, Applied Kinesiology (AK), amenorrhea, diabetic, fertility, pregnancy, nutritional deficiencies*

Introduction

Amenorrhea is defined as the failure of menarche by age 16 or the absence of menstruation for six months in a woman who had previously experienced menses. Cessation of menses occurs most commonly during pregnancy, early lactation, or post menopause and is normal. Failure of menarche by age 16 is considered a rare gynecological disorder. Possible causes include ovarian failure, conditions that interfere with central nervous system-hypothalamic interactions, anatomic defects, and endocrine disorders.³

Case Report

This twenty-two year old white female presented with Type 1 diabetes, inability to have a menstrual period without the use of birth control medication, bilateral hip and knee pain, and a skin lesion on her lower leg. She was examined using a combi-

nation of palpation, leg length check, and muscle testing, described and taught as Applied Kinesiology. Initial findings included a palpable subluxation of T7 and sacrum. Right and left leg lengths were even. Quadriceps, hamstring, and piriformis were conditionally inhibited⁴ (weak) bilaterally. A light superior to inferior thrust or challenge over the patient’s uterus weakened a previously strong tensor fascia lata, indicating a uterus malposition. The patient confirmed that a tilted uterus had been reported by her gynecologist.

Adjustment of the sacrum restored full strength to the hamstrings. T7 was adjusted posterior to anterior. The uterus was adjusted with the patient supine, hips and knees flexed, using a light inferior to superior and anterior to posterior thrust. Lymphatic drainage areas for the uterus are located near the lateral aspects of the pubic bone.⁵ This zone was manually flushed using a gentle but vigorous circular motion for approximately twenty seconds. The piriformis muscles also have lymphatic

John P. Adams, D.C., Private Practice
2505 Foresight Circle, Grand Junction, CO 81505, healthydr@aol.com

drainage to the area near the lateral aspect of the pubic bone and demonstrated strength immediately following this technique. The patient was instructed to repeat this procedure twice per day. Therapy localization (TL) is the act of touching an area of dysfunction, eliciting a change in the result of a muscle being tested.⁶ TL of the lymph drainage areas of the small intestine and quadriceps negated previously demonstrated quadriceps weakness, indicating that the weakness of the quadriceps may have been due to lymphatic congestion. Positive TL of the small intestine was negated by insalivation of a multiple digestive enzyme, suggesting digestion and absorption difficulty. Digestive enzymes (Multizyme, Standard Process) were recommended to the patient for use at the beginning of each meal.

Subsequent visits were scheduled at one week intervals. During the next four weeks the patient displayed a dynamic mixture of findings. At the second visit, a distinct pattern of thoracic diaphragm dysfunction, hiatal hernia, and subluxation of C2 was found using AK diagnostic procedures and palpation. Efferent nerve supply to the diaphragm is by the phrenic nerves, arising from C3, 4, 5.⁷ This nerve supply can be disturbed by a subluxation at C2, 3, 4, or 5.⁸ Specific chiropractic adjustment of C2 restored normal diaphragm excursion, and the stomach was manually adjusted in a superior to inferior direction. Additional findings included sphenobasilar cranial fault; L3, L5, and coccyx subluxations; weak piriformis bilaterally; and a slight indication of uterine tilt. These were all addressed on this visit.

There are three distinct diaphragmatic relationships in the human body – tentorium cerebelli or cranial diaphragm, thoracic diaphragm, and pelvic diaphragm. Each of these descends and flattens with inspiration and is attached at its periphery to a potentially mobile part of the bony skeleton and is subject to motion related phases of respiration.^{9,10} The pelvic diaphragm forms the floor of the abdominal cavity and is associated with sacral motion.

It appeared that the initial examination and subsequent adjustment of sacrum and uterus allowed this patient's body to begin a reorganization process that now involved all three diaphragms, indicated by the newly found cranial, hiatal hernia, and coccyx findings. Repeated congestion of pubic lymph areas and bilaterally weak piriformis muscles indicated a potential "cleansing" reaction of the uterus. At the third visit the patient demonstrated much of the same, with multiple cranial faults, sacrum subluxation, bilaterally weak piriformis muscles, and indications of a tilted uterus. Three weeks after the beginning of her care, the patient reported that she was passing blood clots. The patient began taking nutritional support for the pituitary gland (Pituitrophin PMG, Standard Process). Cross pattern exercises^{11,12} were recommended to assist in a faster neurological reorganization to aid in clearing the cranial and sacral findings. The patient's objective findings rapidly diminished, and she was scheduled less frequently. She reported improvement in the lesion on her lower right leg, which she associated with diabetes. Her hip and knee pains were resolved. Approximately four months after beginning chiropractic care, she experienced her first period while off birth control pills.

She received eight adjustments to remove subluxations during the next fifteen months, and then became pregnant and delivered a healthy baby.

Discussion

Primary Amenorrhea is considered a somewhat rare condition in which a young woman never begins her menstrual cycle. There are several potential causes ranging from anatomic defects to endocrine disorder. This study indicates that a combination of endocrine dysfunction and nervous system interference were responsible for this woman's amenorrhea. It is significant to note that, for most chiropractors, the goal is not to diagnose and treat disease, but to detect and remove vertebral subluxation. The objective could be described as removing nerve interference to allow the body's innate intelligence to heal whatever condition might be present. This patient, like many, presented complaining of a disease process that was diagnosed by one or more members of the medical profession. The patient's spine was examined by a chiropractor and subluxations were found. Nutritional needs were identified, and a uterine malposition was indicated by specific muscle testing techniques. Using chiropractic adjustments and nutritional supplements, the chiropractor supported the patient's body in its own healing process.

Conclusion

A young diabetic female diagnosed with primary amenorrhea experienced regular menstrual cycles, became pregnant, and successfully delivered a full term child in approximately two years after beginning chiropractic care. Primary amenorrhea is often associated with neurological problems and pituitary dysfunction. This article suggests a correlation between the reduction of nerve interference via subluxation correction, nutritional support of the digestive tract and pituitary gland and the patient's newfound ability to have an unmedicated menstrual cycle and subsequent pregnancy.

The success of this case indicates the need for further study and documentation regarding the effect of chiropractic and nutrition on infertility. Federal funding should be made available for this research, especially in light of the large sums of money spent each year on allopathic treatments for this condition. Regardless of the success of acquiring this research funding, I encourage more chiropractors to submit case studies pertinent to infertility issues.

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