

CASE STUDY

Response to Gonstead Chiropractic Care in a 27 year old Athletic Female with a 5 year history of Infertility

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Abstract

Objective: This article describes the chiropractic care of a 27 year old athletic female with a 5 year history of infertility.

Clinical Features: Following a marathon, the subject experienced an unresolved injury and sought out chiropractic care. The initial chiropractic evaluation revealed a history of numerous alterations in physiological function, including low back pain, constipation, neck pain, headaches, loss of balance, tension, as well as 5 years of infertility which medical treatments had been unsuccessful for.

Chiropractic Care and Outcome: Evidence of vertebral subluxation, including dysautonomia and dysponesis, were detected

at multiple levels, and chiropractic care was applied using the Gonstead System. The details of 1 month of care are described.

Conclusion: One month after the application of chiropractic care, marked reduction in dysautonomia and dysponesis is demonstrated, and while previously infertile for 5 years this woman conceived and sustained a successful pregnancy. Further research is suggested examining the application of chiropractic care and associated restoration of function, including reproductive function.

Keywords: *Chiropractic, Vertebral Subluxation, Infertility, Gonstead, Athletic Female*

Introduction

In recent years infertility is a topic that has been given significant attention by both medicine and the public. New techniques for circumventing the wisdom of the body as well as a willingness to discuss infertility have played a key role.¹ Yet, as the level of external influence on the way the body functions increases, we also increase the potential risk of complications. Recent research reports that children conceived using in vitro fertilization may be at an increased risk for a rare genetic disorder, Beckwith-Wiedmann.²

In private practice, chiropractors observe patients who were previously diagnosed as infertile, yet conceive children after their subluxations are corrected. This is observed in both men and women. This paper deals with one woman, 27 years old, who has a 5 year history of infertility. Following the first month of chiropractic care, utilizing the Gonstead³ system, a marked reduction of dysautonomia and dysponesis was noted, and subsequent conception of a baby girl occurred. Possible mechanisms for this phenomena are restoration of the mental impulse to the reproductive organs and/or correction of the biomechanics of the body. This can reduce tension on the reproductive tissues to allow conception, gestation, and delivery.

Case Report

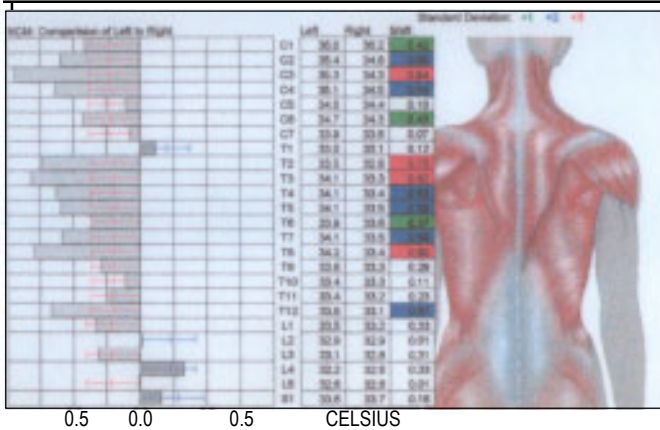
The patient, a 27-year-old woman, first presented for care on 6/24/1999. The motivating concerns for seeking chiropractic care included: post-race unresolved sore ankles, as well as recovery from mental and occupational stress. She was an administrative assistant and had just finished running a marathon in Alaska. Additional athletic activities included kickboxing and karate. The health history revealed additional complaints including back pain, constipation, diarrhea, neck pain, headaches, numbness in fingers, nervousness, tension, irritability, chest pains, dizziness, buzzing in ears, flushed face, fatigue, light sensitivity, tints, cold feet, stomach upset, cold sweats and loss of balance.

During the Report of Findings, the patient revealed that she had been trying, unsuccessfully, to have a child for 5 years. Her husband had been tested and had been given a clean bill of health. They had tried several fertilization drugs unsuccessfully and their next step was in vitro fertilization.

The initial chiropractic evaluation included Thermal imaging and Surface Electromyography (sEMG) with the Insight 7000 Subluxation Station to evaluate any possible dysautonomia and dysponesis. Initial Graph 1 (Thermal) demonstrates: C1 and T6 with 1sd, C2 and 4, T4, 5, 7 and 12 with 2sd and C3, T2, 3 and 8 with 3sd. Initial Graph 2 (Static SEMG) demonstrates: 1sd at C1 left, T10 and 12 right and L3 left. Initial Graph

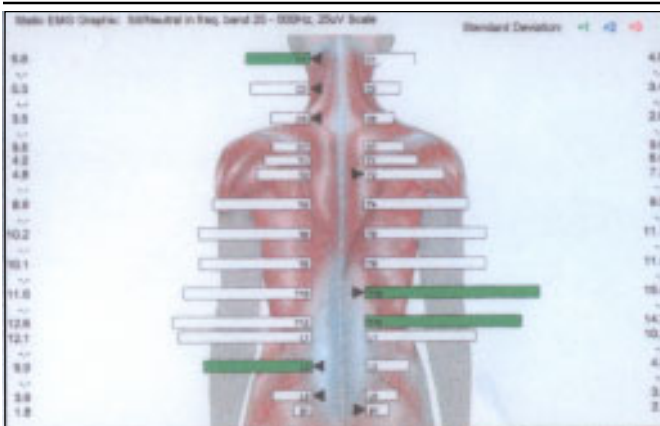
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THERMAL: Thu Jun 24, 1999 at 05:50 PM [NCM]



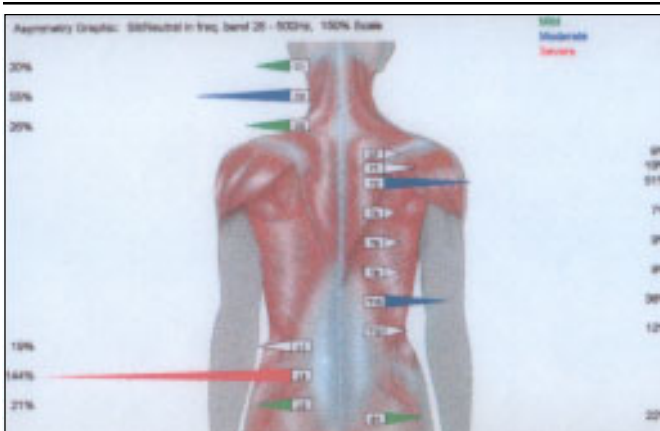
Initial Graph 1 - Thermal

STATIC SEMG: Thu Jun 24, 1999 at 05:52 PM [Graphic]



Initial Graph 2 - Static

STATIC SEMG: Thu Jun 24, 1999 at 05:52 PM [Graphic]



Initial Graph 3 - Asymmetry

3 (SEMG Asymmetry) demonstrates: mild C1 and 5 left, L5 left and S1 right; moderate C3 left, T2 and 10 right; severe L3 left. This evidence confirms both dysautonomia and dysponesis. Full spine films were taken and results revealed: 4mm high left hip, ASIn left Iliia, 2mm left sacral rotation. Very slight right lumbar list with mild left lumbar spinous rotation, mild right thoracic spinous rotation. There was an increase in the joint space between the atlas and the axis on the left. The lateral film showed posterior displacement of S2 compared to S1 with a

vestigial disc space open at the posterior. The L5 disc angle measured 24 degrees. There was also posteriority and wedging of the L2-3 disc space and a slight loss of the normal lateral curvatures.

Chiropractic care and outcome

The chiropractic care utilized in this instance is Gonstead Technique. Dr. Clarence S. Gonstead applied the principles of his background in mechanical engineering to the evaluation of the spine. He developed the “foundation principle” to explain how a fixation in one area of the spine created compensatory bio-mechanical changes and symptoms in another. He is well known for this descriptive phrase, “Find the subluxation, accept it where you find it, correct it and leave it alone.” Gonstead is a full spine system of locating and correcting subluxations based on tonal, postural and segmental models, with a focus on the integrity of the disc. Two fully referenced textbooks, *Textbook of Clinical Chiropractic: A Specific Biomechanical Approach*⁴ and *Pediatric Chiropractic*⁵ make Dr. Gonstead’s work available to current generations.

Initial exam results indicated the presence of multiple vertebral subluxations in the pelvis, lumbar spine, mid and upper dorsal spine, and the lower cervical spine. An appropriate care plan was discussed, the patient committed to care, and 14 visits occurred over the next month. A nervoscope was used pre and post adjustment to identify levels of vertebral subluxation. This was confirmed with static and motion palpation, visualization and viewing the full spine x-rays on each visit.

Three levels maximum were adjusted per office visit. They are as follows:

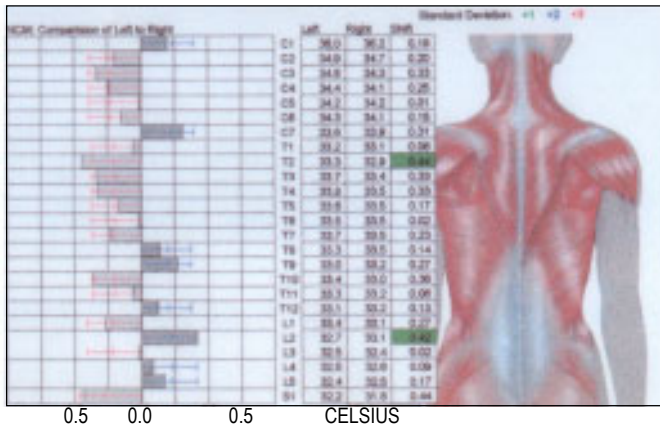
Visit	Seg1	Seg2	Seg3
1	L5	T4	C7
2	L5	T9	C7
3	R IL	T8	C7
4	L5	T12	C7
5	L5	C7	
6	R IL	L2	T10
7	R IL	T10	C7
8	L IL	T10	C7
9	S2	L2	T5
10	S2	L1	T5
11	L IL	L2	T8
12	R IL	L2	T8
13	R IL	L2	T5
14	L IL	L2	T5

The adjustments were provided using Richelieu made Gonstead adjusting tables. All L5 and pelvic adjustments were provided on the pelvic bench, upper lumbar and thoracic adjustments were provided using a single hand contact on the knee chest table and all cervical adjustments were provided in the cervical chair. While the care continued after this time period, conception was estimated to have taken place on the day after the 14th visit.

Outcomes

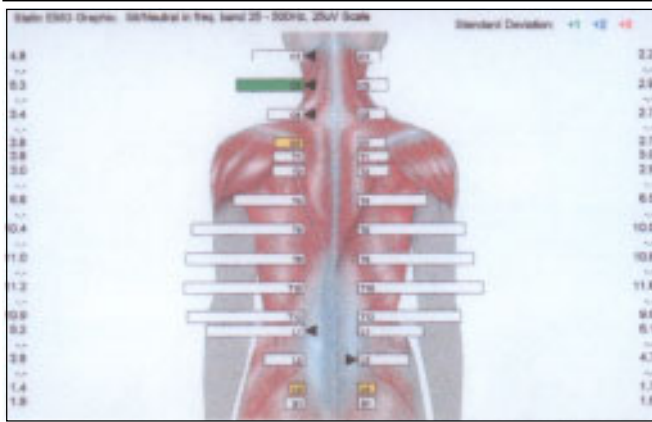
The patient’s reexam on 7/22/99 documented significant improvement. Reduction of both dysautonomia and dysponesis were noted, current deviations included: Outcomes Graph 1 (Thermal) demonstrated two mild (1sd) readings, and Outcomes

THERMAL: Thu Jul 22, 1999 at 05:07PM [NCM]



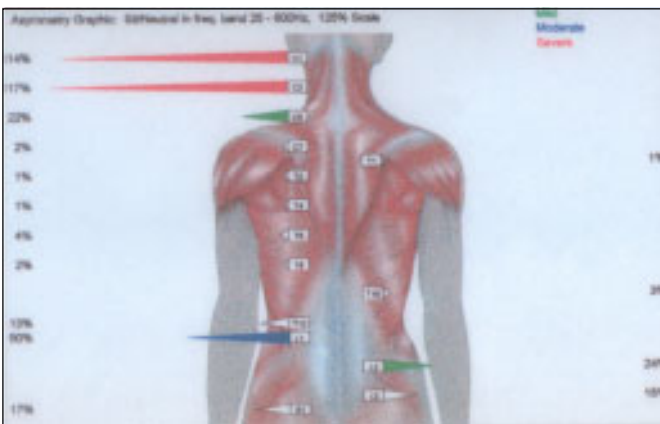
Outcomes Graph 1 - Thermal

STATIC SEMG: Thu Jul 22, 1999 at 05:13PM [Graphic]



Outcomes Graph 2 - Static

STATIC SEMG: Thu Jul 22, 1999 at 05:13PM [Asymmetry]



Outcomes Graph 3 - Asymmetry

Graph 2 (Static) demonstrated one sEMG deviation. Outcomes Graph 3 (Asymmetry) demonstrated a shift to: severe at C1 and 3 left, moderate at L1 left, and mild at C5 left and L3 right.

The patient reported awareness of changes in her symptomatology within the first three weeks including: decreased back pain, constipation, diarrhea, neck pain, headaches, numbness in fingers, irritability, dizziness, flushed face, fatigue, light sensitivity, cold feet, stomach upset, and loss of balance.

Her last period was 7/13/1999. The estimated date of conception was 7/23/1999. The patient continued her care through-

out her pregnancy, which was uneventful and pain free. In March of 2000, their first child, a girl, was born early, but healthy and happy. A previous Gonstead case study, done by Rowe in 1993, also documented improvements in female reproductive function, specifically menstrual irregularity in an avid female weight trainer.⁶

Conclusion

Chiropractic's exact role in this pregnancy is still not clearly understood. The philosophy of chiropractic indicates that the removal of interference to the mental impulse flow to involved tissues allowed them to function properly. Neurologically, the upper lumbar nerves as well the pelvic nerves would be involved. Lastly, mechanically, the twisting of the pelvis could have torqued the uterus or fallopian tubes to prevent conception or gestation.

Chiropractic provides a safe and noninvasive way for people to improve their overall state of well being. Most patients can't explain, don't care to know or can't even elaborate the theories of how correction of vertebral subluxation produces these changes in their bodies. What they do care about is that it does produce those changes, it is for them that we strive to perfect our skills.

References

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