



Chiropractic Management of an 18year old female with lupus: A Case Report

Sarah Kolterman, Avery Martin, Ruth Postlethwaite and Clare McIvor

Abstract: An 18 year old female presented with a diagnosis of Lupus, and had been advised to commence medical management of the condition.

Objective/Clinical Features: Her condition was, at that point in time, presenting as chronic neck and joint pain. Intervention/Outcomes: A week of concentrated care during which she received 56 low level force chiropractic adjustments. The adjusting technique used was the Functional Neurological Technique, a sustained contact low-level force adjusting technique.

Conclusion: Following two courses of concentrated care at the Averio Institute (which included chiropractic care), the Medical Doctor reversed the diagnosis of Lupus.

Indexing Terms: Chiropractic; Subluxation; Lupus; autoimmune conditions; immunity.

Background

Lupus is a chronic autoimmune condition, inflammatory in its nature and varied in its presentation due to its potential to affect multiple organ systems. While there are four types (Drug-induced, discoid, neonatal and systemic lupus erythematosus), it is the latter that is more prevalent. (1)

While the etiology of the disorder remains unknown, genetic, environmental, and hormonal factors are thought to be involved and usual care involves pharmacological management plus other care modalities depending on presentation. (1)

It commonly affects twenty times more women than men, and is thought of as a chronic, incurable condition for which the treatment goals are to reduce and manage flares. (2) Chiropractic literature on positive management of lupus is almost completely non-existent. Thus, the present case report is noteworthy.

... Lupus is considered incurable however significant life-changing improvements can be a chieved with a concentrated, targeted program of chiropractic care at an advanced level ...'



History and Examination

An 18-year-old female patient with an existing diagnosis of Lupus presented for chiropractic care. Her primary complaint was that of chronic neck and joint pain, which is a relatively common

comorbidity with inflammatory autoimmune conditions). However, upon presentation, she also reported; recent unexplained weight loss, a swollen little finger which had become chronic (and turned green, blue, and then purple) and aggressive menstrual pain requiring over the counter pain medication and causing her to lose 1-2 days of school per week. She had recently had surgery to remove a venous mass the size of a marble from the above mentioned finger.

The patient reported that she had not consumed gluten or processed artificial sugars for the year previous to her presentation at the chiropractic clinic. She had previously been under chiropractic care sporadically, however, she had no radiographs taken during these periods of chiropractic care.

At the time of presentation, she was receiving nutritional therapy and reported that her liver issues had been a chronic issue despite various whole-food supplementation protocols. Her medical doctor was pushing for her to begin medication used in the treatment of Lupus. However the patient and the patient's mother were hoping to avoid 'a lifetime of medication' and were seeking another option. She had no history of sport or physical traumas.

Upon presentation at the *Averio Institute Clinic*, a full history and examination was undertaken. During this examination, it was found that she had an s-shaped cervical spine, ligamentous instability at C2-C3, C3-C4 (in flexion) and C2-C3 (see images). An abnormal heart sound was noted, with abnormal heart-valve tonicity and abnormally high S2 sounds in all four valves.

The blood panels that reviewed in this patient's case included: vibrant labs celiac and gluten sensitivity, anemia panel, B12, D3, folate, RA panel, ANA/IFA panel, ENA 11 profile, Lipids, Inflammation, Lipoproteins, Thyroid, CBC and a micronutrient panel for selenium levels. Significant findings included high ferritin, high B12, low UIBC, low transferritin, high LDL, high MPV, low selenium. The patient's primary diagnosis was Lupus stage one according to the labs.

Treatment

Following her examination, she commenced a week of concentrated care during which she received 56 low level force chiropractic adjustments. The adjusting technique used was the Functional Neurological Technique, a sustained contact low-level force adjusting technique. Adjustments typically lasted 30 seconds to a couple of minutes and may be done prone, supine, seated or in motion depending on the type of damage/degeneration and the mobility of the patient. A small percentage of Toggle, Activator, Gonstead, Diversified, Extremity Adjusting were also used when clinically necessary.

The *Averio Institute* concentrated care week is intensive, customized, and neurologically focused, accompanied by customized modalities, therapies, and hands-on work tailored towards regenerating health. This is combined with rest, education, and gentle (outdoor walking) type exercise over the course of a Monday to Friday week. She also underwent multiple active and passive motion therapies, cryotherapy sessions, and class two photobiomodulation sessions. Four months later, she underwent a second concentrated care week during which she received 49 love level force chiropractic adjustments along with multiple sessions of the therapies noted above.

Outcomes

Upon re-evaluation after the second course of care, the chiropractor noted marked improvements in the cervical spine. There were significant structural improvements, reversal (healing) of cervical ligament instability in both flexion and extension. There was also improved calcium levels in her thyroid tissues. She had increased in height from $5'13_8''$ to $5'25_{/16}''$. Her blood oxygen levels had improved from 96% to 98%. The patient also self-reported a significant reduction in allergies.

In addition to these findings, the patient reported 'normal' energy levels, absence of menstrual cramps, a complete reversal of all joint and neck pain, and no further swelling in her little finger or lymph nodes. This led her medical doctor to reverse the diagnosis of Lupus. At this appointment, the patient presented with a bubbly, expressive affect which was not present at the time of her initial consultation/first week of care. She interacted with other patients socially in this second week whereas she did not during the first.

Discussion

Lupus is incurable. Thus, the reversal of such a diagnosis is a significant medical event warranting further investigation. The wide-ranging improvement in symptoms listed above indicates a generalised systemic improvement in terms of immunity, hormones, and the central nervous system (as indicated by a significant decrease in pain).

This case report is unique in that the blood test results for this case provide objective measurements. While in this case there was a reversal of the diagnosis, it should be noted that this is uncommon for many diagnosed complex and chronic diseases, and in the case of autoimmune conditions, a reversal of diagnosis is very rare. It does warrant further investigation, but aside from this point the case supports chiropractic being effective in the management of the condition.

Notably, even outside of Lupus or chronic conditions, there was effective inflammation and pain management observed in the patients menstrual cramps, an issue which is important to a broader population group than Lupus sufferers alone.

While there are areas of further investigation required to understand the mechanisms behind these improvements, this case report offers hope for Lupus sufferers that chiropractic care may be of assistance systemically. However, further research is required in order to confirm causality and to establish the neurophysiological mechanisms behind such an improvement.

Conclusion

Further research, using larger sample sizes more representative of Lupus patients, including those on long term medications and with the classic inflammatory comorbidities would be of benefit in establishing the role of chiropractic in the management of complex autoimmune conditions.

Sarah Kolterman BS, DC, NTP The Averio Institute Avery Martin BS, DC CCEP The Averio Institute

Ruth Postlethwaite BBiomedSc Writer, ASRF Clare McIvor BBus(Admin), GD Comms(ProfWrit,Edit), GD(Psych)(Cand) Writer, ASRF

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References

- 1. Maidhof, W., & Hilas, O. (2012). Lupus: an overview of the disease and management options. P & T: a peer-reviewed journal for formulary management, 37(4), 240–9.
- 2. Hausmann, J., (2019). Lupus. American College of Rheumatology. https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Lupus Retrieved 2 December 2021

About the Institute

The *Averio Institute* is a neurologically focused, multimodal health care facility that offers regenerative therapies alongside chiropractic care, nutritional support, rest, exercise and other functional neurological interventions in a five day concentrated care program tailored to individual guests.

About the Case Report project

This Case Report is a part of the ASRF Case Report Project 2021, a project designed to gather client studies from chiropractors and transform them into much-needed case reports, focused on the effects of chiropractic care on clinical presentations highly relevant to chiropractic, such as stress, immunity and adaptability. This project was made possible by the generous fundraising and contributions of ASRF supporters.

