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CLINICAL EVIDENCE

CMRT and acupuncture in the treatment of dysmenorrhea (oligomenorrhea): A case report.

Christine D Benner and Charles Blum

Abstract: Acupuncture as a therapy, and acupressure as self-treatment, are increasingly widely used for gynecological conditions. While doubt remains about the effectiveness of acupuncture for gynecological conditions both acupuncture and acupressure appears promising for the treatment of dysmenorrhea.
A 31-year-old female patient presented initially for low back and foot pain 5 years prior and wanted preventative wellness care. Approximately 5 years into care, February 2008, the patient discussed the possibility of utilizing acupuncture to help her cope with an irregular menstrual cycle, having only light periods (1-2 days) 2-3 times a year for over 10 years or more. The patient was assessed and treated using sacro occipital technique (SOT) chiropractic, chiropractic manipulative reflex technique, and acupuncture protocols. She was treated for a category one which involves pelvic block placement to reduce pelvic torsion and improve sacral nutation.

Acupuncture treatment followed the following protocol dictated by patient's symptom presentation, pulse diagnosis as well as other related acupuncture diagnostic tools.

The patient was receiving chiropractic care on an ongoing preventative basis but when the treatment changed to include CMRT and acupuncture was there a change in her symptomatology and the patient responded very well with no side effects.

Indexing Terms: Chiropractic, dysmenorrhea, chiropractic manipulative reflex techniques, sacro-occipital technique, acupuncture.

Introduction

Amenorrhea is the absence of a menstrual period in a woman of reproductive age. (1) Oligomenorrhea is infrequent menstrual periods occurring at intervals of greater than 35 days, with only four to nine periods in a year. While related to hormonal imbalance or female reproductive abnormality conditions it can also be found commonly with female runners, swimmers and ballet dancers who menstruate infrequently in comparison to non-athletic women of comparable age or not at all (amenorrhea). (2, 3) In some instances the degree of menstrual abnormality is directly proportional to the intensity of the exercise. Eating disorders such as anorexia or bulimia can also result in oligomenorrhea. (4)

'... this case report demonstrates positive outcomes in a patient with situs inversus treated by chiropractic care including chiropractic manipulative reflect tecxhnique (CMRT)'

Dysmenorrhea is menstrual pain that interferes with daily activities which is related to any pain during menstruation whether it is normal or abnormal. Menstrual pain is often used synonymously with menstrual cramps, but the

latter may also refer to menstrual uterine contractions, which are generally of higher strength, duration and frequency than in the rest of the menstrual cycle. Dysmenorrhea may precede menstruation by several days or may accompany it, and it usually subsides as menstruation tapers off. (5)

'*Health practitioners are exposed to multiple approaches towards the management of menstrual pain. Clinical and social viewpoints target the causation, development, diagnosis, manifestation and management of primary dysmenorrhea.*' '*Menstrual pain is a prevalent experience yet it is socially taboo for conversation; as such, it poses a hindrance to its management. The communication between the doctor and patient is a critical barrier point between establishing a diagnosis and determining an appropriate treatment plan.*' (6)

An interdisciplinary treatment plan that can vary to treat patients with the multi-causal nature of female related menstrual type disorders might be needed for a specific subset of patient. With the risk benefit ratios of pharmaceutical interventions any attempt to utilize alternative type methods that offer low risk and some benefit should be investigated. This case report presents a patient with an intermittent menstrual cycle with breast tenderness, which had been chronic for over 10 years. The patient was a chiropractic wellness patient (7) yet never considered that chiropractic could facilitate her female related conditions until she discovered that her chiropractor was also a licensed acupuncturist.

Case history

A 31-year-old female patient presented initially to this office for low back and foot pain 5 years prior and wanted preventative wellness care. Approximately 5 years into care, February 2008, the patient discussed the possibility of utilizing acupuncture to help her cope with an irregular menstrual cycle, having only light periods (1-2 days) 2-3 times a year for over 10 years or more.

The patient presented with complaints of persistent breast tenderness every week for years only having relief during her infrequent menstrual periods. She had no other premenstrual syndrome type symptoms and indicated that her mood and energy levels were good. Her gynecologist was unable to find anything clinically related to her unusual cycle and breast tenderness, which had been present for over 10 years.

Methods and intervention

The patient was assessed and treated using sacro occipital technique (SOT) chiropractic, chiropractic manipulative reflex technique, and acupuncture protocols. She was treated for a category one which involves pelvic block placement to reduce pelvic torsion and improve sacral nutation. (8) R+C factors were used to isolate a cervical – lumbar relationship and the lumbar vertebras were adjusting in a direction and vector that would decrease cervical spine local pain and swelling (e.g., L3/4 = C2/3). (9) In addition the T6-8 mid-thoracic vertebra were adjusted for anteriorities, T3/4 posterior, and C1 was rotated to the right and C2 to the left. Occipital fiber line one area six 10 was positive relating to T8 and chiropractic manipulative reflex technique (CMRT) (11, 12) for the liver.

Acupuncture treatment followed the following protocol dictated by patient's symptom presentation, pulse diagnosis as well as other related acupuncture diagnostic tools. These descriptions are classically used to describe the point and its action in acupuncture medicine. (13)

Large Intestine 4: located on the dorsum of the hand between the first and second metacarpals. Indicated in cases of amenorrhea and any type of painful obstruction. In combination w/ Liver 3, it is used bilaterally as the '*Four Gates*'. This combination is traditionally used to treat a variety of disorders involving pain and spasm. Large Intestine 4

belongs to the yang ming channel, which is '*abundant in qi and blood*.' Together with Liver 3 it activates qi and blood and ensures their free and smooth passage throughout the body. (13)

Liver 3: located on the dorsum of the foot distal to the junction of the 1st and 2nd metatarsals. This point spreads liver qi, regulates menstruation and is indicated for cases of stagnation of Liver qi. When Liver qi stagnates it causes sensations of distention, pressure and pain. Qi stagnation tends to move around and fluctuate, mainly in response to emotional changes. (13)

Pericardium 6: Located on the flexor aspect of the lower forearm. Useful for unbinding the chest and regulating the smooth flow of qi and blood, it regulates the Heart and calms the spirit. It is used to relieve stuffiness in the chest and to relieve pain in the lateral costal region and Heart in women. (13)

Spleen 6: Located on the medial side of the lower leg, one handbreadth superior to the medial malleolus. Known as the intersecting point of the 3 yin leg meridians, it is one of the most widely used of all the acupuncture points. With an enormous array of functions and indications, it is a primary point for digestive, gynecological, sexual and emotional disorders. Since the Spleen channel runs through the chest and lateral costal area it is used to relieve congestion and tenderness in the breast area, as well as to relieve the stagnation of qi and blood associated with reproductive issues. (13)

Stomach 36: Located below the knee, lateral to the anterior crest of the tibia. This point has a very wide range of indications, among which are it's ability to tonify qi and nourish blood and yin. It is useful for any type of epigastric pain, stasis in the chest, fullness of the chest and costal region, swelling of the breast. In acupuncture literature the stomach 36 is the single most important point in the body to stimulate the generation of qi and blood. (13)

Ren 6: Located on the midline of the lower abdomen below the umbilicus. Known as the '*Sea of Qi*', Ren 6 tonifies and regulates the flow and production of qi and blood. It is used in cases of irregular menstruation, for symptoms of dysmenorrhea, and in any case of exhaustion. (13)

Ren 14: Located on the midline of the abdomen between the sternal notch and the umbilicus. As it functions to unbind the chest, this point is a master point to regulate the heart. It calms the spirit and alleviates pain, which radiates to the costal region or the back. (13)

Ren 17: Located on the midline of the sternum at the 4th intercostal space. This is the master point for the pericardium; it unbinds the chest and relieves distention and pain of the breast. (13)

Liver 14: Located on the mammillary line in the 6th intercostal space, this point spreads and regulates liver qi, invigorates the blood and disperses masses of many types. It is used in cases of pain, distention and fullness of the chest, distention and pain of the breast. As the last point on the Liver channel it is at the end of one complete cycle of qi through the meridians of the body. If Liver qi is obstructed at this point it will result in any number of symptoms throughout the chest, breast and reproductive areas. (13)

Yin Tang and Ear Shen Men: Located on the forehead and in the upper portion of the ear, respectively, these points are used primarily to ground the patient and calm the spirit, allowing the treatment to take better effect through movement of qi and blood in the channel. (13)

Results

Following one year of integrating SOT CMRT for liver (T8), adrenals (T9), and acupuncture her condition has been improving and her cycle has been regulating with periods of monthly cycling and then possibly up to 3 months of amenorrhea particularly during times of high stress and anxiety. She is still under care and appears to be consistently improving and aside from one 1-2 week episode of breast tenderness, this symptom has subsided.

At her office visit in May 2011 she has had period every month that year so far, but the breast tenderness has been coming back. The breast tenderness had been non-existent through out 2010. SOT finding for this office visit found a left short leg (pelvic torsion) category one, C3 right transverse process sensitivity was relieved with L3 lumbar rotation to the left. Occipital line one area six was active with right hand web very tender and CMRT was performed for the liver. Some adrenal reflex activity was noted but not treated on this office visit. C1 adjusted to the right and C2 was adjusted to the left. The patient mentioned that she thinks her body stress pattern is part of her spiritual learning curve and that her symptoms appear more pronounced when she needs to recognize the need for movement and/or change.

From an acupuncture standpoint this is interestingly, because it this psychological pattern is consistent with the Wood Element that is associated with the liver meridian. Spring being the time of the year for dominant liver energy (qi), and liver qi is associated with a time of change and movement in our lives.

Discussion

Both chiropractic (6, 14, 15, 16, 17) and acupuncture (18, 19, 20, 23) have some evidence to support its use for conditions relating to dysmenorrhea, amenorrhea, and oligomenorrhoea. Collaborative acupuncture and chiropractic care for symptoms of dysmenorrhea has not been extensively discussed in the literature.

One two case study described application of SOT and CMRT by Courtis and Young. '*Two cases involving eighteen-year-old students are detailed with differing chiropractic approaches and treatments discussed along with their possible mechanisms. Each patient received asymmetrically placed pelvic wedges (blocking) and cranial manipulative therapy and in one case chiropractic manipulative reflex therapy was performed. In both cases, there was successful resolution of the patients' symptoms*'. (21)

Treatment of pelvic imbalance by chiropractic care has been found to have some rational. '*A convenience sample of 36 female students from the Macquarie University Master of Chiropractic program who participated in this study all completed a Moos Menstrual Distress Questionnaire (MDQ).*' (22) The study found a '*strong correlation was established between dysmenorrhea and sacroiliac joint motion palpation dysfunction.*' (22) Another study described '*chiropractic care of a patient with chronic low back pain located in the region of L4, L5, the lumbosacral and sacroiliac joints, as well as primary dysmenorrhea.*' (15) Following chiropractic treatment to the lumbosacral region the '*patient's response to care ranged from a progressive reduction to complete loss of all reported symptoms.*' (15)

In an attempt to determine if hormonal changes relating menstrual stress could be affected by chiropractic care, a pilot randomized control study was performed. The primary objectives of the study were '*to compare the effect of spinal manipulation (SMT) vs. sham manipulation on a) circulating plasma levels of the prostaglandin F2a metabolite, 15-keto-13, 14-dihydroprosta-glandin (KDPGF2a), b) perceived abdominal and back pain and c) perceived menstrual distress in women with primary dysmenorrheal.*' (16) Kokjohn et al concluded that the '*... randomized pilot study suggests that SMT may be an effective and safe non-pharmacological alternative for relieving the pain and distress of primary dysmenorrheal.*' (16)

A case report indicated that collateral meridian acupressure therapy treatment might be effective in relieving the associated symptoms of dysmenorrhea. The carryover effect that occurred during care might suggest that there is a potential to produce a long-lasting effect on dysmenorrheal. (23) Acupuncture as a therapy, and acupressure as self-treatment, are increasingly widely used for gynecological conditions, a systematic review of controlled trials of acupuncture or acupressure for gynecological condition assessed the literature on their

effectiveness. White concluded that while doubt remains about the effectiveness of acupuncture for gynecological conditions both acupuncture and acupressure appears promising for the treatment of dysmenorrhea. (18)

'*In a randomized controlled trial plus non-randomized cohort, patients with dysmenorrhea were randomized to acupuncture (15 sessions over three months) or to a control group (no acupuncture). Patients who declined randomization received acupuncture treatment. All subjects were allowed to receive usual medical care.*' (19) The study noted that '*additional acupuncture in patients with dysmenorrhea was associated with improvements in pain and quality of life as compared to treatment with usual care alone and was cost-effective within usual thresholds.*' (19)

In a comparative study that '*was undertaken to identify effects of the SP-6 acupressure on dysmenorrhea, the skin temperature of the CV2 acupoint and oral temperatures in the college students. Data was collected from May 1 to August 31, 2002. A total of 58 students from two universities participated in the study. Both groups were pretested before the intervention for three variables, the intensity of dysmenorrhea, skin temperature of the CV2 acupoint and oral temperature. Then, SP-6 acupressure was provided for 20 minutes for students in the experimental group*' (20) The instruments used in this study included the Visual Analogue Scale, Menstrual Attitudes Questionnaire Scale, and a Stress scale was utilized for pre and post assessments. The study found '*statistically significant differences in the intensity of dysmenorrhea 30 minutes after the intervention*'. (20)

Conclusion

As with all case reports it is difficult to make generalizations since no controls, sham procedures, or randomization is utilized to address issues of placebo, ideomotor, regression to the mean and other types of effects. Yet the chronicity of the patient symptoms, over 10 years, and the temporal relationship between treatment and response to care is of interest. It is also of interest that the patient was receiving chiropractic care on an ongoing preventative basis but not until the treatment changed to include CMRT and acupuncture was there a change in her symptomatolgy.

There is hope that this study may generate greater acupuncture and chiropractic interdisciplinary care relationships that will help patients gain an option for therapy that offers a lower risk than medications or other more invasive procedures. Research should be taken to evaluate whether a subset of patients may be better suited for this alternative method of care or whether this case was an anomaly.

Christine D Benner
DC, LAc

Charles L Blum
DC
drcblum@aol.com

Informed consent to chiropractic care, signed by the patient's parent, and parental consent to the publication of this case including the images of the patient, is held by the practitioner.

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Poster ...

CMRT and acupuncture in the treatment of dysmenorrhea (oligomenorrhea): A case report

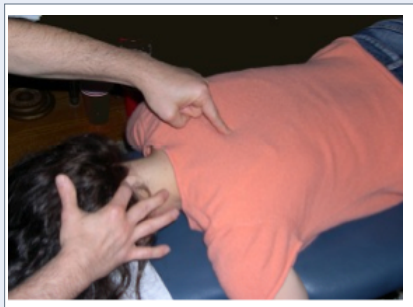
Christine D. Benner DC, LAc, MSHAPI and Charles L. Blum DC
Sacro Occipital Technique Organization – *USA*

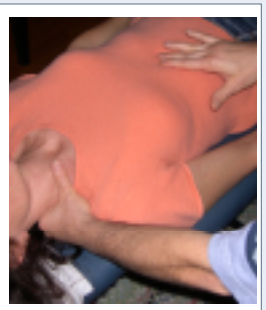
Introduction

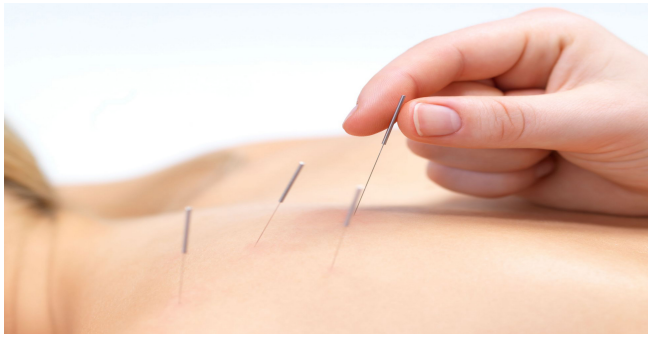
A 31-year-old female patient presented initially to this office for low back and foot pain 5 years prior and wanted preventative wellness care. Approximately 5-years into care, February 2008, the patient discussed the possibility of utilizing acupuncture to help her cope with an irregular menstrual cycle, having only light periods (1-2 days) 2-3 times a year for over 10-years or more.

Methods

The patient was assessed and treated using sacro occipital technique (SOT) and chiropractic manipulative reflex technique (CMRT) protocols. Pelvic block placement was used to reduce pelvic torsion and improve sacral nutation. Occipital fiber line one area six was positive relating to T8 and was treated along with CMRT care for the liver. Acupuncture treatment was dictated by patient's symptom presentation, pulse diagnosis as well as other related acupuncture diagnostic tools. Care focused to Large Intestine 4, Liver 3, Spleen 6, Stomach 36, Ren 6, Ren 14, Ren 17, Liver 14, Yin Tang, and Ear Shen Men points.







Results

Following one year of integrating SOT CMRT for liver (T8), adrenals (T9), and acupuncture her condition improved and her cycle regulated with periods of monthly cycling and then possibly up to 3 months of amenorrhea particularly during times of high stress and anxiety. She is still under care and improving consistently and aside from one 1-2 week episode of breast tenderness, this symptom has subsided. At her last office visit she has had a period every month this year so far, but her breast tenderness flares up when her stress levels increase. The breast tenderness had been non-existent through out 2010.

Conclusion

With the chronicity of the patient symptoms, over 10-years, the temporal relationship between treatment and her response to care is of interest. It is also of interest that the patient was receiving chiropractic care on an ongoing preventative basis but not until the treatment changed to include CMRT and acupuncture was there an improvement in her oligomenorrhea symptomatology.