



Resolution of lifelong gastrointestinal symptomatology in a 9-year-old female with the use of Chiropractic Manipulative Reflex and Bloodless Surgery techniques: A case report

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Narrative: A 9-year-old female with a lifelong history of gastrointestinal symptoms, including inconsistent stool quality, abdominal bloating, and an inability to retain faecal matter, presented to a chiropractic clinic. The primary concern of her parents was the developmental and social delay resulting from missed school days, as well as the psychosocial distress caused by her condition.

Medically, the child had been diagnosed with childhood irritable bowel syndrome (IBS) and unsuccessfully managed for several years. The lack of symptomatic improvement and the ongoing impact on the child's quality of life led the mother to explore alternative treatment options for their child.

The case was deemed suitable for a trial of care by the attending Chiropractors, and the child was managed for an initial period of six weeks using a combination of Chiropractic techniques.

By 12 weeks, the mother and child reported a near-complete resolution of symptoms, with unplanned bowel movements reducing from a high of 30 per day to just two per week. The child also resumed all after-school activities.

This case report presents anecdotal evidence to support further research into the use of specific chiropractic techniques for managing chronic and debilitating gastrointestinal conditions.

Indexing Terms: Chiropractic; Subluxation; CMRT; incontinence.

Introduction

A 9-year-old female presented to a chiropractor with a lifelong history of debilitating gastrointestinal symptoms. According to her mother, the child had suffered from persistent, uncontrollable loose bowels and severe bloating since birth.

Their condition typically manifested as abdominal discomfort alongside an inability to retain faecal matter. At its worst, the mother reported that the child experienced up to 30 episodes of bowel incontinence per day, leading to low mental health and frequent emotional distress.

*... systematic and appropriately applied Chiropractic care can yield meaningful, life-changing outcomes beyond musculoskeletal complaints**



The mother had made continuous efforts to obtain a medical diagnosis and treatment for her daughter. The child had been diagnosed with childhood IBS and had undergone several years of unsuccessful management with osmotic laxatives and dietary modifications. Both the mother and child reported that these interventions had no effect, leading them to discontinue medical treatment. The mother, although uncertain about Chiropractic care, was open to exploring alternative approaches to alleviate her daughter's chronic condition.

The mother's primary concern was that her daughter's symptoms were severely affecting her development. She reported that school attendance was at an all-time low and that the child was afraid to attend school or social events due to a fear of an accident. The bloating caused significant discomfort, leading the child to favour loose, baggy clothing to conceal her condition.

Examination and clinical findings

The child underwent a comprehensive physical examination, which included a standardised analysis under the Sacro-Occipital Technique (SOT) protocol. This system assesses the impact of mechanical changes in the spine, cranium, and pelvis on or resulting from alterations in nervous system function. The bidirectional relationship in SOT care enables both symptom-specific and indicator-specific approaches. In this context, 'indicators' refer to mechanical or neurological findings indirectly related to the presenting symptoms.

Additional advanced Chiropractic assessments were performed to evaluate the biomechanical condition of the child's craniocervical junction and cranium, along with a pathoanatomical study known as nerve tracing. The attending Chiropractor identified significant mechanical abnormalities at the craniocervical and lumbosacral junctions. Further mechanical alterations were noted at vertebral motion segments in the thoracic and lumbar spine. These findings were collectively correlated with the SOT analysis and case history.

Treatment

The Chiropractor explained to the mother that there was limited high-level empirical evidence to predict symptom resolution. However, based on clinical experience and the neuroanatomical rationale for digestive function, a trial of care was suggested. The proposed treatment plan consisted of six sessions over three weeks, followed by a reassessment at the 7th appointment to evaluate both subjective and objective changes.

The care plan primarily consisted of three core chiropractic techniques:

1. Symptom-specific and indicator-specific Chiropractic bloodless surgery and manipulative reflex techniques targeting the large intestine, caecum, and stomach;
2. Manual high- and low-amplitude adjustments to the C1, T5, and L2 vertebrae, as well as the left ilium;
3. Chiropractic cranial adjustments.

No additional therapies, nutritional guidance, or other interventions were introduced to avoid the introduction of extraneous variables in the patient management process. This strategy aimed to minimise potential confounding factors, such as changes in diet, exercise, medication use, or other treatments like physiotherapy or massage, that could impact outcomes. For instance, changes in dietary habits or the incorporation of exercises outside of Chiropractic care could have influenced pain levels, mobility, or overall health. By controlling these variables, we ensured that any observed improvements could be directly attributed to the chiropractic intervention alone.

Follow-up and outcomes

Both objective and subjective measurements were used throughout their care:

1. Number of undergarments soiled per week (pre-care and post-care);

2. Subjective reports from the mother and the child (visit-by-visit);
3. Changes in analytical readings taken by the Chiropractor (visit-by-visit).

Following the initial phase of care, reassessment revealed significant subjective improvements, justifying the continuation of treatment. Subtle objective improvements, as measured by the SOT analysis system, supported a reduction in treatment frequency. Extended gaps between appointments provided an opportunity to assess the regression of symptoms and gather more comprehensive subjective feedback. Notably, there was little to no symptom regression between visits.

Results

Measure	Pre-care	Post-care
Number of undergarments soiled per day:	Average: 7-12, Peak: 30	0.357

Subjective reports

During the early stages of care, the mother noted a mild worsening of symptoms, but by six weeks, she observed dramatic improvements. She reported:

‘We can now enjoy days out, holidays, and social events. She attends birthday parties, school, and clubs without fear or issues. She is thriving in all aspects of life again. We have hosted friends at home, attended the theatre, and taken her friends along—previously impossible things. After years of struggle, we can finally see a glimmer of hope at the end of the tunnel. Her school attendance has improved dramatically, and social events are no longer a source of fear’.

Discussion

Over the past century, Chiropractic practice has undergone considerable evolution, with techniques and methodologies varying widely among practitioners. (Homola, 2006) The divergence in practice styles largely stems from the tension between modern medical paradigms and traditional Chiropractic philosophies. (Glucina et al., 2023; Gislason et al., 2019) Despite addressing the same patient populations, these paradigms differ significantly in their understanding of health and disease. The disparity in empirical research volume between chiropractic and conventional medicine has led to Chiropractic often being perceived as an ‘alternative’ healthcare approach.

This case report does not seek to establish a definitive mechanism of action for the interventions used. However, it demonstrates that systematic and appropriately applied Chiropractic care can yield meaningful, life-changing outcomes beyond musculoskeletal complaints, for which Chiropractic is traditionally recognised. (Hawk et al., 2020) While children are more likely than adults to present with visceral complaints in Chiropractic settings, such reports are invaluable. (Marchand, 2012)

Conclusion

Case reports documenting the successful management of visceral conditions in children challenge two common criticisms of Chiropractic:

- ▶ the assumption that patient outcomes are merely placebo-driven (Newell et al., 2017) and the
- ▶ argument that chiropractors should only treat musculoskeletal disorders. (Côté et al., 2021)

This case study may encourage other Chiropractors to adopt patient-reported outcome measures (Holmes et al., 2018) and contribute to the growing evidence supporting an expanded scope of chiropractic care.

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Disclaimer

This case report has been prepared in full compliance with the General Chiropractic Council (GCC) UK's Code of Practice and Standard of Proficiency. Written informed consent was obtained from the patient's legal guardian for the documentation and publication of this case, ensuring adherence to all ethical and legal requirements. All personally identifiable information has been anonymised to maintain patient confidentiality following the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR). The purpose of this case report is to contribute to clinical knowledge and professional discourse within the chiropractic profession.

Author contributions

The authors confirm their contribution to the paper as follows: study conception and design: MB. Draft manuscript preparation: MB and AB. All authors reviewed the results and approved the final version of the manuscript.

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Ethics approval

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Competing interests

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