

Pregnancy following chiropractic care: A pre-case report

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Abstract: 26yo female who suffered with lower back pain (since her first child was born six years earlier), neck pain and chronic headaches struggled for two years to become pregnant with a one-testicled man. She had borne two children to a previous partner with no fertility problems. With the aid of three months of regular Chiropractic care she unexpectedly became pregnant and subsequently gave birth to a healthy baby. Chiropractic adjustments in the Gonstead Methods appropriately modified for her age, somatotype, and disposition were typically given at segments L5 as PLS-sp, T10 as PLI-T, T4 as PRS-sp and C6 as PRS-sp. Stress was also a major factor for this patient along with chronic ear infections.

Indexing Terms: Pregnancy; subluxation' lower back pain' ear infection; stress; Gonstead Methods.

About this case

This case is presented as a 'pre-case-report' in the chiropractor's clinical language. The express purpose is to document an interesting case from the day-to-day perspective of a practitioner in a suburban practice in Australia, thus adding to the overall body of evidence for chiropractic.

The two elements are the report itself as written by the chiropractor, and a brief 'what we know' compiled from the profession's referent data base, the *Index to Chiropractic Literature*. The method is Quantitative Autoethnography.

Our intent is to provide primary evidence of chiropractic practice which will be indexed and retrievable to guide future case reports prepared by others in the formal 'CARE' style, and to inform the development of research protocols.

Pregnancy following Chiropractic Care

Context

The female patient had struggled with pregnancy for two years by the time she was 26 years old, having already borne two children when aged 20 & 22 years respectively. She had no troubles getting pregnant earlier. Her partner at the time of Chiropractic Care was a man who had previously been successfully treated for testicular cancer and now had only one fully functional testicle.

... there seems to be an association between chiropractic care and becoming pregnant in those patients seeking such an outcome'



The patient had many stresses in her life, was overweight (a long-term problem) and suffered from chronic headaches and neck pain as well as recurrent ear infections. With the aid of Chiropractic Care for 3 months, the patient became pregnant and went on to have a healthy baby at term.

History

The patient reported lower back pain for six years, since her first child was born. Her first birth was an induction and she haemorrhaged, but it was otherwise unremarkable. She had been in a high-speed motor vehicle accident two years prior to her first birth and had suffered '*neck pain ever since*' as well as chronic '*daily*' headaches stemming from the suboccipital region. She related the neck pain/headache to hitting her right temporal region on a window during the crash.

When the patient first presented for care, she had been suffering for a whole week with a right-sided ear infection that was not getting better by itself.

She also fractured her right femoral neck when she was 11 years old whilst grass-skiing. She had a surgical repair on her hip then and the screw was removed a year later. The patient had done minimal general exercise since the hip fracture (compounding her weight issue).

The patient suffered from a lot of stress. Her ear infections Her ear infections and generalised body pains always worsened when she was under stress. The patient's menstrual cycle would run late when she was stressed but was otherwise a fairly regular cycle. However, until a year before Chiropractic treatment began, her cycle had always been irregular. She had bad period pain perhaps once or twice a year but had no other known menstrual problems.

The patient had no troubles becoming pregnant in her early 20s. However, she had struggled to get pregnant for two years with her current partner who had lost most of one testicle due to testicular cancer, even though he had been successfully medically treated for cancer.

Examination

The patient's lumbar extension was quite reduced even though she had a pronounced lumbar lordosis. Her lumbar flexion was also reduced. Her left torso lateral flexion was approx. 7cm less than her right torso lateral flexion (suggesting an open-wedged disc on the LHS). No other orthopaedic tests were remarkable although otoscopic examination revealed neither ear canal was within normal limits and her right ear looked to have a fungal infection. She was overweight bordering on obese but was also quite tall. Her sacrum was a little 'boggy' and her whole lumbar spine was very tender upon palpation. She had an anterior pelvic tilt and bilateral pronation. She took no medications.

Full-spine X-rays were taken and, using Gonstead Methods, subluxations were initially identified at L5 as PLS-sp, T10 as PLI-T, T4 as PRS-sp and C7 as PRS-sp. The X-rays confirmed some '*superimposed osteoarthritic change*' to her right femoral head consistent with early damage to the joint. X-rays also showed minimal cervical kyphosis (instead of lordosis). Her thoracic spine had some '*degenerative changes in the disc and osteoarthritic changes in the facets*' and her lumbar spine had a '*right-sided scoliosis*', a '*prominent*' lumbar lordosis and '*early degenerative change in the facet joints*'.

Treatment

Chiropractic adjustments in the *Gonstead Method* appropriately modified for her age, somatotype, and disposition were typically given at segments L5 as PLS-sp, T10 as PLI-T, T4 as PRS-sp and C7 as PRS-sp; then C6 as PRS-sp. The C7 adjustment helped initially then seemed to aggravate her ear infections. C6 was the underlying primary subluxation in her neck and was a better segment to adjust leading to more positive responses for both her headaches and ear

infections. A few visits also required a C2 PLI-La adjustment, indicated when she was extremely stressed.

Many times her right ear was checked with *Neuro-Emotional Technique* and she had a positive emotional response associated with it. She also responded well to a *Sacro-Occipital Technique* CMRT Gastric reflex release but her bowel motions were still sluggish.

Initially the ear infections and neck pain were more problematic than the patient's lower back pain. However, in the 20 treatments undertaken in the three months before a positive pregnancy test, there were only six treatments where the L5 was not adjusted, but the pelvis was adjusted thrice, so the lower back was most certainly a concern but only needing adjustments three times out of 20 visits. The patient also had a reduced disc space between L4 and L5 and there was very little sacral base angle. It would seem that this structural setup led to more pressure in her lower back and subsequent subluxation and pain development.

In general, the patient's sympathetic nervous system (SNS) was her major clinical concern with the thoracic spine presenting with subluxations each and every time she was assessed. It soon became apparent that her response to stress itself was her biggest issue. Adjustments to the SNS then made sense because they temporarily relieved her stress. However, she didn't hold her adjustments well due to such a high stress load and as such, a high frequency of treatments was required. Only one quarter of her treatments had both the SNS and parasympathetic nervous system (PNS) being adjusted thus 75% of her treatments pre-positive pregnancy test were solely in the SNS.

Outcomes

The patient became pregnant after three months of frequent Chiropractic care. Her period had been late by five days (in her words this was '*not abnormal*') before she tested.

The only things in her lifestyle that she changed were reducing her sugar intake and gargling salt water (both recommended to help with her ear infections). She otherwise did no extra exercises, drank only 1L of water a day and always reported an abundance of stress in her life.

Her headaches were consistently relieved with chiropractic adjustments although her ear pains and infection took longer to resolve, perhaps due to an emotional component to her ear problems.

She complained little about her lower back pain through the months and even though her lower back was sometimes tender on palpation, she often said it was '*good*' when specifically asked about it. Even when her lower back was '*good*' it usually still needed adjusting because it was subluxated, hence a recurring problem but not as irritating for her as her neck, headaches and ear infections.

What we know

Lower back pain during pregnancy is very common: an *Index to Chiropractic Literature* search with the terms ['low back pain'] and ['pregnancy'] returned 64 articles (7th September 2022). However, the indexing terms ['pregnancy'] and ['subluxation'] returned 73 articles in ICL (2nd September 2022). When ['low back pain'] was added (7th September 2022), the article numbers reduced to 24.

The patient in this paper, however, was having lower back pain that resolved before she could become pregnant. There are very limited papers about this. [I have previously reported](#) that a second pregnancy occurred after the resolution of lower back pain via chiropractic care, although in that case the 29-year old patient was not trying to become pregnant; it was a conscious choice made later due to the resolution of her low back pain.

Lyons presented a case where the 27-year old patient had five years of infertility with a history of low back pain among other complaints, and she managed to conceive after only one month of Chiropractic care. **Shelley** wrote that a 32-year old woman had suffered two years of infertility, and with the aid of chiropractic care for four months managed to become pregnant via in-vitro fertilisation (IVF).

Wolcott & Hughes presented a case of a 28-year old woman who had suffered two years of infertility following ovarian cancer and subsequent laparoscopy, with a co-complaint of low back pain. After 14 treatments of chiropractic care that were full-spine in nature, the patient had a viable pregnancy to term. The authors suggested that chiropractic care may facilitate an increase in autonomic function that can lead to the restoration of reproductive system function. Indeed this current paper found this to be the case whereby chiropractic care had a positive effect upon stress, headaches, lower back pain, ear infections, and ultimately infertility, especially with a partner who was one-testicled. More reports must be published on the role of chiropractic care on the fertility of not just the female, but the male as well.

The limited literature suggests that women in their mid-late 20s who present with low back pain as a chief complaint, along with long-term infertility, may be good candidates for a trial of chiropractic care if they wish to conceive naturally. The limited results I have reported suggest a positive pregnancy test after perhaps only 1-3 months of care. Based on this, chiropractic could be considered as a natural alternative to IVF for women in this age-bracket. However, more research is needed.

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Cite: Stephenson R. Pregnancy following chiropractic care:A pre-case report. Asia-Pac Chiropr J. 2022;3.2. URL apcj.net/Papers-Issue-3-2/#StephensonPregnancy

About the chiropractor

Dr Stephenson is a December 2005 graduate of Macquarie University, commencing practice in early 2006. Until recently, she ran a busy country practice near Australia's capital city, Canberra, but is currently on Sabbatical

This report is published with the informed consent of the patient. No identifying information is given.