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ASRF CASE REPORT PROJECT

Improvement in digestive health in a 24-year-old male under Chiropractic care: A case report

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Background: A 24-year-old male elite athlete presented for care with primary concerns of Irritable Bowel Syndrome symptoms that had not resolved or improved under traditional medical care.

Management: The patient was managed using Advanced Bio-Structural Correction Technique, including Meningeal releases, in assessing and correcting subluxation.

Outcomes: A 70% improvement in symptoms was reached during the first four weeks of care, with full resolution of symptoms soon after.

Indexing Terms: Chiropractic; subluxation; Irritable Bowel Syndrome; salutogenesis.

Introduction

Irritable bowel syndrome (IBS) is broadly defined as '*a functional condition of the bowel*' that is diagnosed using a number of criteria including the experience of '*abdominal pain and altered bowel habit, with either predominantly diarrhoea (IBS-D), constipation (IBS-C), or both (IBS-M)*'. (1) Currently, no definitive biomarkers have been isolated, so diagnosis is clinically based and thought to affect 11% of the adult population.

> *... The patient's primary stated aim was to reduce gut symptoms as they had been stumping other health professionals and negatively affecting the patient's quality of life. He achieved his goal with a modest care plan. ...'*

While studies are still investigating the causes and underlying triggers of IBS, we do know there is a degree of female predominance, and that diagnoses drop by about 25% over the age of 50. (1) We also know that there is a paucity of chiropractic literature on the topic. A 2015 narrative study investigating papers that used 'chiropractic therapy' (including spinal manipulation, soft tissue therapy, mobilisations, modalities and stretches) for gastrointestinal disorders indicated that the majority of articles chronicled mild to moderate improvements in presenting symptoms. (2) The paper further indicated that there were no adverse side effects and therefore

Chiropractic care could be considered as an '*adjunctive therapy for patients with various GI conditions providing there are no co-morbidities*'. (2) However, the study's included papers relied heavily on papers regarding colic, as well as other presentations of gastrointestinal diseases such as colitis and inflammatory bowel disease.

Even case report data on chiropractic and IBS is not common, with only one case report published in the last twenty years. (3) This case report therefore contributes timely new evidence to the topic and suggests that by treating subluxation and allowing the body to self-regulate due to optimal nervous system functioning, Chiropractic care may be able to support digestive system function and overall adaptability.

Case details

A 24-year-old male engineer presented for chiropractic care with primary concerns of stomach pain and diarrhoea he believed to be related to IBS. He was a novice to chiropractic care and reported having an elite (high) level of physical activity and exercise.

He reported that his symptoms had been present for at least one year, but despite being checked by General Practitioners and Gastroenterologists, no formal diagnosis had been achieved. The pattern of symptoms occurred daily in the morning and seemed to worsen after intense gym/training sessions done on the weekend.

He reported secondary complaints of constant paraspinal lower back pain, as well as tightness in the hamstrings and glutes. Other than these conditions, no significant medical history was reported.

Clinical findings

On presentation a thorough examination was undertaken using Orthopaedic measures, posture assessment, full spine X-ray analysis, self-assessment survey, *Posture Pro Report*, and measurement of severity, intensity and frequency at initial and review points. These exams revealed that the patient had Cervical Range of Motion restriction in both flexion and bilateral side flexion. His thoracic Range of Motion (RoM) was unremarkable, but lumbar RoM was restricted in extension.

His left sacroiliac joint had restriction with posterior to anterior pressure, and the patient returned a positive *Yeomans* test at L3 (with Prone Posterior-Anterior pressure). When additional tests were performed, the patient returned a positive *Valsvalva* test for lumbar pain, and positive slump lumbar pain. Cough tests and *Kemp's* tests were negative, with no motor or sensory deficits detected in the lower limbs (bilaterally).

A postural exam was conducted using *Posture Pro Software* and analysis. This revealed 11° of forward head carriage (lateral view), and 9° of anterior pelvic tilt (also viewed laterally). Anterior views revealed 7° of head and neck (upward on the left), 2° of shoulder inequality (higher on the right than on the left), and 3° of pelvic tilt (this time higher on the left than on the right)

Full Spinal X-rays revealed a reverse lordosis of the Cervical spine at C4-C5, and a reverse kyphosis of the thoracic spine at T2-T5. Degenerative Disc Disease and Degenerative Joint Dysfunction (DJD/DDD) were found at L4/L5. Pelvic unleveling of approximately 0.5cm (high) was recorded at the left ileum.

Subluxations were assessed using the *Advanced Bio-structural Correction Protocol* and were located throughout multiple weight-bearing regions of the body.

Management

Following the initial assessment, the patient was placed on an initial intensive care plan, comprising three visits per week for four weeks, and then two visits per week for six weeks. He

then underwent a twelve week course of corrective care at a one visit per week frequency for twelve weeks before moving to wellness care once every three weeks ongoing.

During this time, he was checked and adjusted using *Advanced Bio-structural Correction* and meningeal releases, focusing on the correction of anterior subluxations between C7-L5 and mobilisation of lower limb joints including feet. *Advanced Bio-structural Correction* is a full body manual technique so areas of focus and adjustments were tailored to assessments done at each visit. C7/T1, rib cage, L5, pelvis and feet were adjusted at every visit.

Additional care recommendations were given for optimal sitting and sleeping ergonomics.

> The patient's primary stated aim was to reduce gut symptoms as they had been stumping other health professionals and negatively affecting the patient's quality of life.

Outcomes

The first review took place four weeks (twelve visits) after the initial assessment. At this time, the patient self-reported 70% overall improvement since beginning care. His Irritable Bowel episodes went from daily to one to two times per fortnight. His lower back pain went from constant to one episode per week.

Objective measures at this review included a reduction in forward head posture from 11° to 6°, and his Anterior Pelvic Tilt reduced to from 9° to 5°. The patient's head and neck tilt reduced from 7° to 5°.

His results continued to improve over the course of his care, with a complete resolution of his IBS achieved during the corrective care phase. The patient was very pleased with the outcome, so much so that while his initial consultation was in 2017, he continued wellness care into 2023 with no more symptoms of IBS.

Discussion

Given the patient was an elite athlete, and a very fit and otherwise healthy man in his twenties, the impact of this very sensitive personal health problem was significant. He reported that traditional health practitioners were unable to assist in managing or reducing symptoms, but without changing any other aspects of his care, he was able to achieve excellent results from Chiropractic care.

Considering the time, investigations and traditional interventions that the patient had undertaken prior to commencing Chiropractic care, it is reasonable to conclude that Chiropractic care was very effective in this instance. It is therefore a potential window into the impact of full-spine, subluxation-based care on digestive health.

Conclusion

While a case report is inherently limited in that it is a sample of one, and follow-up metrics for the longer care plan (beyond subjective reports) are not included, this case report provides a rationale for further studies into the impact of Chiropractic on digestive health.

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About the Case Report project

This Case Report is a part of the ASRF Case Report Project, 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.

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