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Chiropractic Manipulative Reflex Technique (CMRT): Considerations for uterine or prostate treatment application for patients' undergoing/ undergone gender-affirming surgery and hormonal replacement therapy

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Indexing terms: Chiropractic; CMRT; Gender affirming surgery; Hormone replacement therapy; Situs inversus.

Introduction:

Chiropractic Manipulative Reflex Technique (CMRT) was developed by DeJarnette over the years of 1939 through 1981, with the last major update in his 1966 CMRT Text. During that period of time in our society discussions of a patient's biological or identified gender designation was not generally discussed and contemplated by healthcare developers. Within our recent past there has been increased discussions about gender-affirming surgery (GAS) surgical procedures, that alters a person's physical appearance and sexual characteristics. These may also commonly include hormonal replacement therapy (HRT) to support the endocrine system. In light of these new considerations, the clinical question is, how might 'gender related' CMRT, prostate or uterine, be implemented for someone undergoing or having undergone GAS and related HRT?

Methods:

A review of the various case studies of patients treated with CMRT suggested two specific studies that might worthy of consideration. One case study by Zablotney and Blum (1) noted a patient with situs inversus unresponsive to typical CMRT treatment. When an ultrasound of the patient's abdomen was performed it was realised that she had situs inversus (sides of organ presentation were reversed). The doctor then reversed the sides of the body for treatment and reflex contacts, and the patient had a significantly positive response to the CMRT care.

Another case study by Blum (2) discussed a patient who had their gallbladder removed (cholecystectomy) and yet continued to have a form of phantom gallbladder referred pain, even though there was no gallbladder. Subsequent CMRT reflexes and manipulations were performed two weeks post-surgery and within 15 minutes of application the constant and unrelenting pain that had persisted pre and post surgery was relieved and 20 years later had not returned.

Results:

Since discussing patients with GAS and HRT is a new consideration for doctors practicing CMRT we do not have research and evidence to adequately reach a confirmative decision. Therefore we must resort to biological plausibility and any possible related studies. With the two CMRT studies relating to situs inversus and phantom gallbladder referred pain it does seem reasonable that treating patients who have had GAS and HRT that the initial stage of care should focus on the patient's biological birth presentation. If the patient does not respond as anticipated then modifying care to the patient's current gender presentation may be indicated.

Conclusion:

With new findings in healthcare it is always difficult for a healthcare practitioner to clearly know their path with therapeutic applications. Care that offers low risk and offers benefit are good platforms to further explore new vistas in therapeutic applications until we can have more information and evidence to better guide us.

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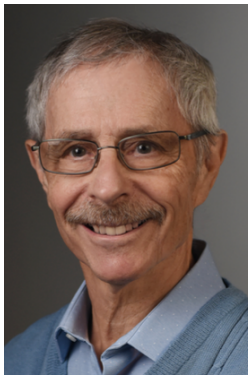
About the practitioner



Jeffrey Moore, DC graduated from Palmer December 1976. His first technique studied was Toggle Recoil from a student of Dr Herbert Himes and from Himes himself at times. He studied 'liquid crystals' and the Synchrotherm under Dr Andy Petersen. While he did the usual 'Palmer Package' course, he used SOT almost exclusively throughout college. He noted the Gonstead Club was noisy and the SOT Club at school seemed to be a bunch of quiet thinkers. He has practiced SOT throughout his practice life and yet acknowledges there is always much more to learn.

References

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