

Enhancement of pelvic stability care by visceral reflex therapy: A case report

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Introduction: The sacroiliac joint relies on its interosseous ligaments, which rely on innervation and biochemistry homeostasis for functional integrity. Chemical and surgical factors in a patient's history warrant consideration toward designing their pelvic stability therapy. Chemical factors can be from dietary habits, medicinal and supplement regimes, smoking, glandular pathologies or surgeries, or from a stressed lifestyle. Neurochemicals of menstrual phases and pregnancy can affect ligaments. The incidence of surgical endocrine disorders climbs.

Case Report: An 84 year old retired female nurse presented with scoliosis, low back to lateral thigh pain, restless legs, full dentures and history of hysterectomy at 66 years of age.

Intervention: Treatment by Sacro Occipital Technique (SOT) was initiated for care of the patient's category two (sacroiliac joint sprain with pelvic torsion). Years after the hysterectomy, uterine visceral reflex indicators arose and persisted and were attended by Chiropractic Manipulative Reflex Technique (CMRT).

Results: Initial care was based in category two blocking and adjunctive therapies. As uterine care progressed visit to visit, it was found that its CMRT often cleared category two indicators as well as the presenting symptoms. As a prelude to blocking, CMRT-Uterus provided enhanced stability to allow longer visit intervals.

Discussion: The category two complex is vulnerable to changes occurring at organs and along the endocrine axis. Surgical excision of an organ or gland brings a disruption between somatovisceral and viscerosomatic reflex arcs. CMRT aims to re-establish those links; though, in surgical cases, likely temporarily. Thus, need for CMRT may recur through the remaining life. The sacroiliac joint is innervated by branches from L4 to S2 spinal nerves. Spinal access to reflex arcs of CMRT-Uterus is via the L5 level. This target access may account for CMRT-Uterus clarifying interosseous ligaments to enhance category two pelvic stability.

Conclusion: Noxious intervention to a gland can leave the patient desirous of normal daily living. CMRT could be the preferred therapy to keep the brain-gland reflexively connected, and thereby gain systemic reaching benefits. Influences to stability maintenance of the category two pelvis, whether by neuropathic or biochemical means, need evolving research inquiry.

Indexing terms: Chiropractic; hysterectomy; uterine reflexes; Category Two blocking; sacro-occipital technique.

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