

## Fibromyalgia

**Increased rates of fibromyalgia following cervical spine injury: A controlled study of 161 cases of traumatic injury.** Buskila D, Neumann L, Vaisberg G, Alkalay D, Wolfe F. *Arthritis Rheum* 1997;40:446-452.

In this Israeli study it was revealed that adults with neck injuries had a 13-fold increased risk of developing fibromyalgia within 1 year of their injury compared with adults with lower extremity fractures.

**Trauma and fibromyalgia: is there an association and what does it mean?** White KP, Carette S *Seminars in Arthritis & Rheumatism* 29(4):200-216, 2000.

There is some evidence supporting an association between trauma and fibromyalgia. More research is needed.

**Upper cervical management of primary fibromyalgia and chronic fatigue syndrome cases.** Amalu WC. *Today's Chiropractic* May/June 2000 Pp.76-86.

This is a paper of 23 successive cases (5 male, 18 female from 11 to 76 years of age) of primary fibromyalgia and chronic fatigue syndrome suffering from 2 to 35 years. Total care visits ranged from 20 to 48. All patients reported maintaining their improvements at 1 to 1 ½ years or more of follow up. After care every patient was able to resume normal activities including full time work.

The author writes "Improvement in symptoms of 92-100% was achieved in both these syndromes subsequent to corrections of aberrant arthrokinematic function of the occipito-atlanto-axial complex causal relationship between biomechanical faults in the upper cervical spine, abnormal central neurophysiologic processing and subsequent peripheral neuropathophysiology, is suggested as the possible genesis of these two syndromes. "

**Combined ischemic compression and spinal manipulation in the treatment of fibromyalgia: a preliminary estimate of dose efficacy.** Hain S and Hain F. *Journal of Manipulative and Physiological Therapeutics* Vol 23 No. 4 May 2000 pp.225-230.

In this study of 15 women with fibromyalgia, 60% (9) responded very well to Chiropractic Care meaning they had at least a 50% reduction in pain symptoms.

The patients in the study had fibromyalgia for more than 3 months and were adult members of a regional Fibromyalgia Association. Each participant was adjusted during 30 visits with self-administered assessments taken at the beginning of the study, after 15 visits, 30 visits and 30 days after completion of the study. Researchers were looking for improvement in three areas; pain intensity, fatigue level and sleep quality. The improvement in all three areas continued after 1 month without chiropractic care.

**Note from Dr. Koren:** The quality of chiropractic care in this study was poor. Patients were adjusted twice a week whether they needed it or not. Adjustments (really manipulations) were rotary diversified to the neck and thoracic. I can only wonder what the results would have been if specific, scientific spinal adjustments were administered.

**The effectiveness of chiropractic management of fibromyalgia patients: a pilot study.** Blunt KL, Rajwani MH, and Guerriero RC. *J Manipulative Physiological Therapy*; 1997; 20(6):389-99.

Twenty-one rheumatology patients aged 25-70 suffering from fibromyalgia (muscular pain characterized by muscular tautness/stiffness, well-defined tender/trigger points, numbness, tingling, and pain) were studied to demonstrate chiropractic's effect on this condition.

Chiropractic care consisted of 4 weeks of spinal care plus soft tissue and passive stretching at the chiropractors' discretion. Chiropractic management improved patients' cervical and lumbar ranges of motion, straight leg raise and reported pain levels.

**Prospective, longitudinal study of service utilization and costs in fibromyalgia.** Wolf F, Anderson J, Harkness, D et al. *Arthritis and Rheumatism*, 1997; 40, pp.1560-70.

In this study of 538 fibromyalgia patients it was revealed that chiropractors were one of the more common health care professionals visited by patients, averaging 30.4 visits per 100 patients (per six-month period).

Gynecological conditions

Masarsky C. and Weber M. (*Neurological Fitness* Vol. 2, No. 1 Oct. 1992) state: "While a medical examination to rule out serious underlying pathology is always a good idea, researchers have suggested that chiropractic care might be a viable alternative for women suffering from menstrual pain and discomfort. This would be especially true for women who cannot or do not wish to take anti-inflammatory drugs or oral contraceptives."

**The types and frequencies of nonmusculoskeletal symptoms reported after chiropractic spinal manipulative therapy.** Leboeuf-Yde C, Axen I, Ahlefeldt G, et al. *J Manipulative Physiol Ther* Nov/Dec 1999;22(9) 559-64.

How frequently [do] patients report nonmusculoskeletal symptomatic improvements and [what are] the types of such reactions that patients believe to be associated with chiropractic. "

Twenty consecutive patients from 87 Swedish chiropractors answered questionnaires on return visits. A total of 1,504 questionnaires were completed and returned. Twenty-three per cent of patients reported improvement in nonmusculoskeletal symptoms, including:

- < **Easier to breathe (98 patients)**
- < **Improved digestive function (92)**
- < **Clearer/better/sharper vision (49)**
- < **Improved circulation (34)**
- < **Less ringing in the ears (10)**
- < **Acne/eczema better (8)**
- < **Dysmenorrhoea better (7)**
- < **Asthma/allergies better (6)**
- < **Sense of smell heightened (3)**

- < **Reduced blood pressure (2)**
- < **Numbness in tongue gone (1)**
- < **Hiccups gone (1)**
- < Menses function returned (1)
- < **Cough disappeared (1)**
- < **Double vision disappeared (1)**
- < **Tunnel vision disappeared (1)**
- < **Less nausea (1)**

**The mechanically induced pelvic pain and organic dysfunction syndrome: an often overlooked cause of bladder, bowel, gynecological, and sexual dysfunction.**

Browning JE. *Journal of the Neuromusculoskeletal System*, 1996; 4:52-66

The mechanically induced pelvic pain and organic dysfunction (PPOD) syndrome is thought to be caused by subluxations of the lumbar spine affecting lower sacral nerves. Sufferers with PPOD can have low back pain, bladder, bowel, gynecologic and/or sexual dysfunction.

This is the case of a 29-year old woman with bilateral pelvic and low back pain, inguinal pain, urinary stress incontinence, loss of genital sensitivity, loss of libido and vaginal discharge. A gynecological exam failed to reveal any pathology.

Sacral nerve root involvement, secondary to a L5/S1 disc herniation was found. Under chiropractic care, the patient initially experienced symptoms of pain and paraesthesia of the genitalia which disappeared quickly. Within one week her bladder dysfunction had resolved and the other symptoms were less severe.

After 4 weeks, her other symptoms had completely resolved.

**Dysmenorrhoea. To treat or not to treat.** Polus, BI, Henry SJ, Walsh MJ. *Chiro J Aust* 1996; 26:21-4.

This review paper examined a number of studies that have shown a positive correlation between chiropractic intervention and the alleviation of the suffering associated with primary dysmenorrhea.

**The effect of spinal manipulation on pain and prostaglandin levels in women with primary dysmenorrhea.** Kokjohn J, Schmid DM, Triano JJ, Brennan PC *J Manipulative Physiol Ther*, June 1992; 15(5): 279-285.

This was a randomized pilot study of 45 women, age 20-49, who were divided into experimental and control groups. The controls received a "sham" manipulation. The perception of pain and level of menstrual distress were significantly reduced immediately after spinal manipulation. The symptom improvement of the experimental group was twice as great as the symptom improvement of the control group. These effects were associated with significant decreases in post-manipulative plasma levels for both groups.

**Evaluation of the Toftness system of chiropractic adjusting for subjects with chronic back pain, chronic tension headaches, or primary dysmenorrhea.** Snyder, BJ, Sanders, GE *Chiropractic Technique*, 1996;8:3-9.

This is a study of 24 subjects with chronic back pain, 19 subjects with chronic tension headaches and 26 subjects with dysmenorrhea who underwent a series of Toftness adjustments or sham interventions. Toftness adjustments had significant clinical benefit, whereas those receiving sham interventions did not improve

**Enuresis, spasmodic dysmenorrhea and gastric discomfort: a vertebral subluxation complex entity.** Regan KJ *Digest of Chiropractic Economics* March/April 1990;32(5):110

Patients suffering from bed-wetting, menstrual cramps and ulcer pains/indigestion were given chiropractic care. MDs performed pap tests, pelvic exams and upper GI studies which were negative for active pathology. One subject did have a true peptic ulcer and demonstrated a desire to go in the study.

A total of eight subjects in each category were selected and two in each category were not treated (to be used as control studies). It should be noted here that no one had any low back, dorsal or cervical spine pain prior to being a patient in this program.

In the dysmenorrhea category, all cases of pelvic pain and severe cramping of the uterus had stopped. All women experienced three menstrual cycles through the duration of this study. The bedwetting category demonstrated 50% of the children had stopped bedwetting early in the program, 25% of the children had a 50% reduction in the frequency of occurrences and 25% showed no improvement.

All the patients in the gastric category except one responded to chiropractic care; no one was taken off medication or put on special diet. ”

**Disorders of the iliopsoas muscle and its role in gynecological diseases.** Dobrik I. *Journal of Manual Medicine*, 1989; 4: 130-133.

This paper discusses how gynecologists and chiropractors should work together for the benefit of the patient.

**Effectiveness of spinal manipulative therapy in treatment of primary dysmenorrhea: a pilot study.** Thomason PR, Fisher BL et al *Journal of Manipulative and Physiological Therapeutics*, 1979; 2:140-145.

One group of women received chiropractic adjustments, one group was given sham adjustments and one group was monitored only (control).

24.6% of the subjects demonstrated a vertebral displacement at the first lumbar segment, 45.5% showed it at the second lumbar level, 54.0 % at third lumbar, 63.7% at fourth lumbar, and 63.7% had a fifth lumbar subluxation. Of those who received chiropractic adjustments, 88% reported reduced pain during their menstrual periods while none of the control or sham group did.

**A chiropractic approach to the treatment of dysmenorrhea.** Liebl NA, Butler LM *Journal of Manipulative and Physiological Therapeutics*, 1990; 13:101-106.

This is the study of a patient suffering from monthly menstrual cramps since the onset of menses which intensified after the birth of her child, 4 years prior, (eight painful days a month). The patient received 19 adjustments over a two month period, approximately twice per week for the first two months and once a week for the last month. Patient was adjusted in the sacroiliac, upper lumbar, mid-thoracic and upper cervical areas. Some cranial adjusting was done in some sessions.

The average number of recordings showing pain in the baseline phase was 8 per month compared to an average of 2.25 episodes per month in the treatment phase. Pain was over 1/3 lessened.

**Mechanically induced pelvic pain and organic dysfunction in a patient without low back pain.** Browning JE. *Journal of Manipulative and Physiological Therapeutics*, 1990; 13:406-411.

18 years of organ trouble in the pelvis including diarrhea, pelvic pain, and reduced genital sensitivity resolved within eight weeks of chiropractic care. The patient had undergone numerous medical and surgical procedures: an appendectomy for abdominal pain (appendix was normal), partial hysterectomy and left oophorectomy to resolve pelvic pain and abdominal bleeding, three exploratory bowel surgeries for continuous diarrhea, pain, rectal bleeding and mucous discharge and four bladder surgeries - without resolution.

Patient had reduced genital sensitivity, sexual dysfunction (been unable to experience orgasm), and had pelvic pain during intercourse.

Diagnosis: Central L5 disc herniation.

Complete resolution of symptoms including pelvic pain and diarrhea occurred within eight weeks; genital sensitivity improved and patient was able to achieve orgasm on a regular basis after thirty weeks.

**Pelvic pain and organic dysfunction in a patient with low back pain: response to distractive manipulation: a case presentation.** Browning J. *Journal of Manipulative and Physiological Therapeutics*, June 1987; 10(3): 116-121.

Chiropractic may be an effective means of treating pelvic disorders secondary to lower sacral nerve root compression.

**The recognition of mechanically induced pelvic pain and organic dysfunction in the low back pain patient.** Browning JE *Journal of Manipulative and Physiological Therapeutics*, Vol. 12 No. 5 Oct, 1991.

Pelvic organic problems responding to manipulative treatment include impairment of bladder, bowel and sexual function.

**Uncomplicated mechanically induced pelvic pain and organic dysfunction in low back patients.** Browning JE *J of the Canadian Chiropractic Association*. 1991; 35: 149-155. The first patient was a 29 year old female with back pain radiating into the right leg following a lifting injury. In addition a second lifting injury caused urinary urgency and stress incontinence, loss of genital sensitivity, loss of libido and constant sharp rectal

pain. No pelvic abnormality could be found. Within one month of chiropractic care the bladder disturbance and the other pelvic complaints completely cleared up.

**Distractive manipulation protocols in treating the mechanically induced pelvic pain and organic dysfunction patient.** Browning JE, *Chiropractic Technique*, Vol. 7, No.1, Feb. 1995.

From the author's abstract:

**The mechanically induced pelvic pain and organic dysfunction syndrome...characterized by various disturbances in pelvic organ function has been successfully managed by chiropractic manipulative procedures...symptoms [include] bladder, bowel, gynecologic, and sexual dysfunction secondary to impairment of lower sacral nerve root function as a result of a mechanical disorder of the low back.**

**Association between primary dysmenorrhea and pain threshold at the thoracolumbar junction.** Hains F, Batt R, Bellis S, Martel J. Proceedings of the 1992 International Conference on Spinal Manipulation, FCER; 106-109.

This study showed a possible correlation between the thoracolumbar junction, spinal irritation and dysmenorrhea using pressure pain threshold algometry.

**Dysfunctional uterine bleeding with concomitant low back and lower extremity pain.** Stude, DE *Journal of Manipulative and Physiological Therapeutics*, Vol. 14 No. 8 Oct. 1991.

A temporal relationship between chiropractic care and uterine bleeding in a patient with mild low back and leg pain.

**Endometriosis and anterior coccyx: observation of five cases.** Robinson and Freedman. *Research Forum* 1(4) Chiropractic helps endometriosis sufferers.

**Painful menstruation with special reference to posture as an etiological factor.** Adams TW, *Pacific Medicine and Surgery*, 1943; 42.

The group suffering from menstrual pain had a much higher incidence of poor posture.

**Theoretical considerations to the clinic and therapy of spinal disturbances in gynecology.** Dvorak N. *Manuelle Medizin*, 1973, Heft 1. Five pages.

This is the study of 496 female patients with gynecological problems (inflammation, dysmenorrhea, sacral pain etc.) who underwent chiropractic care. Immediate relief occurred in most cases.

**Functional disorders (fixations) of the spine in children.** Lewit K. *Manuelle Therapie*, J.A. Barth, Leipzig, 1973. Chap.2.7. Pp. 50-54.

Functional disorders in children may manifest themselves as sleep disorders, loss of appetite, psychic problems, and dysmenorrhea and may not exist as spinal pain. Studies on healthy children revealed pelvic subluxations in 40% of all school children, cervical fixation in 15.8%. After manipulative treatments, the problems rarely recurred.

**Chiropractic adjustment in the management of visceral conditions: a critical appraisal.** Jamison JR, McEwen AP, Thomas SJ. *J Manipulative Physiol Ther*, 1992; 15:171-180.

This was a survey of chiropractors in Australia. More than 50% of the chiropractors stated that asthma responds to chiropractic adjustments; more than 25% felt that chiropractic adjustments could benefit patients with dysmenorrhea, indigestion, constipation, migraine and sinusitis.

**Investigation of the effect of chiropractic adjustments on a specific gynecological symptom: dysmenorrhea.** Arnold-Frochot S. *J Aust Chiro Assoc*, 1981; 10:14-16.

The authors identify chronic low back pain and abdominal pain as typifying dysmenorrhea. They discuss five patients (ages 18 to 23) suffering from this condition. Two patients responded almost immediately and were almost completely relieved of their menstrual pain. Two others felt no benefit and the fifth had some relief after intra-pelvic work was performed in order to reposition the uterus. ”

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