

CHIROPRACTIC AND PMS

(Excerpt from, *Chiropractic: The Journal of Chiropractic Research and Clinical Investigation*, Vol. 8, No. 2, July 1992)

Abstract: Eleven women with histories of PMS that had occurred regularly for more than four months were evaluated and treated with a conservative full spine technique. Treatment extended through four menstrual cycles. At the beginning and end of the study, the women were given questionnaires and interviewed. The responses from both the observer and individual PMS questionnaires were grouped into ten response categories. When the pre- and post-study evaluations were compared, improvements were found in all ten categories.

The women were from age twenty-three to forty-two. Subluxations were identified and recorded according to the Gonstead listing method. A monthly office visit schedule was established and used for all women.

More visits were scheduled during the weeks in which symptoms were likely to be most severe. Patients were asked to follow this schedule as closely as possible through the four menstrual cycles. Subluxations were most commonly found in the cervical, thoracic and lumbo-pelvic regions.

The following is a listing of the percentages of improvements these women received from their PMS symptoms from the Chiropractic care:

- Irritability/Hostility 38.6%
- Tension 40.1%
- Inefficiency 46.2%
- Dysphoria 60.8%
- Lack of Motor Coordination 36.0%
- Altered Mental/Cognitive Function 6.5%
- Altered Eating Habits 37.2%
- Variation in Sexual Drive/Habits 70.7%
- Physical Symptoms 41.7%
- Social Impairment 64.5%

MANAGEMENT OF SYMPTOMS ASSOCIATED WITH PMS

(Excerpt. Stude, D.E., D.C., The Management of Symptoms Associated with PMS, Journal of Manipulative and Physiological Therapeutics, Vol. 14, No. 3, March/April 1991)

This particular case presentation examined a potential relationship between Chiropractic spinal adjusting procedures and the management of PMS.

Chiropractors know that nervous system interrelationships are primarily responsible for the overall health of an individual. A subluxation can produce nerve interference which affects the health of various parts and organs of the body.

The anatomical relationship between the reproductive system of a woman and specific nerves that supply this system has also been documented. The relationship between Chiropractic care and some types of women's organic reproductive dysfunction deserves attention. The sociological impact of PMS has been written about in many documentaries and books and suggests the need for more responsibility on the part of doctors to properly diagnose and treat this condition.

A case in point is presented here: A 35-year-old woman visited a Chiropractic clinic in May 1989 for comprehensive evaluation, consultation and treatment for symptoms associated with PMS. The patient reported a chronic history of severe PMS symptoms. She was not taking any prescription or non-prescription medications when first entering the clinic and expressed no interest in beginning any medications in the future.

When she was questioned regarding any previous treatment for her menstrual-related symptoms, she reported that she had received Chiropractic adjustments infrequently in the past, but reported no significant symptom relief. She also reported the previous use of progesterone and diuretics, typically taken two weeks prior to the onset of her menstrual flow, also without any relief. These were prescribed by her

medical doctor, but the patient had discontinued their use a few years ago.

This study was begun with Chiropractic spinal adjustments being the only form of treatment provided in order to reduce variability. The adjusting procedures were performed with the patient in a prone position initially and then in a side-posture position, first with the patient lying on the right side and then on the left.

The patient was seen initially at a frequency of three times each week. Eight weeks after the initiation of treatment, the patient was reduced to a frequency of once each week for four weeks and was then seen eight weeks later.

All of the symptoms improved or disappeared after treatment was initiated, except for complaints of backache and dizziness, which may have been due to the restoration of joint motion.

PMS AND SPINAL DYSFUNCTION

(Excerpted. Walsh, M.J., Polus, P.I., The Efficacy of Chiropractic Therapy on Premenstrual Syndrome: A Case Series Study, Chiropractic Journal of Australia, Vol. 24, No. 4, December 1994)

This study was done to assess the efficacy of Chiropractic treatment on reducing the symptoms associated with premenstrual syndrome (PMS).

All volunteers were fully informed of the nature of the project and gave their informed consent to participate in the study with the right to withdraw at any stage of the project.

They underwent an initial medical screening by a qualified medical practitioner. They were also given a full physical and Chiropractic examination by qualified Chiropractors to determine their suitability for Chiropractic treatment. Spinal dysfunction/subluxations were identified using standard static and motion palpation techniques. All were found suitable and undertook regular Chiropractic treatment. All of the treatment was rendered by one of the two experienced, qualified Chiropractors, with each woman treated by the same Chiropractor throughout the study. Treatment was given two or three times within the ten-day period prior to the commencement of each menses. This was continued for a minimum of three cycles, during which time the women monitored their symptoms daily.

After the project, a follow-up questionnaire was sent to all participants three months after the completion of treatment, during which period no further Chiropractic treatment had been undertaken. All the volunteers indicated that their PMS symptoms had improved overall while having Chiropractic treatment, and that they considered Chiropractic treatment an appropriate method of treatment.

“I AM NO LONGER A PMS BASKET CASE!”

(Excerpt from: ICA Review, July/August, 1996, pp. 74-75)

“The first time I tried Chiropractic care was eleven years ago after the birth of my son.

“Once I hit my thirties, my PMS started getting really bad. I was also constantly stressed out and had a lot of trouble concentrating. I never thought that having PMS could have anything to do with my neck or the nerves. So when I started going to a Chiropractor, I thought I was going to just get my back adjusted, which would help stop the backaches.

“I was right in the middle of experiencing PMS. I was crying to my Chiropractor, ‘I don’t know what’s wrong with me, you’re seeing me at my worst and I feel terrible that I am crying like this.’

“My Chiropractor was very kind. He said, ‘Now, don’t you worry about it. Trust me. Let’s get you adjusted. You will be fine and you will feel better.’

“And, I was! It was amazing to see how dramatically better I felt during my period two days later. I did not have any cramps. Even my husband noticed the difference!

“I felt a dramatic difference after my first adjustment – not just in my neck or back or even PMS symptoms, but in my overall feeling of well-being.

“I know there are many women out there who suffer from PMS, and I tell everyone I know who suffers from it that it is not something you have to live with, but to try Chiropractic care because it works! I tried Motrin, I tried everything else, but it was only Chiropractic that helped me.”

PREMENSTRUAL AND POSTMENSTRUAL SYNDROME, ITS CHARACTERISTICS AND CHIROPRACTIC CARE

(Excerpt from *The American Chiropractor*, March 1992, pp. 4-6)

This is a case study where thirteen women between the ages of fifteen years and forty-four with PMS were given Chiropractic care over a period of several months.

These patients had complaints of symptoms of PMS: headaches, eye pain, blurred vision, weight loss, constipation, low back pain, hip pain, foot pain, neck and shoulder pain, face numbness, fatigue, and various minor illnesses.

It was found that nine of the thirteen patients had subluxations at T1-T3 and T5-T7, with all thirteen patients having subluxations of the ilium. Nine of the thirteen had subluxations on the right ilium, and two had subluxations on the left ilium. Four of the patients also had a subluxation of the sacrum.

Treatment for the symptoms and findings for the thirteen patients included Chiropractic adjustments of the cervical, thoracic, lumbar, ilium and sacral subluxations. In addition to the adjustments, a nutritional supplement including glandular supplements was given to patients for a period of a few weeks.

Eleven of the patients followed recommendations in the use/wearing of foot levelers. Of the eleven patients who did follow the recommended treatment, only one did not show a reduction in the number of adjustments needed.

Within six months, it was found that all patients who followed a proper diet, received adjustments, and wore the foot levelers reported an improvement in the symptoms of PMS.

MENOPAUSE IS NOT A DISEASE!

(Excerpted from: Health Watch, World Chiropractic Alliance, Internet access, April 1999)

Estrogen Replacement Therapy (ERT) has become a multibillion-dollar industry, luring millions of healthy women into doctor's offices each year.

The medical profession has successfully portrayed menopause as a disease, to be treated with artificially manufactured hormones, even though "the change" in a woman's body is a natural part of female development.

The most serious aspect of this unfortunate situation is that women who subject themselves to ERT may be more than twice as likely to contract breast cancer than women who do not take the hormone Estrogen.

Additionally, a report issued by the Journal of the National Cancer Institute revealed that an increase in breast density, caused by ERT, can look like a tumor during a mammography test and ultimately lead to a false-positive test result.

ERT has also been used in the treatment of osteoporosis; however, the American Journal of Clinical Nutrition published a report which indicated that eliminating meat from the diet can cut urinary calcium losses in half.

All of this information has left many health care professionals wondering why medical doctors are so quick to write prescriptions for estrogen replacement therapy. The Physicians Committee on Responsible Medicine reported, "... Even when a mountain of research has already been done... [medical doctors] rely instead on knee-jerk prescribing, which is continually encouraged by drug manufacturer's aggressive promotions... When doctors learn how to use all the tools their medical bags really offer – including prescriptions for diet and lifestyle changes – their patients will be much better off."

EFFECT OF ESTROGEN REPLACEMENT THERAPY AND THE RISK OF BREAST CANCER

(Source: "A Meta-Analysis of the Effect of Estrogen Replacement Therapy on the Risk of Breast Cancer," Steinberg, Thacker, Smith et al, (Centers for Disease Control Study), Journal of the American Medical Association (JAMA), Sept. 11, 1991)

"Prescribed as estrogen-replacement therapy for postmenopausal women, Premarin has been linked by studies to serious side effects, including a 30 percent increased risk of breast cancer in women who use the drug for 15 years and a 50 percent increased risk in breast cancer for women who take menopausal estrogen for 25 years.

"Scientific studies are rated by the quality of the research. The testing elements in studies labeled "highest quality" are considered the most accurate of all studies evaluated. When pharmaceutical studies considered of lesser accuracy are removed from consideration, the outlook is even more grim. Standing alone, the "high quality" tests showed that women who take menopausal estrogen for 15 years risk not a 30 percent increase but a 60 percent increase in breast cancer, while those women taking the drug for 25 years, risked, not a 50 percent increased risk, but a 100 percent increased risk, or a doubling of their personal risk of cancer."

PREMARIN'S DOWNSIDE

Public Citizen Health Research Group Testimony before the Senate Subcommittee on Aging, Hearing on the Role of Menopause and Gender Differences in Aging on the Development of Disease in Mid-Life and Older Women, April 19, 1991, (transcript written in HRG Publication #1220)

Health Research Group (HRG), the Ralph Nader Consumer advocacy branch of Public Citizen, said the medical industry re-worked menopause, took a normal body process and turned it into a disease. Medicine [is trying] to convince women that menopause is something that needs to be "taken care of," an illness that needs to be "cured."

HRG expressed concern in 1991 at a Senate Subcommittee on Aging that drug companies turned menopause into a billion-dollar money maker "treating" it with a wide range of prescription drugs. HRG claimed that the money maker is HRT (hormone replacement therapy), and the price tag is not just wasted money, but wasted health and even wasted life itself.

HRT is promoted to offer potential relief of the severe symptoms of menopause. These alleged benefits have been heavily marketed and include the hope of a reduction in the degenerative process of osteoporosis and assertions of a reduction in heart disease.

However, the downside is that any health benefits promised have been overrated and the side effects of HRT inadequately communicated to the public. Accordingly, claims HRG, the majority of prescriptions written to offset problems of menopause come with the risk of cancer: the benefits are "trivial in comparison to the risk of cancer."

This increased incidence of cancer, increased significantly in women during the 1970's, has been associated with the mass marketing of Premarin. HRG states that HRT safety has "never been documented in large, properly controlled and randomized clinical trials." The greatest concern is the side effects.

FDA WARNINGS

FDA Drug Bulletin, June 1986, Volume 16, Number 1.

When the evidence of risk could no longer be ignored, drug companies began adding progestins (such as Provera) to the estrogen (HRT); supposedly to help offset the cancer risk. Even so, the FDA reported the following in its June 1986 drug bulletin:

[The] FDA recently recommended to estrogen (HRT) manufacturers that they also note in their estrogen labeling that studies have shown the addition of a progestin for seven or more days of an estrogen cycle is associated with a lower incidence of endometrial hyperplasia than an estrogen-only cycle. Morphological and biochemical studies of the endometrium suggest that 10 to 13 days of progestin are needed to provide maximal maturation of the endometrium and eliminate any hyperplastic changes. Whether this will provide protection from endometrial carcinoma has not been clearly established. Possible additional risks that may be associated with the inclusion of progestin in estrogen include effects on carbohydrate and lipid metabolism.

A revision made in August of 1992 was required for patient package inserts for estrogen products including HRT and birth control. Among the warnings in this revision:

1. Warning of uterine cancer for women who have experienced menopause; breast cancer warning;
2. Warning that women should not take estrogen during pregnancy due to the risk of miscarriage and birth defect, and estrogen should not be used until after a woman stops breast feeding;
3. Warning that women who have had cancer increase their risk of additional cancer by taking estrogen;
4. Warning that women with circulation problems should not take estrogen due to the risk of blood clots;
5. Warning that taking estrogen following menopause increases a woman's likelihood of developing gallbladder disease;
6. Warning that benign tumors of the uterus might enlarge with estrogen use;

7. Warning of possible skin discoloration which might indicate liver complication;
8. Warning that estrogen usage might cause nausea and vomiting as well as breast tenderness and enlargement.
9. Warning of fluid retention potential which might worsen some conditions such as asthma, epilepsy, migraines, kidney disease and heart disease.

Note that estrogen does not work to offset depression or nervousness. It also has not been proven that estrogen assists in keeping the skin youthful or helps to maintain the feeling of youth.

HOT FLASHES AND CHIROPRACTIC

(Excerpted. Weber, M., D.C. and Masarsky, C.S., D.C. Journal of Vertebral Subluxation Research, Vol. 1, No. 2, 1994)

This report is about a 55-year-old woman with a four-year history of hot flashes related to natural perimenopause. For the previous eighteen months, she had used an estrogen patch which reduced her frequency of hot flashes from approximately once every twenty minutes to about four times a day. During the period of the study, the woman continued on with wearing the estrogen patch.

As you can see from the results, a decline in reported hot flashes occurred consistently throughout the duration of the study. However, a significant decrease was not apparent until the rendering of the second adjustment. (See table below.)

While menopause is a natural life event, much of the attendant distress may be avoidable through the correction of vertebral subluxations. As more and more women find out about other options for handling PMS, Chiropractic can enhance the quality of life for women experiencing this transition.

HEADACHES WITH HOT FLASHES

(Excerpt from ICA International Review of Chiropractic,
September/October 1993)

Abstract: A thirty-year-old patient presented with a ten-day history of stiffness and soreness in her neck. Six weeks prior to presentation, the patient received an intramuscular injection of 3.75 mg of leuprolide acetate in preparation for surgical removal of uterine fibroid tumors. This injection evidently provoked hot flashes and other symptoms consistent with artificially induced menopause. The frequency of hot flashes decreased following a single adjustment. Hot flashes were abolished altogether after four additional adjustments over a period of twenty-six days.