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Applied Kinesiology management of Dysmenorrhea: Chiropractic case report

Karly A Kantarevic

Narrative: Dysmenorrhea is a common gynaecological health issue with symptoms impacting more than half of all menstruating peoples, causing severe pain and interfering with activities of daily living. This case report demonstrates the value and effectiveness of Applied Kinesiology assessment and procedures for noninvasive, simple, nonsurgical management of primary dysmenorrhea. Utilising a specific technique called Pituitary Pump technique, along with chiropractic adjustments and targeted herbs/supplements a young patient was able to resolve severe primary dysmenorrhea quickly and long term address the underlying hormone imbalances. To date the patient reports regular cycles without menstrual cramping, radiation of pain, hip or back pain and is not using any supplements or medications.

Indexing terms: Chiropractic; Applied Kinesiology; Dysmenorrhea; Hormone Imbalance; Pituitary Pump Technique.

Introduction

Dysmenorrhea is defined as painful menstruation usually occurring just prior to or during the first 24-72 hours of a menstrual period. (1) More than half of all menstruating women have mild pain for 1 to 2 days each month. The prevalence of more severe pain is highly variable (15.8 - 89.5%) potentially due to the use of oral contraceptives or nonsteroidal anti-inflammatory drugs (NSAIDs). (2) Dysmenorrhea is one of the most common gynaecological health issues and is known to interfere with daily activities including absenteeism from school or work due to severity. (3)

'...primary dysmenorrhea responds well to noninvasive, nonsurgical management with Applied Kinesiology (AK) procedures ...'

There are two types of dysmenorrhea. Primary dysmenorrhea is not associated with pelvic pathology. It is most common in adolescence near menarche and less common with increasing age. Secondary dysmenorrhea is caused by another medical condition such as endometriosis or pelvic inflammatory disease. It usually begins later in life and tends to last the duration of menstruation. (4) Either type of dysmenorrhea may experience low back pain, weakness, fainting, pain radiating down the legs, dizziness, nausea, diarrhoea, headache cramping, and/or vomiting. While any woman can develop dysmenorrhea those who smoke cigarettes, drink alcohol (especially during their period), are overweight, have a heavy menstrual flow, a positive family history, or had an earlier age of menarche are at an increased risk. (2, 4)

Treatment is aimed at providing symptomatic relief and/or assessing the underlying pathology. The first line of treatment in traditional approaches is in reducing pain through

NSAIDs or birth control (pills, IUD, patch). Other therapies are not well studied however, diet changes, exercise, acupuncture, applying heat, and relaxation techniques have been recommended. In severe cases surgical options are considered such as uterine ablation or hysterectomy. (2, 4) Due to worldwide prevalence and significant impact on daily life other therapies for dysmenorrhea should be studied and noted.

The purpose of this report is to demonstrate nonsurgical noninvasive management of primary dysmenorrhea with Applied Kinesiology (AK) procedures.

Clinical Features

A 17y female presented with severe primary dysmenorrhea, cystic acne covering most of the face, chest and back, as well as menstrual irregularity. Menstruation was heavy occurring infrequently averaging 2 - 3mo in between cycles and lasting anywhere from 5-11d. The patient noted that a day or two before menstruation occurred stabbing low back and hip pain would radiate down the legs causing numbness into the upper thighs. These symptoms would continue several days into menstruation and disrupted daily life especially hobbies, sports, and leisure which the patient rated 4/10 (with 10 being totally unable to function) on the *General Pain Disability Index Questionnaire*. The patient had not found relief, medical help, or assistance through 4 plus years of symptoms. She was not regularly using any medications or supplements, she did try NSAIDs and a heating pad as needed for symptoms without much relief.

Upon initial examination, using AK Manual Muscle Testing (MMT), bilateral *gluteus maximus*, *gluteus medius*, *piriformis*, *sartorius* and *gracilis* muscles were inhibited. The lateral shear cranial fault, upper cervical fixation as well as spinal subluxations about C2, C6, T4, T7, T10, L3, L5 were noted. Touching the circulation sex meridian (CX 9) inhibited any previously strong indicator muscle for the patient. Energetic testing of separate vials *estradiol* also inhibited the patient. Using any of the inhibited endocrine related muscle listed above and touching the *pituitary neurolymphatic* (NL) (located at the *glabella*) strengthened the muscle.

Management and Outcomes

The goal for the treatment plan was to alleviate primary dysmenorrhea symptoms as quickly as possible and longer term address the underlying hormone imbalance. This means addressing issues found during the initial examination that could improve many areas of the body at a time.

The first treatment began with the Pituitary Pump technique. (5)

Pituitary Pump Technique

A. Diagnosis
   i) Find a weak endocrine related muscle
   ii) TL to pituitary NL at glabella
   iii) If weak endocrine muscle goes strong (or a strong muscle goes weak) pituitary involvement

B. Treatment
   i) Challenge mastoids bilaterally and simultaneously posterior to anterior (P- A) test previously strong muscle, if muscle goes weak positive need for Pituitary Pump
   ii) Phase positive challenge to respiration (should be inspiration)
   iii) Step 1, as patient inhales they will dorsiflex their feet as they exhale, they will plantar-flex their feet bilaterally for 60-90s as the doctor presses on the patient's mastoid processes simultaneously and bilaterally with about 200g (8 oz) pressure
   iv) Step 2, rub *glabella* NL for 30-60s

v) Step 3, repeat step 1 for 30-60 seconds as needed

vi) Retest to verify correction

This technique completely changed how the patient's body was testing through AK MMT. Immediately after verifying correction, bilateral *gluteus maximus*, *gluteus medius*, *piriformis*, *sartorius,* and *gracilis* muscles were all very strong. The lateral shear cranial fault, upper cervical fixation as well as spinal subluxations about C6, T4, T7, T10 all cleared and no longer therapy localised (TL) or inhibited the patient.

TL to the circulation sex meridian (CX 9) did not inhibit any muscle for the patient. C2, L3 & L5 were adjusted via Arthrostim. Recommendations for herb and supplements were given, *Endo Supreme* by *Supreme Nutrition* (2 per day) and *Estrovite* by *Apex Energetics* (1 per day), until patient was next seen.

Within a week patient reported no hip or low back pain and her skin was noticeably improving. Treatment continued, seeing the patient 1 time per week for 4w. The Pituitary Pump technique was done at the 3rd and 5th, L3 was adjusted at each visit, *gluteus medius* was the only muscle continually inhibited throughout this time.

Patient had first menstrual cycle during our care, 8 weeks from initial exam, with cramping that did not radiate into the legs, no hip pain or low backstabbing, however, skin breakouts continued. Iron levels were checked due to the heavy bleeding and the patient was diagnosed with mild anaemia, for this an iron supplement, *Hemevite* by *Apex Energetics* was added and *Endo Supreme* was increased to 3 per day 1 week before and the week during menstruation, otherwise only 1 *Endo Supreme* per day throughout the rest of the entire cycle length.

The patient's second menstrual cycle during our care was 28 days long, menstruation was 5 days in length, cramping occurred but was mild and did not radiate, skin break outs flared. Cycles were monthly from this menstrual period on and within 3.5mo using Pituitary Pump technique one more time the patient no longer reported radiation of stabbing low back and hip pain with menstruation and mild to no cramping.

Since menstrual cycles became regular about 3mo into care, treatments were scheduled a few days before expected menstruation. The Pituitary Pump technique was checked at each treatment and used a total of 6 more times over the past 4y. *Estrovite* was stopped within the first 6mo. *Hemevite* was stopped when no longer testing as anaemic which was within the first year of care. The patient did 3mo of *Accutane* within the first 6mo of our care for her widespread cystic acne. After stopping *Accutane* the patient's skin has remained clear except for occasional blackheads.

The patient continued *Endo Supreme* 1 per day, increasing to 2 per day 1 week before and after her cycle for 18mo in total.

For the past year to the present the patient is not using any medications or supplements. She reports 28–31d cycles with 3-5d menstruation that is light to regular without menstrual cramping, no radiation of pain, no stabbing low back or hip pain, and her skin is clear with occasional blackheads.

Discussion

With dysmenorrhea being one of the most common gynaecological health issues impacting more than half of all menstruating peoples, causing absenteeism, severe pain and interfering with ADL, it is important to further study therapies to improve or resolve these health complaints. Therapies like AK should be noted as being noninvasive, nonsurgical, and cost effective. AK procedures and methods are used to treat and manage a wide range of conditions and biomechanical concerns. In this case, utilising the Pituitary Pump technique helped a young

patient resolve severe primary dysmenorrhea and even after several years continue to have regular, non-painful, healthy menstrual cycles without any medications, supplements, or NSAIDs.

Present conventional treatment is aimed at providing symptomatic relief and/or assessing the underlying pathology. After potential pathology has been assessed for and addressed, use of NSAIDs and or birth control (pills, IUD, patch) are routinely used to address symptoms. Neither of which help resolve the underlying hormonal imbalance and neuroendocrine dysfunction causing the complaints, and both have been linked to severe long term health issues. Chronic NSAID use has been linked with cardiovascular, cerebrovascular, gastrointestinal, and renal adverse effects. (6) Although they may reduce pain symptoms for this specific case report NSAIDs were not addressing the patients' complaints, and definitely not addressing the underlying neuroendocrine issues causing her symptoms. Birth control pills are commonly linked to bleeding between periods, headaches, sore breasts, and nausea- nearly identical to dysmenorrhea symptoms and do not resolve the underlying root cause for the symptoms. (7)

The herbs and supplements recommended were low to no adverse risk and short to moderate term use, aiming to resolve the underlying health issues. There is growing medical literature for the awareness of DIM supplementation to support health oestrogen levels (*Estrovite* by *Apex Energetics* is a DIM supplement). Typically, a minimum of 30 d is needed for DIM use to notice results, most use it for 6-12 mo, there are no significant adverse side effects.

With painful menstruation it is common to also have heavy menstruation, with heavy menstruation anaemia could be a factor. Interesting to note, anaemia is a risk factor for dysmenorrhea and another reason this patient had a blood draw and iron supplementation recommended. The *Endo Supreme* from *Supreme Nutrition* is pure *Pfaffia paniculate* or *suma*. *Suma* is traditionally used for PMS, hypoadrenia, anaemia, and as an overall endocrine adaptogen. It typically takes about 1mo for results and there are no known contraindications or side effects.

The Pituitary Pump technique offers a noninvasive approach to address the underlying neuroendocrine imbalances. The technique needed to be done a few times before seeing lasting and significant results. The need for this technique was checked at each appointment until cycles were regular and then assessed for monthly around expected menstruation. This checking in and assessing was a vital part of long-term success. With the above measures not only did patient symptoms resolve, but the underlying cause of irregular menstrual cycles was also addressed in noninvasive, nonsurgical, cost effective, and long-term safety methods. Adding clinical value and importance to the area of other therapies not well studied for primary dysmenorrhea.

Conclusion

With the prevalence and severity of dysmenorrhea it is important to further study therapies to improve or resolve these health concerns.

Therapies like AK should be noted as being noninvasive, nonsurgical, and cost effective. This case report demonstrates how utilising the Pituitary Pump technique, chiropractic adjusting, and targeted herbs/supplements helped a young patient resolve severe primary dysmenorrhea long term.

The treatment plan goal was to alleviate primary dysmenorrhea symptoms as quickly as possible and longer term address the underlying hormone imbalance. Within the first 3.5mo of care utilising the Pituitary Pump technique a few times and targeted herbs/supplements the patient had regular cycles, with mild to no menstrual cramping, and without hip or low back stabbing.

The patient has remained under care for the past 4y. For the past year to present the patient is not using any medications or supplements with continued resolution of symptoms. She reports 28–31d cycles with 3-5d menstruation that is light to regular without menstrual cramping, no

radiation of pain, no stabbing low back or hip pain, and her skin is clear with occasional blackheads.

This case demonstrates the value and effectiveness of Applied Kinesiology methods and procedure for noninvasive, simple, nonsurgical management of primary dysmenorrhea.

Karly A Kantarevic
DC
Private practice of Chiropractic
Cedar Rapids, IA
drkarlyabel@gmail.com

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