

Five unrelated abstracts of Chiropractic care showing diversity of clinical presentations

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Narrative: This small collection of abstracts presents five disparate aspects of Chiropractic care to demonstrate the diversity of patients seen in the general practice of conventional Chiropractic.

There is a mix of cases and presentations and of course, clinical approaches. It is challenging to find any relationships or theme among these reports.

The conclusion is that all practitioners are encouraged to reflect on their practice and commence a habit of documenting the variety of patients to whom care is provided. It is clear there is no 'recipe-book' and that a well-trained Chiropractor must demonstrate a broad skills base to ensure high levels of patient management, regardless of their individual paradigm of care.

Indexing Terms: Chiropractic; Conventional Chiropractic; case-mix.

Introduction

Five short reports, each in the form of an abstract, are presented for the purpose of demonstrating the range of patients cared for in a conventional practice of Chiropractic.

Self-reported nonmusculoskeletal responses to chiropractic care: A review of the literature

Objective: Chiropractic care for nonmusculoskeletal is a controversial subject leading to disagreements within the chiropractic profession (academics and clinicians treating patients). It is possible that the self-reporting patient may yield important information for this conversation.

Methods: A search of the literature using, for example, *PubMed*, *ChiroIndex*, *GoogleScholar*, for [chiropractic, nonmusculoskeletal, and self-reported] yielded only three-articles specifically related to this topic and three others that had features relating to the search items.

... we ask every conventional Chiropractor to reflect on their practice and begin to document the variety of patients cared for, with a view to contributing short reports, case reports, and abstracts to the indexed literature of the profession beyond the limitations of pain-based care ...'



Results: Research into chiropractic care of nonmusculoskeletal conditions is a complex consideration. Filtering out placebo effects, patient/doctor misperceptions, regression to the mean, and other confounders is presumed to be helped with studies investigating a patient's unsuspected nonmusculoskeletal response to chiropractic care. Due to the complexity of viscerosomatic/somatovisceral interactions and autonomic nervous system response to chiropractic care this has made the study of specific nonmusculoskeletal responses to a chiropractic intervention a challenging endeavour.

Conclusion: Greater study into a patient's self-reported nonmusculoskeletal improvement subsequent to chiropractic care warrants greater study. Ideally it is crucial for academic/clinician collaborative investigations into the phenomena of chiropractic care of nonmusculoskeletal presentations because this may represent a subset of the patient population not responsive to other forms of low-risk conservative interventions. (1)

Care of a 72-year-old female patient with small intestinal bacterial overgrowth (SIBO) incorporating Chiropractic Manipulative Reflex Techniques (CMRT)

Objective: Care of a patient with small intestinal bacterial overgrowth (SIBO) with Chiropractic Manipulative Reflex Techniques (CMRT).

Clinical Findings: A 72-year-old female patient presented with a diagnosis of SIBO which was causing her profound upper and mid-gastrointestinal pain and discomfort as well as affecting her food intake and assimilation. She had significant pain and tension in the epigastric region as well as a region surrounding her umbilicus. She was under care with an allopathic gastrointestinal specialist but the progress was slow and her discomfort unremitting.

Intervention and Outcome: Patient was treated with T5-Gastric CMRT procedures for hiatal hernia and diaphragm epigastric tension and pain. T10-Intestinal CMRT was employed to reduce tension and pain in the region surround the umbilicus. Following treatment the patient would have relief that could last one-two weeks though would begin to return by the three-week mark. After three months of treatment the allopathic SIBO care and CMRT treatment at this office appeared to control her discomfort and no longer required regular care for any related intestinal type syndrome.

Conclusion: Further research is needed to determine if other patients suffering from SIBO may have some relief of any related viscerosomatic abdominal tensions and pain. (2)

Severe sacroiliac and low back pain possibly associated with post ablation tubal sterilisation syndrome, treated with chiropractic manipulative reflex technique (CMRT) uterine reflex techniques and allopathic gynaecological management

Objective: To present interdisciplinary care of a female patient diagnosed with post-ablation tubal sterilisation syndrome (PATSS) treated with CMRT protocols to help control her viscerosomatic reflex syndrome.

Clinical Features: A 48-year-old female successfully treated over three-years with sacro-occipital technique (SOT) care for hip/low-back and cervical spine pain and limitations had a severe flare-up of sacroiliac joint pain which was unresponsive to care. Since her SOT indicators weren't congruent with her presentation she was referred for allopathic consultation, and her gynaecologist gave her the PATSS diagnosis.

Intervention and Outcome: The patient was treated for five-office visits over three-months with CMRT care for L5-uterine reflex syndrome. She was also treated with SOT care to balance her lumbopelvic region and cervical spine. The treatment allowed her to function without medication

and since her gynaecologist was concerned about her response to surgery asked her to continue with care at this office. Since her pain may be related to her menstrual cycle we are trying to determine if the chiropractic care might mitigate her need for surgery or if surgery is a necessary option.

Conclusion: Collaborative chiropractic and gynaecological care for uterine related viscerosomatic referred pain patterns warrants greater study. (3)

Inter- and intra-disciplinary chiropractic collaborative care of a patient presenting with temporomandibular joint disorder (TMD), head and neck pain, and right-sided cormiosis

Objective: To describe a inter/intra-disciplinary chiropractic collaborative care of a TMD patient presenting with head and neck pain, and right-sided cormiosis.

Clinical Features: A 35-year-old female was referred by her dentist treating her TMD for complementary sacro occipital technique (SOT) and cranial technique care.

Intervention and Outcome: The patient was treated at this office with SOT protocols to treat kinematic postural imbalances affecting her cranium and dental occlusion. Craniofacial techniques were utilised to facilitate any palatal expansion occurring from wearing her dental appliance. She was also given specific exercises to improve her dental vertical occlusal dimension and nasal strips to improve nasal airflow. She was reporting consistent improvement but a relationship was noted between her right TMJ, upper cervical region, and ipsilateral pupillary constriction. Since it was postulated that this might be contributory to her presentation she was referred to a chiropractic neurologist who assessed/treated her and gave her exercises. She reported that the conjoint dental, chiropractic, and chiropractic-neurology interventions have vastly improved her quality of life and ability to function.

Conclusion: While it is ideal for chiropractors to seek interdisciplinary care, as more chiropractors develop advanced specific training intra-disciplinary referrals should be considered. (4)

Sacro occipital technique (SOT) and cranial techniques for treatment of post-brain surgery secondary effects, two years post-surgery: A case report

Objective: Sharing treatment and outcome of a patient, two-years post brain surgery that received chiropractic care for her secondary symptoms following surgery.

Clinical Features: A 57-year-old female presented with unremitting pain, weakness, lower-extremity neuropathies, reduced lower-extremity circulation, and lack of mental clarity following brain surgery. Over the two-years post-surgery she had made good progress but her presenting symptoms had not changed since the surgery.

Intervention and Outcome: The patient was treated with SOT and cranial protocols to help balance meningeal membrane tensions and improve cranial CSF pulsations. She reported on her way home in the car that *'for the first time since her surgery she had improved circulation and no numbness in her left leg/foot'*. The following morning she noted that she *'felt more centred on her feet and her brain was clear'*. While this outcome was remarkable and she will continue with care at this office, she was referred for collaborative care to a chiropractic neurologist to facilitate adding some specific exercises to help her continue to improve.

Conclusion: When patients reach a plateau or possibly even before hand a trial of chiropractic care including SOT and cranial techniques to facilitate rehabilitation may be indicated. (5)

Conclusion

The literature of Chiropractic will benefit greatly from more conventional Chiropractors reflecting on their practice documenting the variety of patients cared for. Such notes can lead to short reports, case reports, and abstracts for publication and thus entry to the indexed literature of the profession.

The importance is to more carefully document the diversity of care provided by conventional Chiropractors which goes far beyond the limitations of pain-based care.

The second-level of value lies in documenting the outcomes of Chiropractic care across the lifespan. Imagine the weight of evidence the profession would hold if every one of the 22,000 or so favourable reports of a Chiropractors care of a child, as submitted freely by members of the public to the Safer Care Victoria Inquiry, (6) had been published and indexed as a formal case report.

For these reasons this Journal publishes the abstracts of the scientific meetings conducted by ICAK-USA and SOT Research and partners with the ASRF Case Report project.

I encourage many more readers to take their first steps towards contributing to the rapidly growing evidence base of Chiropractic, especially in diverse non-pain-based cases across the lifespan.

References

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