

Chiropractic manipulative reflex technique (CMRT) treatment of a non-compliant 59 year old female presenting with a hiatal hernia, gastritis, and other co-morbidities: A case report

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Narrative: Not every patient wants to help themselves be healthy. It does little for the therapeutic partnership for a medical practitioner to tell the patient that 'chiropractic would not help'. In spite of long term chiropractic care this patient was on multiple medications for psoriasis, type two diabetes, high cholesterol, and depression.

While CMRT for this patient's stomach and hiatal hernia significantly and consistently reduced her symptoms her lack of follow through with dietary modifications inhibited the stability of a positive outcome. It is often a challenging dealing with a non-compliant patient and figuring out how to communicate and reach patients that are acting counter to their own welfare.

Indexing terms: Chiropractic; patient non-compliance; CMRT.

Introduction

A 59-year-old female long-term patient at this office developed symptoms of pain for over a year in her left side. She described the pain as being 'shooting in nature' and difficult to predict its onset. The patient does not have a kidney on the left side. Two months after the onset of pain, a renal carcinoma was discovered on the right during an ultrasound for a fatty liver and the neoplasm was successfully surgically removed. The patient is not a heavy drinker and it is believed that her fatty liver was due to her being significantly overweight. During this time the patient was on multiple medications for psoriasis, type two diabetes, high cholesterol, and depression.

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Methods and Outcome

A few months after the development of her pain, the patient was seen at this office and treated with a hiatal hernia technique (gently pulling stomach away from diaphragm on exhalation) was performed and the patient experienced



75-80% left sided pain reduction. The shooting pain was also less frequent, less intense and lasted a significantly shorter amount of time.

During a birthday trip to Mexico a few weeks following the treatment she noticed a return of the symptoms. Hiatal hernia technique was performed again with the same improvement in her symptoms. Patient was told to avoid spicy foods and eating to the point of being overly full. She did her best but was not particularly compliant.

For a second opinion and to be thorough she went to a pain management allopath who told her Chiropractic care would not help her and subsequently prescribed *Gabapentin*. Since she suffers from low energy and was not interested in taking additional medication she chose to continue with chiropractic care.

Hiatal hernia technique was again performed along with full chiropractic manipulative reflex techniques (CMRT) for the gastric/stomach was performed and a food diary was requested. Her condition would consistently improve following care however she would not follow food recommendations as well as quantities. She no longer has left shoulder pain if she receives periodic treatments when there is a flare-up.

Conclusion

Healthcare is clearly becoming a collaborative effort between the doctor and the patient. While CMRT for the stomach and hiatal hernia significantly and consistently reduced her symptoms her lack of follow through with dietary modifications inhibited the stability of a positive outcome. It is often a challenging dealing with a non-compliant patient and figuring out how to communicate and reach patients that are acting counter to their own welfare. In some instances incorporating family and others in their social network to support these patients along with psychotherapeutic referrals may be necessary.

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