

Treatment of a 36-year-old female with chiropractic manipulative reflex technique (CMRT) for gallbladder-related referred pain: A case report

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Narrative: Patients may present to both a Chiropractic and a medical physician with a complaint, in this case upper right thoracic spine and epigastric pain, indigestion, and difficulty digesting food.

This patient was recommended for surgical removal of her gall-bladder however after three office visits over 3 weeks her biochemical markers had fallen to be within normal limits.

At 13-year follow-up, the patient has not reported any recurrence.

Indexing terms: Chiropractic; SOT; CMRT; ALT; AST; gallbladder pain referral.

Introduction

A 36-year old female presented to this with upper right thoracic spine and epigastric pain, indigestion, and difficulty digesting food.

Sacro occipital technique (SOT) occipital fibre analysis revealed line two area three sensitivity with an associated right T4 transverse process nodulation. The following day she was able to see her allopathic physician who performed laboratory tests that showed unusually high liver enzymes and subsequently diagnosed her with gallbladder gallstones.

The patient was treated at this office a few times within a two-week period of time and returned to her allopathic physician for follow up laboratory testing.

Methods/Intervention

She was treated with SOT and CMRT procedures for gallbladder (occipital fibre area three and T4 right transverse process sensitivity).

Results

After first office visit her condition subsided (>85%) and was seen by her

... this report shows that the biochemical markers AST and ALT may dramatically fall under Chiropractic care with CMRT. This finding has implications for any recommendation to address such high values through surgical intervention ...'



allopathic physician who had laboratory testing performed (AST of 187 and ALT at 726).

Following the assessment and laboratory test finding the physician recommend gallbladder removal surgery.

After approximately three weeks of care (three office visits) she returned to her allopathic physician and when follow up laboratory testing revealed AST of 10 and ALT of 34 presumed she had had the surgery. When she informed her physician that she had chiropractic treatment instead of gallbladder removal the doctor informed her that her condition will likely return in the near future.

However at a thirteen-year follow-up the patient still has not had a gallbladder flare-up.

Conclusion

This study presented a patient suffering from what appeared to be gallbladder referred pain syndromes and associated non-musculoskeletal presentations that responded well to CMRT chiropractic care.

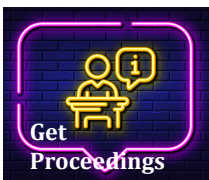
Due to CMRT's low risk conservative approach it may warrant greater study ideally in collaborative gastrointestinal allopathic healthcare settings.

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