



CASE REPORT

# The effectiveness of osteopathic manipulative treatment in an abnormal uterine bleeding related pain and health related quality of life (HR-QoL) – A case report



Kanu Goyal, BPT, (DOMTP)<sup>a</sup>,  
Manu Goyal, BPT, MSc (Applied Musculoskeletal Physiotherapy),  
DOMTP<sup>a</sup>, Kanimozhi Narkeesh, PT, PhD<sup>a</sup>,  
Asir John Samuel, BSc (Psychology), BPT, MPT (Neurosciences  
and Paediatric neurology), DYScEd, (PhD)<sup>b,\*</sup>,  
Sorabh Sharma, MPT (Sports)<sup>c</sup>,  
Subhasish Chatterjee, MPT (Neurology)<sup>d</sup>,  
Narkeesh Arumugam, PT, DO, PhD<sup>e</sup>

<sup>a</sup> Department of Musculoskeletal Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar University, Mullana, 133207, Haryana, India

<sup>b</sup> Department of Pediatric and Neonatal Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar University, Mullana, 133207, Haryana, India

<sup>c</sup> Department of Sports Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar University, Mullana, 133207, Haryana, India

<sup>d</sup> Department of Neuro Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar University, Mullana, 133207, Haryana, India

<sup>e</sup> Department of Physiotherapy, Punjabi University, Patiala, 147002, Punjab, India

Received 11 May 2016; received in revised form 11 June 2016; accepted 22 August 2016

## KEYWORDS

Endometriosis;  
Chronic pelvic pain;  
Osteopathy;

**Summary** Abnormal uterine bleeding is characterized by painful and/or excessive menorrhoea, chronic pelvic pain due to the endometriosis (Em). Osteopathic treatment is commonly used in the gynecological dysfunctions. The aim of the present case study was to explore the effect of osteopathic treatment (OT) for a woman with abnormal uterine bleeding related pain

\* Corresponding author.

E-mail address: [asirjohnsamuel@mmumullana.org](mailto:asirjohnsamuel@mmumullana.org) (A. John Samuel).

Rehabilitation;  
Somatization;  
Visceral osteopathy

and quality of life (QoL). We reported a case of 29 year old female who presented with chief complaints of increased flow during periods, lower abdominal pain, leukorrhoea, lower back pain and with occasional constipation for the last 3 years. Patient is a mother of 6 years old male child born with normal delivery. On diagnostic ultrasonography the uterus was found bulky with insignificant endometriosis and no other abnormality was detected. She did not have any relevant past medical and surgical history. The pre and post osteopathic treatment measurements were measured using Visual Analog Scale (VAS) and the health related quality of life (HR-QoL) questionnaire called short form Endometriosis Health Profile Questionnaire (EHP) – 5. In the present case the pain due to the endometriosis was treated with the osteopathic treatment consists of all the major diaphragms' release (release of pelvic diaphragm, abdominal diaphragm, thoracic outlet release and hyoid diaphragm) during the first session and in the second session gastro-esophageal (GE) junction release, sigmoid colon release, cranial therapy to the occiput, sacral release and dural tube rocking. Following that improvement of pain from VAS 8.3/10 to 3.9/10 and QoL improvement from EHP-5, 72/100 to 26/100 was noted. Osteopathic manipulative approach (OMA) in the patient with Em might improve the abnormal uterine bleeding related pain and health related quality of life (HR-QoL).

© 2016 Elsevier Ltd. All rights reserved.

## Introduction

Abnormal uterine bleeding (AUB) is characterized by painful and/or excessive menorrhagia, chronic pelvic pain due to the endometriosis. Endometriosis (Em) is a chronic disease that presents with the constellation of symptoms including onset at young age, dysmenorrhagia, non cyclic pain, dyspareunia and infertility (Lindheim, 2005). The incidence and prevalence Em ranges from 5%–15% in reproductive women and up to 3%–5% in post menopausal women (Vigano et al., 2004). It affects the socio – economic status and psychological status of the women (Jones et al., 2006). The signs and symptoms of the abnormal uterine bleeding should be focused upon to rule out the red flags, prior to make visceral somatic dysfunction as diagnosis for Em confirmed by tenderness, asymmetry, restriction, and tissue texture changes (TART) on manual palpation. Currently, the patients with Em related pelvic pain and AUB have been treated with different medical and surgical procedures. The long term effectiveness of all these treatments is not maintained or in many of the cases these treatments have to be stopped because of their adverse effects (Sinaii et al., 2007). The utilization of osteopathic treatment (OT) approach has also been reported in the literature for the treatment of Em related chronic pelvic pain and dysmenorrhagia (Schneider-Milo, 2011).

The Endometriosis Health Profile Questionnaire (EHP) – 5, the shorter version of EHP – 30 was used to monitor the health related quality of life (HR-QoL) throughout the study. The validity and test – retest reliability of EHP-5 in Em patients is proven. The EHP-5 contains 11 questions/items: five items including pain, control and powerlessness, emotional well-being, lack of social support, self image forms the core questionnaire and six items forms the modular questionnaire which may not be applicable to every woman with endometriosis. The six modular items includes the questions related to work, intercourse, and worries about infertility, treatment, and relationship with children and medical professionals. Each item is rated on 5-point scale (never = 0, rarely = 1, sometimes = 2, often = 3, always = 4 and not relevant if not applicable).

Scores on the EHP-5 core and modular questionnaire then are transformed on a scale of 0 (indicating best possible health status) to 100 (indicating worst possible health status). If the 'not relevant' box was ticked for items on modular questionnaire the score could not be computed for that dimension (Goshtasebi et al., 2011).

## Case report

A 29 year old female, a housewife, presented with the chief complaint of increased flow during periods, lower abdominal pain, leukorrhoea, lower back pain and with occasional constipation for the last 3 years. The pain was described as dull and constant ache type of feeling. She also described the feeling of tiredness throughout the day on bleeding phase/menstrual phase of the menstrual cycle. The patient has an obstetric history of 6 years old male child born with normal delivery.

She underwent diagnostic ultrasonography of the uterus and it was found bulky with insignificant endometriosis and no other abnormality was detected. Patient had been treated by proton pump inhibitors (PPI), anti – depressants and non – steroidal anti-inflammatory drugs for the last 3 years, but had no relief leading to the stressful life. No factors were found to relieve her symptoms.

On presentation, her blood pressure was 136/88 and pulse was 80 beats per minute. Physical examination showed a healthy female weighing 75 kg. On osteopathic assessment, through the global listening the motion restriction was found in the lower abdominal quadrants, upper cervical spine and upper lumbar spine. The cranial sacral motion was restricted. The remainder of the assessment was normal.

The osteopathic treatment plan was made for 2 sessions per week for 4 weeks. Visual Analog Scale (VAS) for measuring menstrual pain and EHP – 5 were documented before and after the treatment. The details of the two outcome measures are displayed in Table 1. During the 1st session the patient underwent osteopathic manipulative

Download English Version:

<https://daneshyari.com/en/article/5564016>

Download Persian Version:

<https://daneshyari.com/article/5564016>

[Daneshyari.com](https://daneshyari.com)