

*Successful In Vitro Fertilization in a Poor Responder While Under Network Spinal Analysis Care: A Case Report Senzon SA, J Vertebral Subluxation Research September 14, 2003, pp 1-6.*

This case report describes the successful in vitro fertilization (IVF) of a 34 year old female who had one previous aborted In Vitro Fertilization (IVF) attempt prior to Network Spinal Analysis (NSA) care that was attempted due to her partner's azoospermia.

The patient had been treated medically Mircette (birth control pills), Lupron (a gonadotropin releasing hormone agonist), and Gonal-F (a recombinant FSH). The IVF was cancelled due to poor response. The patient commenced regular NSA care and her body chemistry responded positively so that the next IVF was successful and was followed by a successful pregnancy. The patient is still under NSA care, and is now in her second trimester with normal fetal heart sounds.

*The resolution of chronic colitis with chiropractic care leading to increased fertility Blum, CR J Vertebral Subluxation Research August 31, 2003, p 1-5.*

A 32-year-old female presented at my office for chiropractic care of her chronic colitis and did not disclose her condition of infertility during the course of care at this office. There appears to be some relationship between chiropractic care and relief of some visceral conditions relating to the colon and female reproductive organs. Chiropractic care including Sacro Occipital Technique (SOT), chiropractic manipulative reflex technique (CMRT), and category one block placement and protocol were employed. The patient had her chronic condition of colitis relieved and relatively simultaneously became pregnant after giving up on allopathic fertility treatments that she had undergone for 7 years.

*Case Study Reduction of Vertebral Subluxation using Torque Release Technique with Changes in Fertility: Two Case Reports J Vertebral Subluxation Research Anderson-Peacock E., July 19, 2003, pp 1-6.*

Two women had been deemed medically infertile and artificial insemination was being considered. Upon presentation, complete chiropractic evaluations were performed which detected spinal subluxations. Torque Release Technique Protocols were utilized for both evaluation and application of care. Adjustments were performed with an instrument, the Integrator, to improve spinal-neural integrity. During the course of chiropractic care both women were able to conceive. Although chiropractic care is not a treatment for infertility, it is postulated that improvement of spinal neural integrity through specific chiropractic adjustments may have contributed to improved homeostasis and physiological adaptation thus allowing the body to express a greater level of health as an outcome.

*Insult, interference and infertility: an overview of chiropractic research. Behrendt, M. Journal of Vertebral Subluxation Research May 2, 2003, p. 1-8.*

This paper reviews 14 retrospective articles involving 15 women aged 22-65. Eleven had no history of pregnancy, nine had previous treatment for infertility, four were undergoing infertility treatments when starting chiropractic care and had a "poor responder undergoing multiple cycles of IVF" (in-vitro fertilization).

Chiropractic care's successful outcomes are discussed and the various adjusting techniques used are reviewed. /

Below is the story of a California woman who was given a 5 percent chance of ever becoming pregnant, even with vitro procedures, and who became pregnant after chiropractic adjustments.

*A Spine Tingling Affair .The Monterey County Herald, Match 1998 Section D Page 1.*

Did you hear the one about the woman who went to the chiropractor and got pregnant?

Really, all Karen Bulch wanted was a little neck-and-shoulders adjustment.

But a month after wandering into chiropractor Mark Kimes' Salina office, the 44-year-old Monterey woman was with child, something she had unsuccessfully been trying to accomplish for 4 ½ years.

Kimes told her it might happen. And if it did, he said it would be within the first few months.

As Dr. Kimes was doing the neck/shoulders/complete personal history examination, he noticed a subluxation in Bulch's lower back. He wasn't sure, but Kimes thought after correcting the subluxation that the restored nerve flow may return her ability to become fertile. "I've been in practice for 12 years and I've seen it happen with many women," he said.

Manipulative Therapy in Rehabilitation of the Locomotor System, 2nd ed. Lewit K (1991), Butterworth-Heinemann, Ltd. Oxford.

"There is growing evidence that female infertility may be attributable to pelvic dysfunction."

The author quotes a randomized, controlled trial by Volejnikova and Krupicka (1992) in the journal *Manuelle Medizin* where 34% of the women in the treatment group became pregnant within months compared to 8% in the control group. After the study ended the women in the control group were given spinal care and a further 27% of them became pregnant.

*Fertility via the back door. Davidson, M What Doctors Don't Tell You. March 2001 Vol. 11 No. 12 p.12.*

"A couple had lost their third child in a tragic accident and wanted another child to complete their family. They had been trying without success for three years. The woman, who was 38, [initially] received a chiropractic adjustment; her husband was adjusted a few months later. Within 12 months, they had a fine healthy child."

*Chiropractic applications for infertility. Anderson, C. ICA Review. September/October 2000.*

This is the case history of a 40 year-old female who had a miscarriage at 16 weeks. Midback pain brought her to the chiropractor. Postural studies revealed anterior head carriage, right head tilt, high shoulder, and high hip, hypokyphotic spine and pronation of both feet. A spinal and postural analysis revealed interference at C1 and C2 with other areas involved at C3, T1, T2, T6, L5 and S1.

The patient was adjusted using diversified technique and neuro-emotional technique. The husband also began to have chiropractic care. She became pregnant, carried to term and delivered a baby girl on Jan 30th, 2000.

*Inability to conceive. Two case histories from the files of Larry L. Webster, D.C. International Chiropractic Pediatric Association Newsletter. Nov. 1995.*

Case number 1: This is the case history of a female, age 32. Her prior care had been medical and she received fertility pills and shots with negative results. She had not had a menstrual period for 12 years.

The major area of the spine adjusted was the lumbar region. After two months of chiropractic care, her menses resumed. Patient complained of abdominal discomfort during cycle.

It was the author's opinion that this discomfort would be a natural occurrence following an absence of menses for 12 years. Her menses returned and occurred on a regular cycle for four months when she conceived.

She was referred back to her medical doctor for confirmation of pregnancy. Her doctor informed her it was impossible for her to be pregnant – after all, he had done everything medically possible “and besides, there were no nerves emitting from the spine to the reproductive organs.” A few months later she delivered a healthy 7 ½ lb. Son.

Case number 2: This is the case of a female, age 26 who had been trying to get pregnant for a few years. She had taken the medical route with fertility pills, shots, etc. with negative results.

She had a severe scoliosis (Cobb's angle of 58°) and, upon examination, was informed that chiropractic care could affect the Cobb's angle and that possibly the severity of the curve with the subluxations present could be the reason for her body's inability to conceive.

After six months of care x-rays revealed the Cobb's angle was reduced to 47°. Approximately one month later, she became pregnant and remained under care throughout the pregnancy and delivered a fine baby with no complications. The areas adjusted were sacrum, lumbar and cervical spine.

No side posture moves were utilized in this case.

*The restoration of female fertility in response to chiropractic treatment. Proceedings of the national conference on chiropractic and pediatrics, 1994:55-64. McNabb B.*

This is the case history of a 36-year-old woman who had been medically tested and examined for infertility for one year. No abnormalities were found in her or her husband's reproductive system.

When she finally sought chiropractic care she had pelvic pain (often interfering with sleep), low neck and upper back pain, a headache of two weeks duration and tinnitus of several years duration.

Chiropractic care consisted of adjustments to C1-2, T11-T12, and L-4-5. Care was three times a week for two weeks, twice a week for four weeks and once a week for 3 weeks.

The pelvic, lower neck and upper back pain, and tinnitus were improved. Headaches became mild and rare. Patient became pregnant shortly thereafter and had an uncomplicated delivery.

Osteopathic physicians have been aware of subluxations (they call them spinal lesions) and infertility. Early osteopathic literature has many references relating to this subject. In the paper below, the author summarizes some of the osteopathic clinical findings:

*Vertebral lesions and the course of pregnancy in animals. Burns, L. Journal Of The American Osteopathic Association Vol. 23 No. 3 November 1923.*

From the paper (p.157):

Dr. L.M. Whiting of South Pasadena, has reported the evil effects of vertebral lesions upon the course of pregnancy and labor in several articles and lectures. She reports many normal pregnancies followed normal labor in healthy young women in whom there are no vertebral lesions. In contrast she reports that no normal pregnancies followed by normal labor were found in any case in which lumbar, innominate or lower thoracic lesions were found on examination.”

“Dr. Jeanette Bolles, of Denver, also reports several family case studies in which pregnancy and healthy births did not occur until the correction of specific lumbar lesion(s).”

“Dr. A.V. Fish, Sapulpa, Oklahoma, reports an interesting case. After four years of sterile married life, the correction of lesions involving the innominate and the fifth lumbar vertebrae was followed by an almost normal pregnancy. The patient became pregnant within two weeks after the correction.”