

ACT London Meeting – 20 January 2016 held at Elfrida Rathbone Centre, 7 Dowdney Close, London NW5 2BP

The meeting commenced with 30 minutes of Case Studies and then on to a presentation of the main topic.

#### 1. CASE STUDIES

The first case study concerned post-pill amenorrhea. A general discussion on the topic followed:

1. The need to do a complete case history including time of menarche, physiological developmental issues such as eyesight, hearing. Exercise issues around puberty: gymnastics, ballet, etc.
2. Personality issues: controlling, high standards.
3. TCM issues:
  - Liver Qi Stagnation
  - Heat
  - Liv-Lu Block
  - Qi & Bl issue – lifestyle issue, expending too much, need to replenish, explore softer, yin side – e.g. meditation
4. Treatment Options – treat according to diagnosis. Other treatment options to be considered:
  - a. Liver – Lung Block
  - b. In the absence of menstruation and a known cycle, do menstrual cycle treatments according to moon cycle. New Moon represents Day one of Cycle, Full Moon = ovulation.

Finally, the question was raised about research on post-pill amenorrhea. The general consensus was that as acupuncturists, we tend to see a number of patients with this condition that does not necessarily relate to the prevalence of the condition in the general public.

***NB if anyone does any research please share with the group.***

Case Study 2 involved inter-uterine Death and the grieving process as well as unexplained muscular skeletal symptoms such as RSI, unstable pelvis, and plantar fasciitis.

It was suggested that experience shows that it takes the full nine months to get over physiological changes, and things often change around the due date.

Also inflammation and using the Back Shu points such as BL25, 27, 39 in the lower back and upper back BL13, 14,15.

#### 2. Main Topic: Role of Osteopathy in Pregnancy and the Fourth Trimester

Speaker Nancy Nunn, Registered Osteopathy and Specialist Paediatric Osteopath of the Nunhead Osteopathy Practice.

Nancy commenced her presentation with a history of the development of osteopathy as a therapy and an overview of osteopathy in the UK.

Osteopaths describe themselves in one of three ways Structural, Cranial and Visceral. Structural osteopathy is the most common and is the foundation of all types of osteopathy. It involves manual manipulation. Cranial is subtler and work with body fluids and energy using tiny movement. Visceral concerns the physical structure of the body and organs and works with the “viscera” such as abdomen, thorax, abdomen and attachments to structure.

Paedriatic osteopathy involves further study to specialise. A gold standard would be two - year postgraduate studies.

Principles of Osteopathy:

- The rule of the artery is Supreme: healthy blood flow is paramount to good health
- Body as whole unit
- Body has its own medicine chest
- Structure governs function

Palpation is the skill that osteopaths continually develop; palpating the texture, shape, and temperature gives vital information.

Treatment during pregnancy

Pain, swelling, history of dysfunction, general well being, energy levels.

Understand what is happening to changes in the anterior /posterior position of spine, increase in the “S” curve of spine as foetus grows. These changes were illustrated by drawings of posture at different points in pregnancy to see the effect on the spine.

Hypermobility creates particular challenges in pregnancy as does previous and new injuries. An example of coccyx pain that is almost always due to a previous injury whether or not patient is aware of it. The body with its changing physiological demands of the growing fetus is pushed to the limit and can no longer compensate for old injuries.

Aims of osteopathy in Pregnancy

Allow body to adapt to physical and biochemical changes in pregnancies and in preparation for birth – to identify structural issues that may affect birth.

### **Assessment and Treatment**

Assessment looks at:

Stage, Health, Fitness and ability of mother

Posture and general mobility

Pelvis and balance.

### **Postural Changes in Pregnancy**

#### **Early Pregnancy**

Generally not many women come in early pregnancy unless they have had previous treatment.

Week 6: Change in Breast size demands postural changes

Week 10: The uterus is palpable. Levels of Relaxin increase which affects the quality and tone of muscles.

## **12 -20 Weeks**

Growth of Fetus – less lung capacity, which is significant for patients who suffer from respiratory ailments such as asthma.

Ribs change shape

Pelvis tilt – anterior/posterior curve

Breast and pelvis changes create issues that can impact digestion such as heartburn

Aim of treatment is to create more space; the uterus stays centred but to create space around it.

## **20-28 Weeks**

Postural Changes continues. Issues are centred on where the body can't cope:

- Old injuries.
- Anterior and Posterior Curves.
- Hip/Upper Back; Trunk and neck
- Fascia – flexibility as well as distribution of fluids

## **28 weeks**

Creating space

The key approach is to create space using the fascia

Other things: symmetry of the bump – is it one sided? Should be fairly symmetrical and is indicative of the attachment of ligaments to pelvic bowl. This can be affected by old surgeries, injuries etc.

## **Preparation of birth**

Flexibility of Pelvis

Spinal Health

Pelvic Floor health

Position of baby

Note: technically only midwives and obstetricians can treat pregnant women, so therefore osteopaths are not allowed to move baby.

## **“Fourth Trimester” – Post Partum**

Recover of physical, emotional, hormonal health and energy

Complications: episiotomy, tearing and fascia tears. Caesarean.

Stirrups – strains the pelvis

Feeding positions

Sleeping,

Negotiating slings, cars seats, push chairs, particularly when pelvis is unstable.

## Treating babies

*“As the twig is bent so is the tree inclined”*

Identifying problems at early stage can prevent life-long injuries.

Look for infants favouring one side, turning to one side; sleeping positions. Look at where infants are comfortable, indicates how they developed in tight space.

Shape of head: asymmetrical? Squashed to one side/

Sticky eyes – eyes drain into small spaces, can be squashed in the womb.

Back-to-Back EPB – compressed, squashing nose can lead to nasal congestion

Pre natal trauma – anything that reduced space, fetus bends to fit in, alters shape of body.

How bad? How long? If it is for last 6-7 weeks of pregnancy it will lead to problems.

Maternal illness, stress, shock and emotional events – can impact. Muscles have memory

Medication and other substances, e.g. adrenaline, baby will feel affects

Foetal constraint – can deform posture.

Odd shaped head, muscular skeletal affects.

Showed photo of twins – one runs out of space – posture asymmetrical, looks to one side.

Plagiocephaly – Flat head

Issues arising from this: poor ability to cope with postural changes, preference to one side.

Can affect positing

Dislikes being dressed and undressed

Dislikes being held in a different position

Poor sleeper

Fractions

Unsettled

Later signs:

Later walking

Asymmetrical

Late crawling walking

Trying to stand earlier

Poor posture

Poor sleep habits

Birth trauma neck not well designed mix shoulder reflex delivery rotate

Earlier you can see the baby with these conditions the better to resolve the issues of birth anything goes wrong sleeping etc. Nancy said that for general problems timing is usually after three weeks.

Next ACT Meeting: Thursday, 17<sup>th</sup> March.