

Chapter Eighteen

Menstrual Pain

Menstrual pain (dysmenorrhea) affects about half of all women of childbearing age. For 30% of this population, it is a nagging inconvenience, easily relieved with medications. If you are among the 20% of women who are significantly affected or incapacitated by menstrual pain, this chapter will likely be of great interest to you.⁵³

Menstrual pain symptoms may include cramping in the lower abdomen and pelvis, low back or leg pain, nausea, vomiting, diarrhea, fatigue, or headaches. The combination of menstrual and premenstrual pain can last longer than a week. Some women also experience pain during ovulation, which can last from a few minutes to a couple of days.

While we do not regard pain as normal, many women note pain as a consequence of menstruation. Some women experience more pain with their periods than others with no apparent etiology (cause).

Primary dysmenorrhea:

Onset occurs 6-12 months after menarche (beginning of menstruation). Symptoms may include lower abdominal or pelvic pain that lasts 8-72 hours, low back pain, medial/anterior thigh pain, headache, diarrhea, nausea, or vomiting.

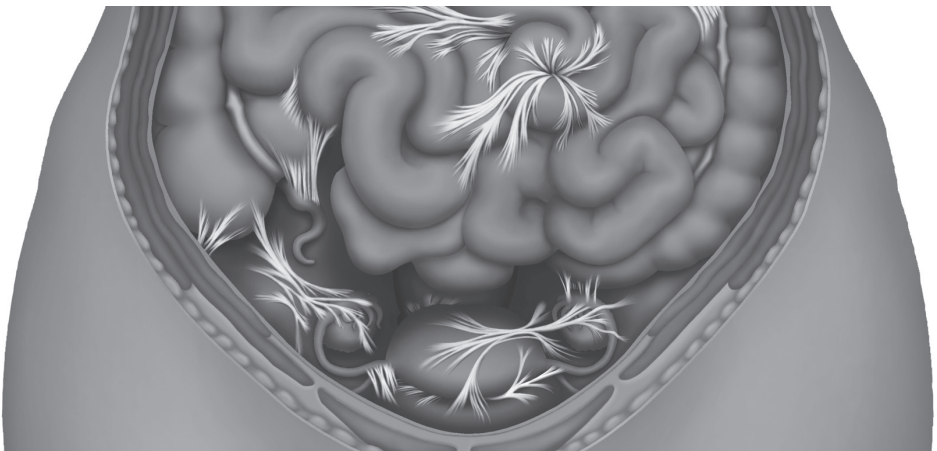
Secondary dysmenorrhea:

Onset occurs in the 20s or 30s, after relatively painless menstrual cycles in the past, and is due to some medical cause. Symptoms may include heavy menstrual flow, irregular bleeding, dyspareunia (painful sex), vaginal discharge, or infertility

Physicians diagnose primary dysmenorrhea when the patient exhibits symptoms from the onset of her first menstrual cycle. Primary dysmenorrhea may be due to medical, hormonal, or mechanical problems, such as adhesions.

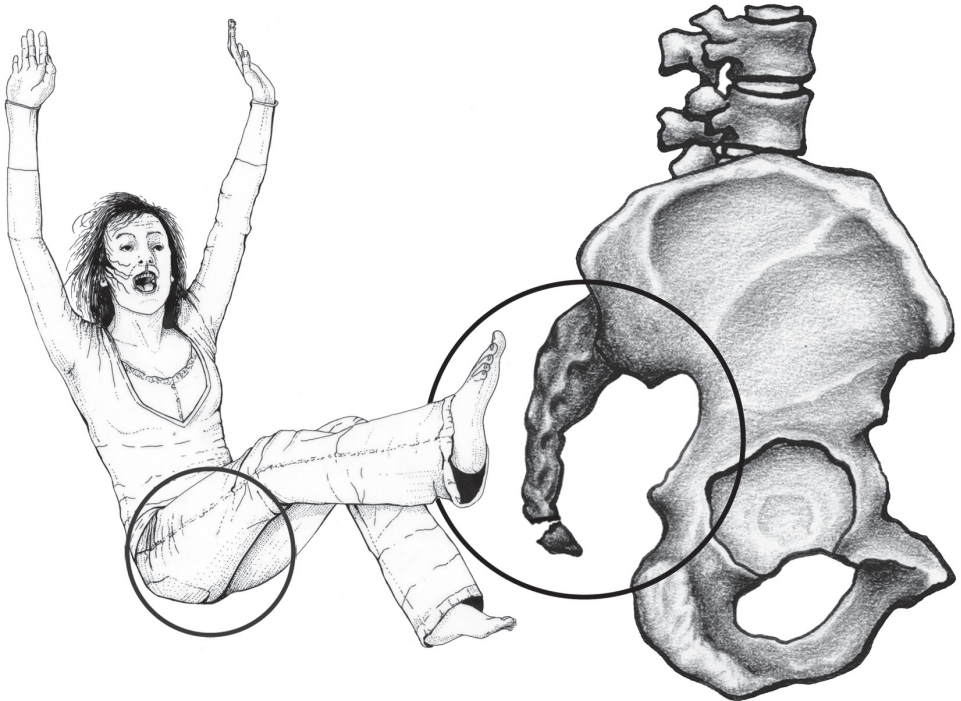
In cases of secondary dysmenorrhea, pain is generally the result of a medical condition which occurred in the body after the first menstrual cycle, such as an infection, pelvic inflammatory disease (PID), or endometriosis. These conditions are known precursors of adhesions, which form as the body attempts to isolate and contain the conditions, preventing their spread to neighboring structures.

Women are susceptible to any of a number of inflammatory conditions in the warm, moist tissues of their pelvic cavities. In some cases, inflammation can become extensive, and lead to adhesion formation. As the adhesions bind structures in the pelvis, they can act like strong glue, severely restricting the movement and function of the previously supple and delicate organs in the pelvis. In severe cases, adhesions may bind the internal areas of organs or may attach organs to other structures, causing pain and decreasing mobility or function. The pull of the newly formed adhesions may then cause more inflammation, perpetuating the process.



Adhesions bind delicate tissues within the pelvis.

Clinical evidence has shown us that even mild cases of early infection, trauma, endometriosis, or PID can cause strong, filmy adhesions to attach at the sites of inflamed tissues.



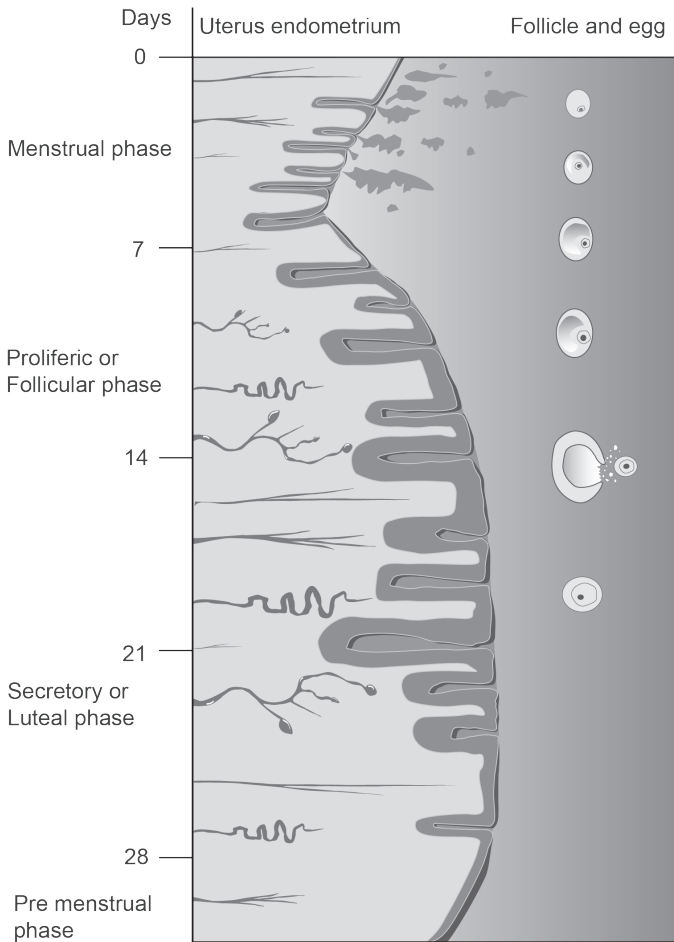
A fall or trauma can cause adhesions that affect the body later in life.

Healing events may also occur at a young age, such as from a fall onto the tailbone or pubic bone. Because of the location of the female urogenital organs (vulva, vagina, bladder, and reproductive organs) at the bottom of the trunk and top of the legs, they are subject to traumas from running, falling, and similar athletic activities. The body responds by laying down adhesive cross-links to isolate the

injured area. Having recovered from the initial tissue insult, the delicate tissues of these organs undergo a second, more permanent trauma from the adhesions that formed to help the body heal.

Understanding the Menstrual Cycle

The menstrual cycle is divided into three parts: the follicular phase, ovulation phase, and luteal phase.



Phases of the menstrual cycle

Follicular phase

Day one of the menstrual cycle is the day menses (a period) starts, and all counting of days begins with day one. When flow begins after mid-afternoon, the next day would be considered day one. The growth of egg follicles appears to start with menses. It is unknown what causes follicles to begin to grow, other than the drop in hormones prior to and with menstruation.

Between days one and ten, there is usually a spike in FSH (follicle stimulating hormone) and LH (luteinizing hormone) as well as an increase in estrogen and progesterone. Generally, several follicles develop; the one follicle that is destined to ovulate puts out the most estrogen.

Ovulatory phase

Ovulation usually occurs within a short 12-24 hour period after the LH surge and rise in estradiol.

Luteal phase

The luteal phase begins after ovulation. The follicle continues to grow and if it is fertilized by a sperm, pregnancy occurs. If it is not fertilized, then the egg will burst from the follicle, leaving its outer casing, the corpus luteum, which precedes the start of the next menstrual cycle. This occurs approximately day 28, in most pre-menopausal women.

After treatment ended, I felt better with less pain in my uterus. I also noticed my cycles were stronger and healthier.

- Paulina, mother of one after struggling with pain and infertility

How Adhesions Can Cause Menstrual Cycle Pain

All of the movement, hormonal changes, and activity that occur during the menstrual cycle are accompanied by swelling and shrinking of the uterus. When adhesions form anywhere on or within the walls of the uterus or its support structures, they tend to decrease that structure's mobility. Bound by these adhesions, the uterus resists the normal swelling and shrinking of the menstrual cycle causing pain. We have come to believe that this same process may be at work at the ovaries, accounting for much of the ovulation pain that we treat.

In primary dysmenorrhea, we sometimes find that the healing bonds that formed from earlier falls or traumatic events have been unnoticed in the system for many years, until the onset of menstruation. When the menstrual cycle first starts, the swelling of the uterus or changes in the ovaries can pull on adhesions which are unnoticed at other times of the cycle. When this happens, the unwelcome side effect can be pain with ovulation or menstruation.

Treatment Options

Many physicians feel that the best treatment for mild to moderate dysmenorrhea is to administer medications such as birth control pills to stop the menstrual cycle. These medications contain estrogen, which decreases hormonal stimulation to the uterus, thus decreasing the amount of blood. We believe that without the normal swelling of menstruation, there is no pull on the tiny adhesions, so pain is decreased.

Because products of menstruation called prostaglandins can also irritate the muscle, birth control pills prevent this irritation as well. Therefore, doctors sometimes prescribe medications such as Aleve® or Motrin® (ibuprofen) to decrease irritation and inflammation within the muscle of the uterus.

For some women, menstrual pain becomes so severe that they opt for surgery to cut or burn adhesions, burn nerves that transmit menstrual pain, or to remove some or all of their reproductive organs. While surgery has returned a quality of life to many of these women, others find that surgical procedures have not helped. In fact in some cases, pain actually increases after surgery. We believe this may occur due to the adhesions that often form as a result of surgery, post-surgical infection, ongoing inflammation, adhesions, or a combination of these factors.

When menstrual pain is so severe that it disrupts a woman's life due to cramping or pain, its imposition on her lifestyle can become a major factor in her life. We have lost count of the number of women who have told us that they have to mark certain days on their calendar when they know they will not be able to go to work due to the pain. The loss of two days in the 28-day cycle means that a woman is sacrificing 7% of her waking life to significant pain and dysfunction. Thus, every year she spends nearly a month of her life in pain, unable to participate in normal activities. During these times, she routinely misses work, avoids sex, and may have pain with the most basic activities, such as standing, walking, exercising, or using the bathroom.

Breaking Free from Birth Control Pills

Manual physical therapy, which addresses the adhesions that seem to cause so much menstrual pain, appears to offer a more permanent solution for many women. It has been gratifying to witness significant pain decreases in women who had undergone years or decades of menstrual pain. Hearing that a woman can add an additional pain-free month to her life each year is very special.

I definitely attribute my treatment at CPT to return of my ovulation.

*-Sophia, mother of two
after struggling with infertility*

In addition to pain relief, some of our patients report that menstrual flows become more normal and length of periods become more regular after we decrease the adhesions that were causing unusual pulls on their reproductive structures. We feel that part of this phenomenon may be due to work we developed to treat the hormone-secreting glands, the pituitary, hypothalamus, and ovaries.

In other cases women we were treating for period pain began to report significant increases in desire, lubrication and orgasms when they returned home after therapy. After several such reports, we began to investigate this phenomenon scientifically, and we have now published two studies on the rather remarkable results we were finding. The only explanation we could find was obvious: the same adhesive processes that were binding down uterine or ovarian tissues and causing

menstrual pain were also interfering with sensitivity and function of the nearby sites which elicit sexual response. You may read more about this phenomenon in Chapter Thirteen.

***I know (CPT)
helped improve
my hormones.
After just a few
days of therapy, my
period has returned.***

*- Chloe, whose period
had stopped*

Menstrual Pain

- LaRue's Story

(Full Story Featured in Chapter Eleven)

I decided to attend treatment for an intensive week of therapy. The first day of treatment, I knew right away this wasn't typical physical therapy. The therapists evaluated my entire body and they soon found a spot that, when stretched, elicited exactly the kind of pain I experienced during my menstrual cycle. If I had not been a physical therapist, I would not have understood that this was a good sign. Even though this aspect of treatment was somewhat painful, I knew if they could find the area that caused my pain, they would then be able to resolve that pain.

After my first day of treatment, I must have gone to the bathroom at least ten times. It was like their treatment helped clear my bowels and bladder.

I never had menstrual cramps again after that one week of therapy.

By the time treatment was over, the majority of my aches and pains were gone. In fact, I never had menstrual cramps again after that one week of therapy.

Establishing a Pain-free Life

Menstrual pain has plagued womankind for most of reported history. Over the centuries, it has been treated with herbs, poultices, and spells. In modern medicine, the most effective treatments for menstrual pain have been

- drugs to reduce pain or spasm, or to stop the menstrual cycle totally, or
- surgery to remove adhesions and adhered tissue, to block nerves that transmit pain, or to remove the organs.

In the last few years, the manual physical therapy we developed at our clinics has been shown to be effective for treating menstrual pain, without drugs or surgery. Recent studies published in respected peer-reviewed medical journals have shown that the therapy significantly decreased pelvic pain in most women with moderate to severe endometriosis and menstrual pain. Negative side effects of this treatment are rare and may include temporary soreness. Positive side effects include increased desire, arousal, lubrication and orgasm.