

The Effects of the Sacro- Occipital Technique on the Quality of Life in Lung Cancer Patients Undergoing Chemotherapy and Radiation Treatment, Proceedings of the Integration of Complementary and Alternative Medicine into Clinical Practice: Evidence-Based Medicine

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Introduction: Gastrointestinal (GI) secondary effects from chemotherapy are a common occurrence for patients receiving oncological care. 1, 2 This study notes clinical improvements in GI disturbances secondary to chemotherapy and radiation treatment through the application of Sacro-Occipital Technique (SOT), incorporating novel chiropractic diagnostic, analysis and treatment methods.

Case Report/Assessment: The patient was a 57-year-old female patient, diagnosed January 2004 with lung cancer, had tumor removal February 2004, began chemotherapy following surgery, and began radiation therapy July 2004. Her GI disturbances started February 2004 and her oncologist had prepared her for that likelihood.³ The patient was a chiropractic patient since 2000, treated for recurrent low back pain and never reported any GI disturbances prior to February 2004.

Treatment Intervention: Chiropractic care focused to the thoracic vertebrae, guided by reflexes relating to GI viscerosomatic innervations. The manipulative procedures were preceded by occipital fiber reflex techniques ⁴ and were followed by reflex somatovisceral contacts related to the stomach, lungs, and diaphragm.^{5,6} The nutritional supplements utilized were eicosapentaenoic acid, pepsin, pancreatic enzymes, bile, and liver concentrates.

Results: The patient noted that with the SOT chiropractic care her digestive disturbances were significantly lessened and occasionally

completely alleviated while concurrently receiving chemotherapy and radiation therapy.

Discussion: SOT incorporates analysis and treatment of viscerosomatic and somatovisceral reflexes 7,8 and referred pain patterns called Chiropractic Manipulative Reflex Technique (CMRT). 9 In this case CMRT was administered to a patient during treatment for lung cancer to help alleviate GI side effects secondary to chemotherapy and radiation therapy. CMRT can be used to help treat visceral mimicry syndromes 10 or dysafferentation 11 at the spinal joint complex, associated with vertebral visceral syndromes.

Conclusion: SOT and CMRT along with nutritional supplementation might offer relief for patients who experience adverse digestive side effects during cancer treatment. The gentle low-force nature of this care warrants greater research due to the low risk and potential benefits.

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