

Case Study: Pelvic pain

Clinician: [Katie Stage, ND, RH \(AHG\)](#)

Client Information

Gender: F **Age:** 41 **Height:** 5' 6" **Weight:** 262 lbs **BMI** 42.6

Occupation/Passions: Marketing associate; charity work for foster kids

Reason for visit:

- Pelvic “heaviness” and urinary urgency: this started in 2010 during trauma work with her therapist. It feels like a heaviness and vibration in her lower abdominal and pelvic area. She characterizes it more as discomfort than pain, and it causes her to feel like she has to urinate. When she is engaged in something or happy, she doesn't notice it as much. When she is emotionally hurt or angry, when she feels the area tighten up and becomes "like a rock". Crying makes it feel better. She has a history of fibroids, and has at least one at present. She was sexually and emotionally abused as a child. She has always been filled with fear. Her therapist recommended bodywork focusing on her past trauma, but the more she works on that area, the more discomfort she experiences.
- Back/shoulder/leg/neck pain: this started 4 months ago. The pain and stiffness is in her jaw, neck, shoulders, ribs, lower back, and buttocks. It feels like her “body never relaxes”. The pain is aching and constant, intensity 7-9/10, 10 being worst, and doesn't radiate. Her head, ears and jaw are currently painful, and her shoulders are stiff, “like a rubber band that is pulled tight”. She has some muscle relaxants that help the pain, but doesn't want to take these. She has regular massages but has been told she has lost mobility over the last few months. Massage helps the pain for about 12 hours.
- Tingling and numbness in right hand: she has experienced this for the last 2 ½ months. Her hand and arm feel like she has been sleeping on them. Holding something with her arm flexed forward makes it worse, but she denies weakness/dropping objects or change in sensation. The sensation is exacerbated when she does trauma work with her therapist.
- Fatigue: she is always tired, energy is 3/10, 10 being best. She has hypothyroidism, which is being managed by her endocrinologist. She has a history of menorrhagia, but denies being currently anemic. She sleeps 6-7 hours a night. When she has a night of active dreaming, she feels she hasn't slept at all. She reports night terrors. She had a sleep study 2 years ago, and was told she rarely goes into REM sleep. She takes Trazodone when needed for sleep, although it doesn't always help. She feels her "emotional stuff" adds to the fatigue.

Primary Health Goal: stop the pelvic pain/tension and urinary urgency

Secondary Health Goal (if any): decrease fatigue, tingling, and pain

[Health History](#)

Drug History: she denies ever having used drugs; she rarely drinks alcohol and denies ever having been treated for addition/abuse

Current Drugs, Herbs and Supplements:

- Antacids as needed for “poor digestion”
- Advil 200mg: takes 4 a day as needed for pain (she takes this does 6-7x/week)
- Metformin ER 2500mg QD (for insulin resistance, PCOS)
- Synthroid 75mg QD
- Liothyronine 5 mcg QD
- Prozac 80mg QD
- Trazodone 25mg QD PRN for sleeplessness

- “Stress vitamins” – unknown brand

Lab Reports Provided (if any): she does not have any records with her today.

She sees an endocrinologist for the insulin resistance and hypothyroidism; for the last 10 months her thyroid medications have been increased in strength each time she has an appointment.

She reports extensive work-up for the pelvic discomfort including pelvic and transvaginal ultrasounds (showing fibroids), laparoscopy (endometriosis implants were removed), CT and MRI. Urinary dipstick done today was normal with the exception of acidic urine: pH 5, range is 5-8.

Her neck/back/shoulder pain has also been worked up; she was negative for SLE, rheumatoid arthritis, and other autoimmune disease. She does not qualify for fibromyalgia diagnosis but was prescribed Lyrica anyway, which she has not yet taken.

Known Allergies/Drugs, Herbs, Foods, Etc.: [none](#)

Personal History Overview:

- She has been diagnosed with HTN and a mild murmur in the past; denies palpitations, chest pain, edema, and arrhythmia. She reports high cholesterol and triglycerides.
- She has a past history of asthma; has not had symptoms for many years.
- She reports heartburn, indigestion, bloating (worse if she eats sugar and takes her Metformin), nausea (when sad or upset), and diarrhea anytime she becomes shocked or upset. Reports 2 well-formed/loose bowel movements per day.
- She reports mildly elevated liver enzymes and fatty liver, diagnosed after her last MRI. Cholecystectomy in 2007.
- Reports frequent UTIs and urinary urgency. Last urinary dipstick was 1 month ago and was normal. She has had urinary urgency since she was a child. Unfortunately, abuse was never suspected. Instead a procedure was done to dilate her urethra, which did not help the sense of urgency.
- Period began at 10 years old. Menses lasts 6 days; cycle is regular every 28-30 days. Reports menstrual cramping and pain 8/10 (10 worst), better with Advil and heat. Premenstrual cravings for sweets and breast tenderness. Diagnosed with PCOS several years ago. Last pap 2 years ago; she has not wanted to go back to that OB/GYN because she was told she should have a hysterectomy due to her pelvic pain. History of fibroids: 2 were surgically removed 5 years ago, and she has at least one at present. History of “cervical irritation” despite normal paps. Specialists have ruled out cervical dysplasia and cancer after extensive work-up; patient was told that the fibroids are the cause of the irritation. Past history of vaginitis and ovarian cysts. Denies breast tenderness or lumps. Has never had a mammogram. Sexually active with one male partner but has intercourse rarely due to dyspareunia/dry vagina and decreased libido. Does not wish to get pregnant at this time; does not use protection but times intercourse. Past history of OCP use; was unable to tolerate Mirena IUD. Tested negative for trichomonas vaginalis, gonorrhea and chlamydia 2 years ago and HIV and HCV in 2007.
- Reports tingling and numbness in her right hand and arm; history of carpal tunnel syndrome; denies paralysis, scoliosis, or syncope.
- Reports dry skin and a past history of hives. Denies rashes, psoriasis/eczema, or skin cancer.
- Reports headaches; past dry hair (has been improving) and hair loss. Denies migraines, head injury, or dandruff.
- Reports congestion which occurs daily, worse on waking, occurs year-round; Sudafed helps. Frequent sinusitis and post-nasal drip. Seasonal allergies: she was tested 20 years ago and told she is allergic to dogs and cats, which she has at home.
- Reports eye strain, darkness under her eyelids which has been worse over the last year. Past history of blurry vision and itching eyes.
- Past history of sore throat and cavities.
- Reports neck stiffness and tension, past swollen glands. Denies decreased ROM.
- Reports depression and past suicidal ideation. She was hospitalized twice for suicidal ideation but denies thinking about suicide currently. Reports panic attacks and PTSD including flashbacks from past childhood trauma. Her last panic attack was one year ago. She has a history of sexual and emotional abuse as a child.

Reports anger/irritability, tension, and fear: she often feels like a "helpless child". She does group therapy once a week and sees a therapist once a week.

Family Health History:

- Positive for HTN (father, mother, brother); DM2 (mother); bipolar (mother), drug and alcohol abuse (brother). History of grandparents unknown.

Diet Overview: Often skips breakfast and sometimes lunch.

- Breakfast: if eaten, cereal, skim milk, banana
- Lunch: often eats out, usually simple carbohydrates and meat
- Dinner: pasta, meat, one vegetable such as corn or a small salad; often eats dessert such as chocolate, ice cream, or cookies
- Snacks: crackers, cookies, cheese, fruit
- She drinks 16-32 oz of soda a day; 2L of water; sweetened ice tea

Health Inputs (sleep, social, psycho, spiritual, environmental, movement):

She sleeps 6-7 hours a night [on Trazodone]; grinds her teeth. Wakes often, to check that she is safe.

Energy is poor, 3/10, 10 being best. She often naps in the afternoons.

She works part time at a desk job that she only marginally enjoys.

She is in a committed relationship but is not married. She enjoys spending time doing charity work for foster children, but often feels too fatigued to do so. She also loves scrapbooking, but does this rarely. Enjoys reading and watching TV. She does not exercise. She does not have a history of toxin exposure. She does not have a spiritual practice.

Health Processes (immune and repair, respiration, circulation, digestion/elimination, messaging system, reproductive, tissue qualities):

- Nervous system: overactive; always in sympathetic state. Message to body since childhood: protect yourself.
- Reproductive: dysfunctional, requiring ever-increasing levels of thyroid hormone; estrogen/progesterone levels imbalanced; irritation to cervical and vaginal tissue.
- Digestion/elimination: poor; irritated; fast transit time; unable to break down fats due to cholecystectomy.
- Immune function/repair: poor; she gets frequent colds and sinus infections; allergies; poor tissue healing and recovery.
- Circulation: stagnant, especially lymph.

Stress Factors Summary:

This patient is still dealing with a significant history of abuse, which causes her to always feel "on alert". This has manifested into an almost constant state of tension throughout her body. This muscular tension causes pain and contributes to poor healing as it interrupts nerve transmission (thoracic outlet syndrome causing tingling in the right arm) as well as blood and lymph flow. Weight is serving as additional armoring.

She has a variety of health conditions that are depleting her adrenal, immune, digestive, and endocrine function and contributing to body-wide inflammation.

She is on some medications that are causing side effects (Metformin: loose stools, depletes B12; Advil: GI irritation; Prozac: decreases libido).

Nutrients obtained through diet are insufficient and absorption is hindered by bad digestion and quick transit time. Sleep is poor; often interrupted.

She almost never feels good, and has been told that there is nothing that can be done for her, with the exception of more surgeries. This contributes to a sense of despair about her health.

General Assessments

Constitution: damp/relaxed; kapha imbalance

Energetic Assessment: damp, cold; deficient kidney and spleen Qi

Pulse: slippery, stagnant, deep, especially in kidney positions

Tongue: pink body, white coat, puffy, scalloped edges, mild sublingual engorgement

Face/complexion: pale, puffy, dark areas under eyes

Voice: [clear](#) but soft

Skin: pale, puffy

Hair: blonde, moderately full, dry

Teeth: [good condition](#)

Other Physical Observations: she appears in work-out/loose clothes; hair not well groomed; sits slightly slouched
