

THE OSTEOPATHIC APPROACH TO CHRONIC PELVIC PAIN SYNDROME (CPPS). CPPS FROM A DIFFERENT PERSPECTIVE.

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Data from medical and osteopathic literature, international experience, and evidence-based practice, research, surgical assistance, and treatments reveal the following facts:

Chronic Pelvic Pain Syndrome or CPPS occurs in 4 to 14% of women. It is also described in men. We speak of CPPS when the complaints and symptoms have been present for more than 6 months. The pain/illness mechanism (etiology) is complex. The term “syndrome” is used because it is a collection of different symptoms.

A CPPS diagnosis emerges after excluding other diseases and conditions. When a disease can be detected, it is initially treated by the general physician or specialist. However, if there is no improvement in the complaints after regular treatment or if no disease is found as the root cause of pelvic pain that has been present for more than 6 months, the diagnosis is chronic pelvic pain syndrome. The wide variety of possible symptoms and overlaps often make it difficult to gain a clear insight into the frequently occurring problems. Traditional medicine often does not find a cause despite extensive examinations.

Chronic pelvic pain can be caused by many things. It is frequently a combination of several factors. Organ pain can be felt in areas of the skin (referred pain) and can also stimulate the unconscious nervous system. But there's more.

Here is a list of complaints that many CPPS patients will recognize:

- pelvic pain: sacrum, coccyx, ischiadicum tubers, pelvic joints, pubis
- lower back pain
- pain in the lower abdomen and gynaecological region
- pain during intercourse, penetration an/or deep pain
- vaginal pain, burning, tension, radiating to the labia

- radiating pain in legs, cramps, restless legs, piriformis syndrome
- intestinal problems: abdominal pain, cramps, difficult bowel movements, difficult to push/squeeze bowel movements outside, flatulence, bloating...
- complaints of bladder, uterus or intestine prolapse.
- groin pains, radiating pain

Causes of CPPS:

- endometriosis
- Allen master syndrome: peritoneal defects
- past sexually transmitted diseases (STDs), e.g. chlamydia, gonorrhoea, can cause scar tissue (adhesions) in the small pelvis and abdomen, causing chronic pelvic pain
- interstitial cystitis/irritable bladder syndrome, bladder infections: pain above the pubis, vaginal pain, radiating pain in the groin.
- adhesions and scar tissue in the pelvis and abdomen after surgery, inflammation, childbirth...
- tension of the pelvic floor muscles, anal stabbing pain and/or tailbone pain.
- nerve entrapment: n. Ilioinguinalis, iliohypogastricus, genitofemoral can be irritated by pressure from a bloated bowel, for example. These nerves can cause radiating pain in the groin, pubic bone, labia, scrotum.
- Nervus pudendus syndrome: often misunderstood problems involving a clamping or irritation on the nerve. This syndrome can cause radiating pain in the patient's pubic area, pelvic floor, bladder, anus, scrotum. Often related to CPPS.
- Ehlers-Danlos syndrome (EDS): pelvic instability and abdominal pain.
- bowel diseases (diverticulitis, colitis ulcerosa, Crohn), cancer of the bowel, bladder, uterus, ovaries, rectum (after surgery, chemo, and radiation therapy)

Men will recognize the following symptoms:

- tensed pelvic floor muscles
- radiating pain in the groin or scrotum

- ejaculation pain
- repeated night-time urination (nocturia)
- stabbing anal pain
- tailbone pain
- difficult evacuation of bowel movements,
- bowel pain and cramps...

The symptoms are often related with prostate problems (prostatitis, enlargement of the prostate), after surgery in the pelvis: prostate, bladder, ureter, bowel, after sterilization, bowel diseases (diverticulitis, colitis ulcerosa, Crohn), cancer of the bowel, bladder, prostate, rectum (after surgery, chemo and radiation therapy)

How can an osteopath help with CPPS?

An osteopath sees the body as a whole: it is not divided into separate parts as is done in conventional medicine. The osteopath tries to get a holistic view of the body and tries to link symptoms. To tackle a chronic problem, it is important to separate cause from effect. That's why an osteopath examines the mobility of the entire body. Based on his or her osteopathic findings and prior medical examinations, a treatment strategy is then determined.

How does an osteopath work?

The osteopathic treatment of the joints, muscles, ligaments of the pelvis and spine is important and relieves pain in CPPS patients. Yet an approach to these structures alone is often insufficient to dispel the chronic nature of CPPS. The cornerstone of a successful treatment is to repair the mobility of the organs with their surrounding connective tissue (fascia), which causes the organs to glide smoothly relative to each other.

The pelvic and abdominal organs are often described in the medical literature as one of the causes of CPPS, but the exact link is hardly ever cited nor is the treatment of the organs/connective tissue.

A physical or manual therapist can treat the pelvis, spine, joints, while an osteopath also approaches the organs and the surrounding structures.

An osteopath does not treat the disease of an organ, but the loss of mobility of the organ alongside its surrounding connective tissue.

On the inside of the entire pelvic ring and the back, the organs are attached with connective tissue and ligaments. When these structures do not move smoothly in the pelvis and abdomen (due to scar tissue, for example) it can put constant tension on the pelvis.

When organs, ligaments, and connective tissue do not move properly, medication cannot make a significant difference. Treating these structures osteopathically and restoring mobility effectively reduces pelvic problems.

The causes of loss of movement of organs and surrounding structures

We see the development of scar tissue and adhesions as the main causes. They occur after surgery, inflammation, childbirth, STDs, endometriosis, postnatal complications, bladder infections, ureter inflammation, intestinal problems...

- Endometriosis: causes scarring spots in and between the organs in the pelvis/ abdomen. Organs/connective tissue cannot move properly so they start pulling on the pubis, side of the pelvis, sacrum, tailbone, ... Which can cause CPPS.
- Delivery with a cut (episiotomy) can cause pelvic floor problems. The muscles attach to the coccyx, sacrum, and the entire pelvic circle. Patients face complications with the tailbone, ischium tubers....
- Instead of a smooth and flexible trampoline, the pelvic floor becomes a hard, inelastic plate, which causes pain when sitting on hard surfaces, sitting for a long time, and even sitting up straight.
- After a Caesarean section, adhesions and scar tissue between the abdominal wall, pubic bone, uterus and the bladder can cause bladder complaints such as frequent urination, incomplete emptying of the bladder, night-time urination, irritation/pain during sex, pains just above pubis... Making the scar tissue flexible by stretching can reduce the complaints and relieve pelvic pains.

- Scar tissue after appendix surgery is one of the most common causes of tension on the inside of the right pelvic half that prevents the pelvis from moving correctly. One can treat the scar and the surrounding structures osteopathically to reduce pelvic pain because everything moves better.
- Intestinal problems: colon and rectum are adjacent to the pelvis and tailbone and can pull at these structures. Patients who often press hard on the toilet or for a long time, can have intestinal problems or problems with the tailbone/ischium tubers and/or piriformis muscle and as such develop pelvic pain. Long-term medication use, often present in CPPS, worsens the intestinal problems because it disrupts the normal intestinal flora (bloated feeling). When the osteopath treats a patient's gut and advises on diet/lifestyle, the tension of the intestine and thus also the traction on the tailbone/ischium can be reduced.

Because the osteopath can make these structures move smoothly again, the traction on the pelvis is reduced.

Determining deep scar tissue without surgery is difficult. An osteopath has the skills and knowledge to detect the tension of adhesions by palpation, evaluate range of motion of structures, and treat them if necessary. Surgical procedures may be required to remove scar tissue.

Sometimes patients find insufficient relief from medication, surgery, or a pain clinic and they rely on an osteopath.

The osteopath uses gentle, deep stretching techniques and mobilizations to make structures slide smoothly relative to each other. As a result, the blood flow, lymph, nerves in the pelvis, abdomen, legs (restless legs, cramps) are stimulated again. In addition, the osteopath treats the joints, muscles, ligaments, and blockages in order to avoid the complaints of chronic pelvic pain syndrome.

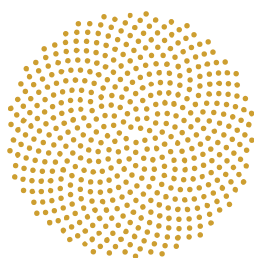
There are also osteopaths trained specifically in pelvic problems. Their specialization consists of treating the deep-lying pelvic organs/tissues with osteopathic internal vaginal and anal techniques. This method has the advantage of addressing specific regions/problems even more efficiently. The techniques are only performed by a specialized osteopath.

Being able to explain and understand CPPS complaints and their origin is very important to increase the quality of life of chronic pain patients. Understanding and explaining chronic pain, giving tips, and advice is very important to make a difference for CPPS patients.

A well-trained osteopath can help patients break the vicious circle and solve a complicated puzzle, closing the gap between regular medicine and osteopathy.

What we don't know, we often fear. But it is there and it does exist. Osteopathy makes everything move and movement is life!

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