

Infertility/Endometriosis Case Study

By: Terri Lambdin, Certified Reflexologist

Endometriosis affects millions of women and while it is most commonly diagnosed in women between thirty and forty years of age, it can begin as early as the teenage years. In endometriosis, the endometrial cells somehow migrate and implant in areas outside the uterus. These misplaced cells bleed during menstruation. The blood stagnates, causing inflammation and possibly scarring in the surrounding tissue. The condition is classified according to its severity – from small, flat patches of endometrial tissue to adhesions that bind pelvic organs together.

Client age 29, white/female

Health concern: Diagnosed with moderate to severe endometriosis.

My client was diagnosed with moderate to severe endometriosis in late November of 2009. The couple was preparing to begin a family. She was having irregular menses accompanied with severe cramping. It was painful for my client to bend over at all. Because of her pain she had trouble eating healthy quantities of food during meals and was having trouble sleeping. Her doctor, after performing a routine exam, sent her for a sonogram. As a result of the sonogram report, the doctor told the client that she would most likely not be able to conceive without surgery but they should go home and try and to come back in 3 months.

I began working with the client twice a week from December 13, 2009 through February 16, 2010. It was decided that after performing an overall reflexology session on my client's feet I would then focus on areas pertinent to the reproductive system, including acupoints related to gynecological conditions. The client's husband was also shown how to apply techniques to the uterus and ovary reflexes as well as to specific acupoints.

In January, the client stated that she no longer had pain when bending over and that her menses had also become more regular and less painful. On February 19th, a second sonogram was performed that showed no endometriosis. From the ultrasound report: **“[the nodule on the right ovary] contains no visible blood flow...[and] is considerably smaller and of higher density than the complex cystic lesion seen previously. This is likely to be a normal hemorrhagic cyst rather than an endometrioma.”** After evaluating the results from my clients' second sonogram, the doctor concluded that there was no endometriosis and suggested that he had perhaps misdiagnosed the client. After receiving this news, I concluded that performing reflexology sessions only once per week (using the same reflex and acupoint protocol above) would be appropriate as well as the husband continuing with his part at least 4 times per week. This program was continued until my client announced on April 25th that she was pregnant. She is now in her 2nd trimester.

If you have any questions please feel free to contact Terri Lambdin at SoleConnectionmd@aol.com, PROMOTING BETTER HEALTH ONE FOOT AT A TIME.