

CASE STUDY

Torque Release Technique™ in the Clinical Management of Infertility Related to Cultural or Religious-Based Lifestyle

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ABSTRACT

Objective: This article explores the application of chiropractic, specifically Torque Release Technique™ (TRT), improvements in general health with an emphasis on neuroendocrine tone, and uterine cyclic function in a pre-menopausal female adult.

Clinical Features: A pre-menopausal female with a history of a normal 28-day menstrual cycle began exhibiting a sluggish cycle of 24-26 days and excessive bleeding (menorrhagia), after she entered her fourth decade. In the context of her Jewish religious practice and cultural lifestyle, this change led to infertility. Physical intimacy is prohibited during the time this culture defines as the menstrual period, and the altered cycle rendered her unavailable for intimacy at the appropriate time for fertility.

Chiropractic Care and Outcome: Tonal chiropractic, the Torque Release Technique (TRT), was utilized as the clinical approach of subluxation-based care for a period of five weeks. The outcome included a shift in uterine cycle function which allowed this woman to follow the guidelines of her culture and be available to become pregnant.

Conclusions: Although seemingly evident that the clinical application of chiropractic care, specifically TRT care is associated with the client's upgrade in neuroendocrine tone, further studies are warranted.

Key words: *neuroendocrine, infertility, menstrual, cycle, premenopause, subluxation, tone, Torque Release Technique, TRT, Jewish religion, spiritual.*

Introduction

Infertility affects an estimated 1 in 5 couples in the USA. In the pursuit of treating infertility, numerous medical causes and interventions have been reported. In about 60% of the cases, infertility is due to female factors. When no anatomical abnormality can be discovered in the female reproductive organs, other causes include altered physiological function of the reproductive system or abnormal genetic development of the ova themselves¹. This case study explores the benefits of chiropractic care in promoting successful natural fertility cycles². This case occurs in the context of a unique clinical setting, specifically related to the Jewish population living by religious lifestyle and practice.

This case involves a 42-year old mother of five children, with ages ranging from 11 to 20. After her unsuccessful attempts to conceive another child, she explored available interventions for improving her condition, and chose chiropractic care. Medical screening had shown no indication of any related male or female physical, genetic, or physiological abnormality. However, her case history included pertinent informa-

tion related to her Jewish lifestyle and religious practice, which had bearing on the fertile period of her uterine or commonly called menstrual cycle.

Physiological Parameters

In the normal 28-day uterine cycle, ovulation usually occurs within 1 day of the 14th day of the cycle. Cycles as long as 40 days or as short as 21 days are not uncommon, and the timing of ovulation will vary accordingly. The rule of thumb is that ovulation occurs 14 days before the end of the cycle. If, for example, the periodicity of the cycle is 40 days, ovulation usually occurs within 1 day of the 26th day of the cycle. If, however, the periodicity of the cycle is 21 days, ovulation usually occurs within 1 day of the 7th day of the cycle.

At the time of ovulation, the ovum remains viable and capable of being fertilized after it is expelled from the ovary, probably for no longer than 24 hours. Therefore, sperm must be available soon after ovulation if fertilization is to take place. A few sperm can remain fertile in the female reproductive tract for up to 72 hours, though most of them for not more than 24 hours. Therefore, for fertilization to take place, intercourse usually must occur some time between one day before ovulation

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and up to one day after ovulation. Thus, the period of female fertility during each cycle is short in general, and will vary in its timing depending on the length of the uterine cycle for that particular individual³.

Jewish Religion Parameters

Jewish life includes within its program a prohibition on physical intimacy between male and female mates throughout the duration of the menstrual period⁴. During this time, a union of this nature is considered impure or, if one wills, harmful to *spiritual ecology*⁵, and compared in its stringency to adultery⁶. The menstrual period in terms of Jewish practice, includes three phases: 1) the duration of menstrual flow, followed by 2) a 7-day period of cleanliness⁷, and culminates with 3) purification via a ritual bath⁸. Although actual menstrual flow may normally last no more than 3 to 5 days, the menstrual flow period referred to in this article describes a relatively longer time frame, and relates to the level of hygiene required before commencing with the 'clean' 7-day period. Finally, the bottom line is that for at least the first 12 days of each menstrual cycle, often longer, intercourse is simply 'off limits'. This description of marriage structure is unique to Jewish life, however general, it suffices for what may be relevant to this case study. Further details are described in rabbinic literature⁹.

Hence, for a female with a typical cyclic period of 21 days, in which ovulation would usually occur on the 7th day of the cycle, fertilization may never be realized under this cultural program. Basically, a female's cycle anything less than 26-28 days would make fertilization and conception as such an unlikely and sometimes almost impossible endeavor. This type of scenario may also potentially create an enormous amount of psychosocial stress, especially since birth control is usually not an option for women living within such a culture or lifestyle. It is fairly common for families in such communities to include up to five, ten, or even fifteen or more children, making families with less an exception to the norm and an infertile couple a devastating situation. Rabbinic consultation may then be advised as to determine the application of Jewish law for exceptional situations as such.

The female client in our case has had in the past a normal 28 to 29 days cycle and 5 to 6 days menstrual flow period. Only in the past few years, as she approached her fourth decade, has she endured a *sluggish* 24 to 26 days cycle with a lengthened 8 to 10 days menstrual flow period. Psychosocial stress would have created additional stress if she have been in a younger age group or had she not born any children before. But since this was not the case, she chose to first pursue clinical intervention for her condition, rather than refer to the rabbinic consultation that applies to exceptional situations.

Consideration of Intervention Choices

Conventional medicine offers their standard options for individuals suffering from infertility, including drug therapy and invasive procedures.¹⁰ These interventions can manipulate the hormonal influences on the menstrual cycle.¹¹ This type of intervention directly affects the individual's hormonal balance whether the predisposed condition is a result of physiological dysfunction or whether it be nothing more than a normal variant.

With regard to this specific case, a drug intervention could lengthen the uterine cycle and postpone ovulation, and/or shorten the length of menstrual flow. This would give her a head start with her 7-day cultural period of cleanliness, and by that, shorten the length of her cultural restrictive period. The resultant favorable effect could provide the coincidence of ovulation with the permitted time for intimacy.

Natural or alternative medicine also offers strategies for treatment, including diet, nutritional supplementation, and botanical medicine.¹²

However, this health-conscious female pursued addressing her concerns through utilizing a natural approach, rather than externally manipulating her physiological state through chemicals or procedures, and chose subluxation-centered chiropractic care. She based her rationale on the comparison of health paradigms between chiropractic and medicine. In medicine, both conventional and alternative, a symptom-free individual, or one whose clinical parameters are "within normal limits", for all practical purposes is considered to be healthy. Yet, health has been defined as a state of *optimal* physical, mental, and social well-being.¹³ The correction of vertebral subluxation via the application of chiropractic, has shown no upper limits¹⁴ in the response to care, and promotes improved physiological tone, and overall health, in this woman's case including but not limited to reproductive health.

The chiropractic method utilized in this case was Torque Release Technique (TRT), a tonal chiropractic model¹⁵, developed by Holder and Talsky. This approach has a unique and successful non-sequential adjusting priority protocol.

TRT was chosen by her as a way to improve neural tone and homeostatic processes, including but not limited to those related to female health, by utilizing a non-mechanistic and non-linear protocol.

Chiropractic care for this client was recommended to start one week before the predicted onset of her upcoming menstruation period, and to be continued for four weeks, five times for the first week and three times per week thereafter. This specific time frame was chosen by the chiropractor as one that may be most effective in influencing and improving hormonal tone, specifically with regard to permitting ovulation to occur within the permitted window of time conducive for fertilization. No other additional interventions, conventional or alternative, were used as a form of treatment for her condition during this time.

Results of Chiropractic Care

The results of the 5-week chiropractic care plan included key changes in reproductive function. The menstrual cycle lengthened by an increment of several days, from a 24 to 26 days cycle to a 29 to 30 days cycle, and her previous 8 to 10 days menstrual flow period decreased in length by one day. These changes, occurring simultaneously, allowed for ovulation and the beginning of her permitted time for intimacy to coincide and both occurred on the 16th day of her cycle. Improvements in neuroendocrine tone continued as such for several months, in spite of the fact that after her 5-week chiropractic care plan, she chose to terminate chiropractic care, to "wait and see what happens." When gestation occurred several months later, she recommitted to chiropractic care. The physiological changes,

which occurred as a response after receiving chiropractic care, are impressive and warrant further investigation.

Conclusion

With regard to organic conditions, such as female infertility, or any other, chiropractic does not claim to be an intervention for the treatment thereof. However, chiropractic as a model, may be suggested to promote the multi-dimensional expression of well-being, affecting all systems regulated by the nervous system, including female health. Albeit not a problem for the general population, the exact timing of ovulation and of the length of the menstrual cycle becomes crucial for couples within the Jewish population that adhere to its religious program. This commentary explores the application of tonal chiropractic care, namely TRT, in this unique clinical setting, showing significantly positive results for this female client.

References

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