

CASE STUDY

CROHN'S DISEASE (REGIONAL ILEITIS) SECONDARY AMENORRHOEA

By Linda Wilmot WA

CLIENT: Rachel

AGE: 37 years old

PRESENTING CONDITIONS: Crohn's Disease (Regional Ileitis); secondary Amenorrhoea.

BACKGROUND: Rachel has been married for 16 years and has no children. She and her husband have been the owners/operators of a busy Tavern in a country town for 8 years. Rachel was primarily seeking relaxation at the outset of treatment but had some curiosity as to whether she would be able to obtain any health improvements from reflexology. Three years previously Rachel had suffered from oedema of the legs, with her knees and ankles joints being so badly swollen that she was unable to walk unaided. Medical attention was focused on her legs and strong painkillers were prescribed which kept Rachel heavily drugged and unable to care for herself. Finally, after 8 months, her family took her to another doctor who referred her to a specialist in January 1997.

[Unfortunately, Rachel is unable to recall his name, or what he specialised in.] As a result of that appointment, Crohn's Disease was diagnosed. She was prescribed 2 tablets of *methotrexate* (ledertrexate) twice a week as well as folic acid. This was because the active enzyme in methotrexate reduces folic acid in the body. To Rachel's relief, all swelling subsided within a week. This medication was then discontinued but to keep the condition under control, Rachel was prescribed Mesasal (Mesalazine) tablets. These are designed to deliver mesalazine to the terminal ileum and colon. However, Rachel was told that she would be on 6 x 250mg a day for life. [According to the *Prescription Products Guide*, the usual dose for maintenance of remission of Crohn's Disease is a 250mg tablet three times daily.] No suggestions concerning lifestyle or diet changes were made or any contacts with support groups were given. Rachel recalls that her menstruation ceased about then. She does not eat breakfast per se, or regular meals, and tends to grab a bite to eat whenever she can. Rachel is also a smoker - 20 plus a day.

PHYSICAL OBSERVATIONS OF THE FEET:

Good flesh colour and nail condition. Toes are very long with flexible movements. Both feet have spider-like broken veins medially around ankles to the heels and the little toes (5th) on each foot are curled under. Oedema is evident over both uterus reflexes on the medial heels with considerable oedema below the lateral ankle on the right foot. Also on the right foot a hard callous is situated over C5 on the big toe and dry flaky skin extends

on the lateral edge of the sole and across the centre of the foot which corresponds quite closely to the tract of the ascending and transverse colon reflex. The left foot shows a callous over the bladder reflex, and the only dry skin is found on the central part and lateral edge of the heel.

TREATMENT PATTERN:

To coincide with Rachel's day off each week at first, then adjust accordingly as needed.

First Treatment:

Began with right foot. Careful exploration of reflexes as Rachel spoke of her long hours at work and how she juggles home duties with running the tavern. I noted that the uterus reflex on her right foot felt hard with corresponding swelling over the area. Other reflexes that felt abnormal were cervical spine; both lungs; shoulders - especially on right foot; kidneys, again more tense on the right foot; colon areas, especially the transverse colon on both feet with hard granulations felt along that area; Rachel had pronounced swelling around her ankles, especially the right one. Rachel had begun coughing towards the latter part of the treatment and I felt this was related to her smoking habit with the lungs trying to expel excess mucous. Concentrated heavily on relaxation techniques at close of session, as well as balancing the endocrine reflexes with emphasis on the uterus and ovary. Utilised gentle Reiki energy on both feet and Rachel was amazed at how good she felt after the treatment.

Second Treatment:

Eight days later. Rachel remembered that she had been coughing a dry cough for several days after her last treatment. Today I began with the left foot and after completing the whole foot, focused on the spine; small intestines and all colon areas before doing the same on the right foot especially the ileocecal valve. Rachel's kidney reflexes felt considerably softer, but the hard masses along the colon tract were still very much evidenced. Incorporated holding both feet at end of session and we were both aware of the strong energy being generated.

Third Treatment:

Six days later. Rachel had experienced a very strong reaction after the reflexology treatment last week. About 2 hours after returning home, Rachel was suddenly gripped by severe abdominal cramps and waves of nausea. The cramps were extremely painful, followed by an urgency to defecate. This continued unabated for several hours. The motions were watery, very smelly and Rachel needed to spend lengthy times sitting on the toilet as a result. Although not physically ill, the nausea was unpleasant and Rachel also felt feverish. She needed to lie down between the bouts on the toilet. Rachel began to fear that she had suffered some sort of food poisoning as she didn't connect the foot reflexology treatment to her symptoms even though I had explained the phenomenon of the "healing crisis" at our first appointment. However, after three hours of experiencing these unpleasant conditions, all symptoms vanished and she felt perfectly well again. I felt this internal cleansing was a very positive result from a reflexology point of view and

spoke at length again with Rachel about what factors combine to cause a “healing crisis”. Because it was something that she had now actually experienced and was not some theory “bandied around”, she realised the positive connection to the therapy. She was very happy to be having the treatments and became excited at the thought of further potential benefits. In this treatment I felt the kidney reflexes needed some extra work and, once again, concentrated on the colon area with specific emphasis on the ileocecal valve reflex. The “pulses” of the uterus and ovary reflexes once again balanced very quickly, so I feel that Rachel’s reproductive system is still somehow (somewhere?) in balance, although no appearance of the menses.

Fourth Treatment:

Because of travel and other factors involved by both of us, there was an unexpected gap of 4 weeks before this next appointment. However, Rachel had remained well with no further bowel upsets or coughing of any sort. Rachel had also independently decided to cut her medication (ie Mesasal) from 6 tablets a day down to 4 a day and I suggested it would be a good idea to involve her doctor with this decision. The original prescribing doctor (the specialist) is in fact several hundred kilometres away and Rachel does not feel comfortable with the local town doctor, but agreed to mention it if she needed to see him for any other reason. Both feet feel a lot softer, although the usual hard masses were felt along the colon tracts. The left foot transverse colon area was especially firm. Each session is always finished off with the beautiful Reiki healing energy.

Fifth Treatment:

Nine days later. Rachel’s tablets ran out two days after her last session and although she has had the prescription filled, has chosen not to take any tablets at all. She has not experienced any stomach pains or associated problems to date. She will mention this to the local doctor as she needs to see him with regard to unusual numbness which has occurred in her left thigh. This seemed to have begun after going out in the bush a week ago, but it is now spreading to her lower abdomen and left lumbar and thoracic region. An insect bite has been suspected. As I worked the corresponding reflex areas, Rachel was acutely aware of “tingles” in the numbed area of her body, but no full feeling returned. Rachel was able to relax a lot more today and actually dropped off to sleep. My ‘extra’ focus was still on the ileocecal valve, colon and kidney areas.

Sixth Treatment:

Again it has been a month since last treatment because I was away. Rachel had seen the local doctor during that time but unfortunately had “forgotten” to mention to him her decision regarding her cessation of the Mesasal tablets. However, Rachel continues to be well although she did experience a couple of the “old” stomach pain, but quite fleetingly and with no adverse effects. Rachel did not connect the onset of the pain with any particular food that she had ingested, but will watch for that in future. Unfortunately, Rachel still does not make time for breakfast, or even lunch some days, so her digestive system does not receive regular food. She is in the habit of a meal at lunchtime, then something small at the end of the day. In this session, I worked the reflexes a lot deeper which Rachel noticed very markedly. It was almost like finally

all the reflexes had 'come out of hiding' and were happy to be stimulated completely. The transverse colon still feels very granular and oedema remains noticeable over the kidney reflexes. There was a considerable increase in the tenderness of all reflexes today. Rachel's numbness in her left thigh / pelvic region still continues as the doctor wasn't able to reach a diagnosis, but she feels it is more of a sensitivity than a physical problem and does not seem concerned about it.

Seventh Treatment:

Seven days later. Rachel is still not taking any of her old medication. She was suffering from a head cold and had not received much sleep the previous night of the treatment. I could see an opportunity to help the process along with the reflexology treatment and explained this to her as I thoroughly worked all the sinus and lymphatic areas. Rachel had experienced an incredible thirst after her last session and copious glasses of water did not quench it for several hours. This has not happened to her at any time before and has not been a factor since that day. I suspected that this was somehow connected to the hard state of her kidney reflexes that has been presenting at treatments, but am not too sure what it concludes. I didn't use such a strong pressure as last week, but Rachel's sinus reflexes in the toes were extremely tender. The kidney reflex on the right foot felt very lumpy and hard today, but for the first time, no hard granulations *at all* were felt along the entire colon tract. I continued working and going back to these areas often during the session. I didn't balance the reproductive reflexes today. Today's session was half an hour longer than usual because of the extra work done and Rachel relaxed considerably and was full of praise for her improved condition. Rachel had explained to me during this session that previously she had been plagued by very frequent bowel motions, usually immediately after ingesting food. For the last 4 years she would need to defecate as soon as she awakened in the morning, (which is all symptomatic of Crohn's Disease) but for the last few days this was not the case. Today she had not even opened her bowels by the time of our appointment (nearly lunchtime) and she has also noticed a change in the consistency of the stools. Previously they were very watery and un-formed, but now they have more substance and are a cylindrical shape. Perhaps this was a combination of the therapy and not being on the medication. Rachel is very pleased with this unexpected development.

Eighth Treatment:

Rachel continues to feel well with no bowel problems. Her cold disappeared the day after last week's treatment. During the week I had continued to research Crohn's Disease and showed Rachel diagrams of where her ileum is situated and explained the ileocecal valve function, which interested her greatly. Rachel had not been given any of this basic anatomical information by the medical profession at any stage of her treatment. During my research I have also read extensively about the drug Methotrexate. It is generally prescribed for psoriasis and rheumatoid arthritis and it has a high potential for toxicity. Patients must be informed of this, which Rachel was, as overdosing (taking the tablets *daily* instead of *weekly*) can lead to a life-threatening situation or be of fatal toxicity. This drug is excreted primarily by the kidney, and can also remain *concentrated in these organs*. I feel this explains why Rachel's kidney reflexes were constantly "hard" to the touch. Methotrexate therapy also has immunosuppressive activity that can potentially

lead to serious or even fatal infections. This drug can also be used for chemotherapy after evaluation by the doctors of the known adverse reactions or toxic effects is taken into consideration. According to the (pharmacists') P & P Guide, Methotrexate is known to have carcinogenic, mutagenic and impairment of fertility side effects. It should not be used in pregnant women or in those who might become pregnant because it causes foetal death and / or congenital anomalies. As far as I'm aware, Rachel was not advised of any of these side-effects and I did not bring this information to her attention today. The drug Mesasal fared much better in the reference book. It is used as maintenance therapy of Crohn's colitis and is basically an anti-inflammatory agent.

With regard to today's "treatment", extra work today was again all colon areas; ileocecal valve; lymphatics and kidneys. The large intestine tract felt fine, although some slight granulated areas were felt in the centre of the transverse colon of the right foot. Redness appeared over both the uterus reflexes after working on them and Rachel mentioned that sometimes she 'forgets' to take her birth control pills. Rachel was unsure why she needed to take birth-control if she was no longer menstruating and didn't feel a need to follow her this point up with her medical doctor.

Ninth and final Treatment:

Seven days later and Rachel is feeling very well although aware of the same numbness in her left thigh. Both uterus reflexes were very swollen on Rachel's feet, although gynaecologically she said she felt fine. Rachel was experiencing flu-like symptoms again, and as this was the second time in 2 weeks, is either still off-loading toxins from her system or has low self-immunity. However, as I worked her sinus reflexes, she experienced a noticeable "popping" sensation in her facial sinuses and her head cleared considerably. I thoroughly worked Rachel's ileocecal valve, small intestines and colon and was quickly alerted to the fact that there was a re-appearance of the hard masses over transverse colon of her left foot. I managed to work this away by spending some time on it. There also appeared a hard mass in the centre of Rachel's left heel which did not disappear after close attention was paid to it. This was the last session as I was moving out of the town, but Rachel was very happy with the outcome. Hopefully she will be able to continue having her feet done by a massage therapist in town.

Four months later:

After further contact with Rachel, I learnt that she still continues to feel very well, with no stomach pains, bowel problems or numbness in the thigh. However, there has not been any re-appearance of her periods, although it seems unimportant to her at this stage to query this fact with a doctor. So the enigma of her fertility status remains unanswered, but Rachel believes she should continue taking her birth-control pills -- although confessed that she takes them very haphazardly. Rachel has not seen a doctor, either for this problem or any other medical reason, during all this time, so has not taken the opportunity to discuss any of her health outcomes after receiving the reflexology. Rachel's meals continue to be irregular, but this does not appear to impact in any negative way on her overall improved state of being. Rachel is now walking up to five kilometres each day and feels physically the fittest she has been for many years. She has her feet massaged each fortnight during a full-body treatment and feels confident that

this practise will continue to keep her Crohn's disease at bay. Rachel is very happy with her present state of health, and is very grateful to the therapy of Reflexology for helping her attain this outcome, when several years ago she would not have been able to imagine such a drastic improvement in her high levels of optimism and health.

Recent update:

Linda has seen Rachel several times again as well as doing her feet. She has no symptoms of Crohns Disease but, unfortunately, the numbness she began to experience in her body was actually the onset of MS.