

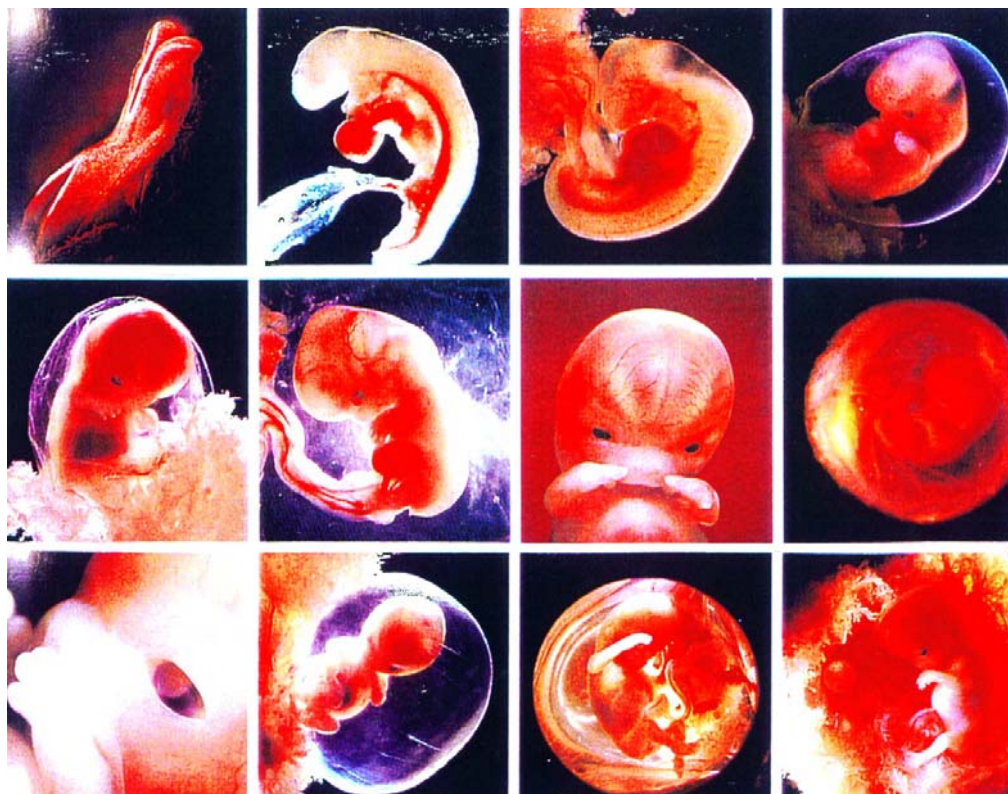
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# *Status post abortus*

## *Usefulness of osteopathic treatment*

*after*

*Miscarriage*



*I dedicate this work to my children, which I was not allowed to become acquainted with.  
Sorry, I forgot the beautiful time I spent with you and in deep mourning I have hidden you on the  
bottom of my heart. I have been working hard on me and I think that it came out well.*

*Special thanks to my husband who helped me a lot in this time!*

*Translation: Beatrice Freund*

*Statistics: Christoph Schöggel*

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# **1 INTRODUCTION**

The object of my dissertation is to show that Osteopathy is an appropriate way to support and help women after an abortion (miscarriage).

As I looked into the internet to find something about abortion I realised that in English abortion is what we call “Abtreibung” in German. “Abtreibung” means that the woman is pregnant but does not want to have the baby. So she can have an abortion, I think in the first 3 months. What I am talking about is a miscarriage (Fehlgeburt) which is something real different!

From the medical point of view the women may be well. The curettage was successful and the child aborted itself. Six month no pregnancy - apart from that everything is all right. Really?

Hannah Lothrop writes in her book „ Good Hope - Sudden End“<sup>1</sup>:

„Grief is an ongoing burden on the whole human being!“ (Lothrop, 1998, 170)

The adrenaline level is increased. Therefore pulse rate and blood pressure are rising. The muscle tonicity is increased. There is an eating disorder. Stomach and intestine are affected.

The immune system is weakened and the body gets susceptible to diseases.

Common symptoms are: - breathlessness or shortness

- Head ache, vertigo

- lump in the throat or in the stomach

- back or neck ache

- sleeping disorders and chronic fatigue (Lothrop,1998)

After an abortion one is shocked and mourn for the child one do not know much about it, reproaches oneself to having made something wrong, the thoughts go

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<sup>1</sup> Lothrop, H.: Gute Hoffnung – Jähes Ende. München: Kösel Verlag, 1998

round in circles - the soul is suffering and the body is expressing the pain. The birth of a dead child and the curettage themselves force physical effects.

For my study I restricted myself to women (couples) with abortions during the first four months of pregnancy. During this period we have the fact that often the environment does not know anything about the pregnancy. The right to grief is often denied.

I myself lost three children and each time I was in the lucky position to be treated by Kathy Twyford immediately afterwards. She knew right away where to start action. It was not a subject how to get a baby but how will I find back to my life. She worked on the fascias, diaphragm, visceral, cranial and structural - by a specific mixture from all fields of osteopathy.

Everybody knows about the puerperal depression but hardly anybody has information about the effects of an abortion.

I was searching for literature and reading it for more then a year before I started my dissertation. The first article I found was an article in the magazine „Eltern und Kind“<sup>2</sup> from R. Kropf, where exactly this problem was described. Furthermore I found a paper of a Swiss male nurse<sup>3</sup> who dealt with the optimal treatment of women by the nursing staff. In the field of psychology Mrs. Hannah Lothrop wrote a very good book about stillbirth and miscarriage. (Lothrop, 1998). Another book which describes more or less my subject was written by Manfred Beutel with the title: “Der frühe Verlust eines Kindes“ published by the publisher for Applied Psychology Göttingen.<sup>4</sup>

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<sup>2</sup> Kropf, R.: Das Sterben wird ignoriert. Graz: Magazin Eltern und Kind der Kleinen Zeitung Nr.9, Februar 1999

<sup>3</sup> Näf, E.: Zur psychosozialen Pflege von Frauen mit einer Fehlgeburt. Diplomarbeit der Höheren Fachausbildung in Krankenpflege, Aarau 1994

<sup>4</sup> Beutel, M. PD Dr.: Der frühe Verlust eines Kindes. Göttingen: Verl. für Angewandte Psychologie, 1996



Physiological and anatomical details I collected out of the book “Benninghoff Anatomie”<sup>5</sup> and out of Nilsson Lennarts book “Ein Kind entsteht”<sup>6</sup>

Very helpful was the book written by Peter Orban (Psychologist) with the title “Die Kraft, die aus der Herkunft stammt”<sup>7</sup> (“The power out of the origin”). It is a book that could be recommended to women who lost their child.

Some interesting chapters I found in John E. Upledgers book “SomatoEmotionale Praxis der CranioSacralen Therapie”<sup>8</sup>.

There were many books that seems to fit to my dissertation but were eliminated from me after reading them.

In the internet I found one website [www.abortionfacts.com](http://www.abortionfacts.com)<sup>9</sup>. It is a website from the Elliot Institute. But as I read it I realised that they only talk about abortion and not about miscarriage. They are talking about a PAS, a Post Abortion Syndrome.

Symptoms of this Syndrome are sexual dysfunction, suicidal ideation and suicide attempts, increased smoking with correspondent negative health effects, alcohol abuse, drug abuse, eating disorders, child neglect or abuse, divorce and chronic relationship problems and repeat abortions. Some symptoms are the same but the study had a different structure, so that it is not possible to compare it with my study.

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<sup>5</sup> Benninghoff Anatomie, München-Wien-Baltimore: Urban&Schwarzenberg Verlag, 1994

<sup>6</sup> Nilsson L.: Ein Kind entsteht, München: Mosaik Verlag, 1990,1999

<sup>7</sup> Orban, P.: Die Kraft, die aus der Herkunft stammt. München: Kösel Verlag, 1997

<sup>8</sup> Upledger, J. E.D.O.O.M.M.: SomatoEmotionale Praxis der CranioSacralen Therapie. Heidelberg: Karl F. Haug Verlag, 1999

<sup>9</sup> [www.abortionfacts.com](http://www.abortionfacts.com) 15.12.2005

I also collected Information via Internet at the self-help groups:

- [www.die-muschel.de](http://www.die-muschel.de)
- [www.under-the-rainbow.de](http://www.under-the-rainbow.de)
- [www.engelskinder.ch](http://www.engelskinder.ch)
- [www.sternenkinder-eltern.de](http://www.sternenkinder-eltern.de)
- [www.schmetterlingskinder.de](http://www.schmetterlingskinder.de)

### **1.1 Subjects I would like to clarify**

- Do women treated by Osteopathy after an abortion, recover better than untreated women or is no difference evident to the control group?
- Are there effects which occur at all women?
- Which problems can be solved by my way of treatment?
- Which problems can be influenced?
- Which problems stay unchanged?
- Is it possible to recognise a treatment scheme?

## **2 ANATOMICAL AND PHYSIOLOGICAL BASIS**

### **2.1 When are we talking about an abortion**

As abortion (miscarriage) we call each pregnancy which ends before the 20. week of pregnancy. Also the birth of a non viable foetus is called abortion. Approximately 15% of all pregnancies end usually during the first weeks of pregnancy as spontaneous abortions (natural abortions).

Approximately 75% of miscarriages appear in the first trimester of pregnancy. (Benninghoff, 1994)

An abortion starts with a bleeding and pain follows. Or the gynaecologist finds out at a screening that the child is not alive anymore.

### **2.2 Reasons for an abortion**

„It seems to be a miracle that as a result of the merger of a tiny little ovum and an even smaller sperm a human being is created who is able to see, hear, speak, run, feel, think, laugh, and love. But this is not always so. In case not everything is going on according to the „master plan“ then the nature helps itself by stopping the process.” (Lothrop, 1998, 27)

Reasons for an abortion are defects on the mothers' ovum or the fathers' sperm.

Or at the cell proliferation or cell division something goes wrong.

Negative effects for the growing baby are when women are exposed to ray treatment, certain medicines, chemical substances or other harming environmental

influences during the ontogenesis (germ cell development). The genes of the man can also be influenced by ray treatment. Also certain infections can harm the child. Problems with the uterus, like myoma, scars after operations, inflammations, or an intrauterine diaphragm may also be a reason for an abortion. In these cases problems occur at the settle stadium of the embryo in the uterus. Another reason might be a weakness of the collum uteri.

Pregnancy in the fallopian tube or extra-uterine pregnancy has to be terminated surgically because it is dangerous also for the mother. Hormone disorders can as well be the reason for a miscarriage. But it can also be set off by a traumatic situation like shock, accident or a diagnostic intervention such as amniocentesis or Chorionzotten biopsy. (Lothrop, 1998)

During the past years it was found out that the reason for repeated abortions might originate from a too strong maternal immune reaction against the embryo resulting in a rejection of the foetus.

Usually the cells in the blastocyst - in correlation with the implantation - are producing substances which influence the immune system of the mother. (Nilsson, 1999) The fundamental problem during pregnancy and the body's own defences is the father's part at the foetus. As far as half of the genetic material comes from the father, the pregnancy is potentially as endangered to be rejected by the immune system as for example a transplanted organ.<sup>10</sup>

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<sup>10</sup> [www.netdokter.at/krankheiten/fakta/abortus](http://www.netdokter.at/krankheiten/fakta/abortus) 1999

## **2.3 The experience of an abortion (miscarriage)**

The relationship to a child starts long before its existence is evident. The Chinese say that at its birth a baby is one year old.

When the pregnancy is confirmed you can see the child in the ultrasound image and you can hear the heart beat. By this it is possible also for the father to build a relationship to the child very early.

It could happen the following way:

### **2.3.1 Abortion**

For some time the mother knows that she is expecting a baby. She is slowly adapting herself to a new way of life and suddenly appears stomach-ache. Feeling sick was in the last period a daily phenomena but an uncertain feeling comes up that something is wrong. The stomach-ache does not stop, even get stronger, heavy flow starts, spasms, cyclic like contractions. Possibly the mother does not manage to reach the clinic or the gynaecologist and loses the baby at home. It may be that the mother does not recognise the child, only when looking at it very carefully, because it is possibly embedded in its ovum skins. At the doctor is examined by ultrasound and hormone test, whether the child got off completely. In case not, the mother has to bear curettage. - **Abortion.**

### 2.3.2 Missed abortion

Or the mother feels marvellous! She is looking forward to the next ultra sound image. But right at this examination she can see that the heart of her child does not beat anymore, that there are not any lovely hopping movements, that the only thing still moving is caused by the own pulse and somewhere far away someone talks about „ dead foetus“, about a date for a curettage, the covering by the insurance... -

#### **missed Abortion.**

It is a human basic requirement to build strong emotional relations. This originates from our instincts for safety and warmth and security. The psychologist John Bowlby wrote in his books about relationship and loss, that we only can fully live our lives if we are capable of having relationships and also are able not to shrink back from relationship facing its possible loss.<sup>11</sup>

Therefore love and grief are closely related to each other. The more I dare to open myself love and to enter into a relationship, the deeper is the pain, when loosing the beloved creature. Outside observers often cannot understand the grief of the parents, who „did not know“ their child, because they have no imagination about the depth of the relation. (Lothrop, 1998)

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<sup>11</sup> Bowlby, John/Parkes, Colin Murray: Separation and Loss Within the Family, in: E. James Anthony/Cyrille Koupernik (Hg.): The Child in His Family. New York: Wiley 1970

### **3 EMBRIOLOGY – WHAT HAPPENS IN THE FIRST FOUR MONTHS**

The subject embryology I would like to touch on shortly. First to give answer to the question: Have I lost a child or are those right who say that it was not a child at all? Second to show those who did not deal that much with embryology how tremendous a child develops from the first moment on. Dealing with embryology makes clear what a miracle it is that a child comes into being. I have not put in the whole embryology because it is not the theme of my dissertation.

The illustrations in this paragraph (Picture1-3) show children in the age from four to sixteen weeks in utero (in the mother's body). They are taken out from the book "Ein Kind entsteht" from Lennart Nilsson. (Nilsson, 1999)



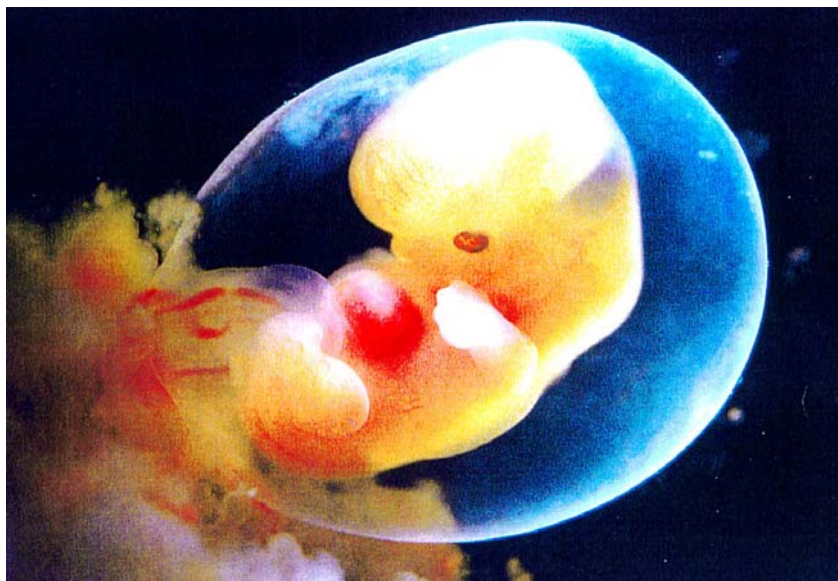
Picture 1: Embryo-four weeks (Nilsson, 1999)

At the age of 4 weeks you can see the Basic outlines of a human being. The Embryo is only 6mm tall, but it shows the significant disposition to brain and spine. You can see that the heart pumps blood to liver and aorta. The gill bows is the protrusion above the heart. (picture1) (Nilsson, 1999)

Erich Blechschmidt writes in his book „How Starts the Human Life“ in the chapter „Ad Personality of the human being“ (page 157-161)<sup>12</sup> about the fact when starts a human being to be a human being! It is worth to read the whole chapter, but here only a short expertise:

“Scholarly there is conformance that the **human germ cell biological is human from the fertilisation on** - especially because of its chromosomes. Practical reflections of the clinic have lead to the fact to identify the beginning of a pregnancy (as a special situation of the woman) with the settling in of the ovum. But the humanity of the germ cell from the beginning on is not denied by that.” (Blechschmidt, 1989, 157)

And a few weeks later (picture 2) at the age of six weeks the little human being has arms and legs! You can see the eyes, the heart beats fast and it is moving constantly. But it is only 12mm tall! (Nilsson, 1999)

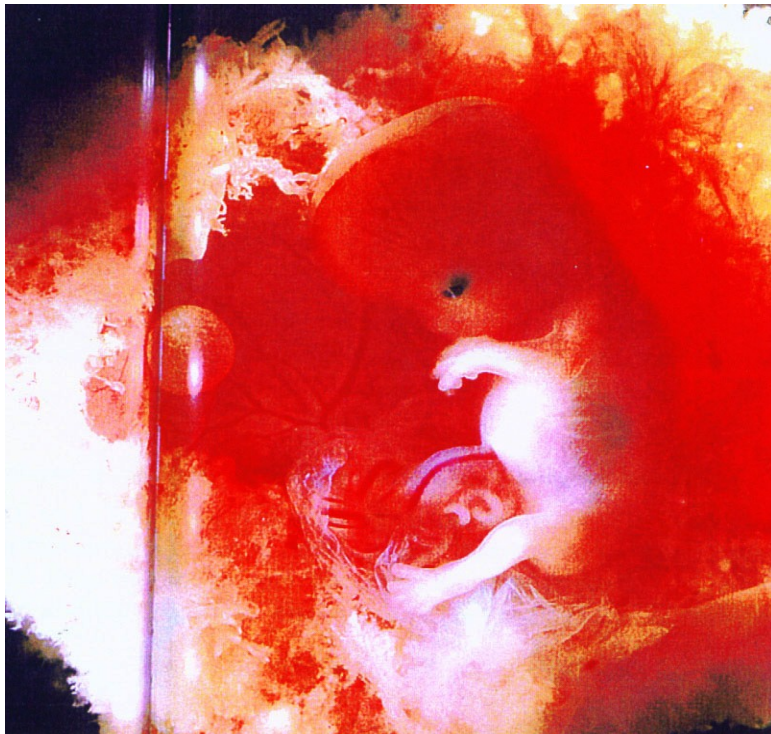


Picture 2: Six weeks old embryo (Nilsson, 1999)

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<sup>12</sup> Blechschmidt, E. Prof. Dr. Med.: Wie beginnt das menschliche Leben. 6.a Auflage, Stein am Rhein: Christiana Verlag, 1989





**Picture 3: Foetus: 10-11 weeks old (Nilsson, 1999)**

In the 8. week after the start in the tubes the body shape is clear, all organs are constructed. Now it only has to grow and to improve functions. The embryo becomes foetus. The embryo developed in 50 days from the stadium of a cell to many billions of cells each of them exactly programmed. With 10 weeks (Picture 3) it moves arms and legs and tries out what is possible (Nilsson, 1999)

When you look at this pictures (picture 1-3) and when you imagine that it is possibly your child what will you say? Is it human?

I have to place here another quotation from Blechschmidt because it is the part I like the most:

„The nature of the human being is not changing during development - therefore it is not possible that personality arises during human life time. Personality - understood as entity - is perfect in each stadium of development. How to imagine a germ cell

which is focusing on a possible personal existence? How should this personal existence begin? Would first only 1 % then 10% and finally 50% be in existence? Would it possibly not be realised in mentally handicapped? A single cell germ cell has the same personality like a child or an adult, only is those personality functional from time to time not evident in the same extent.“ (Blechsmidt, 1989, 159)

#### **4 INNER FEMALE SEXUAL ORGANS**

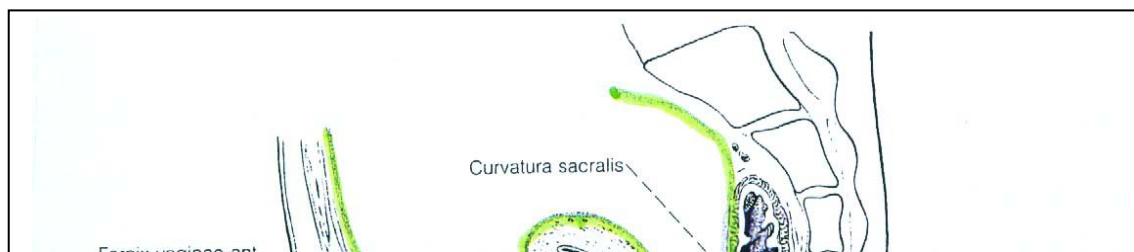
(Benninghoff, 1994)

The inner female sexual organs are:

- Vagina
- Uterus
- Fallopian Tubes
- Ovary

One could think that the only organ affected by a miscarriage is the Uterus. After curettage, but even after an abortion without curettage, the tension in the whole pelvis has changed. The hormonal adjustment during the first weeks of pregnancy has led to a slow relaxation of the whole pelvis ring.

Suddenly the original hormone state occurs and mixes all up not only mentally but also physically.



**Picture 4: Median sectional view of the female pelvis (Benninghoff, 1994, 122)**

The contour of the peritoneal coat is marked with green colour.

## **4.1 Vagina**

The vagina (picture 4) is located between bladder and the rectum. It is the female copulation organ and has with an acid barrier a protection function for the inner genitals. The vagina is also draining off channel for secretion of the cervix and menstruation blood. During birth it becomes the distal part of the birth channel.

In case of an abortion during the first four month the vagina mechanically not stressed. But it can be influenced by the tension of the pelvis ground (Musculus levator ani). A possible symptom is pain during intercourse.

## **4.2 Uterus**

The womb uterus (picture 4, 5) is a mainly muscular hollow body which is located nearly in the middle of the small pelvis. The uterus show significant differences in size and weight (30-120g). It developed from the middle segments of the „Müller’s corridors“ Its functions are: To avoid the passage of bacteria and viruses from the vagina to the uterus and the stomach area, to guarantee the passage of the sperms, to be the carrying and nutrition organ for the embryo and during birth to enable the coming out of the child.

The wall of the uterus has a thickness of 1-2cm and consists of three layers:

1. Endometrium ( or Tunica mucosa)
2. Myometrium ( or Tunica muscularis)
3. Perimetrium ( or Tunica serosa)

#### 4.2.1 Endometrium

The mucous membrane of the uterus, the Endometrium consists of a covering epithelium, glands and a connective tissue stroma. The Endometrium is influenced by the sexual hormones and is subject to a cyclic change of its structure.

Practical important is the fact, that in the Endometrium - in comparison to the Mucosa of the whole digestive tract - a Tela submucosa is missing. The Mucosa with its glands borders immediate to the Myometrium and even penetrates the muscular system. This mutual penetration of the Endo- and Myometrium allows that the mucous membrane can be removed by scrape (curettage, Abrasio) to the

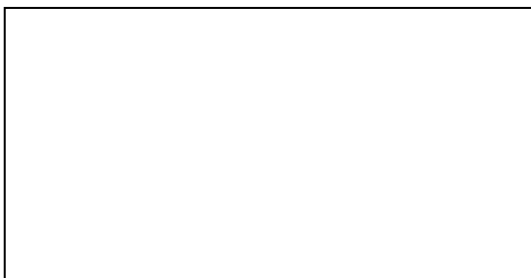
Myometrium. Because of the tight interlacing still remains enough basal mucous membrane, to enable the full regeneration of the Endometrium.

#### 4.2.2 Myometrium

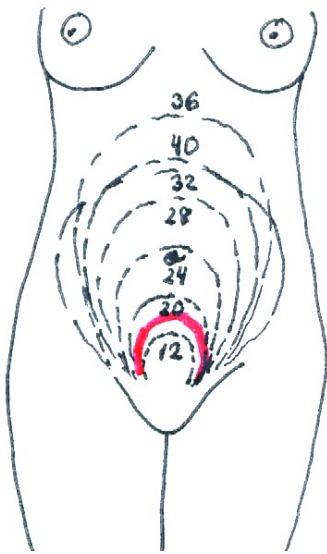
The Myometrium has a thickness of approximately 1 cm. It consists of a weave of straight musculature and vessels. The collagen content in the corpus varies depending on the functional stadium is, for example, higher when not pregnant than during pregnancy. Vice versa the muscular part in the uterus wall increases during pregnancy: The straight muscular cells get hypertrophied. In addition to this hypertrophy a hyperplasy seems to take place by mitotic division. The Myometrium is contracting periodically. Intensity and frequency of the contractions are depending on hormones; they are increased by Oestrogen and decreased by Gestagen.

The growth until the fourth month is not enormous but it is going on such a change which makes a regression necessary.

In the following picture (picture 5) the growth of the uterus until the end of the pregnancy can be seen. The changes until the fourth month are marked.



**Picture 5: Fundus state in the single weeks of pregnancy** (Benninghoff, 1994, 158)



### 4.2.3 Perimetrium

The Perimetrium consists of the peritoneal cover (picture 4) and a thin - lying underneath - connective tissue Tela subserosa. The smooth surface of the Perimetrium enables the mutual flexibility between uterus and the intestine loops. The Perimetrium covers the uterus on its front, back and cranial surface, but is missing on those both sides where it is replaced by the Parametrium with vessels which belongs to the fixing apparatus of the uterus.

The Peritoneum not only covers the uterus but also the bladder and the rectum and surrounds as peritoneal sack the most inner organs (except: primarily retroperitoneal: kidneys, secondary retroperitoneal: Duodenum, Pancreas, Colon ascendens and descendens).

In case the tension is varying at one place it has effects also to the other end.

The pain located at the Peritoneum is slightly dull, it concerns the whole pelvis. Sometimes the pain cannot exactly be located. Sometimes the pain was relieved when the bladder or the intestine is emptied.

### **4.3 Cervix**

The cervix uteri (picture 4) or collum, is the constricted, caudal third of the uterus. The cervix is a closing apparatus, which has to avoid the passing of viruses and bacteria from the Vagina as well as a too early birth of the embryo/child (Abortion, premature birth). Additionally the Cervix is a functional lock, as far as sperms can pass only at certain stadiums of the cycle to the Cavum uteri, and besides that keeps away all bacteria and protocytes from the interior uterus. The cervix is also the central fixing point where the fixing apparatus of the inner genitals originate. (Benninghoff, 1994)

The cervix has to open also for an abortion, whereas not that much like for a birth after 9 month of pregnancy.

During curettage the cervix uteri has to be expanded. Because of the fact that the cervix is integrated in the pelvis basis, the tension of the Musculus lavator ani can be changed by an abortion with or without curettage. This may cause pain during the intercourse or cause pain of the lumbar spine or leads to an alteration of the tension in the pelvis ring.

### **4.4 Fallopian Tube**

The fallopian tube (picture 6), Tuba uterina, also Salpinx or Oviduct, collects the ovum at the ovary and transports them to the uterus: both is connected with active movements of the tube. In the other direction the tube leads the upcoming sperms near to the ovary.

The tube is fixed between the tube-corner of the uterus and the ovary, resp. the Lig. Suspensorium ovarii; additionally it is in the ampullar and isthmic area via a mesentery, the Mesosalpinx fixed to the Lig. latum.

The fallopian tube is, of course, not directly concerned by an abortion, but can be as well affected by changes of the tension of the structures in the small pelvis.



**Picture 6: Uterus-Fallopian Tube-Ovary (Nilsson, 1999, 19)**

## **4.5 Ovary**



The functions of the Ovary (picture 6) can be expressed best with the term „female gonads“: First the ovary contains the female gametes and emits them at certain times as egg cells ready for fertilisation; second the ovary is an endocrine gland, which emits mainly sexual steroids (Oestrogen and Progesteron), but produces also other hormones. The ovary controls by various hormone emissions the cyclic events in the genital tract and influences especially by Oestrogens the whole body of the woman. Its superior organ is the Hypophysis; furthermore are its functions influenced by the vegetative nervous system.

Inflammatory processes of the ovary can, because of the near location of the N. obturatorius, lead to an irritation of the nerve and cause pain at the inner side of the thigh.

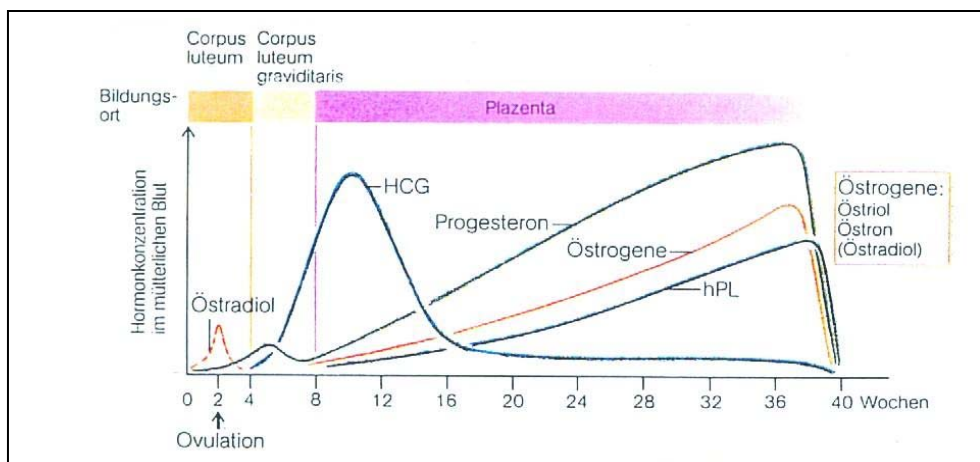
The ovary is embedded in a duplicate of the peritoneum which also covers the Lig. Suspensorium and the Lig. ovarii proprium. In this duplicate is located on the lateral side of the ovary the Mesovarium, in which blood and lymphatic vessels as well as nerves reach the organ in the Hilus ovarii.

The ovaries are directly affected by an abortion as far as they have again to alter their hormone production in order to initiate the normal cycle with an ovulation.

## **5 HORMON LEVEL DURING THE FIRST FOUR WEEKS OF PREGNANCY**

## 5.1 HCG

After settlement the Trophoplast (outer wall of a Blastozyste) starts to produce the hormone HCG (Human chorionic gonadotropine). By HCG the Corpus luteum turns to Corpus luteum gravidatis, which prevents the rejection of the mucous membrane of the uterus and therefore preserve the pregnancy. From the 8. week of pregnancy on the Trophoplast itself produces enough Progesteron to preserve the pregnancy. The maximum of HCG production is in the 2.-3. Month of pregnancy (picture 7).<sup>13</sup>



Picture 7: Hormone level during the pregnancy (Drews, 1993, 37)

## 5.2 Progesteron

The placenta produces at the end of the pregnancy approximately 10 times as much Progesteron as the Corpus luteum in the second half of the cycle. The interplay of Progesteron with Aldosteron receptors of the kidney makes the Angiotensin- and

Aldosterone level rise. Those both substances are responsible for the sodium and water storage in the second half of the pregnancy cycle.

In picture 7 the green line shows the increase of the Progesterone. The red line shows the end of the fourth month. (Drews, 1993)

### **5.3 Oestrogen**

The free Oestrogen increases already up to the fourth month (picture 7). The Oestrogens during pregnancy are Oestriol and Oestron, which have their early stage in the foetal adrenal cortex. (Drews, 1993)

### **5.4 HPL (Human Placenta Lactogen)**

The placenta produces the Prolactin like HPL parallel to the Prolactin production in the Hypophysis of the mother. Both are stimulating the growth and the differentiation of the mammary gland. (Drews, 1993)

Picture 7 shows the HPL increase during pregnancy.

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<sup>13</sup> Drews, U.: Taschenatlas der Embryologie. Stuttgart-New York: Georg Thieme Verlag, 1993

## **6 METHOD**

### **6.1 Selection of the female patients**

The female patients were referred to me partly from gynaecologists, general practitioners and partly from nurses of the country hospital in Graz. Some women also were sent to me by my own patients.

From these women were included those in my study who lost their child in the first four month. The numbering of the patients was made according to their first attendance for treatment.

### **6.2 Selection of the control group**

The control group consisted of female patients who do not live in my surroundings and/or did not want to be treated by me.

They received only the questionnaires for acquisition of their physical condition after their abortion.

The abortion had to be happened within the first four month of pregnancy and the patients were not allowed to have an osteopathic treatment.

The questionnaires were given or sent by me to colleagues, friends, patients and doctors. From 30 sent out questionnaires I received 10 and they were numbered by the date of arrival.

### 6.3 Structure of the Study

<u>Patients Taking Part in the Study</u>	<u>Patients of the Control Group</u>
Number:10	Number:10
Abortion during the first four months of pregnancy	Abortion during the first four months of pregnancy
Women who do live in my surrounding area	Women from other federal states (For me it is not possible to treat in other federal states - those women receive only the questionnaire in order to find out their physical condition after an abortion. In case a woman accepts a longer driving distance she will be included in the study)
<u>Course</u>	
Questionnaire immediately after abortion (before treatment)	Questionnaire immediately after abortion
Treatment series	-----
Questionnaire 1 month after abortion	Questionnaire 1 month after abortion
Questionnaire 3 months after abortion	Questionnaire 3 months after abortion

## **6.4 The questionnaire**

The questionnaire used in the study is a variant of the „Munich Model“.

The „Munich Model“ is an university project of the Ludwig-Maximilian-University Munich and the Technical University Munich, which deal with science and research of naturopathic treatment. The „Munich Model“ uses questionnaires of the clinic psychology, by which the condition of the patients regarding mood, social functions, their daily functions etc. can be measured. To this questionnaire I added specific questions about the expected problems after an abortion (questions: 4, 19, 20, 26, 31, 32, 34, 41, 42, 46 – 50) and I put out the special dental questions (questions: 10, 11, 12, 22, 23, 24, 28, 34, 35, 43, 48 from the original questionnaire in the supplement).

<b><u>Questionnaire No. 1: immediately after Your abortion</u></b>
<b><u>Questionnaire No. 2: 1 month after Your abortion</u></b>
<b><u>Questionnaire No. 3: 3 months after Your abortion</u></b>
Pat.-No.:___ Age:_____ Today's Date:___ __ _____
Date of the abortion: ___ __ _____ in the ___ week of pregnancy
Earlier abortion (number):___ Have you been treated osteopathically: Yes / NO

On this questionnaire are mentioned a number of problems, which concern **physical symptoms** as well as your **psychical feelings**.

Please tell us to what extent the problems occur since your abortion. Think about them only shortly and cross one of the possible answer squares. In case you cannot definitely decide which answer is the exact one, make your cross at that answer which comes closest to your feeling.

Please do not leave out any row:

	No	Slightly	Considerably	Strong
1. Sleeplessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. General tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trembling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pain or pressure in the heart area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fast exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Susceptible to infects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Greed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Slowed down reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Lack of concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Partial amnesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Sadness – Grief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Restlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Feeling to have failed as woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Envy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Head ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Eye defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Hearing disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Irregular heartbeat, fast heart beat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Increased blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Increased urge to pass water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Hair loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Noise sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Lump in the throat or stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Joint problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Pain or tenseness of the spine (Neck, Thorax spine or lower back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Excessive sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Allergic reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Sensitive to cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Change of mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Hesitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Timidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Guilty feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Is Your religion (faith) helpful for You?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Loss of weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Stomach-ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Bleeding caused by the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Pain in the breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Reduced sexual appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Pain during coitus (In case you are not allowed to have sex or you do not want, please decide intuitive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Did Your cycle start again?	<input type="checkbox"/> no	<input type="checkbox"/> light	<input type="checkbox"/> normal	<input type="checkbox"/> strong

Please make sure that you have made a cross in each line.

In case you found other aches or pains which were not listed above you have the possibility to fill in below.

Other problems, pains, aches:	No	Slightly	Considerably	Strong
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Questionnaire: Variation of the Munich model, original in the supplement)<sup>14</sup>

## **6.5 Problems with the questionnaire**

<sup>14</sup> Questionnaire: Beschwerdeprofil (Formular P1), Munich model, project of the Ludwig-Maximilian-University Munich and the Technical University Munich, Munich 2000, 2006



I worked with an established questionnaire which was already validated. One problem was that there were many questions that did not fit. I listed them up under point 6.6.

Another problem is that you can not ask more detailed because the questionnaire would become too long.

The greatest problem was to get back the questionnaires from the control group. Many women forgot to send me back the last one so that I had to send out much more than 10 questionnaires.

In a study with only 10 people in the treated group and 10 in the control group the deviation of the two groups is relatively big. The groups will become more homogeneous in a study with more women but to do a big study was not the condition for the dissertation. (The condition was to do a study 7 people.)

## **6.6 Questions not applicable**

Question where all female patients in all three questionnaires answered with „no“ or question where some patients have chosen „slightly“ were:

⇒ Question 8: Greed

⇒ Question 9: Shortness of breath

This problem interestingly did not occur although according to Upledger the lung is the place for grief and a symptom is shortness of breath (chapter: Visceroemotional Connections)

⇒ Question 23: Eye defects

⇒ Question 24: Hearing defects

⇒ Question 28: Vomiting

- ⇒ Question 29: Increased urge to pass water
- ⇒ question 30: Loss of hair
- ⇒ question 35: Exceeded sweating
- ⇒ question 36: Allergic reactions
- ⇒ question 44: Overweight
- ⇒ question 47: Pain in the breasts
- ⇒ question 50: Missing of period

Those questions were cut out as „not correct“.

## **6.7 Treatise on the test persons**

The female patients had to decide at each question between „No“, „slightly“, „considerably“, „strong“. The results of the treated group were compared with those of the non-treated group and also the time course within the group was judged.

### **6.7.1 Explanation of the pillar graphs**

- x-axis**: temporal course - immediately after abortion
- 1 month after abortion
  - 3 month after abortion



# 7 STATISTICS

## 7.1 Analysis - treated group

	Fragen	Fragenbogen 1: Gleich nach der Fehlgeburt				Fragenbogen 2: 1 Monat nach der Fehlgeburt				Fragenbogen 3: 3 Monate nach der Fehlgeburt			
		Nein	Etwas	Ziem- lich	Stark	Nein	Etwas	Ziem- lich	Stark	Nein	Etwas	Ziem- lich	Stark
1	Schlaflosigkeit	4	4	1	1	7	3	0	0	8	2	0	0
2	Allgemeine Mattigkeit	0	2	3	5	3	5	2	0	8	2	0	0
3	Zittern	4	4	1	1	2	5	3	0	5	2	3	0
4	Schmerzen oder Druck in der Herzgegend	0	2	6	2	1	8	1	0	5	5	0	0
5	Rasche Ermüdung	1	4	2	3	5	4	1	0	10	0	0	0
6	Infektanfälligkeit	4	6	0	0	0	6	4	0	3	5	2	0
7	Appetitlosigkeit	1	1	3	5	3	5	2	0	7	3	0	0
8	Essgier	10	0	0	0	9	1	0	0	9	1	0	0
9	Kurzatmigkeit	9	1	0	0	10	0	0	0	10	0	0	0
10	Schwächegefühl	0	3	5	2	2	6	2	0	10	0	0	0
11	Herabgesetzte Reaktionsfähigkeit	1	4	4	1	7	3	0	0	10	0	0	0
12	Konzentrationsschwäche	1	2	6	1	2	7	0	1	8	2	0	0
13	Gedächtnisstörung	3	7	0	0	7	3	0	0	10	0	0	0
14	Nervosität	4	2	3	1	4	4	2	0	5	5	0	0
15	Traurigkeit – Trauer	0	0	3	7	0	0	6	4	0	2	8	0
16	Deprimierte Stimmung	1	1	5	3	0	3	6	1	3	5	1	1
17	Gereiztheit	0	3	3	4	2	6	2	0	3	7	0	0
18	Unruhe	0	2	4	4	2	8	0	0	5	5	0	0
19	Gefühl als Frau versagt zu haben	2	1	3	3	4	5	1	0	7	3	0	0
20	Neid	2	2	3	3	1	9	0	0	2	8	0	0
21	Kopfschmerz	3	5	1	1	8	2	0	0	9	1	0	0
22	Schwindel	7	1	1	1	9	1	0	0	9	1	0	0
23	Sehstörungen	9	1	0	0	10	0	0	0	10	0	0	0
24	Hörstörungen	10	0	0	0	9	1	0	0	10	0	0	0
25	Unregelmäßiger Herzschlag, Herzrasen	4	1	4	1	3	6	1	0	5	4	1	0

26	Erhöhter Blutdruck	5	4	1	0	3	5	2	0	6	4	0	0
27	Durchfälle	5	3	2	0	8	1	1	0	8	2	0	0
28	Erbrechen	9	1	0	0	9	1	0	0	9	1	0	0
29	Vermehrter Harndrang	10	0	0	0	10	0	0	0	10	0	0	0
30	Haarausfall	10	0	0	0	9	1	0	0	10	0	0	0
31	Lärmempfindlichkeit	5	2	2	1	5	4	1	0	7	2	1	0
32	Kloß im Hals oder Magen	0	2	1	7	0	7	3	0	5	5	0	0
33	Gelenksprobleme	8	2	0	0	5	5	0	0	8	2	0	0
34	Schmerzen oder Verspannungen der Wirbelsäule	2	3	5	0	1	8	1	0	2	8	0	0
35	Übermäßiges Schwitzen	10	0	0	0	10	0	0	0	10	0	0	0
36	Allergische Reaktionen	9	1	0	0	10	0	0	0	10	0	0	0
37	Kälteempfindlichkeit	3	6	1	0	9	1	0	0	9	1	0	0
38	Stimmungsschwankungen	1	1	5	3	3	6	1	0	5	5	0	0
39	Unentschlossenheit	0	2	5	3	3	6	1	0	6	4	0	0
40	Ängstlichkeit	1	3	2	4	4	3	3	0	7	2	1	0
41	Schuldgefühle	0	5	2	3	3	7	0	0	5	5	0	0
42	Ist Ihre Religion eine Hilfe für Sie?	2	5	2	1	3	3	3	1	2	5	3	0
43	Gewichtsverlust	3	3	3	1	2	7	1	0	3	7	0	0
44	Übergewicht	10	0	0	0	10	0	0	0	9	1	0	0
45	Bauchschmerzen	1	6	3	0	9	1	0	0	10	0	0	0
46	Blutungen durch die Fehlgeburt	7	3	0	0	10	0	0	0	10	0	0	0
47	Schmerzen in den Brüsten	9	1	0	0	10	0	0	0	10	0	0	0
48	Reduzierte Lust auf Geschlechtsverkehr	0	0	6	4	0	5	5	0	6	4	0	0
49	Schmerzen beim Geschlechtsverkehr	5	3	0	2	3	7	0	0	9	1	0	0
50	Haben Sie Ihre Regelblutung wieder bekommen?	10	0	0	0	9	1	0	0	0	1	6	3

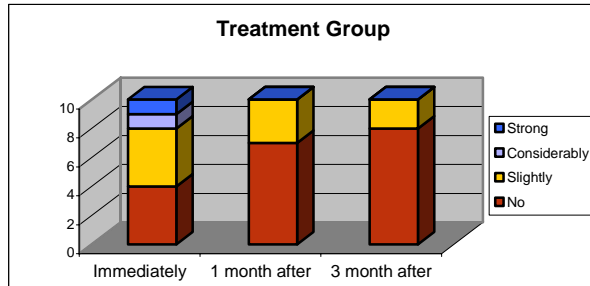
## 7.2 Analysis – control group

	Fragen	Fragenbogen 1:				Fragenbogen 2:				Fragenbogen 3:			
		Gleich nach der Fehlgeburt				1 Monat nach der Fehlgeburt				3 Monate nach der Fehlgeburt			
		Nein	Etwas	Ziemlich	Stark	Nein	Etwas	Ziemlich	Stark	Nein	Etwas	Ziemlich	Stark
1	Schlaflosigkeit	5	2	3	0	8	2	0	0	10	0	0	0
2	Allgemeine Mattigkeit	3	1	4	2	0	3	7	0	4	4	2	0
3	Zittern	6	4	0	0	3	5	2	0	3	3	4	0
4	Schmerzen oder Druck in der Herzgegend	0	5	3	2	3	4	3	0	2	6	2	0
5	Rasche Ermüdung	7	2	0	1	5	1	4	0	7	1	2	0
6	Infektanfälligkeit	8	2	0	0	0	3	7	0	2	1	7	0
7	Appetitlosigkeit	0	2	4	4	1	4	5	0	4	5	1	0
8	Essgier	10	0	0	0	10	0	0	0	9	1	0	0
9	Kurzatmigkeit	10	0	0	0	10	0	0	0	10	0	0	0
10	Schwächegefühl	4	3	2	1	5	4	1	0	10	0	0	0
11	Herabgesetzte Reaktionsfähigkeit	2	3	3	2	4	5	1	0	8	2	0	0
12	Konzentrationsschwäche	0	2	5	3	3	4	3	0	6	4	0	0
13	Gedächtnisstörung	7	2	1	0	8	2	0	0	10	0	0	0
14	Nervosität	7	3	0	0	2	3	4	1	0	4	5	1
15	Traurigkeit – Trauer	0	0	2	8	0	0	8	2	0	0	10	0
16	Deprimierte Stimmung	0	4	5	1	0	3	7	0	0	7	2	1
17	Gereiztheit	2	4	3	1	0	4	6	0	1	3	6	0
18	Unruhe	4	2	2	2	2	3	5	0	4	4	2	0
19	Gefühl als Frau versagt zu haben	1	1	6	2	4	4	2	0	5	4	1	0
20	Neid	2	1	5	2	1	3	6	0	2	2	6	0
21	Kopfschmerz	5	5	0	0	6	4	0	0	9	1	0	0
22	Schwindel	6	4	0	0	10	0	0	0	9	0	1	0
23	Sehstörungen	10	0	0	0	10	0	0	0	10	0	0	0
24	Hörstörungen	10	0	0	0	10	0	0	0	10	0	0	0
25	Unregelmäßiger Herzschlag, Herzrasen	7	1	2	0	1	3	6	0	3	4	3	0
26	Erhöhter Blutdruck	7	2	1	0	3	4	3	0	2	6	2	0

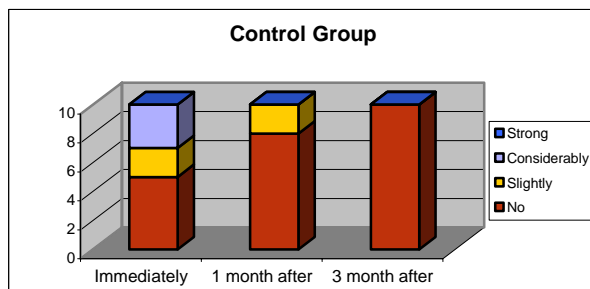
27	Durchfälle	7	2	1	0	7	2	1	0	9	1	0	0
28	Erbrechen	10	0	0	0	10	0	0	0	10	0	0	0
29	Vermehrter Harndrang	9	1	0	0	10	0	0	0	10	0	0	0
30	Haarausfall	10	0	0	0	10	0	0	0	10	0	0	0
31	Lärmempfindlichkeit	5	3	2	0	6	3	1	0	6	3	1	0
32	Kloß im Hals oder Magen	0	1	6	3	1	3	6	0	1	6	3	0
33	Gelenksprobleme	9	1	0	0	6	3	1	0	3	6	1	0
34	Schmerzen oder Verspannungen der Wirbelsäule	6	3	1	0	1	4	4	1	0	1	8	1
35	Übermäßiges Schwitzen	10	0	0	0	10	0	0	0	10	0	0	0
36	Allergische Reaktionen	10	0	0	0	10	0	0	0	9	1	0	0
37	Kälteempfindlichkeit	6	2	2	0	8	2	0	0	5	4	1	0
38	Stimmungsschwankungen	3	0	7	0	2	3	5	0	1	6	3	0
39	Unentschlossenheit	2	2	5	1	3	3	4	0	1	8	1	0
40	Ängstlichkeit	1	2	5	2	2	4	4	0	3	5	2	0
41	Schuldgefühle	0	6	3	1	1	3	6	0	2	8	0	0
42	Ist Ihre Religion eine Hilfe für Sie?	2	7	1	0	2	7	1	0	2	6	2	0
43	Gewichtsverlust	4	5	1	0	3	6	1	0	4	6	0	0
44	Übergewicht	10	0	0	0	10	0	0	0	10	0	0	0
45	Bauchschmerzen	4	6	0	0	7	3	0	0	8	2	0	0
46	Blutungen durch die Fehlgeburt	6	3	1	0	10	0	0	0	10	0	0	0
47	Schmerzen in den Brüsten	10	0	0	0	10	0	0	0	10	0	0	0
48	Reduzierte Lust auf Geschlechtsverkehr	0	1	4	5	0	2	8	0	4	5	1	0
49	Schmerzen beim Geschlechtsverkehr	5	3	1	1	3	4	3	0	2	8	0	0
50	Haben Sie Ihre Regelblutung wieder bekommen?	10	0	0	0	10	0	0	0	0	0	7	3

## 8 RESULTS OF THE STATISTICS

### 8.1 Sleeplessness (question 1)



**Treated group: 9 3 2**



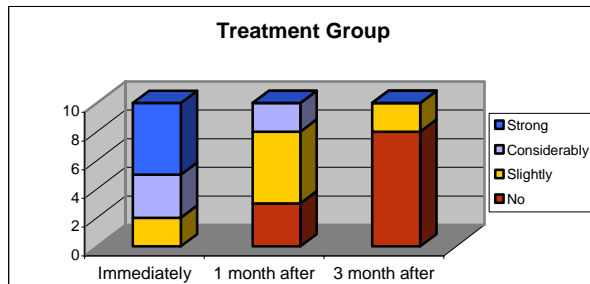
**Control group: 8 2 0**

This problem was immediately after the abortion stronger present in the treated group as in the non treated group. The course of recovery is nearly the same in the treated like in the untreated group.

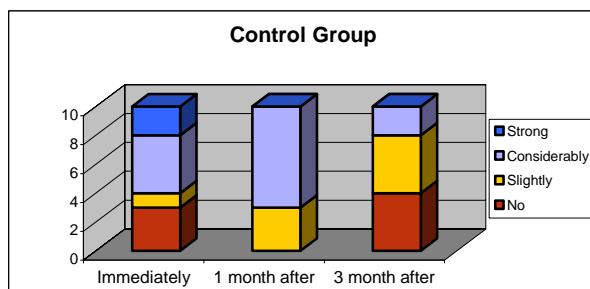
The problem of sleeplessness does exist after an abortion but could not be influenced by my treatment as far as the control group showed the same improvement.



## 8.2 General Lack of Energy (question 2)



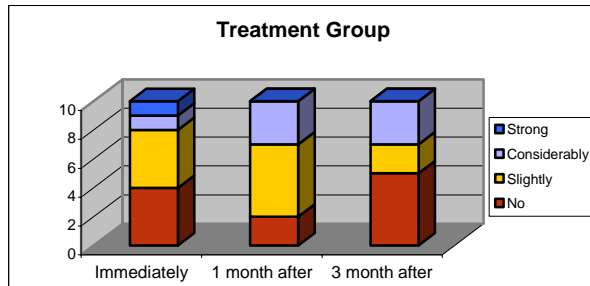
Treated group: 23 9 2



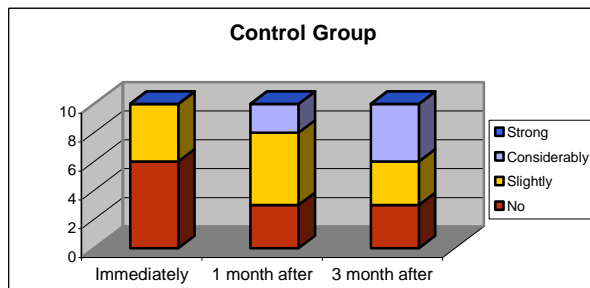
Control group: 15 17 8

General lack of energy also occurred at the treated group immediately after the abortion but **could clearly be improved by the treatment in comparison to the control group**. In the untreated group even an increase one month after abortion was discovered.

### 8.3 Trembling (question 3)



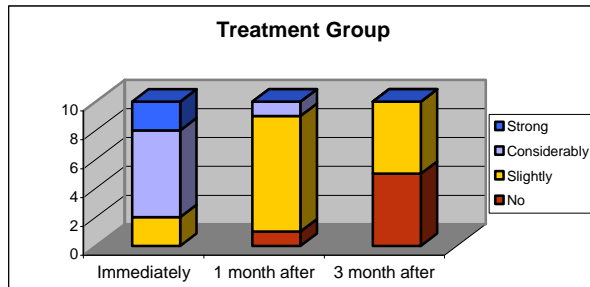
Treated group: 9 11 8



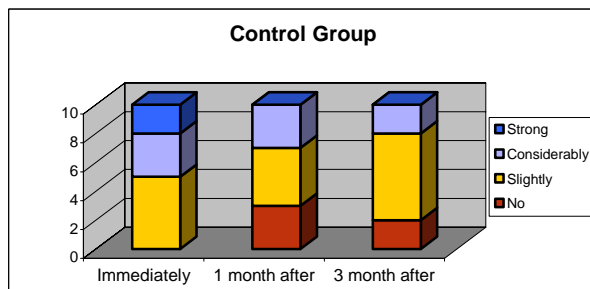
Control group: 4 9 12

Trembling is a stress reaction which belongs to those problems which occur after an abortion. This problem occurred immediately after abortion at the **treated group** but could be **improved after a slight increase**. In comparison to that the **problem increased in the non treated group**.

## **8.4 Pain or tight feeling in the heart area (question 4)**



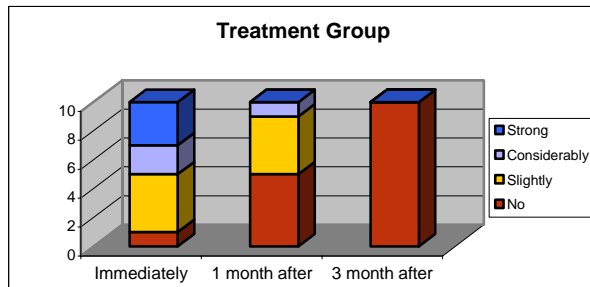
Treated group: 20 10 5



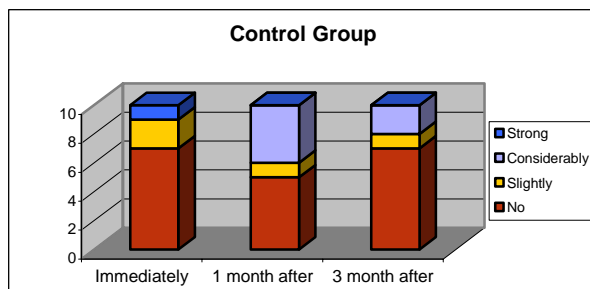
Control group: 17 10 10

Pain or tight feeling in the heart area occurred at all patients immediately after abortion but it was stronger in the treated group. One month after abortion the problem in both groups is equal but appears clearly stronger in the untreated group. (Pain or tight feeling in the heart area arises because of a too strong tension of the fascias around the sternum combined with a protection mechanism of the pericardium and the limited breath movement.)

## 8.5 Fast Tiredness (question 5)



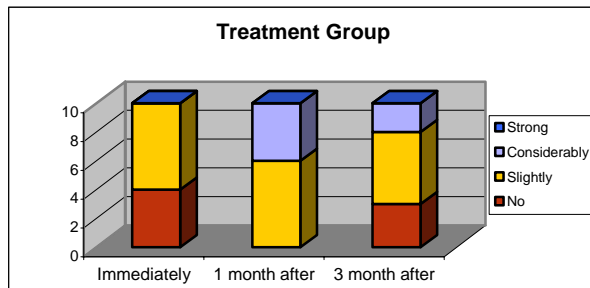
Treated group: 17 6 0



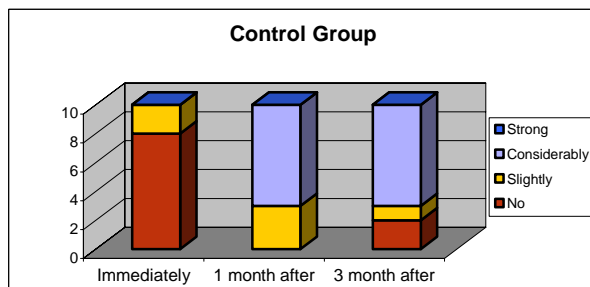
Control group: 4 9 5

Tiredness occurs after the first shock reaction when all energy reserves are used up. This problem is also stronger evident in the treated group immediately after abortion. But already one month later the problem is slightly increased in the untreated group. Three months after abortion **tiredness did not occur at any treated patient but remained in the untreated group.**

## 8.6 Susceptibility to infects (question 6)



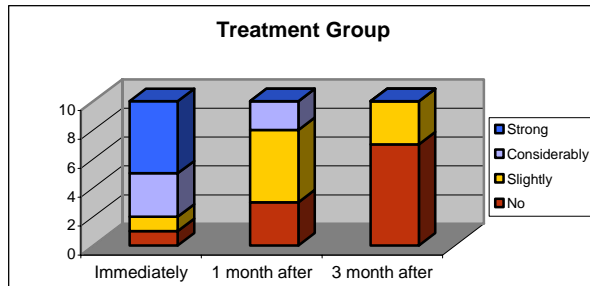
Control group: 2 17 15



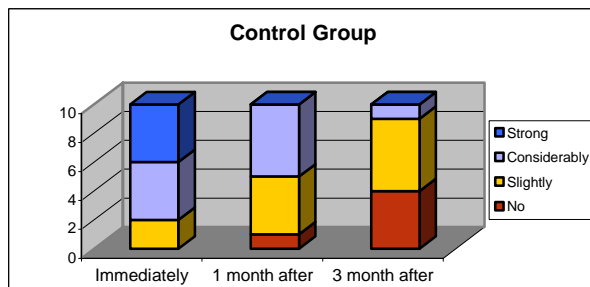
Treated group: 6 14 9

Susceptibility to infects after abortions is not very common in the untreated group. In the treated group 6 from 10 women are slightly susceptible to infects. One month later it increases in the untreated group. **Three months later the problem is more clearly in the untreated group.** Susceptibility to infects is the result of an increased Adrenaline and Glucocorticoid level (see chapter: Adrenaline circulation and Glucocorticoid system.)

## 8.7 Loss of Appetite (question 7)



Treated group: 22 9 3



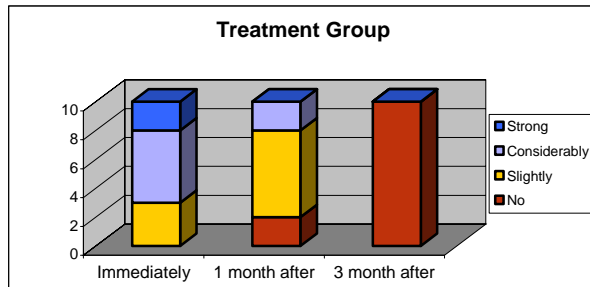
Control group: 22 14 7

Loss of appetite appears equally strong immediately after abortion.

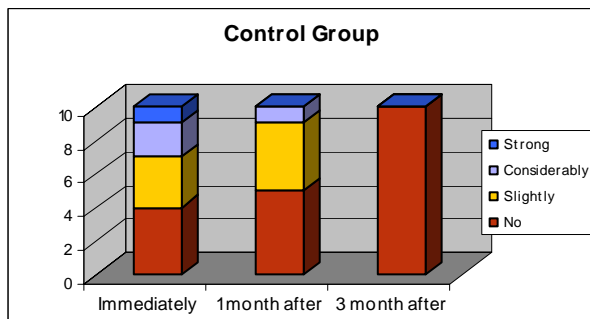
**In both groups the problem decreases after some time. But women in the treated group recover faster from loss of appetite.**

Loss of appetite is a serious problem after an abortion and should not be underestimated, because during this period a lot of energy is needed and even more food is need and not less. But loss of appetite is a symptom of shock, stress and grief.

## 8.8 Weakness (question 10)



Treated group: 19 10 0

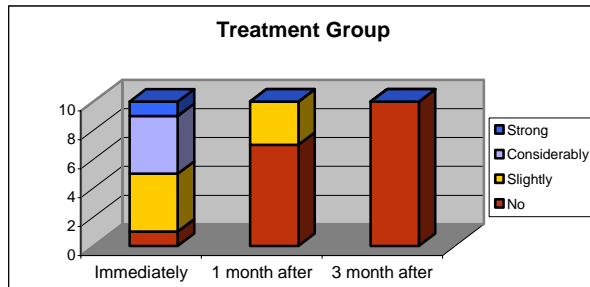


Control group: 10 6 0

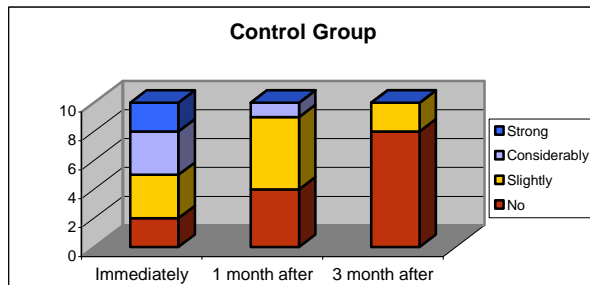
Weakness occurs immediately after abortion stronger in the treated group. One month later the problem is still slightly increased, but disappears in both groups three months after abortion.

Weakness as it seemed could not be influenced by my treatment as far as the untreated group shows the same improvements.

## 8.9 Slowed Down Reactions (question 11)



Treated group: 15 3 0

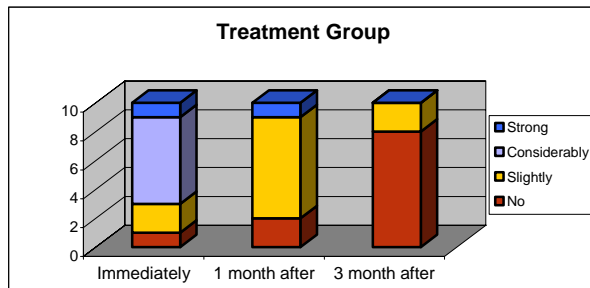


Control group: 15 7 2

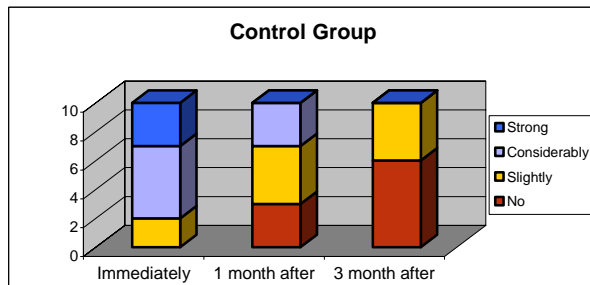
Slowed down reaction is a problem of the first time after abortion. **The treated group recovered a little bit faster than the untreated group.**



## 8.10 Lack of Concentration (question 12)



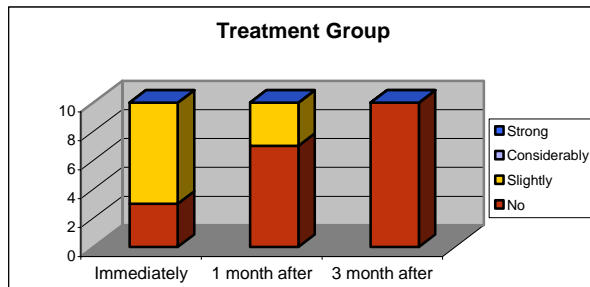
Treated group: 17 10 2



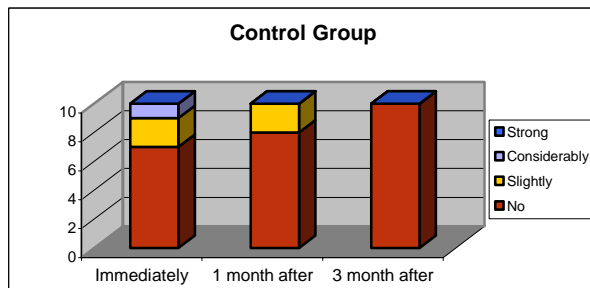
Control group: 21 12 4

Lack of concentration is a problem which affects both groups immediately after abortion (stronger in the untreated group) in both groups the lack of concentration improves. But the **treated group recovers faster than the untreated group.**

## 8.11 Partial Amnesia (question 13)



Treated group: 7 3 0

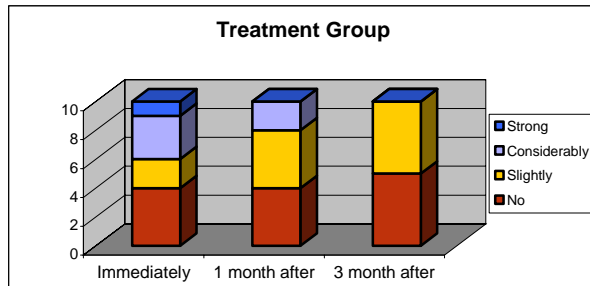


Control group: 4 2 0

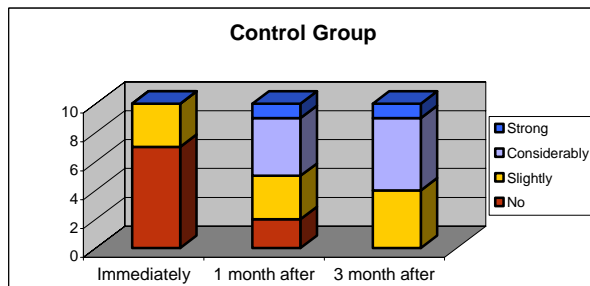
Partial amnesia occurs only very discreet in both groups (immediately after abortion slightly stronger in the treated group)

**Three months later no woman has this problem anymore.** The improvement is in both groups nearly the same. I.e.: **partial amnesia could not be influenced by my treatment.**

## 8.12 Nervousness (question 14)



Treated group: 11 8 5

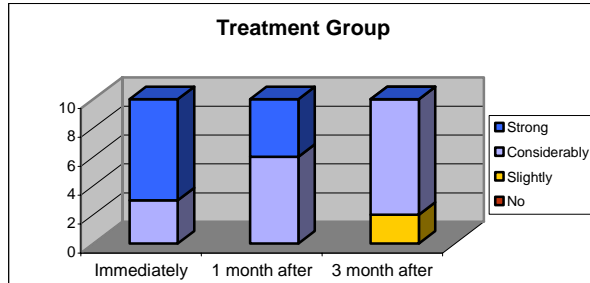


Control group: 3 14 17

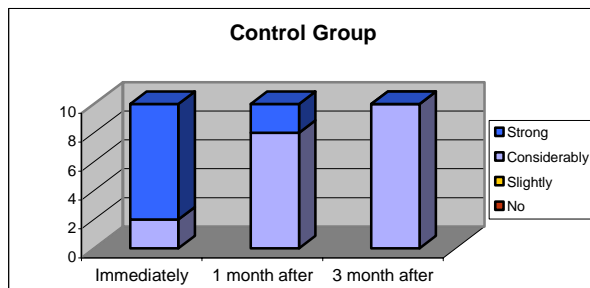
Immediately after abortion nervousness is stronger present in the treated group. In the treated group the problem constantly decreases in the untreated group it even increases.

**Nervousness could be improved by my treatment.**

### 8.13 Sadness – Grief (question 15)



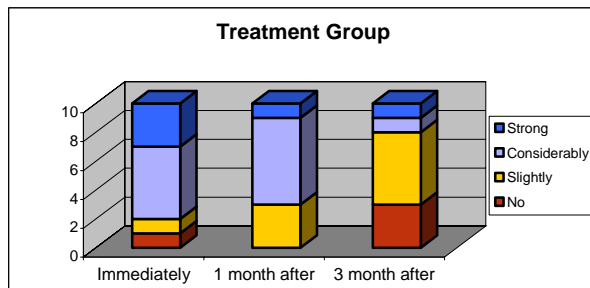
Treated group: 27 24 18



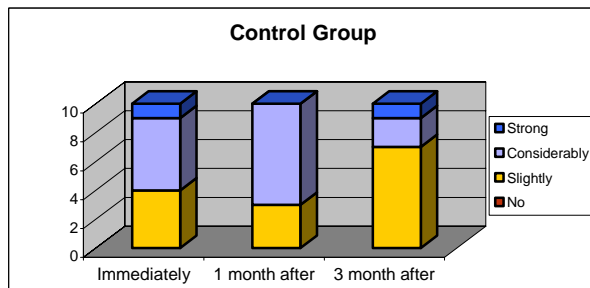
Control group: 28 22 20

Grief is the main problem after an abortion. It is, of course strongest immediately after the abortion and gets slightly better until the third month. Grief should not be decreased. Exact the opposite: We should encourage women to express their grief.

## 8.14 Depression (question 16)



Treated group: 20 18 10

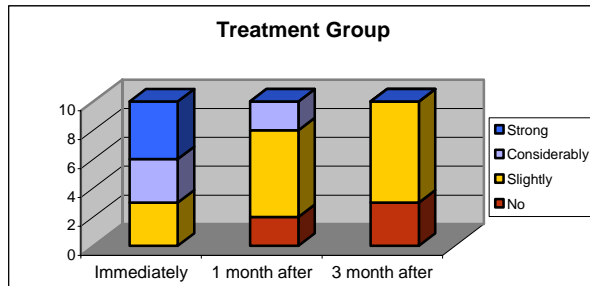


Control group: 17 17 14

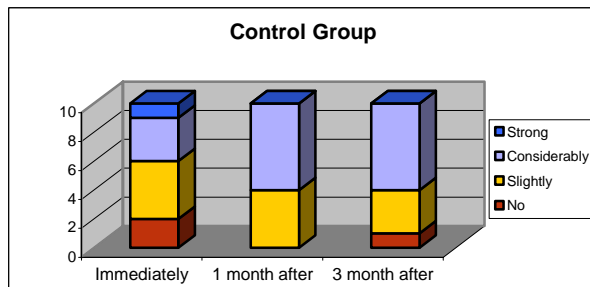
Depression immediately after abortion is slightly stronger in the treated group. After one month the problem is the same in both groups. Until 3 month after abortion the depression is stronger in the untreated group.

**Depression could be improved by my treatment.**

## 8.15 Irritability (question 17)



Treated group: 21 10 7

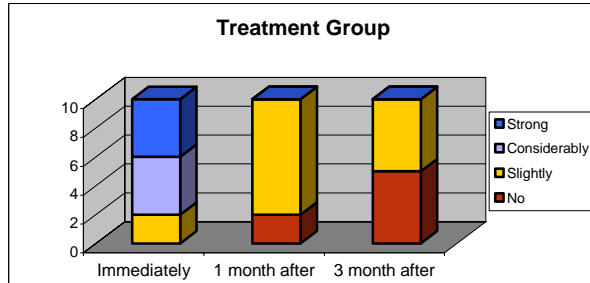


Control group: 13 16 15

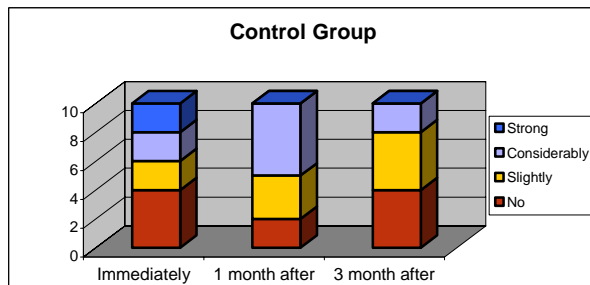
Irritability immediately after abortion is stronger in the treated group. One month later this problem is stronger in the untreated group. Irritability remains stronger in the untreated group and reduces in the treated group.

**Irritability could be improved by my treatment.**

## 8.16 Restlessness (question 18)



Treated group: 22 8 5

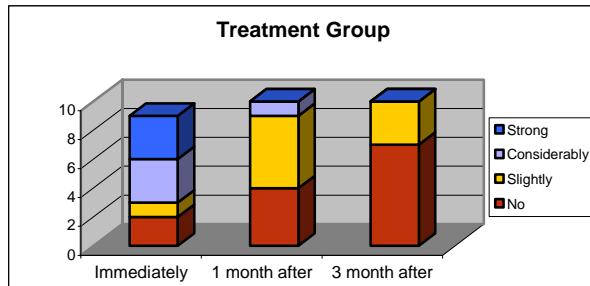


Control group: 12 13 8

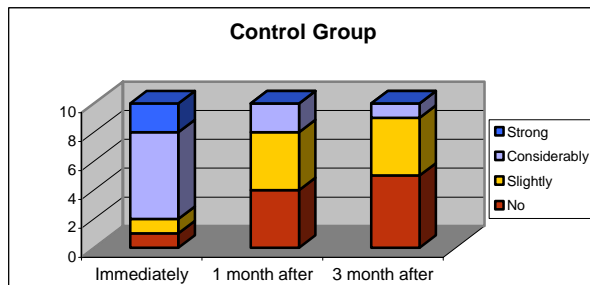
Restlessness immediately after abortion is stronger in the treated group. One month later it is worse more in the untreated group, but improves until the third month.

**This worsening does not appear in the treated group.** In the treated group there is a continuous improvement of restlessness. **The problem of restlessness can be influenced positively by my treatment.**

### 8.17 Feeling to have failed as woman (question 19)



Treated group: 16 7 3



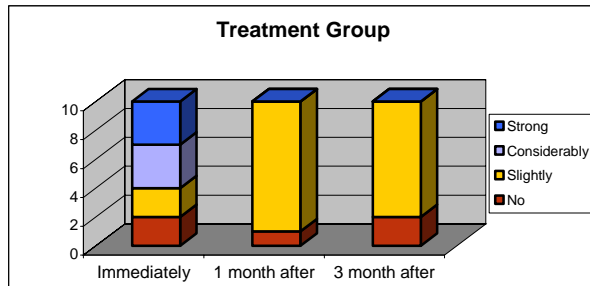
Control group: 19 8 6

The feeling to have failed as woman occurs stronger in the untreated group, but reduces until the third month.

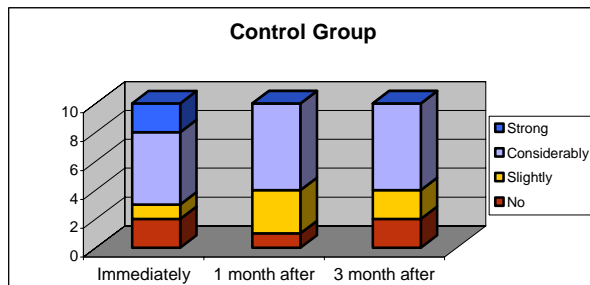
**The improvement was in the treated group more clearly but was not so strong already from the beginning.**



## 8.18 Envy (question 20)



Treated group: 17 9 8

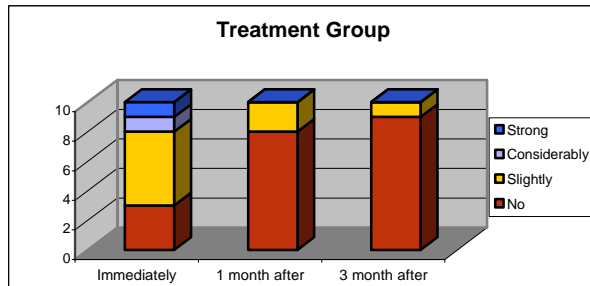


Control group: 17 15 14

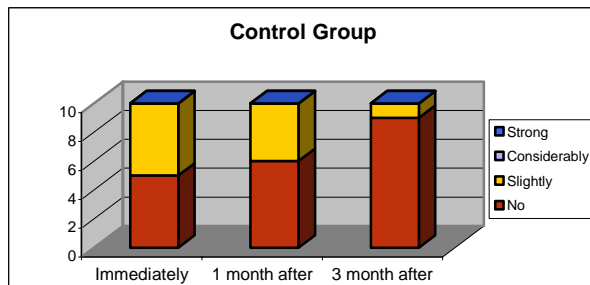
Envy is equally strong in both groups and reduces slightly one month after the abortion to remain approximately at this level.

**In the treated group an improvement can be recognised immediately and it remains until the third month.**

## 8.19 Head Ache (question 21)



Treated group: 10 2 1

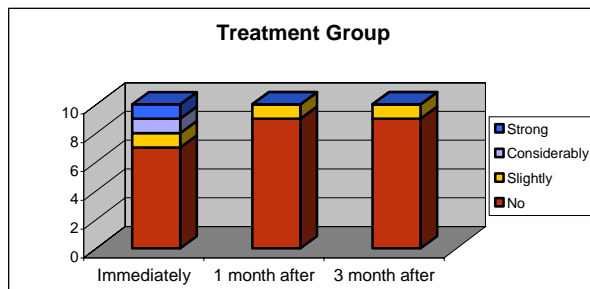


Control group: 5 4 1

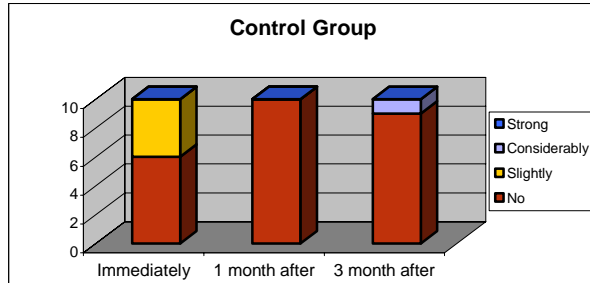
Head ache occurs in the treated group stronger than in the untreated group. In both groups head ache reduces until it hardly occurs in third month.

**In the treated group a faster improvement was recognised.**

## 8.20 Vertigo (question 22)



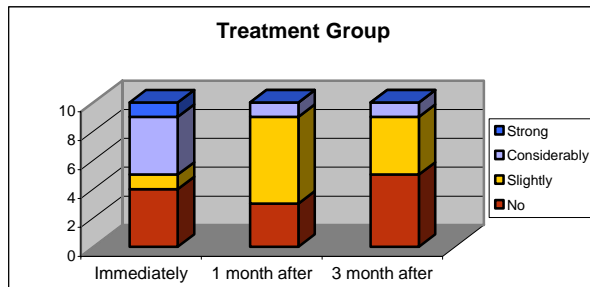
Treated group: 6 1 1



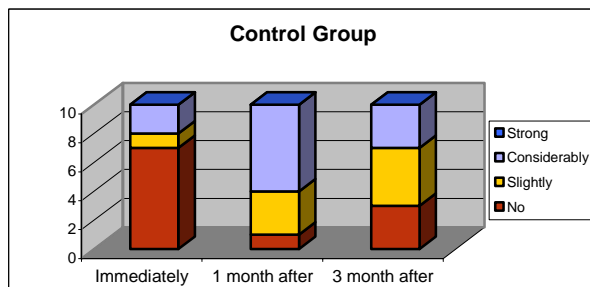
Control group: 4 0 2

Vertigo is an insignificant problem and occurs shortly only immediately after abortion by my treatment.

## 8.21 Irregular Beat and Fast Heart Beat (question 25)



Treated group: 12 8 6



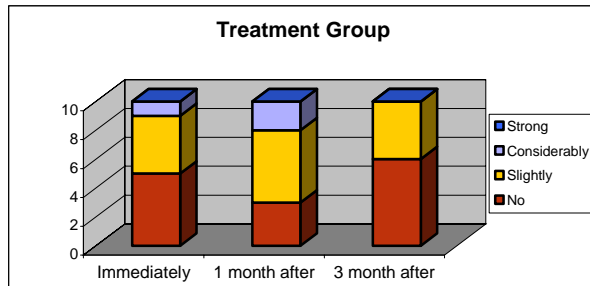
Control group: 5 15 10

Irregular and fast heart beat is a problem of both groups. First it is stronger in the treated group but improves continuously.

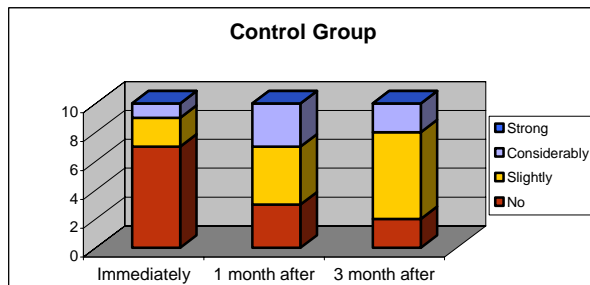
The untreated group reaches the peak one month after the abortion and the problem slightly decreases until the third month.

Irregular and fast heartbeat can be positively influenced.

## 8.22 Increased Blood Pressure (question 26)



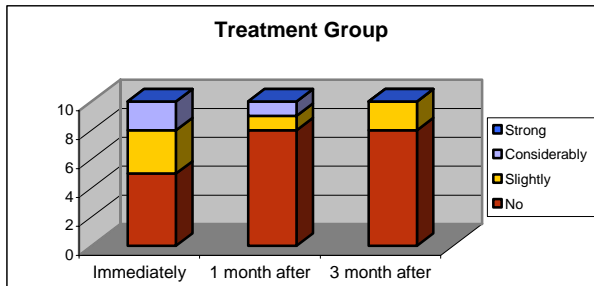
Treated group: 6 9 4



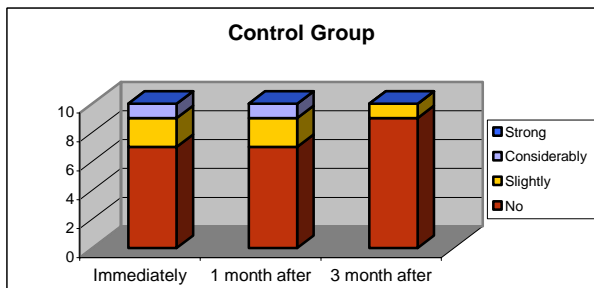
Control group: 4 10 10

Increased blood pressure occurs in both groups, slightly increases in both groups one month after abortion, **remains in the untreated group equally high, but slightly decreases in the treated group.**

## 8.23 Diarrhoea (question 27)



Treated group: 7 3 2

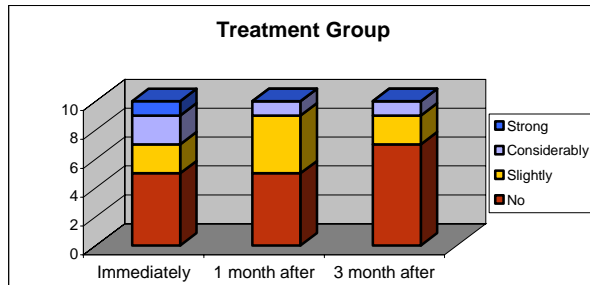


Control group: 4 4 1

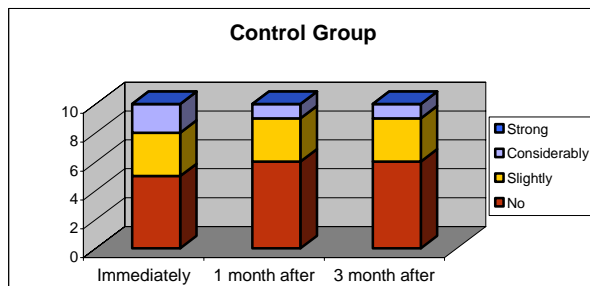
Diarrhoea occurs immediately and one month after the abortion. Three months later is hardly a problem for both groups.

The treated group shows a slight better course.

## 8.24 Sensitivity to Noise (question 31)



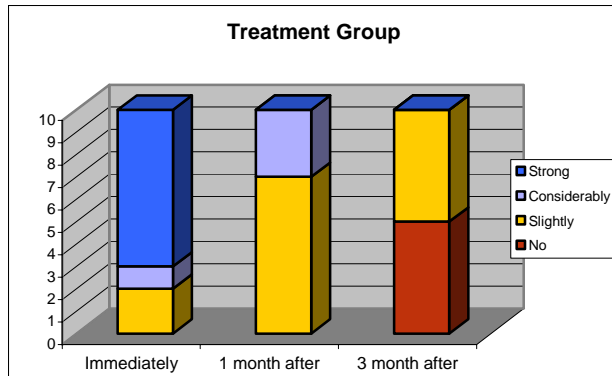
Treated group: 9 6 4



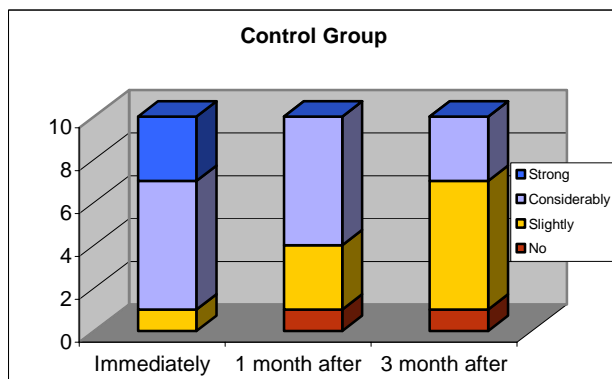
Control group: 7 5 5

Sensitivity to Noise is a problem of the women after abortion even if it occurs only discreet. **After one month it remains in the untreated group as strong as before, but decreases in the treated group.**

## 8.25 Lump in the Throat or Stomach (question 32)



Treated group: 25 13 5

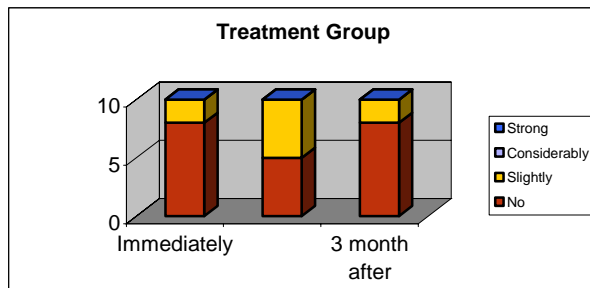


Control group: 22 15 12

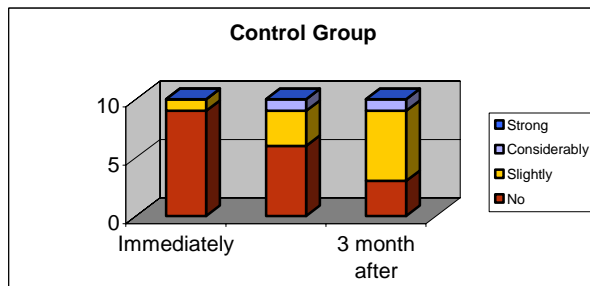
Lump in the throat or stomach is a **strong problem after abortion**, but occurs stronger in the treated group. The problem is reduces slowly in the untreated group. **The improvement is more clearly in the treated group.**



## 8.26 Joint Problems (question 33)



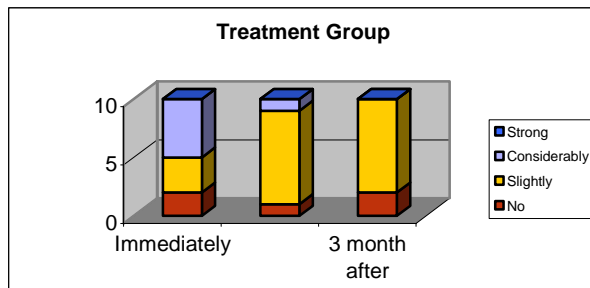
Treated group: 2 5 2



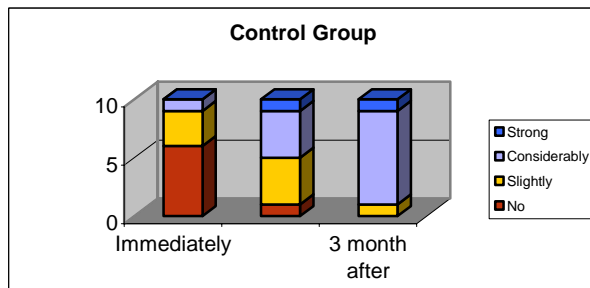
Control group: 1 5 8

Joint problems are in both groups hardly present after an abortion, **but increase continuously in the untreated group**, whereas joint problems **after a slight increase one month after the abortion do later hardly occur in the treated group anymore.**

## 8.27 Pain or Tenseness of the Spine (question 34)



Treated group: 13 10 8

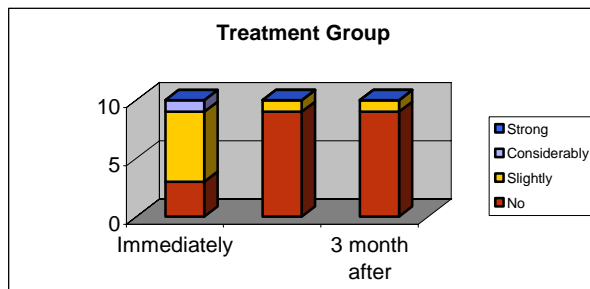


Control group: 5 15 20

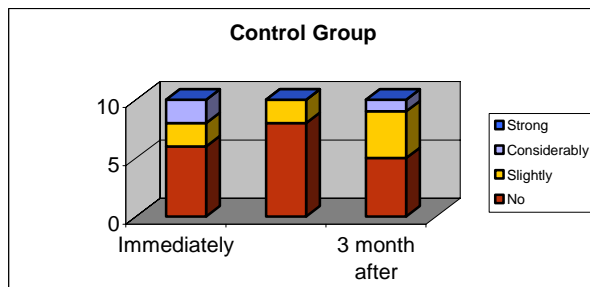
Spine problems are first stronger present in the treated group, are reduced immediately and do hardly not occur anymore three month after the abortion. In the untreated group the spine problems increase and are strongest three months later.

**Spine problems are improved by my treatment.**

## 8.28 Cold Sensitivity (question 37)



Treated group: 8 1 1

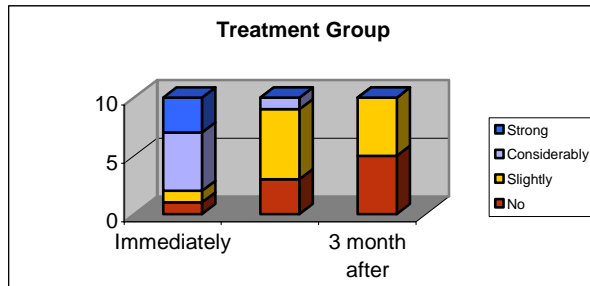


Control group: 6 2 6

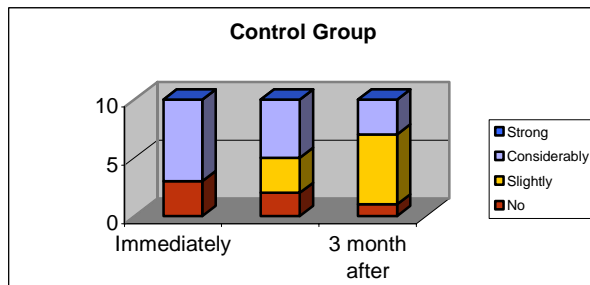
Cold sensitivity occurs to a slight extent in both groups. The treated group shows this problem a little bit stronger immediately after abortion.

**Cold sensitivity is later no problem anymore in the treated group. In the untreated group it increases again after first having decreased.**

## 8.29 Change of Mood (question 38)



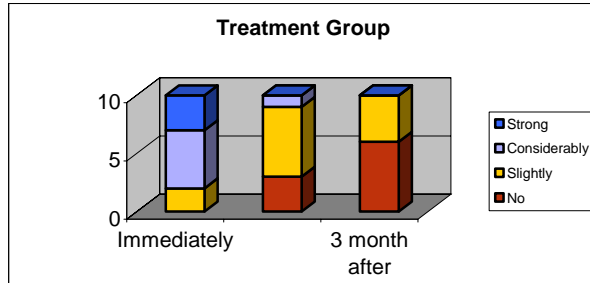
Treated group: 20 8 5



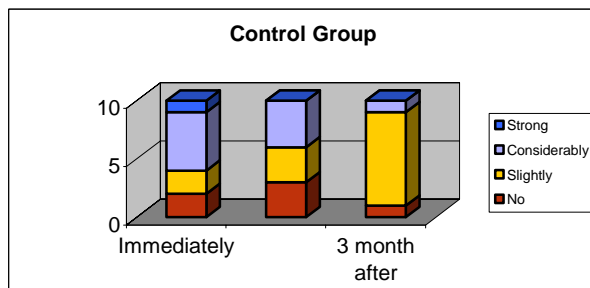
Control group: 14 13 12

Changes of mood are immediately after abortion more clearly in the treated group, but are also **reduced faster than in the untreated group.**

### 8.30 Hesitation (question 39)



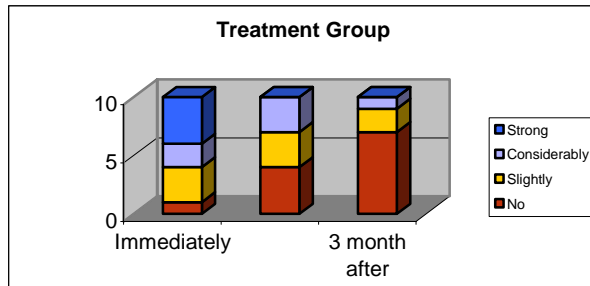
Treated group: 21 8 4



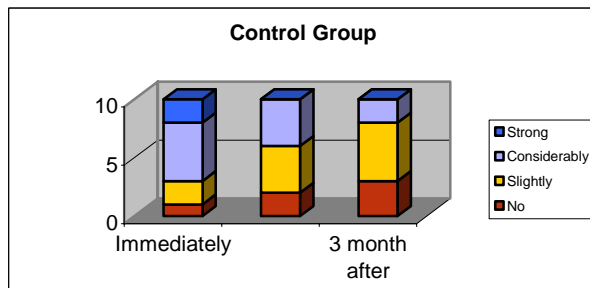
Control group: 15 11 10

Hesitation is a problem in the first period after abortion. **In both groups the problem is reduced, but faster in the treated group.**

### 8.31 Timidity (question 40)



Treated group: 19 9 4

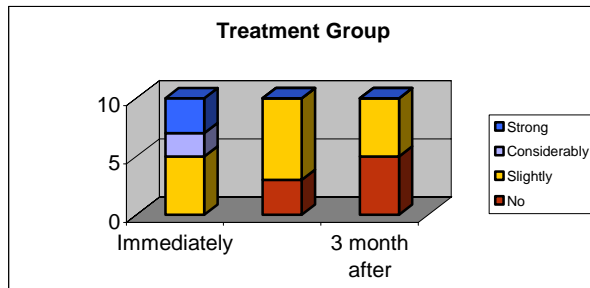


Control group: 18 12 9

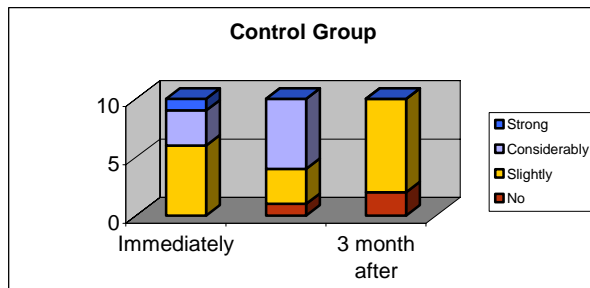
Timidity is present at nearly all women, but is reduced more significant in the treated group.

**Timidity is influenced positively by my treatment.**

### 8.32 Feeling Guilty (question 41)



Treated group: 18 7 5

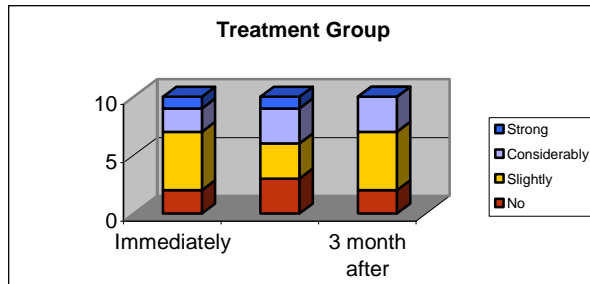


Control group: 15 15 8

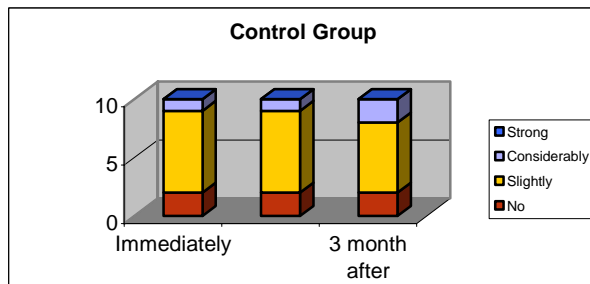
Feeling guilty is present at all women after an abortion. First the problem remains constantly strong in the untreated group. The treated group shows a continuous improvement.

**The problem was continuously improved by my treatment.**

### 8.33 Is Your Religion ( Faith) helpful for You? (question 42)



Treated group: 12 12 11

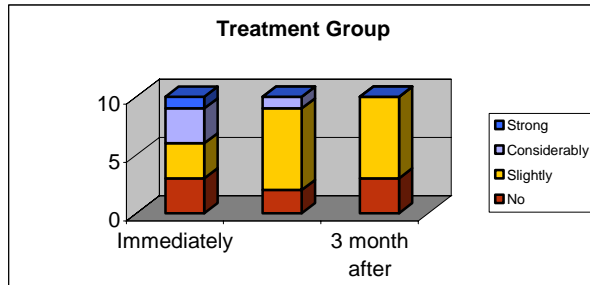


Control group: 9 9 10

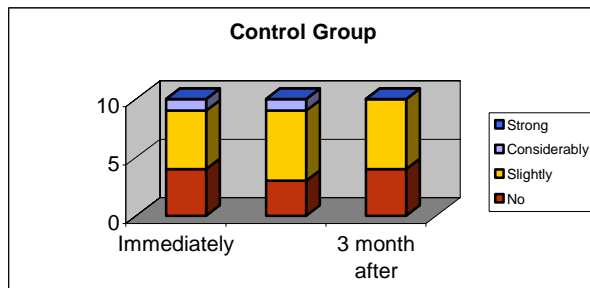
For women religion is helpful, although for most of them only a little. By this question I wanted to find out whether religious people can better cope with an abortion. This assumption was not confirmed this way.



### 8.34 Loss of Weight (question 43)



Treated group: 12 9 7

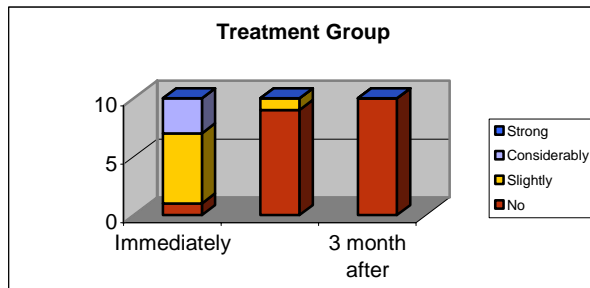


Control group: 7 8 6

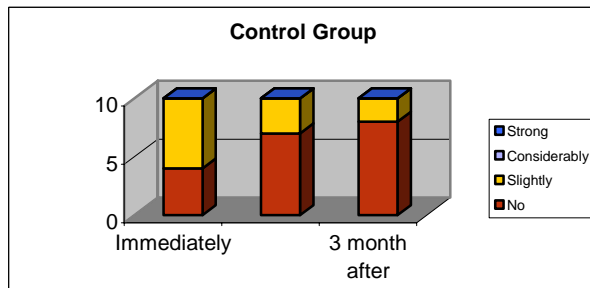
Loss of weight was present in both groups. In both groups the problem decreased nearly the same.

**My treatment did not have any influence on this problem.**

### 8.35 Stomach Ache (question 45)



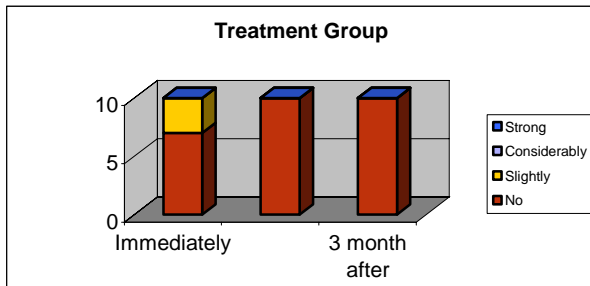
Treated group: 12 1 0



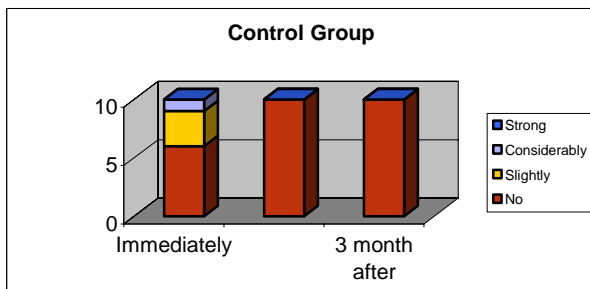
Control group: 6 3 2

Stomach aches occurred stronger in the treated group immediately after abortion, but later there were no problem. The untreated group showed this problem longer  
**Stomach ache could be faster improved by my treatment.**

### 8.36 Bleeding caused by the abortion (question 46)



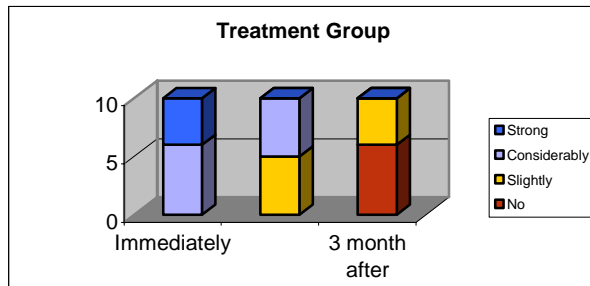
Treated group: 3 0 0



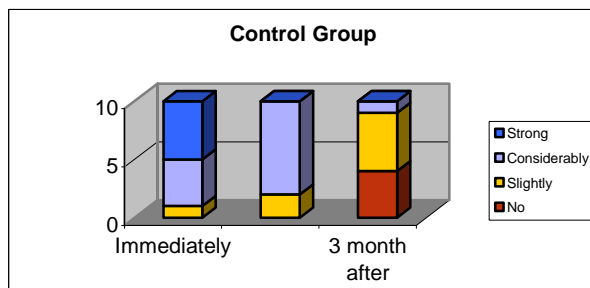
Control group: 5 0 0

Bleeding caused by an abortion are equally distributed (the questionnaires were filled in only ten days after the abortion). There are no long term bleedings.

### 8.37 Reduced Sexual Appetite (question 48)



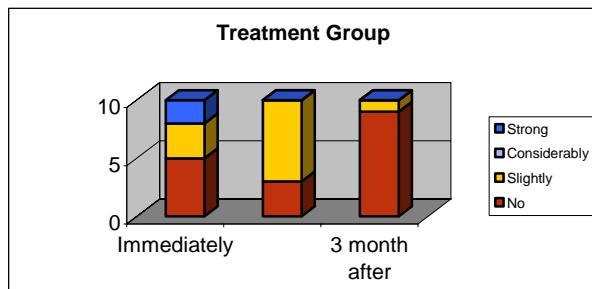
Treated group: 24 15 4



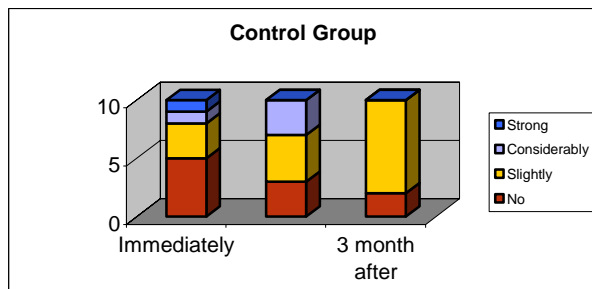
Control group: 24 18 7

Immediately after an abortion the sexual appetite is reduced at all women. In both groups the problem is **improved** continuously, **but a little bit faster in the treated group.**

### 8.38 Pain During Coitus (question 49)



Treated group: 9 7 1



Control group: 8 10 8

Pain during coitus at the beginning is similar in both groups. They are reduced in the treated group one month after the abortion. In the untreated group the pain after a slight increase remains.

**Pain during coitus could be improved by my treatment.**

## **9 RESULTS**

My study was only a short study with 10 persons in the treated group and 10 persons in the control group. The result of my study was that women might recover better with Osteopathy than without. To prove this hypothesis there has to be a study with much more people. Then the groups will get more homogeneous and the results would really prove my hypothesis.

### **9.1 Effects which occur at women after an abortion**

The effects which occur at women after an abortion are Sleeplessness, General tiredness, Trembling, Pain or pressure in the heart area, Fast exhaustion, Susceptible to infects, Loss of appetite, Weakness, Slowed down reactions, Lack of concentration, Partial amnesia, Nervousness, Sadness - Grief, Depressed, Irritability, Restlessness, Feeling to have failed as woman, envy, head ache, vertigo, irregular heartbeat, increased blood pressure, diarrhoea, sensitivity to noise, lump in the throat or stomach, joint problems, pain or tenseness of the spine, sensitivity to cold, changes of mood, hesitation, timidity, feeling guilty, loss of weight, stomach ache, reduced sexual appetite, pain during coitus.

## **9.2 Problems that could be eliminated by osteopathic treatment**

Problems which did not occur at any woman anymore three month after the abortion are: sleeplessness, weakness, partial amnesia.

All three symptoms did occur very intensive in both groups and disappeared after three month also in the untreated group. Therefore it cannot be said that these problems have been solved by my treatment.

There are no serious problems which did not occur at any woman after three months.

I have to structure the problems after an abortion differently:

- Clear improvement in comparison to the control group
- Slight improvement in comparison to the control group
- Same course as in the control group

## **9.3 Clear improvement in comparison to the control group**

- General tiredness
- Trembling
- Pain or tension in the heart area
- Fast tiredness

- Nervousness
- Irritability
- Restlessness
- Change of mood
- Envy
- Lump in the throat or stomach
- Joint problems
- Pain or tenseness of the spine
- Sensitivity to cold
- Stomach ache
- Reduced sexual appetite
- Pain during coitus

#### **9.4 Slight improvement in comparison to the control group**

- Susceptibility to infects
- Loss of appetite
- Slowed down reaction
- Lack of concentration
- Depression
- Feeling to have failed as woman
- Head ache
- Vertigo
- Irregular heart beat
- Increased blood pressure



- Diarrhoea
- Sensitivity to noise
- Hesitation
- Timidity
- Feeling guilty

### **9.5 Same course as in the control group**

- Sleeplessness
- Weakness
- Partial Amnesia
- Grief
- Loss of weight
- Bleeding caused by an abortion

## **10 TREATMENT**

A real treatment scheme cannot be made. One needs his / her full osteopathic talent for a treatment after an abortion. There are physical and psychological problems, structural, visceral and craniosacral disorders. It was not the aim of my study to list up techniques. They can be looked up in a script or in osteopathic books. A very good book is for example “Urogenital manipulation” from Jean-Pierre Barral<sup>15</sup> (1993). You can find techniques for the uterus, bladder and ligaments.

But I can offer some recommendations:

(These are not the only techniques I did in my work. They are not listed in order to their importance.)

- During the first treatment you can usually not find „fresh“ blockades at the spine, pelvis or limbs. It also depends on how fast after an abortion a woman is accepting help from an Osteopath. Of course, older blockades can exist. It is better first to loosen up those blockades before a craniosacral treatment, because patients sometimes show stronger reactions after a craniosacral treatment. Besides that patients feel it more harmonic to get up quiet and balanced than to be rotated, turned, or manipulated at the end.
- Visceral there is, of course, a lot to do. But we should not only think about the uterus with its surroundings, but also about the kidney region (see Adrenaline system, Glucocorticoid circulation) heart, Pericardium and lung (see Viscero-emotional connections). The diaphragm is often fixed in inspiration position.

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<sup>15</sup> Barral, J.-P., Urogenital Manipulation, Seattle-Washington, Eastland Press, 1993

But also the whole digestive system needs to be treated, because the eating habits are often disturbed. Back pain is indicating a tension of the Ligamentum sacrouterina. Pain lateral of the Symphysis and the Mons pubis means tension to the Ligamenta teres uteri. Area pain left or right indicates tensed Ligamenta lata (pain similar to pain during ovulation). (Benninghoff, 1994)

- Approximately one month after abortion structural problems occur. They often arise from a scrunched up posture (see chapter posture). Most of the blockades are located in the upper thoracic- or lumbar spine. As far as the breath is often flat there are restrictions of the rib mechanism. The occurring joint problems often change their locality and seem to be connected to the tension of the fascias and the hormone balance.
- At the first touch you can feel that there exists no primary respiration in the whole body. Either you feel nothing or a vibration in the whole body. This situation is for the patient like she has lost the ground under her feet and as like as time would stand still. Which technique is used to revive the body is left to the therapist. Possible therapeutic approaches are: Balance of the fascias, Craniosacral work or biodynamic osteopathy.
- Attention: The tensions in the thorax urgently need treatment. But in this area, directly under the sternum are located the emotions like grief, sadness, trouble and deep inner vulnerability. I do not agree to disturb the composure of the patient. One should respect the dignity of a human being. Women will be

crying after an abortion. They (the women) should be allowed to keep the control. It is better to feel one's way slowly and smoothly towards these areas and not to rush towards these regions.

- After an abortion it is good for women to have the possibility to talk about their experiences. Therefore you need enough time for a treatment. You can ask for the problems which exist at most of the women after an abortion. After an abortion one feels bad. It is therefore comforting to hear that a lot of problems are „ normal“. The book of Hannah Lothrop „ Gute Hoffnung - Jähes Ende“ can be warmly recommended, in case you want to get deeper into this subject. For heaven's sake not everyone has one experience in abortion.
- We should encourage women to show their grief and to be behind their child no matter how old it was. Talk about a child and not only about a situation of the woman. Ask only about the time before the abortion. The abortion is only the terrible finish of an earlier beautiful, happy time.
- In case the partner participates in the treatment, he needs a therapy as well. He also lost a child! The access to fathers often is more complicated than to mothers.
- Sexual problems are an important subject, which, unfortunately, often is not mentioned. The basis for a new pregnancy is to enjoy sex. And in case one cannot decide for a new pregnancy, then it remains important for a well going partnership.

## **11 EFFECTS OF AN ABORTION**

After I had collected all my results I was thinking over the physiological background why these symptoms appear. I think that it is very necessary for our work to know which systems in our body might have a problem. So you can modify your treatment that it is right for every special patient.

### **11.1 Shock**

The effects of an abortion are complex. In the first phase the emotional shock with all its effects is dominating. Lothrop (Lothrop, 1998) writes in her book:

„Desperately we struggle to understand what happened - the inexplicable. But we are not able think clearly anymore. It seems that we are standing beside ourselves. We feel like petrified. The flow of our life energy is blocked, our breath seem to be ebbled. We are dazed, far away from reality - like shrouded in a cloud or in fog. Possibly we cannot cope with the full reality from the beginning on. Therefore nature protects us with a natural form of „anaesthesia“, shock. The state of shock and dazed feeling can, depending on the single situation last a few hours, a few days or even a few weeks. Taking sedatives keeps us stagnating in this phase.

The shock reaction increases the Adrenaline level and reduces our mental capabilities.“ (Lothrop, 1998, 55)

First the paralysis, the shock is dominating. The primary rhythm is turned to zero. The body needs a break, it (we) do not know how to go on. Time stands still. One feels like in a daze, like in a nightmare. We did not fully register what

happened. Mentally we are aware of it but not in our heart. Some withdraw from themselves like a snail in its shell. Others react with uncontrolled emotional outbursts.

## **11.2 Grief**

Grief is long lasting stress for the human being. The increased Adrenaline emission increases the pulse rate, the blood pressure and the muscle tension increase. The eating habits are often imbalanced, and as result the state of nutrition is suffering. Stomach and intestine are affected. The metabolism is mixed up. The body is running at full power and need a lot of energy.

Remaining stress, caused by grief, weakens the immune system (Bartrop, 1977). Research has shown that in a healthy body the lymphozit-level (Lymphocytes are cells which are responsible for the body defence) amounts 2000. While grieving after one week it can be 1100, after four months 700 after seven to eight months even 400. Therefore people after a loss are special susceptible to deseases.

Lothrop mentions the following symptoms for long lasting stress: shortness of breath, head ache, lump in the throat or stomach, heart ache, back ache (especially in the lumbar region or between the shoulder blades), neck ache, dull feeling in the pelvis area, lack of sexual feelings, muscle weakness, vertigo, trembling, hyper sensitivity for noise, chronic colds and influenza, chronic fatigue and sleep disorders. (Lothrop, 1998)

## **11.3 Adrenaline Level**

### **11.3.1 Adrenaline circulation**

Adrenaline and Noradrenalin are produced in the adrenal marrow. In state of rest small quantities of Adrenaline are produced. Under influence of environmental or inner stress (burden situation, infections, injuries, Hypoglycaemia) the adrenomedullar as well as the sypathic secretion of Noradrenalin and Adrenaline is heavily stimulated. Therefore those both hormones are the most important regulating factors for stress situations. (Benninghoff, 1994)

### **11.3.2 Stress Reaction**

Both Catecholamines increase the heart activity, contract vessels in the Splanchnicus area and are dilating the muscle providing vessels. Beside that the gastrointestinal mobility is held back and the bronchi are dilated. The reason is that the digestion is not continued during danger. The action of the digestive tract can be reduced. As far as for eventual fights or flights oxygen and glucose is needed for the muscles, the bronchi and the muscular vessels are getting wider. (Benninghoff, 1994)

Energy is provided first of all via glucose. Therefore Catecholamines cause a glucose reduction in the liver and in the muscles. Furthermore the Gluconeogenesis in the liver is supported. Both Catecholamines stimulate the Lipolysis in the fat tissue and the Protolysis in the liver tissue. A middle term energy supply is guaranteed by that.

Both Catecholamines inhibits the Insulin secretion at the Isle cells and as a result all insulin-depending mechanisms are blocked. By this the increased blood glucose level can be kept for the adaptation to an emergency case.

Apart from emergency situations, the adrenal marrow is activated during emotional stress (abortion) of the organism. Emotional stress can cause an emission of Catecholamine, which is, for a short period, ten times higher that the emission at rest. These emissions of adrenal-marrow-hormones are regulated by the Hypothalamus and the limbic system. The central nervous mechanisms which lead to an activation are almost unknown. (Benninghoff, 1994)

## **11.4 Glucocorticoid System**

### **11.4.1 Regulation of the Glucocorticoid secretion**

In the Hypothalamus is produced the Corticotropin-Releasing Hormone (CHR). It reaches via the portal vessel system the front lobe of the Hypophysis and releases there the ACTH (**A**denocorticotropic **H**ormone). Via the general circulation ACTH gets to the adrenal cortex and stimulates the production of Glucocorticoides (Cortisol).<sup>16</sup>

### **11.4.2 Stress Reaction**

Acute influence of stress factors lead to a fast increase of the Cortisol level in the blood. At long term stress the response of the hypothalamo-hypophysio-adrenal axis becomes weaker. Energy cannot be provided anymore in such big quantities.

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<sup>16</sup> Schmidt R.F. Thews G.: Physiologie des Menschen; Berlin-Heidelberg: Springer Verlag 1987



Cortisol initiates under stress the emission of Catecholamine (see above). To this effect it comes only when Cortisol is present. Cortisol itself has no influence on the smooth muscles. (Schmidt/Thews, 1987)

### **11.4.3 Antiphlogistic Effect**

All Glucocorticoides have ant-inflammatory qualities and they impede the production of antibodies, this is resulting in a reduced infect defence. This effect is not relevant for a short stress reaction, at long term Cortisol production it becomes apparent. Glucocorticoides inhibit the signs of an inflammation and reduce the immunological defence reaction, bacterial inflammation do not loose their seriousness. (Schmidt/Thews, 1987)

## **11.5 Emergency Reaction**

During strong physical or psychical stress, first Adrenaline and Noradrenalin are emitted then via an increased ACTH production the Glucocorticoid secretion is stimulated.

Is this reaction very distinct, it is called emergency reaction?

Long term psychical stress without recreation can lead to the symptom of „vegetative Dystonia“<sup>17</sup>.

Symptoms of vegetative Dystonia are:

- Head ache
- Sleep disorders

- Heart stammering
- Circulation regulating disorders
- Vertigo
- Breath problems
- Backache
- Tiredness
- Disorders of sexual function
- Depression
- Reduction of fitness
- Sudden break out into a sweat

Herewith some of the problems occurring after an abortion are explained. But one question is still open:

Why does it come to diarrhoea and not to constipation?

A possible answer could be that the motility of the colon during grief, depression and fear is decreased. From a decreased motility of the colon can result diarrhoea, because the resistance of the local segmental contraction is missing.

## **11.6 Hormone Withdraw**

The hormone level decreases because of the abortion back to its ground level. Even small hormone deviations unbalance the inner harmony of the woman. In

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<sup>17</sup> Pschyrembel Klinisches Wörterbuch; 256. Auflage; Berlin-New York, Walter de Gruyter Verlag, 1990

connection with the fact that she lost her child the intensity of this problem is getting stronger.<sup>18</sup>

### **11.7 Curettage**

As soon as it is clear that a not anymore intact pregnancy is rejected spontaneously, completely and without any risk for the mother a womb scrape (curettage) is carried through. First the channel of the cervix uteri is broadened with a series of special styluses. The smaller ones are as thick as a pen cartridge, the biggest like a fountain pen. Then the hollow of the uterus can be fully emptied with a suction pipe. The result is checked with a special blunt edged scrape instrument.<sup>19</sup>

After the curettage pain may arise in the womb area. The same pain can also arise simply by the abortion.

### **11.8 (Miss-) labour process**

In case the abortion happens in the first month, it is realised like a stronger menstruation. Later the cervix uteri has to broaden and contraction like cramps

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<sup>18</sup> Goerke K., Steller I., Valet A. ; Klinikleitfaden Gynäkologie Geburtshilfe; Ulm Stuttgart Jena, Lübeck: Gustav Fischer Verlag; 4. Auflage, 1997

<sup>19</sup> Balter Jörg, Mickan Harald; Gynäkologie; Stuttgart-New York: Thieme Verlag; 5. Auflage 1994

are the result (exception: abortion because of weakness of the cervix uteri: painless abortion).

As far as the cervix uteri is located in the centre of the musculus levator ani, the tension of the pelvis basis can be affected. Further the fixing apparatus of the uterus can cause pain. Back ache is an indication for tension of the Ligamentum sacrouterina. Pain lateral of the symphysis and of the Mons pubi means tension to the ligamenta teres uteri. Flat area pain left and right are too tensed Ligamenta lata (similar to pain during the ovulation). (Goerke, 1997)

## **11.9 Posture**

Keleman (1999)<sup>20</sup> writes in his book „Emotional anatomy“: „Being erect is created human experience which arises from genetic organised pulsation-movement. Stand erect is often seen as simply mechanical. Interpreted that way, a human being stands erect, because he has a good posture, bone rests on bone and an organisation according to gravity exists. Often is overlooked what meaning the human interaction and feeling has for the development of an upright self. Usually the pulsating wave can make a number of movements - towards the world and away from the world. It can accelerate or slow down. It allows the organism to give or to take, to fill itself and to keep itself back to push away or to draw near. Those pulsating movements are the basic organisation of our emotional life. They create excitement, sexual desire, largesse and love.“ (Keleman, 1999, 81)

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<sup>20</sup> Keleman, St.: Verkörperte Gefühle (Emotional Anatomy: Struktural Experience), Verlag: Kösel, München, 1999

According to Keleman (1999) the human being blows up or shrinks itself in order to cope with emotional or physical injuries. Having an erect posture the human being exposes his vulnerable front side.

In the animal world all soft and vulnerable parts of the body are turned towards the ground, protected by the hard back and the limbs. Human beings face the world upright and open and not protected like animals. In this posture we are permanently exposed to our environment with our soft front side, whereby the outer area of the nervous system is enlarged and additional information - besides the one which comes from the sense organs of the head, eyes, ears, and nose, - is collected. Because of the exposed vulnerable front more intimate meetings are possible, but also threat and danger are hitting us immediately. The organism defends itself by protecting its soft front side and by this its erect posture is affected. Being erect is therefore more than stand erect. It is an emotional and social event. Our posture is genetically determined, but is also influenced by our personal emotional history.

### **11.10     The Shock Reflex**

Our organism is equipped with a reflex to face danger and threat. This mechanism, called shock reflex, comes into action at sudden, unforeseeable distress or temporary alarming situations. We pause, stiffen ourselves, strain our muscles, hold the breath, investigate the situation and react, either by waiting

until the danger is over or by acting. Is the threat strong or does it not end, the shock pattern deepens. We try to avoid the difficulties, turn away focus on fight or flight. (Keleman, 1999)

In case the threat continues or we are not able to decrease it by keeping our last posture, we hide, we duck, give in or break down. In ideal case our form changes only temporary as reaction to an inner or outer danger; as soon as the danger is over we turn to our normal activity. Actually this happens not always so. A reaction can continue or increase until it is a permanent part of the structure. This continuation of an actually temporary reaction is called stress.

### **11.11 Emotional Injuries**

During the development from child to adult are included all possible injuries from outside - by the parents, by brothers and sisters, same aged, or by school education. Injuries can also arise from inner side, in case emotional reactions are overcoming the organism or the excitement is bigger than the ability to handle it. From the somatic point of view the term „injury“ means all inner and outer happenings which cause the shock reflex. This is also an abortion. As soon as our form is injured, the emotional streams are changing and as result the form, we take on. We face the situation, withdraw from it, expand or contract, grow bigger or decline. (Keleman, 1999, 83)

### **11.12 Viscero-emotional Connections**

### 11.12.1 Kidneys

According to Upledger (1999) the kidney is often „filter, place and rubbish bin for fear namely the fear of mortality. The fear that all is over when we died, that we die without issue, without continuing the own chromosomes and own nature.“

Upledger (1999) says that everybody has the instinct to breed and by this the immortality of the chromosomes is guaranteed. The fear of dying without issue, not to continue one's own nature is filtered and stored in the kidneys. John Upledger writes that this problem concerns also parents who lost a child, women who had a miscarriage or an abortion.

To achieve a removal of fear in the kidneys, the problem has to be accepted by the patient in order to achieve a relaxation later.

Symptoms of kidney filled with fear are:

- Sexual disorders
- Recurring bladder infection
- Chronic restlessness
- Perfectionism
- High blood pressure (Upledger, 1999)

The kidneys - not only according to Upledger but also in the classical orthodox medical physiology - are the centre of grief digestion.

The kidney or exact the adrenal gland is because of the production of Adrenaline and Glucocorticoides the main responsible part for problems after an abortion (see Upledger, 1999, chapter: Adrenaline level and Glucocorticoid system)

### *11.12.2 The Lung*

The lung is „filter, place and rubbish bin for grief. The oversized burden of worries and sorrow often seems to be the reason for asthma, chronic bronchitis, allergies of the upper respiratory tract, shortness of breath without evident reason etc. The chest is not willing to move freely and the diaphragm does not allow to breath deeply.“ (Upledger, 1999, 132)

Interesting is that those symptoms did not exist according to the questionnaire. There were no allergies, no asthma, and no shortness of breath. Most of the treated female patients told me after having directly asked them, that from time to time they had to breathe deeply. The control group I could not ask about this. But I would add this question to a further study.

### *11.12.3 The Heart*

„The heart is filter, place and rubbish bin for the fear to be injured by the fact that the one we love does not reciprocate this love or leaves us. An injured heart which wants to protect itself against the fear that this experience might happen again, will not allow its owner to love without reservation.“ (Upledger, 1999, 133)

This problem was evident in the analysis of my questionnaire and existed at each patient during treatment. But I could not make a difference between heart and Pericardium. Maybe this will be possible for me in a few years.



#### 11.12.4 The Pericardium

„The Pericardium is the protector of the heart. In case the heart was injured the pericardium gets active and protects it from further injuries. This is a marvellous defence mechanism, but it seems to me that the pericardium has a strong tendency to protect too much“. (Upledger, 1999, 133)

## **12 PSYCHOLOGICAL ASPECT**

It is very important not to suppress the lost child but to live out the grief. Children lost by abortion belong to the family otherwise according Orban they become „ghosts“ in the souls and the soul of the descendants. It seems that it is the incident of abortion itself that is removed to the region of the unconscious and there is covered with the coat of specifically forgetting. (Orban, 1997) But Orban writes also:

„Suppressed are never things or incidents but only persons. It (the suppressed human being - the child) belongs therefore to my inner and outer world. In the outer world, of course, I can loose it: He or she can emigrate, leave me, die or simply disappear. In the inner world of my soul he or she is still alive. As long as I live (possibly even longer?). This outcast, ignored, is the content of my resistance, is the „ghost“, is that what consumes my life-energy which I need. The therapy has the aim to bring the love for the outcast person from the depth

back to the surface. Mind you, the love and not the outcast (ignored) person.“  
(Orban, 1997, translated into English from Beatrice Freund)

Orban also writes about life-energy which is given from mother and father to the child. Some women or men (mothers and fathers of children died after abortion) get to hear that they have not given enough life-energy to the child.

Orban (1997) writes: „ Father and mother are those two poles of your loading station. Their „charge“ is not really that, what you expected to have as charge, but it is in 100 percent of all cases efficient to load your battery“. (Orban, 1997, translated into English from Beatrice Freund)

So it was not the fail of the life-energy. Maybe the time for your child was too short and not meant for a life outside your body.

### **12.1 When does grief become pathologic**

The question when grief becomes pathologic is not easy to answer. The psychologist Dr. Becvar-Jost (personal communication) said to me: „ There is no certain point at which someone has to stop the grief. Everybody has one’s individual time!“

But there are signs which should alarm and the female patient has to be sent to a specialist (psychologist):

- In case the woman cannot understand and accept the reality of the loss.
- The pain of the loss is not felt, experienced or accepted

- No adaptation to a live without a baby
- Intensive grief while talking about the loss, even after a few years
- Excessive grief reaction to insignificant incidents
- Parents do not remove the furniture in the baby's room
- Self-destroying impulses (alcohol-and drug abuse, greed, suicidal tendencies)
- Continuous phobia to disease and death
- Continuous animosity, rage or suppressed rage which leads to a wooden behaviour
- Depressive symptoms after 18 to 24 months
- Lack of ability for daily functions after 18 to 24 months
- Continuous strong neglect of social contacts
- No adaptation to the situation (a process should be obvious, even to the worse)
- The subject of loss again and again comes up during discussions
- Continuous extremely low self esteem
- Continuous problems in the partnership (Lothrop, 1998)

## **13 DISCUSSION**

Books which more or less touch my subject exist in the field of physiology and nursing.

Hannah Lothrop very sensitive writes about miscarriage, abortion and losses during early lifetime. She writes naturally about this matter from the psychological point of view, mentions a lot of other methods which might help a

woman after abortion, among others the Cranio-Sacral-Method. Osteopathy is not the subject of Hannah Lothrop. If you want to go into the subject abortion, you should read her book „ Gute Hoffnung - jähes Ende “ published by Kösel Verlag. (Lothrop, 1998)

Lothrop describes a lot of problems which often - according to her experience - can occur after an abortion.

These are: Shortness of breath, head ache, lump in the throat or in the stomach area, throat ache, back ache ( lumbar spine, between the shoulder blades), neck ache, dull feeling in the pelvis area, lack of sexual feelings, muscle weakness, vertigo, trembling, hypersensitivity to noise, chronic colds, and infects, chronic fatigue and sleeping disorders.

These problems for the most part corresponded with my results.

Her book is perfect if you as an Osteopath want to know how woman feel after a miscarriage. And you can recommend it to the woman who lost her child.

„Zur psychosozialen Pflege von Frauen mit einer Fehlgeburt“ (Psycho-sozial care of women after an abortion) is a dissertation at the Higher Professional Training for Nursing written by Ernst Näf. In his study he tries to find out the optimal care by the hospital staff for a woman after an abortion. He describes problems like depression, deep sadness, envy, fear, anger and guilty.

Physical problems are not described.

Dr. Med. Dipl.-Psych. Manfred Beutel writes in his book „ Der frühe Verlust eines Kindes“ (The early loss of a child) (Beutel,1996) how to cope with- and

about help after miscarriage, stillbirth and malformation. Dr. Manfred Beutel compared women with an abortion to pregnant and to the normal inhabitants.

His hypothesis is: A grief reaction happens, in case the pregnancy was desired and the willing to build a relationship to the growing child exists. There is a lack of social resources before it comes to depressive reaction, not solved problems and depression. Continuous disgruntlement, fears, or physical problems follow a depressive reaction and not a grief reaction after an abortion. (Beutel, 1994)

Depressive mood was present at nearly all of my patients joining the study. But it might be that Dr. Beutel means „real“ depression.

Physical problems occur according to his study only in connection with depression. Which physical problems he sees is nowhere defined.

According to my experience it comes to significant physical problems, which often are not seen in connection with the earlier abortion.

Interesting is his differentiation between grief and depressive reaction:

- Grieving people see their situation as „normal“ and accept temporary loss of interests or less sleep as a natural consequence of the attempt to come to terms with a loss. Grief is a „confession of love to the deceased.“
- Depressive people have the feeling, to have changed themselves, not to be as usual, often feel ill, suffering or very strong in need of help. Depression is often expressing impersonal: „It presses me down“ instead of „I am grieving for “

The book “Verkörperte Gefühle”(“Emotional Anatomy. The Structure of Experience”) (Keleman, 1999), written by Stanly Keleman shows how the body

reacts to the history of life, to stress, aggression and other situations. It is useful to understand the physical effects.

Medical books describe only the course of an abortion but not its consequences. They were helpful for the necessary theory about abortion, the reaction of the female body and understanding of embryology.

## **14 SUMMARY**

“Status post abortion – usefulness of osteopathic treatment after miscarriage” was only a short study to show which effects exist after an abortion and which of them could be influenced by osteopathic treatment.

Osteopathie might help women after abortion but my hypothesis can only be proved by a study with much more test persons.

The occurring problems are mostly the attribute to an increased Adrenaline and Glucocorticoid level and result in physical and psychological problems. Generally some of the problems are summed up under the term vegetative dystonia.

The problematic nature is extensive and extensive should be the treatment.

A woman after an abortion needs help in every way: visceral - cranial - structural.

Osteopathy is an appropriate way to help women after an abortion. But it is not the only way which helps. To achieve an even better result, a team is needed which consists of four „professions“:

- Gynaecologist

- Psychologist
- Osteopath
- Friends

Everybody of them should do his/her best to help the women.

One thing may not be overseen:

First the woman must feel well again. And then the question can be how to get pregnant again. Leaving out the first step might make the way very long and hard to go. Fear will be always present during a new pregnancy but it is worth anyway not to give up!



**Picture 8: Anja 4 years and Katja 3**

„ Thank you for disturbing me so often while writing and showing me what is really important - it is you!

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## **17 SUPPLEMENT**

e-mail from Dr. Erich Wühr

Questionnaire

Hallo Evi,  
 hier die Worddatei des Beschwerdeprofils.  
 Viel Erfolg und liebe Grüße  
 Erich Wühr

---

**Von:** Diana Stoiber [mailto:dstoiber@hill.de]  
**Gesendet:** Freitag, 2. Juni 2006 08:29  
**An:** Erich Wühr  
**Betreff:** Beschwerdeprofil

## **Beschwerdeprofil (Formular P1)**

Name:

Datum:

Auf diesem Bogen sind eine Reihe von Beschwerden genannt, die sowohl **körperliche** Symptome umfassen als auch Ihr **psychisches Befinden** betreffen.

Bitte beurteilen Sie, inwieweit diese Beschwerden bei Ihnen **in der letzten Zeit** auftreten. Überlegen Sie dabei nur kurz und kreuzen Sie dann eine der möglichen Antwortfelder an. Wenn Sie sich nicht genau für eine Antwort entscheiden können, dann setzen Sie dort Ihr Kreuz, was für Sie am ehesten zutrifft.

**Bitte lassen Sie keine Zeile aus:**

1. Zahnfleischbluten
2. allgemeine Mattigkeit

3. Zittern (Augenlid, Zunge, Mund, Hände)
4. Schlaflosigkeit
5. rasche Ermüdung
6. Augenentzündungen
7. Infektanfälligkeit (Erkältung, Lippenbläschen usw.)
8. Appetitlosigkeit
9. Kurzatmigkeit
10. Knirschen mit den Zähnen
11. Zahnlockerung
12. Muskelschwäche in den Beinen
13. herabgesetztes Reaktionsvermögen
14. Konzentrationsschwäche
15. Gedächtnisstörungen
16. starke Nervosität
17. Traurigkeit
18. deprimierte Stimmung
19. Gereiztheit
20. Unruhe
21. Kopfschmerzen
22. Zungenbrennen
23. Mundtrockenheit
24. Metallischer Geschmack im Mund
25. Schwindel
26. Sehstörungen
27. Hörstörungen
28. Hustenanfälle
29. unregelmäßiger Herzschlag
30. Durchfälle
31. Erbrechen
32. vermehrter Drang zur Toilette zu gehen
33. Haarausfall
34. Hautausschläge
35. Hautjucken
36. Gelenkbeschwerden
37. übermäßiges Schwitzen
38. allergische Reaktionen
39. überempfindlich gegen Kälte und Wind, Frösteln
40. Stimmungsschwankungen
41. Unentschlossenheit
42. Ängstlichkeit
43. Beruflicher Stress
44. Gewichtsverlust
45. Übergewicht
46. Verstopfung
47. Bauchschmerzen
48. Ohrensausen
49. Menstruationsstörungen
50. Gefühl, neben sich zu stehen

Bitte sehen Sie noch einmal nach, ob sie in jeder Zeile ein Kreuz gesetzt haben.

Wenn Sie in letzter Zeit andere Beschwerden bei sich beobachtet haben, die auf der Vorderseite nicht enthalten sind, so können Sie diese hier eintragen:

**Andere Beschwerden:**

- 1.
- 2.
- 3.
- 4.
- 5.

Herzlichen Dank für Ihre Mühe