LOWER ABDOMINAL PAIN

Pain in the anterior lower abdominal area may arise from structures on the abdominal wall or from within the abdominal cavity. Pain from the abdominal wall can emanate from muscles, boils, abscesses, *shingles*, or referred from structures exterior to the abdominal cavity (ligamentous strain, nerve impingement, trigger point formation, or extrafusal muscle spasm). Pain from within the lower abdomen can arise from distressed internal structures or disorders, such as appendicitis, salpingitis, ureteric colic, infection of the bladder, intestinal obstruction, colitis, menstrual cramps, and lower abdominal pain resulting from the escape of blood into the peritoneal cavity as a result of ovulation.

Adhesion formations within the various layers of dermis, epidermis, and between epidermis and the abdominal muscle wall have been shown to be capable of creating a good deal of lower abdominal pain. Sometimes they are associated with trigger points, with previous abdominal surgical procedures, or simply seem to spontaneously occur.

Treatment

Any treatable causes established through the evaluation process must be treated appropriately. Adhesions are of special interest to us here, as is the treatment form (refer to Soft Tissue Manipulation).

Application:

- Generally, since the type of adhesions we are concerned with here result from an inflammatory process these types of adhesion formations may generally be located through DSR survey.

- Once found, eliminate the adhesion formations through manipulation in and around the inflamed zone. ***Adhesions may be present without the current presence of inflammation, being the sequelae of a previously resolved inflammatory process.*** As such, this type of adhesion may only be located through the manipulation process, requiring that evaluation and treatment occur simultaneously.

- If the adhesion formations are **chronic** in nature, utilize electrical stimulation of the involved tissues to help prevent further formation. Experience has demonstrated that wide-pulsed galvanic current may effectively prevent adhesion formation. Preset the electrical stimulator to deliver a 7 Hz, wide-pulsed galvanic current. Place a negative electrode over the previous adhesion site and a positive electrode over adjacent muscles. Adjust the amplitude to produce visible rhythmic contractions. Stimulate for 20 minutes

- Apply an effective anti-inflammatory to the manipulated sites.

A single treatment session may be sufficient to relieve the adhesion problem, at least for a while. It may re-occur if the patient engages in the behavior that causes them (though generally, it is difficult to cite which behaviors are producing the problem).

Post Treatment Suggestions:

Patients who suffer from the lower rectus abdominis referred pain trigger point syndrome should avoid doing “crunches” (half sit-ups). Instead, for abdominal toning, they should do leg lifts.

Trigger Points

The following trigger point formations may, singly or in combination, refer pain into the lower abdominal area: Latissimus dorsi (abnormal), Multifidus (L2-L3), Multifidus (S1-S2), Iliocostalis thoracis (T11), External oblique [A], External oblique [B], Pyramidalis, McBurney's point, and Dysmenorrhea.