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PPOD is an acronym used by our colleague, Dr. James Browning. It means Pelvic Pain and Organic Dysfunction. In his chapter in our new textbook (*Somatovisceral Aspects of Chiropractic: An Evidence-Based Approach*), Dr. Browning describes in some detail how problems in the lower back can lead to PPOD.

One of Dr. Browning's patients went through an 18-year ordeal before she finally came under chiropractic care in her mid-thirty's. An appendectomy was performed at the age of 18 to resolve pain in the right lower abdomen. The appendix was normal, and the pain persisted. Partial hysterectomy with removal of the left ovary was performed at age 28 to resolve pelvic pain and abnormal vaginal bleeding. The bleeding was resolved, but the pain persisted. At age 34, three exploratory bowel surgeries were performed to help diagnose and resolve continuous diarrhea, pain rectal bleeding and mucous discharge. these symptoms continued unchanged. Also at age 34, four bladder surgeries failed to resolve urinary incontinence. In addition to these surgeries, the patient had never been able to experience orgasm, probably due to reduced genital sensitivity.

Chiropractic adjustments to correct long-standing subluxations in the lower lumbar vertebrae brought about very gratifying results. Diarrhea improved in two weeks and was completely resolved in four weeks. All pelvic pain was resolved within eight weeks. The patient reported that genital feeling became more normal after four weeks, and she experienced full orgasm on a regular basis after thirty weeks.

Interestingly enough, there was one symptom this patient never had – back pain!

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Shoulder problems are fairly endemic in this area, whether from excessive computer use, a desk jockey's intense weekend sports

encounter, an auto accident, or just plain sleeping or moving "funny". The best way to understand these problems is to understand the structure and neurology of the shoulder.

Unlike a hip joint, a shoulder joint is very shallow, its depth being nearly non-existent. It is formed by the juncture of the clavicle (collar bone), acromion (a bony, hooked structure at the outer edge of your scapula or shoulder blade) and the head of your humerus (upper arm bone). The humerus fits into a shallow socket formed by the collar bone and the shoulder blade.

The above structure is held together by a network of ligaments and tendons related to the rotator cuff muscles and the upper trapezius muscles. If any of these muscles are torn, or more likely, weakened and unable to perform their intended work, the result can be an arm sitting improperly within the shoulder joint, causing pain, numbness, weakness and decreased range of motion.

If you are feeling pain or any other "off" sensation, one or more nerves are involved and being compromised (or pinched) somewhere along their paths. The nerves to most of the muscles in your arm originate in your neck, traveling through the shoulder and down your arm, branching into your fingers, although one of the major nerves to your upper trapezius muscle is actually a cranial nerve, beginning in your head. Any neck injury or subluxation can cause shoulder or even hand problems. An injury can also be local. For instance, pitching or carrying something on your shoulder can strain muscles or trap a nerve, creating a problem at the site of injury. From there, pain and muscle problems can be created above or below the site as your body works to correct the problem.

In this office, we detect places where your nerves are being interfered with and assist your body in correcting the problem. This includes problems with your shoulders, arms and hands. If we see signs indicating that the problem involves factors in addition to subluxation (remember, you can have ticks *and* fleas!), we will order tests and make the necessary referrals in an effort to get to the root of your problem.

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