

Treating Fallopian Tube Occlusion with Manual Physical Therapy

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Objective: To determine the efficacy of a non-invasive, manual soft-tissue physical therapy in opening completely blocked fallopian tubes in infertile women with confirmed bilateral occlusion and a history indicative of abdominopelvic adhesions.

Design: Retrospective analysis.

Setting: Clear Passage Therapies, Inc, clinic, Gainesville, Florida.

Patients: 28 infertile women (mean age=35.2) with diagnosed complete tubal occlusion (proximal, midtubal, distal, or combination). The patients were being treated for various types of abdominopelvic pain and dysfunction (eg, intercourse and/or pelvic pain, menstrual cramps, endometriosis pain).

Intervention: A 20-hour series of manual physical therapy treatments (mean duration=1 week) designed to address pain and restricted soft tissue mobility due to adhesions and micro-adhesions. The therapists accessed some of the deeper structures (such as the fallopian tubes) indirectly by manipulating the peritoneum, uterine and ovarian ligaments, and neighboring structures.

Main outcome measures: (1) Unilateral or bilateral tubal patency confirmed by diagnostic test or natural intrauterine pregnancy; (2) natural intrauterine pregnancy rate achieved by patent patients within the 2-year follow-up period.

Results: Of the 28 patients, 17 (61%, 95% exact CI 41%-78%) demonstrated post-treatment unilateral or bilateral patency, as measured by hysterosalpingography or natural intrauterine pregnancy. The median interval between the last treatment date and patency confirmation was 1 month. Nine of the 17 (53%) patent patients reported a subsequent natural intrauterine pregnancy.

Conclusion: Since truly occluded tubes are not known to reopen spontaneously, the results suggest this non-invasive therapy might be considered as an adjuvant to standard gynecological procedures in treating tubal occlusion. (*Altern Ther Health Med.* 2008;14(1):18-23.)