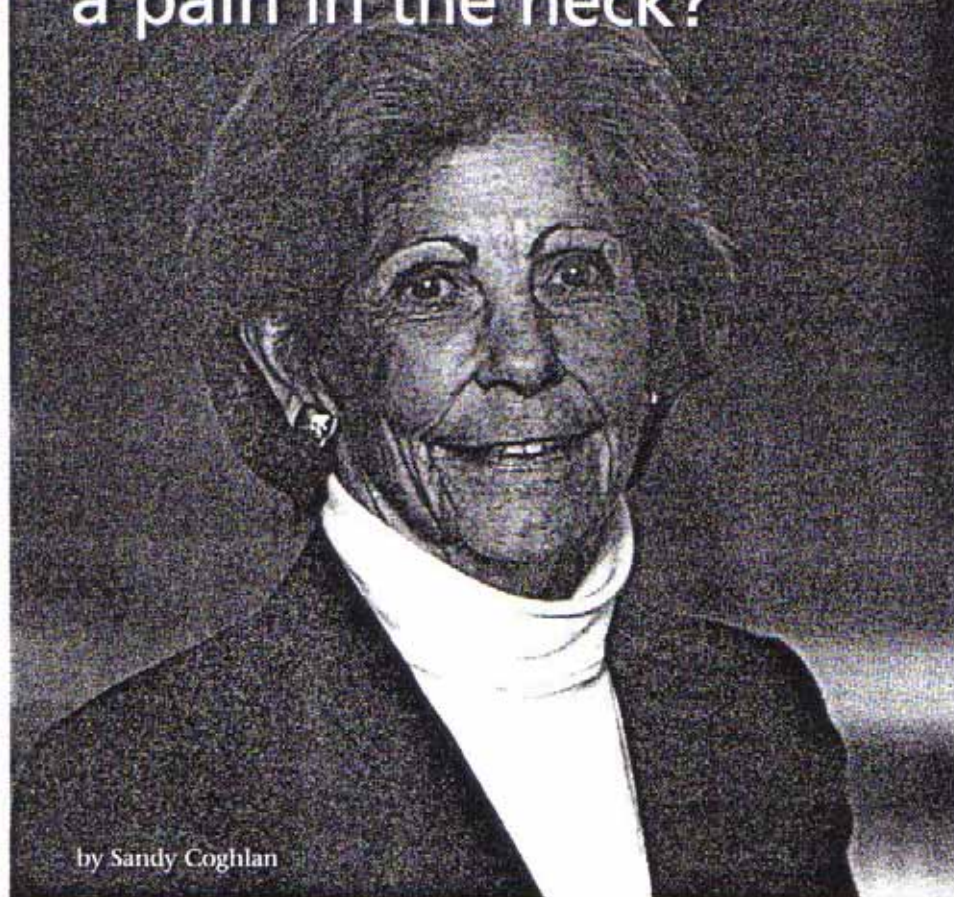


Menopause a pain in the neck?



by Sandy Coghlan

When Ayla (Jean Auel's homo sapien character in *Clan of the Cave Bear*) produced a son as a result of mating with a Neanderthal, the tribe considered feeding the unfortunate child to the wolves. The wisest of them could not understand how infant Durc could survive into adulthood if he could not hold his head up without assistance.

As homo sapiens, we know Durc's neck muscles eventually grew strong enough to control his head, but since that time (around 30,000 years ago) we have all continued to fight gravity in an effort to keep our heads balanced. As any chiropractor will attest, most of us manage woefully. Accidents, poor posture, stress, badly designed chairs, saggy beds and sleeping with too many pillows all take their toll, and few adults can boast complete freedom of movement in the cervical area.

The implications of a cervical misalignment are numerous. While once it may have been considered that stiff neck, pain or tenderness were the worst one could expect from such a condition, considerable research in recent years has revealed some amazing facts.

Some of this research was carried out by a medical practitioner in Mt Isa, Queensland. Dr Eric Milne devoted many years to the study of 'Cervical Syndrome' (a term

coined in the 1950's by U.S. orthopaedic surgeon, Dr Ruth Jackson) and concluded that symptoms could include headaches, dizziness, fatigue, visual disturbances (including tunnel vision), indigestion, irritability, sore or 'claggy' throat, palpitations, and even peeling palms. Milne's work was made available to the public through a book entitled *Chiropractic Medicine for Rejuvenation of the Mind* by Franz von Kurbel (Academy of Chiropractic Medicine, Darwin, 1985).

While Dr Milne did not include adverse menopausal symptoms in his dizzying list, I personally suspect it may also be one of the major culprits involved in hot flushes, night sweats, fluid retention, breast tenderness and loss of libido.

To understand how these – and all other symptoms von Kurbel cites – could be possible, it is necessary to understand the route taken by the vertebral artery as it carries blood to the brain. According to *Gray's Anatomy*:

"The vertebral artery is... the first and largest branch of the subclavian. It ... enters the foramen in the transverse process of the sixth cervical vertebra and ascends through the foramina in the transverse processes of all the vertebrae above this. ...it inclines

outward and upward to the foramen in the transverse process of the atlas... then winds backward behind its articular process, runs in a deep groove... and passes beneath the posterior occipito-atlantal ligament... and enters the skull through the foramen magnum. It then passes forward and upward, inclining from the lateral aspect to the front of the medulla oblongata."

Sounds like a journey fraught with danger, doesn't it? And this is precisely what it is, for while the vertebrae provide protection for the vulnerable supply line, it also means that where the bones go, the artery must follow. If the neck is twisted the artery may develop a kink, which can reduce or impede blood supply to the brain.

Our brain accounts for a mere 2% of our body weight, but in order to function efficiently it needs to receive about 20% of the blood pumped by the heart each minute. The brain also demands about 20% of the oxygen used by the body at rest – and oxygen is a substance that relies on the blood supply to reach its target.

A reduced or impeded blood and oxygen supply to the brain has numerous implications. Dr Milne discovered that if the arteries are "kinked, stretched, pricked or pinched in the neck, the distress will be apparent as a change in the character of blood flow to the brain" (von Kurbel, 1985). However, the

brain is a complex mechanism, and the body is constantly attempting to maintain homeostasis, so the part of the brain effected by deprivation may depend on which parts are the least important functions at that time.

We are all aware, for example, that blood is shunted away from muscles and toward the digestive processes after a meal, while the reverse is true during exercise. Is it possible that a similar selection process occurs in the brain, and that during menopause, the reproductive centres are relegated to the bottom of the priority list?

My own research into the repercussions for those entering menopause revolves around the hypothalamus, which acts as the control centre for the autonomic nervous system and forms an important link between the mind and the body.

The vertebral artery enters the skull at the medulla oblongata. It is here that a channel (the cerebral aqueduct) connects the posterior part of the brain to the hypothalamus. The material for the hypothalamus' secretion is primarily selected from the blood, so a sufficient blood supply is essential if it is to function effectively.

The hypothalamus produces several hormones, one of which is required for uterine contraction during childbirth,

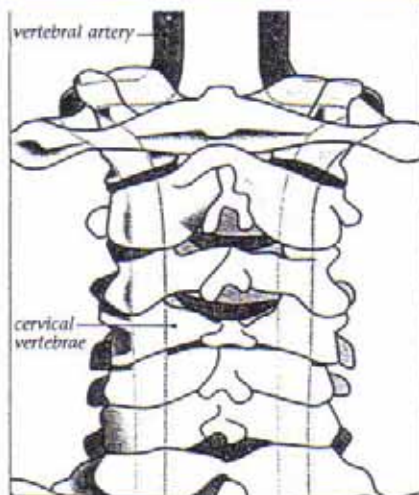
and for the release of breast milk. Another – GnRH – leads to the release of estrogen and progesterone. It is therefore evident this gland plays a significant role in female reproduction.

Hot flushes appear to be the most common symptom of menopause, but if a comparison is made between the symptoms of Cervical Syndrome in von Kurbel's book, and the 'most often complained about' effects of menopause, there is a striking similarity. Milne and von Kurbel list fatigue,

insomnia, headaches, lack of focus, short term memory loss, palpitations, joint pains, breathlessness, loss of libido, depression, changes in frequency of urination and anxiety amongst complaints corrected by cervical adjustment. These are also the most frequently acknowledged symptoms of a difficult menopause.

It is in the area of hot flushes, however, that the hypothalamus reveals itself as a probable culprit, for this gland acts as the body's thermostat. Under normal circumstances, the hypothalamus causes the sweat glands to step up their rate of excretion when the external temperature rises, and we all know what happens when our heater's thermostat malfunctions!

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Posterior view of cervical vertebrae "where the bones go, the artery must follow"

Menopause – a pain in the neck?

The thyroid gland (which is, of course, located in the neck) also effects heat production through its stimulation of the rate of metabolism – but it is important to remember that the activity of the thyroid comes under the influence of the

pituitary, which in turn is controlled by the hypothalamus.

Among other functions of the hypothalamus is the production of ADH (antidiuretic hormone) which regulates the volume of plasma and urine (therefore indirectly helping control blood pressure, fluid balance and urinary output).

The hypothalamus also contains the appetite and satiety centres which serve to regulate food intake. It influences (stimulates and inhibits) sexual behaviour and the emotional aspects of sensory input, and exerts a strong influence over the autonomic response to stress and emotions. This suggests that

depression, irritability, impatience and anxiety – all familiar to a large number of menopausal women – may also respond to cervical adjustment.

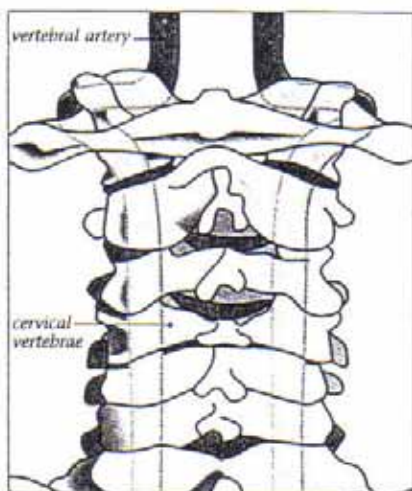
A cervical misalignment can – and often does – lead to a TMJ (temporomandibular joint) dysfunction, which can also have an adverse gynaecological effect. This becomes evident when we consider that the trigeminal nerve (in the jaw) is a major input into the hypothalamus, suggesting that TMJ adjustment alone may be sufficient to correct some symptoms.

Today, more and more women are receiving prescriptions for HRT, massaging Wild Yam cream into their soft parts, and swallowing Evening Primrose Oil capsules. Is it possible that a simple cervical and/or TMJ adjustment may be sufficient to alleviate many of their symptoms? Regular practice of techniques such as Alexander, Feldenkrais or Yoga might also be recommended to ensure continued flexibility.

Thirty thousand years ago, Jean Auel's character Ayla (and others like her) may not have had access to a qualified Chiropractor, Osteopath or Bowen therapist, but it is also doubtful they lived long enough to experience menopause. These days, menopause merely represents mid-life, and while it may appear to be a crisis to some, it doesn't have to be a complete 'pain in the neck'!

Sandy Coghlan is a Bowen and Polarity Therapist and freelance writer based on the Mornington Peninsula. Sandy can be reached on (03) 5986 2812





Posterior view of cervical vertebrae "where the bones go, the artery must follow"

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