

P204. Episiotomy approach to the women of postpartum persistent migraine cases

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Context

Episiotomy, a surgical cut to bulbospongiosus muscle, is done up to 37% of vaginal deliveries in the world. In Turkey, episiotomy rate reaches 64% overall. Most of our patients suffer temporary headache in postpartum period. In some patients we see that cluster type and migraine type headaches, which continues up to one year, can not be related with hypovolemia or epidural anesthesia effects.

Objective

The purpose of this research is to offer the neural therapy method as a treatment option in patients who suffer postpartum persistent migraine type headaches.

Method

Neuraltherapy and chelation treatment was administered to the patients with postpartum migrain type headache.

Patients

We included 27 patients to this study who referred to our clinic in the last one year without any history of migraine. 19 of these patients had a history of hormonal dysfunction and signs of candidiasis. We stated that these conditions are related with increased frequency and severity of migraine attacks. The other 8 patients had no significant features in history other than the onset of headaches in postpartum period.

Interventions

We applied injections in 10 day periods to episiotomy skar and hormonal axis including thyroid, celiac and uterovaginal plexuses and gave simultaneous chelation therapy. After that we organized their diets and gave prebiotic support. We added sacral canal injections to five patients who had epidural anesthesia during birth because of parasempatic blockade.

Main Outcomes

After the second treatment session, in all of the patients we observed reduction in frequency of migraine attacks and decrease in severity of pain according to VAS pain scale. There were total relief of fibromyalgia complaints in patients who had chelation treatment. In 11 patients, with hormonal dysfunction and breast feeding problems, there were total regression of these complaints after the third session, independent from the other findings.

Results

Especially with grandmultipare patients with more then 3 births and with patients we have followed for a year, pelvic floor deformations, which can cause incontinence and sexual dysfunction, were not seen after the correction of sympathetic blockade and hormonal dysfunction.

Conclusion:

With neuronal stimulation with neural therapy, sympathetic and parasympathetic dysfunction is corrected, even the ones which can not be indicated in blood samples. Standard of living of women can be increased by neural therapy.

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