

Chronic Pelvic Pain Syndrome in Women: Methods and Ways of Recovery Non-Drug Treatment

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Abstract

This author's research article presents data related to the study of a topical issue, chronic pelvic pain syndrome in women, with a number of gynecological diseases and pathological processes in them, using various, primarily non-drug methods and means, in the process of their rehabilitation treatment.

Keywords: Patients, Gynecological Pathology, Chronic Pelvic Pain Syndrome, Non-Drug Rehabilitation Treatment, Rehabilitation.

1. Introduction

Chronic pelvic pain syndrome is one of the most pressing problems in modern gynecology and rehabilitation, requiring intensive study and adequate rehabilitation treatment. According to most researchers, chronic pelvic pain syndrome [CPPS] occurs in women in the most active reproductive age. The average age of the patients is 35.2 ± 1.34 years, with the duration of the disease, in the time interval, from 2.7 to 5.9 years [1, 2].

Pelvic floor muscle failure [PFMF] and genital prolapse [GP] are topical clinical problems of modern gynecology and rehabilitation. The frequency of PFMF at present, according to a number of domestic and foreign researchers, is observed up to 38.9% of women [1-6]. During preventive examinations, the number of women with vaginal wall prolapse of I-II degree, over the age of 45 years, reaches 26% [1, 2]. Dysfunction of the pelvic organs [DPO]: bladder, rectum, vagina that occurs after childbirth, has a significant impact on their function, sexual life, causing

Various complications, leading a woman to physical, moral suffering, reducing the quality of her life. Also, with chronic pelvic pain, there are hemodynamic disturbances, from both the uterus and ovaries, both from the arterial and venous

parts of the blood circulation, with the development in patients of varicose veins in the small pelvis and in the genitals, the degree of which increases, in direct proportion to the duration, inflammatory process and pain manifestations, in its clinical course. The most pronounced changes in intra-organ blood flow occur with symptoms of hypertonicity, intrapelvic ligaments of the genitals in these patients [1-6].

Chronic pelvic pain in women in the stage of chronic remission inflammation internal sexual bodies may be conditioned tonic disorders of the muscles and ligaments of the pelvis, which are not specific and appear regardless of the localization of the primary inflammation process [in the uterus or in the appendages] [2, 3]. Division of the syndrome chronic pelvic was in pain on clinical options with predominance of the muscular or ligamentous component is confirmed neurologically orthopedic research methods [1, 9]. These variants have common neurophysiological mechanisms of formation painful syndrome, independent from localization changes to peripheral muscular-ligamentous apparatus.

At the same time, myofascial pelvic pain syndrome, in the majority cases are registered in women of reproductive age, most often after a pathological course of childbirth and/or as a result of postponed inflammatory diseases of the pelvic

and genital organs [2, 8]. For lasted existing myofascial-ligamentous syndrome [MLS] typical is appearance characteristic [specific] trigger points and corresponding displayed pain patterns. As a rule, painful spasm and active trigger points are found in muscle that lifts the anus [m. levator ani] and in the piriformis muscle [m. piriformis] [10].

Rehabilitation of the pelvic floor is a complex of special measures aimed at strengthening the muscles of the pelvis and the anterior abdominal wall [1-6]. Among the variety of causes leading to failure of the pelvic floor muscles can be attributed to the pathological course of childbirth, which is often accompanied by an increase in intra-abdominal pressure during attempts and the process of expulsion of the fetus [1-6]. Prolonged pelvic pain in women with chronic inflammatory diseases of the uterus and uterine appendages, in remission, is most often due to tonic changes in the ligamentous apparatus of the uterus and genitals, and myofascial-ligamentous syndrome of the pelvis [1-6].

1.1. Aim of the Work

The purpose of this article is to present an approximate set of methods and means of non-drug restorative treatment of gynecological patients, with the presence of a symptom complex of clinical manifestations, which is widespread in modern gynecological practice, chronic pelvic pain syndrome.

1.2. Abbreviation

- CPPS - chronic pelvic pain syndrome;
- DPO - Dysfunction of the pelvic organs;
- PFMF - Pelvic floor muscle failure;
- GP - genital prolapse;
- MLLP - myofascial-ligamentous syndrome of the pelvis;

2. Material and Methods

When writing this article, the author used such research methods as the selection, study and analysis of case histories of patients with clinical manifestations of chronic pelvic pain syndrome, who underwent inpatient and rehabilitation treatment, in a number of gynecological departments, in the Zaporozhe and Kherson regions of Ukraine, during the period 2020-2022. Also, a literary-critical analysis of available domestic and foreign articles on the issue under study was carried out. Also, the author summarized and proposed, in the article, the experience of practical application of a number of non-drugs, alternative methods of restorative treatment and rehabilitation in patients with clinical manifestations of chronic pelvic pain syndrome. Also, the author used the method of mathematical statistics.

3. Results of the Study and Discussion

Specialists in gynecology, physical rehabilitation and rehabilitation treatment are faced with the task of maintaining the working capacity of patients, their social rehabilitation and full adaptation in society. Therefore, there is a need to use a complex of new methods and means in the prevention and rehabilitation of patients with genital prolapse and fail-

ure/dysfunction of the pelvic floor muscles [2, 4, 5]. Based on all of the above, the question arises of the relevance of conducting research on the creation of new physical rehabilitation complexes for failure and / or dysfunction of the pelvic floor muscles and genital prolapse of the I-II degree. These serious pathological changes can be avoided if the problem is dealt with at an early stage of its development, using conservative therapeutic and prophylactic treatment in the form of a complex of methods and means of physical rehabilitation.

Understanding significant prevalence MFS pelvic the bottom dictates the need to conduct an intravaginal palpation study pelvic floor muscles to every woman with unexplained pelvic pain [1, 9]. Therefore, it is necessary to examine more carefully patients with treatment-resistant chronic urological and gynecological diseases, for timely detection neuropathic and myofascial syndromes [4, 7]. Application of complex restorative treatment in patients with non-inflammatory syndrome chronic pelvic pains what includes manual correction using the "soft tissue" technique and therapeutic gymnastics, makes it possible to effectively influence different links of disease pathogenesis. This allows you to achieve sustainable therapeutic effect and noticeable improvement of the condition in the majority cases [1].

In the treatment of chronic pain pelvic syndromes, special attention should be paid to physical methods rehabilitation and correction pathological motor stereotype [1]. Regular course treatment is recommended, up to 10-12 procedures per course with frequency 1-2 times on week. Except that patients necessary independently perform exercises on automobilization sacroiliac joints and autorelaxation of the ligamentous apparatus pelvis what contribute elimination available and prevention new one's functional blockades of sacroiliac joints [1]. Pelvic myofascial therapy is particularly difficult syndromes due to limited access to muscles, located in cavity pelvis for this in complex restorative therapy in women is used therapeutic physical culture, manual therapy ["soft" manual techniques, PIR], myofascial transvaginal therapy [7, 9].

The use of these methods allows you to shorten the duration of treatment, to reduce the frequency of exacerbations of the disease, to achieve stable remission and obtain an economic effect. Mobilization and manipulation manual therapy allows have a positive effect on the regression of pelvic pain of any etiology, which allows to improve health and quality of life. Application methods manual therapy in gynecological practice is new step in the treatment of this category of patients and allows for improvement the result of therapy [1, 6].

Lack of influence on the ligament the apparatus of the small pelvis, which is most often involved in the pathological process, not may not reflect on developers effective differentiated treatment and rehabilitation measures development complexes of [trans] vaginal manual therapy to overcome hypertension communication genitalia and muscle-liga-

ment-tonic disorders of the pelvis, allows to significantly increase the effectiveness of treatment syndrome chronic pelvic pain in women with chronic inflammation of the uterus and appendages in the phase of remission and with postpartum myofascial complications [1, 6].

In the English-language professional medical literature, for definition a new method of treatment of the muscular-ligamentous apparatus of the cavity small pelvis and pelvic floor, the term “myofascial is used transvaginal therapy” [7, 9]. Hereby term mark combination practical application massage and manual techniques, for prevention and treatment, in the first-place queue syndrome chronic pelvic pain [7, 9]. Special indications for the use of this species combined manual techniques is early stage ptosis and falling out pelvic body’s phenomena rectocele and urethrocele, pronounced pain syndrome with pelvic muscle spasm phenomena, weakness [insufficiency] of the pelvic floor muscles [7].

The very name “myofascial transvaginal therapy” says it all itself by himself. Its therapeutic procedure, carried out transvaginal, with the active influence of the hands of a massage therapist or manual therapist, with an active, dosed in strength and time effect on the muscles and fascial structures of the pelvic floor and perineum [9]. Exactly individually dosed manual influence, from application massage techniques and manual technician, allows specialist carry out treatment and rehabilitation actions with a targeted effect on pathologically changed areas and tissues, relieve spastic tension muscles, eliminate congestion, improve blood and lymph circulation only in the area of the pelvic floor and its structures, but also, what is important, internal pelvic organs [1, 9].

To relax the muscles of the pelvic floor in patients with syndrome chronic pelvic pain is offered using special exercises on abbreviation muscles crotch [5, 7, 9]. In the presence of hypertorus pear-shaped and gluteal muscles [often due to the development of a reflex reaction to intra-pelvic “problems”] patients can perform independently exercises for post isometric autorelaxation of pelvic floor muscles, piriformis muscle and m. levator ani, described in manuals of therapeutic physical culture and manual therapy [5, 7, 9].

Conservative methods of treatment include therapeutic physical culture, special exercises to strengthen the muscles of the pelvic floor and the anterior abdominal wall, gynecological massage, myofascial transvaginal therapy, fit ball exercises, wombling [1-10]. The use of this set of exercises, especially in the initial phases of the development of insolvency [dysfunction] of the pelvic floor and with genital prolapse of the I-II degree, can be an alternative, in our opinion, when carrying out rehabilitation measures [11-17]. To the means of rehabilitation in case of failure of the pelvic floor muscles, correcting their dysfunction and, accordingly, strengthening them in gynecological patients, special complexes of exercise therapy and therapeutic exercises are used according to the method of D. N. Atabekov and K. N. Pribylova, F. A. Yunusov,

a set of exercises in isotonic and isometric mode according to the method of Epifanov V. A, a set of special exercises for the muscles of the abdomen and pelvic floor, according to the method of Vasilyeva V. E. [12, 15, 17]. Exercises for the pelvic floor muscles can slow down the progression of pathological changes in the pelvic floor and genital prolapse [12, 15, 17].

They are especially effective in young patients with minimal prolapse. To achieve noticeable positive results, these exercises must be performed for a sufficiently long time, at least 6 months, observing the mode and technique of their implementation. In addition, heavy lifting should be avoided [12, 15, 17]. In the process of treatment and rehabilitation measures, in our opinion, it is necessary to conduct sessions of gynecological massage. Gynecological massage is one of the most natural non-surgical methods of treating female gynecological diseases. It is a physiological method of influence, has an exceptionally strong effect not only on the affected organ, but also on the body of a sick woman as a whole. The duration of each session of gynecological massage usually ranges from 3 to 10 minutes, although it is possible to extend it up to 15 or even 20 minutes [16].

Gynecological massage acts on the uterine muscles not only directly, but also indirectly [18]. During the massage of the uterus, abdominal massage is also carried out, as a result of which the striated muscles of the abdominal wall are strengthened, the intestinal muscles are toned and intestinal motility is increased, which reflexively causes a tonic contraction of the uterine muscles and intestines. Under the influence of massage, the ligamentous-muscular apparatus of the uterus, the muscles of the pelvic floor are strengthened. In the initial stage of prolapse of the uterus and vagina, the use of gynecological massage is mandatory; in this case, it is not only a means aimed at eliminating the pathology, but also prevention and treatment [16].

In the English-language available literature and other sources of information, the term “gynecological massage” is not used. Instead, professional medical literature uses the term “myofascial transvaginal therapy” [19, 20]. This is a therapeutic procedure performed transvaginally, with the active influence of the hands of a massage therapist or a chiropractor, with an active, dosed in strength and time effect on the muscle and fascial structures of the pelvic floor and perineum [19,20]. A fairly large number of works have been devoted to the study of this method and its practical application abroad [Davidson K., Jacoby S. & Brown M. S]; Gomme C., Sheridan M. & Bewley S; Eogan M., Daly L. & O’Herlihy C].

Kegel exercises relieve the symptoms of mild prolapse, prevent genital prolapse, strengthen the ligaments and muscles of the pelvic floor, and help alleviate some symptoms of mild prolapse of the genital organs. The essence of Kegel exercises is the tension of the pelvic floor muscles. When performing exercises, it is necessary to ensure that only the muscles of the pelvic floor are tensed. The abdomen, legs, buttocks should not strain - they should be in a relaxed state [19]. Ke-

gel exercises consist of three stages: slow contractions, fast contractions, and pushes. By performing specially designed exercises, the abdominal muscles, ligamentous apparatus and musculature of the pelvic floor are well strengthened [9].

Fit ball exercises, with this pathology, are carried out daily, usually in the morning. The course of rehabilitation treatment is usually offered from 25 to 30 sessions. The duration of the lesson is from 30 to 45 minutes [11, 12, 14, 15]. In case of insufficiency and dysfunction of the pelvic floor, as well as in the initial stages of genital prolapse, the patient, sitting on a fitball, in the process of doing exercises, trains the muscles of her pelvic floor, which are actively involved in labor, urination and defecation, and lying on her back, strengthening the spinal and abdominal muscles [19]. Also, wumbling exercises can be attributed to the complex of methods of physical rehabilitation when the walls of the vagina are lowered.

VUM is an abbreviation of three words - "vaginally controlled muscles" [13]. The method is based on training the entire set of vaginal muscles, which includes a set of exercises with special simulators by V. L. Muranivsky. The method is described and systematized by the Ukrainian specialist in rehabilitation Muranivsky V.L. [Harkov city]. Thus, regular, from 9 to 12 months, implementation of this rehabilitation complex, and its further implementation by patients [at least 3-4 times a week] will help them strengthen the muscles of the pelvic floor, anterior abdominal wall, improve the quality of life, including, and intimate.

4. Conclusions

Relief of chronic pelvic syndrome pain that myofascial syndrome requires thorough diagnostics of objects of injury, manifestations of trigger point and myofascial nodes.

In non-drug treatment of pathology, it is necessary wider apply new manual techniques, practice physical rehabilitation, special treatment and massage, for skin care patients are individually orientated in the induction complex.

This set of physical rehabilitation methods can be proposed for practical use at the outpatient and sanatorium stages of rehabilitation in patients of reproductive age with manifestations of vaginal wall prolapse and, first of all, with clinical manifestations of chronic pelvic pain syndrome.

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