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Research Article

Application of Gynecological Massage as A Means of Rehabilitation in Gynecological Pathology

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Abstract:

The article presents the methodology for conducting a gynecological massage session with patients, as well as the results of the practical use of gynecological massage as a method of treatment and means of rehabilitation of gynecological patients in the study groups. The results of non-drug, alternative treatment and rehabilitation in groups of patients with various types of gynecological pathology are presented.

Keywords: gynecological massage; abnormal positions of the uterus; adhesions and adhesions; rehabilitation

Introduction

Today, gynecological pathology is a problem for many women. Among the variety of gynecological problems, a special place is occupied by such types as anomalies and incorrect position of the uterus, prolapse and prolapse (loss) of the pelvic organs, adhesive disease, infertility [1,3,4]. All these diseases and pathological processes are indications for the use of such an original method of treatment and rehabilitation as gynecological massage. Since 1861, when it was proposed by Toure Brant and introduced into practical medicine by the great Russian obstetrician-gynecologist D.O. Ott why, with the peak of its popularity in Russia in the 20–30s of the twentieth century [2,6,9]. This undeservedly forgotten method has been regaining popularity in recent years both among patients and among specialists in the field of gynecology and physical rehabilitation. Thanks to practical work reflected in the specialized medical literature, such well-known specialists as Benediktov I.I., Dubrovsky VI. and Shneiderman M.G., gave gynecological massage a rebirth [2,6.7]. Today, gynecological massage is actively used both in outpatient settings and at the sanatorium-resort stage of treatment and rehabilitation of gynecological patients [6,8,10].

Aim of study

The purpose of this article is to present gynecological massage as an alternative, non-drug method of restorative treatment, and the results of the author's research on its practical application in groups of patients with various gynecological pathologies.

Material and methods

To conduct a study, as part of studying the impact of gynecological massage as a method of treatment and rehabilitation, we formed 3 groups of patients. All of them were selected after their voluntary consent and explanation of the purpose and methods of the study to the patients. In the conditions of the antenatal clinic, all patients, after preliminary familiarization with their medical documentation, underwent a general clinical examination, gynecological examination, and ultrasound examination. After studying the received materials, 3 groups were formed (n=24). The first group included women (n=9) with abnormalities of the uterus. The second group (n=7) included patients with initial signs of prolapse of the vaginal walls against the background of a pathological course of labor in the anamnesis. The third group consisted of patients (n=8) with symptoms of tubo-peritoneal infertility, etiologically caused by adhesions in the pelvic cavity. All patients had previously repeatedly undergone outpatient, inpatient and sanatorium-resort treatment, with no visible result or with its slight improvement. When conducting gynecological massage courses, we adhered to the mandatory requirements for its implementation proposed by I.I. Benediktov [2], taking into account the practical recommendations proposed by Shneiderman M.G. [9,10]. All actions during gynecological massage, changes in the patient's condition, and her sensations were recorded in medical documentation. At the end of the study, a control ultrasound diagnosis of the pelvic organs and a control gynecological examination

were carried out. Before the gynecological massage course, each patient received a reminder with information about preparing for the gynecological massage session. During a personal meeting with each patient, taking into account her individual pathology, both her mandatory actions and behavioral tactics, as well as the planned actions of the rehabilitation specialist, were explained [3,10]. All female patients who took part in the study gave their voluntary, written consent.

Results and discussion

Patients of all three groups underwent 20 sessions of gynecological massage. The cycle of sessions was carried out in the period after the completion of menstrual bleeding (during the intermenstrual period). Before coming to the gynecological massage session (no earlier than 2 hours after eating), the patient emptied her intestines and bladder, and performed genital toilet [2,6,10]. The manipulation was carried out, depending on the type of pathology, both on a gynecological chair and using a special massage table equipped to perform certain techniques. All actions during massage were performed using disposable gloves, with strict adherence to hygiene rules [2]. When conducting gynecological massage sessions, specially selected in advance, quiet, harmonious, relaxing music was used to create additional relaxation for the patient [8]. The first session was usually conducted as an introductory diagnostic session and lasted from 5-7 to 10-15 minutes. At this time, as during a bimanual gynecological examination, using the "inner" hand inserted into the patient's vagina and the "outer" hand located on the anterior abdominal wall, the existing individual pathological changes in the patient were determined (the degree of prolapse of the vaginal walls, their mobility, elasticity, the position of the uterus and appendages and ligamentous apparatus in the pelvic cavity, the presence of adhesions, scar cords and other pathological changes and formations) [2,10]. Also, during the first session, such parameters were determined that play a role in the successful conduct of a gynecological massage session, such as painful sensations, pain, its degree and irradiation, features of the mobility of the uterus, appendages and ligamentous apparatus when changing the initial position on the back to the knee-elbow and knee -carpal position [2,5,9].

In the first group (n=9), there were patients from 23 to 30 years old, the average age was 27±1.6 years. Treatment according to the existing pathology was 7±1.3 years. 5 patients (55.56%) were diagnosed with uterine retroflexion (retroversion et retrodeviatio submobilis et fixate), 4 patients were diagnosed with deviations of the uterine body to the right or left side (dextra et sinistra lateroversio et flexio). From the anamnesis it was established that this pathology in patients of the first group is associated with a history of inflammatory processes of both specific and nonspecific etiology (adnexitis, metritis, metroendometritis, parametritis, pelvioperitonitis), complications of obstetric pathology, abortions [2,5,10]. At the time of treatment using gynecological massage, all patients had a stable remission of existing chronic inflammatory processes, confirmed by clinical, laboratory and instrumental methods of examining the patients. Taking into account the individual duration of the intermenstrual period of patients, gynecological massage procedures were carried out in the first half of the day, in a special room equipped with a gynecological chair, a screen, a couch, sets of gynecological instruments, incl. gynecological examination mirrors for disposable and reusable use, disinfectants. We also used intimate hygiene products "Lacticide", in the form of a solution and wipes for external and intravaginal use. The patient was located on the gynecological chair in a comfortable position, with her feet resting on leg holders specially adjusted for this purpose and with her buttocks slightly protruding beyond the edge of the chair [2,10]. Before starting the procedure, each patient was in an optimally comfortable position that did not cause tension or stiffness. As with a bimanual examination, an "inner" hand is inserted into the vagina. Which one it will be, right or left, depends on the specialist performing this procedure. Located on the anterior abdominal wall, the "outer" hand makes regular, rhythmic, stroking, rubbing movements aimed at both relaxing the muscles of the anterior abdominal wall and allowing deeper penetration into the abdominal and pelvic cavity. The joint actions of both hands contribute to the fact that the uterus is between the two hands and the organ itself is massaged [2,5,6]. Depending on the elasticity or stiffness of the uterine ligaments, the absence or presence of adhesions, scar changes in the pelvic cavity, the tactics of the procedure itself, its intensity and strength change [2,5,10]. During the first 5-7 sessions, manipulations were carried out with stretching of the adhesions, removal and fixation of the uterus, first in the middle, and then in a position close to physiological (anteflexio anteversio) [2,10]. When the uterus deviates to the right or left side (dextra et sinistra lateroversio et flexio), with adhesive formations, manipulations were constantly carried out to remove the uterine body in the direction opposite to the pathological change, with fixation of the uterine body with both hands in the middle position from 1 to 3 minutes [2 ,6,9]. Naturally, 15-20 sessions to correct the incorrect position of the uterus are clearly not enough, but such indicators as a decrease in pain and painful manifestations, softening and greater elasticity of adhesive formations, and in some cases their non-surgical separation from the uterus and its ligaments. Also, a partial, and in some cases a significant change in the position of the uterus in the pelvic cavity, confirmed by ultrasound, is direct evidence of the successful use of this method of treatment and rehabilitation. Additionally, the patients underwent a course of exercise therapy in the form of a special set of exercises in isotonic and isometric modes according to the method of V. A. Epifanov (1989) [3,7,8]. To consolidate the results obtained, patients were recommended to use a set of exercise therapy exercises and special Kegel exercises to strengthen the muscles of the anterior abdominal wall and pelvic floor muscles in the conditions of the exercise therapy room of the antenatal clinic and/or in the conditions of sanatorium-resort treatment [3,4,8] . In the second group (n=7), there were patients from 27 to 35 years old, the average age was 32±1.2 years. Treatment according to the existing pathology was 6±1.3 years. 5 patients (71.43%) were diagnosed with stage I vaginal prolapse - prolapse of the anterior vaginal wall, the posterior wall, or both at once; in all cases, the walls do not extend beyond the area of the vaginal opening. 2 patients (28.57%) were diagnosed with stage I uterine prolapse (prolapse of the uterus), in which they have some downward displacement of the uterine body, but the cervix is in the vagina. In all seven women, according to the anamnesis, the cause of their pathology was obstetric trauma to the pelvic floor and heavy physical labor, especially during puberty (living in rural areas, inadequate physical activity when performing agricultural work).

In this group, especially in patients with vaginal prolapse, in addition to the main points of gynecological massage, attention was paid to additional massage of the perineum, inner thighs, and lumbosacral area. In the period between gynecological massage procedures, patients in this group performed a series of special exercises related to the method of exercises to strengthen the vaginal muscles (intimate muscle group) - wumbling, according to the method of Muranivsky V.L. [3,4,7]. In a group of 5

patients with the first degree of vaginal prolapse, exercise therapy was added to the therapy, in the form of a set of special exercises for the abdominal and pelvic floor muscles, according to the method of V. E. Vasilyeva, as well as special exercises according to the Kegel method, to strengthen the muscles pelvic floor [3,4.8]. The combination of these three treatment components, based on gynecological massage sessions, led to the end of the treatment sessions stabilizing pathological changes, increasing the tone of the vaginal muscles, strengthening the muscular layer of the pelvic floor and improving the well-being of patients. In the third group (n=8), there were patients from 24 to 32 years old, the average age was 28±1.3 years. Treatment according to the existing pathology was 5±1.6 years. All 7 patients (71.43%) were diagnosed with tubal-peritoneal infertility against the background of chronic inflammatory processes of the pelvic organs, specific and nonspecific etiology, with the development of an intense adhesive process, aggravated in 3 patients (42.86%) by the abnormal position of the uterine body in the form of its deviations to the side (dextra et sinistra lateroversio et flexio) [2,5,10]. Gynecological massage sessions in this group were the most intense (up to 25-30 minutes), which was determined by the presence of numerous adhesive formations, weakness of the ligamentous apparatus of the uterus and pelvic floor muscles. In this group, additionally, for more intensive development (stretching of adhesions), the patient's initial positions were used in the knee-elbow, and especially in the knee-wrist positions [2,6.10]. In this group of patients, as well as in the second group, the main problem of the patients was the problem of changes in the anatomy and topography in the pelvic cavity of the internal genital organs (uterus, fallopian tubes and ovaries). In all patients, these pathological changes were confirmed by ultrasound, and in patients by diagnostic and therapeutic laparoscopy (after reviewing the abdominal and pelvic cavity, the largest and coarsest adhesive cords and adhesions were excised).

In this case, we used 2 main methods of gynecological massage as a method of treatment, according to the recommendations of I.I. Benediktova - bimanual massage and stretching of adhesions and adhesions with the aim of restoring the normal position of the uterus and redressing its appendages [2,10]. We used such gynecological massage techniques as central elevation of the uterus, a cycle of displacement of the body of the uterus, maximally raised up and to the opposite side adhesive process and flexio, as well as redressing the appendages by removing the body of the uterus and bringing it to the central and lateral positions, with a subsequent attempt to remove it when lifting it to a physiological position (anteversio) [2,5,10].

Additionally, patients in this group were prescribed a course of therapeutic exercises, according to the method of D.N. Atabekov and K.N. Pribylov, modified by F.A. Yunusov (1985) and special Kegel exercises to strengthen the muscles of the anterior abdominal wall and pelvic floor [3.4 .8]. At the end of the proposed treatment, the patients noted an improvement in their well-being and a decrease in pain. A control gynecological examination and ultrasound showed obvious changes in the topography of the uterus and appendages, its better mobility, and a decrease in the number of adhesions and adhesions. Strengthening of the pelvic floor and anterior abdominal wall muscles was also noted. The patients were offered further rehabilitation measures in the physical therapy room of the antenatal clinic and at the sanatorium-resort stage of rehabilitation.

Conclusions

1. Gynecological massage is an important and integral method of treatment and rehabilitation for patients with various types of anomalies in the location of the uterus and adhesions, which have a leading place in tubo-peritoneal infertility.

2. This method can be actively used in patients with the initial stages of prolapse of the walls of the vagina and uterus, with the aim of preventing and treating this pathology.

3. With all the apparent benefits of gynecological massage as a means of treatment and rehabilitation in gynecological practice, it must be used in a complex of methods of physical rehabilitation and physiotherapy, including exercise therapy, Kegel exercises, water and mud therapy, and physiotherapy.

4. Gynecological massage should be actively introduced into the practice of obstetrics and gynecology, physiotherapy, medical and physical rehabilitation. This requires the inclusion of this method in the curricula and textbooks of these disciplines and the training of specialists in the field of its practical application, at all stages of providing care to gynecological patients.

References

1. Abramchenko VV., Bolotskikh VM. (2007) Therapeutic exercise in obstetrics and gynecology / St. Petersburg: "Elbi-SPB", pp. 152-153.
2. Benediktov II. (1998) Gynecological massage and gymnastics. / N. Novgorod: NGMA Publishing House, 124 p.
3. Vladimirova N.I. (2010) Physical rehabilitation in gynecology. Chief assistant. / Kyiv: Medicine, 80 p.
4. V.G. Leizerman, O.V. Bugrova, S.I. Krasikova (2008) Regenerative medicine / sub. ed. Rostov n/d: Phoenix, pp. 380-382.
5. Dubrovsky VI. (2006) Physical therapy and medical supervision: a textbook for students. honey. universities Moskow: MIA,598 p.
6. Mirovich ED., Mityukov VA., Churilov AV. (2009) Clinical and anatomical justification for the use of restorative methods of physical rehabilitation and gynecological massage for incorrect positions and prolapse of the uterus / Kharkov: Pedagogy, psychology and medical and biological problems of physical education and sports. 5:168-174.
7. Ruzhilo Shch.S. (2014) Physical rehabilitation for inflammatory diseases of the female genital organs: Methodological recommendations for practical exercises / Pinsk: PolesGU, 80 p.
8. Stepanenko MV., Sukhostat, LV. (2010) Massage and physical culture in medicine: assistant / Kyiv: VSV "Medicine", pp. 158-164.
9. Shneiderman M.G. (2014) Obstetric and gynecological massage. /M.G. Shneiderman, I.A. Klepikova. M.: GEOTAR-Media, 80 p.
10. Shneiderman M.G. (2011) Gynecological massage: a practical guide for doctors. 2nd ed., rev. and additional M.: RITM, 80 p.

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