



Spinal Canal Stenosis treated with Natural Therapy

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In the case of this illness, we are dealing with an inherited or acquired narrowing of the canal of the spinal cord, the lumbar region being the area most frequently affected.

Acquired stenosis of the spinal canal mainly affects people over the age of 50, and is a result of wear and tear (damaged discs, etc.) or incorrect posture or strain. The complaints depend partly on which section of the spine is affected, and partly on whether the stenosis of the spinal canal is situated more centrally or more laterally. Patients complain of pain extending from the small of the back into one or both legs, numbness, formication, restricted movement and strain, as well as circulatory disturbances (spinal claudication).

A differential diagnosis must be made between this and arthroses, arthritis, disc prolapses, space-occupying processes and circulatory disturbances of arterial origin.

If surgery is performed, the tissue which is encroaching on the spinal canal is removed, thus restoring the space required for the nerves and blood vessels. Possible complications of such intervention (rare though these may be) include nerve damage, damage to the sheath of the spinal cord, or to the blood vessels, not to mention any infection of the wound.

Thus, any alternative treatment which can achieve relief from complaints without the risk of

side-effects is to be preferred; it is also the case that a change of lifestyle, movement patterns and eating habits can bring about a stabilising, regenerative effect, especially in conditions resulting from wear and tear, such as spinal canal stenosis.

Initial casetaking

On 29. March 2006 I was consulted by a 78-year-old lady suffering from atrocious back pain and associated restrictions in her movement. The patient told me that she required daily doses of strong painkillers (she was taking Valoron, Tramadol and Tilidin in alternation in the form of tablets and drops). Her orthopaedic specialist had diagnosed spinal canal stenosis (L3-5), spinal claudication, narrowing of the foramen (L5/S1) and osteochondrosis (L1/2 and L5/S1).

The patient had already been referred to a clinic for spinal decompression surgery. However, she was afraid that this operation might result in paraplegia, and she was therefore exploring other possible therapeutic alternatives.

Procedure

After examining her thoroughly, I expressly informed the patient that we would simply attempt a course of treatment. I recommended her to seek information at the earliest opportunity regarding various surgical techniques. This she declined to do.

Treatment

- Dietary change/increasing daily fluid intake to 1.5 litres.
- Alkaline foot-baths in the evenings.
- To massage in Dolo-cyl oil® (this is a blend of Hypericum and Arnica oils with various essential oils).
- To take a midday rest lying down (up to then she had rested sitting in an armchair).
- Jin-Shin-Jyutsu finger exercises.
- Auricular Therapy.
- SANUM preparations.
- Carenal® (a blend of various vitamins, especially B-group, zinc, selenium, chromium)
- Schüssler's biochemic tissue salts Nos. 1,3,4,7,8,10 and 11 (15 tablets three times daily „hot“, using the „shotgun method“).
- Procain to be totally avoided on account of the existing medication/painkillers.

Dietary change

The patient was directed to increase the amount of raw or steamed vegetables and fruit, and low-fat accompaniments, in her diet, and on the other hand to reduce the proportion of meat, cheese (including goat's or ewe's-milk) and cooked meats (sausage etc.) She was to avoid pork completely, likewise cow's milk and cow's milk products.

She was to avoid sugar and white flour products in favour of wholemeal products, particularly in view of her pre-existing diabetes. She managed to put these recommendations into effect satis-



factorily, and she was also able to increase her fluid intake.

She described the alkaline baths and massaging in of the oil as beneficial, and the Jin-Shin-Jyutsu finger exercises as relaxing. The midday rest lying down clearly gave her and her back greater relief than had previously been the case in a sitting position.

The Jin-Shin-Jyutsu finger exercises serve to balance one's energy. They are very simple: the fingers of one hand are held by the other hand – either sequentially or according to some prescribed plan. The finger which is being held lies in the palm of the holding hand and is surrounded by the fingers of that hand. This may last for 5-10 minutes per finger. Frequently, though not always, a pulsation is noticed in the finger being treated, and after a while, this dies down. These finger exercises may be performed unobtrusively whilst watching television, going for a walk or carrying on a conversation with somebody else.

Medicinal treatment

SANUVIS 2X and HEXACYL drops: the dose of both to be gradually increased from 3 drops twice a day to 5 drops 3 times a day.

NIGERSAN 4X capsules: 1 capsule 3 times daily.

Carenal® tablets: One tablet in the morning and one at midday.

An i.m. injection twice a week of each of the following preparations:

NOTAKEHL 5X, 1 ampoule

VITAMIN B COMPLEX SANUM N, 1 ampoule

CITROKEHL, 1 ampoule

Additionally, after 3 weeks: ARTHROKEHLAN „A“ 6X, 1 ampoule i.m. (gradually increasing from 0.2 to 1.0 ml.).

After 8 weeks just one injection once a week, after 10 weeks just one injection every other week, and after 16 weeks just one injection a month.

Auricular Therapy

Initially, on two occasions a blockage was released by working on autonomic points. As treatment progressed, particular emphasis was given to needling Thalamus (both sides), Jerome 1+2, Epiphysis, Bourdiol, furthermore spinal and autonomic points which were repeatedly worked on. This treatment was carried out twice weekly over a period of eight weeks, and after that once a week. Further treatment and intervals were as indicated above for injections.

Progress of the Treatment

There was an improvement in the pain symptoms after only the third treatment. For a week after the fifth treatment, the patient needed no painkillers.

Following this, there were slight relapses on account of severe emotional and physical stress. (Her husband returned home from rehabilitation – he was slightly handicapped following a stroke.)

Overall, the patient became noticeably more mobile, and she was clearly enjoying a greater sense of well-being. Her intake of painkillers varied according to the prevailing weather: in dry, warm weather she needed a low dosage once a week; in humid conditions she needed to take them more frequently.

The Schüssler biochemic tissue salts had been prescribed in this context, but she took them very hesitantly, although they brought about an improvement and a reduced need of painkillers.

On 11 August 2006, the patient paid me her last visit for the time being, as she wished to take a break from treatment – in spite of the fact that her pain was increasing.

She could see no way of creating enough space for herself alongside her husband's appointments for his treatment.

Unfortunately, this also meant that the hydrotherapy sessions which I had recommended remained undone.

I took leave of her with a recommendation to continue with the medicines she was taking orally, particularly including the Schüssler biochemic tissue salts. Once a month she was to take one ampoule



of ARTHROKEHLAN „A“ 6X orally using an applicator.

Conclusion

The progress made by this patient demonstrates that complaints may clearly be improved by the use of

complementary therapies, with an accompanying improvement in quality of life. However, patience and co-operation are required on the part of the patients. Sadly, life's circumstances cannot always be changed.

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