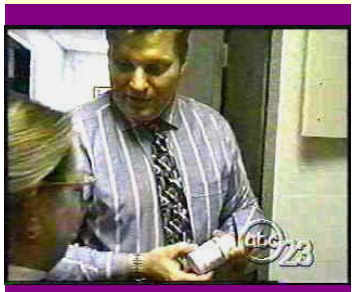
Volume 07 Issue 2

Edition



Hi, I'm Dr. Kukurin and you are receiving this newsletter as a free gift from me. We spend a lot of time working on this publication. It's the same information patients pay for in my office. So, I'm sure you will find it valuable and I hope you enjoy it. If you have a topic you'd like to suggest for future newsletters just give me a call. *~ Dr. K*

Journal of Rapid Pain Relief

Effective Home Remedies that Doctor's Give Their Patients

What is Stenosis and what can I do to relieve the pain? Stenosis is a condition of the spine in which the normal space for the spinal cord and nerve roots becomes progressively diminished. Without adequate space for the nerves, they become irritated and painful. Another condition associated with spinal stenosis is called intermittent claudication. Spinal stenosis itself is a common cause of back pain in people over 50 years old. Intermittent claudication (IC) is a unique set of symptoms which include achy, heaviness, pain, numbness or weakness that occur intermittently. Several classic signs and symptoms of IC are increased pain when walking and relief of pain when sitting or leaning forward. To understand spinal stenosis and IC, we need to review the anatomy of the spine. Think of 23 doughnuts stacked one on top of the other. That is what the vertebrae in our spinal column looks like. The doughnut hole is where the spinal cord runs. Individual nerves branch off the spinal cord and exit between the stacked vertebrae. (see figure # 1) When we walk and move and sit and stand, both the spinal cord itself and the individual nerve roots move in and out of the holes and in and out of the smaller canals between the vertebrae. When we are young, there is plenty of room in the spinal column to comfortably allow the nerves to move without irritation. However as we age, arthritis and other debris begin to reduce the size of the various canals. This narrowing is called stenosis. As a result of this stenosis, the nerves can no longer move as they were designed to do without irritation. The irritation of the nerves that occurs with movement such as walking is called IC.

The orthopedic treatment for stenosis is to first inject steroids into the spine ***1*** and then operate and remove part of the vertebrae in an attempt to make more room for the nerves. ***2-5*** *(*Like taking a bite out of one of the doughnuts we used in our example.) The illustration below demonstrates a lumbar laminectomy. Commonly used to treat spinal stenosis.

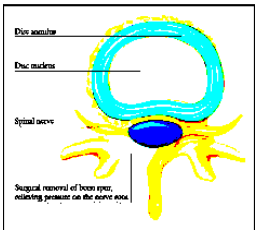
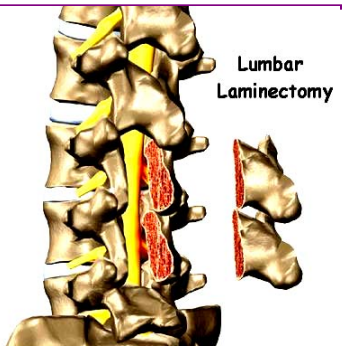


Fig # 1 *The nerves in the spine run through canals that are created by the stack of vertebrae.*

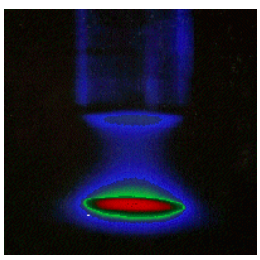
Unfortunately, neither steroid injections nor surgery offer much long term benefits to patients with stenosis and each procedure carries with it some serious side effects. ***2-5*** If the spine has curvature or is otherwise unstable, surgery becomes more complex and the complication rates rises. ***5*** Re-operation is required in 1 of 10 patients. ***2***

This issue: *Alternative Medicine Info to relieve Spinal Stenosis*

Leaning or bending forward while walking tends to reduce the irritation that causes back and leg pain in spinal stenosis. Patients often will lean on a shopping cart or sit down and bend forward to relieve their back pain . In general, things that cause the body to bend forward are good. Bending backward increases pain. (left)



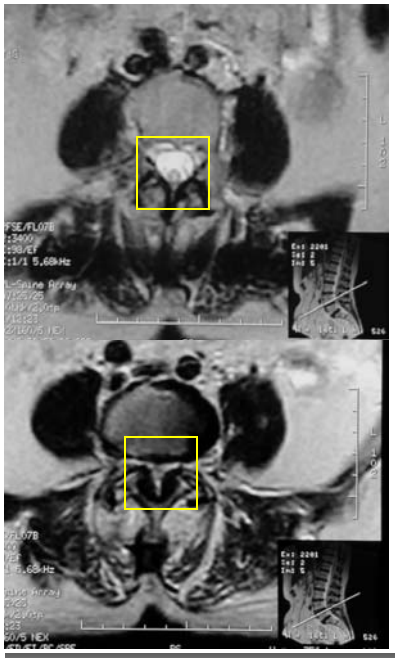
Ultrasound is a soothing sound wave that can reverse the nerve irritation that causes intermittent claudication in patients with spinal stenosis.



Surgery to remove the portion of the vertebrae called the lamina is the preferred medical treatment for spinal stenosis. (above) Fortunately, most patients can avoid this surgery through treatments like TENs, specialized traction and acupuncture-like therapy. We have treated hundreds of cases of spinal stenosis with very good results.

~ Dr. Kukurin

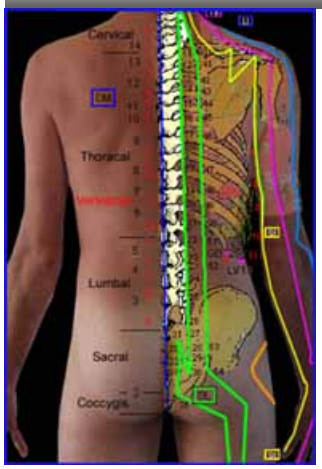
Back Pain in Spinal Stenosis



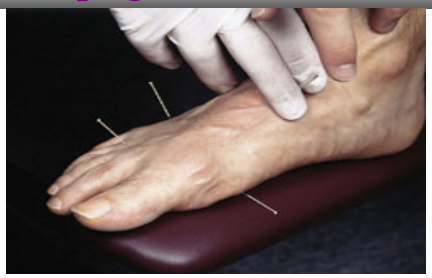
Look at the image at the top left. This is a patient from our office. This top image (outlined in the square) shows a normal, non-stenotic level. The white area within the box is the spinal cord and other nerves. Now look at the image on the bottom left. This is the same patient as in the top image. Notice the area within the square and compare it with the top image. See how the nerves are smashed into a small area by spinal stenosis? The nerves are compressed into a small "T" shaped area. Our treatment was able to help this patient avoid surgery . In fact, less than 9% of 1000 patients treated with specialized chiropractic methods required surgery. Most patients reached maximum improvement within six weeks and 12 treatments. ***8*** The addition of electrical nerve stimulation can improve function in patients suffering from claudication. ***9-10*** Specialized traction was shown to decrease leg pain in more than 78% of patients with stenosis.

Specialized forms of traction used in our office can often decompress the nerves without the need for surgery. (ref 7)

Home remedies for stenosis continued from page one.



The classical meridians or channels of ancient acupuncture follow the course of the major nerves of modern neurology. Historically, acupuncture was performed to help move "energy" known as "Chi" along the acupuncture meridians. Modern Western acupuncture is based on restoring normal nerve chemistry and function. Aside from the obvious differences in terminology, the ancient system of acupuncture and modern system of neurologically based acupuncture is remarkably similar. In older patients who may be on blood thinners or otherwise debilitated, surface electrical stimulation at the acupuncture point takes the place of needles. This reduces the chance of adverse events dramatically.



Acupuncture either with needles or with electrical stimulation can be very effective in relieving the leg pain associated with spinal stenosis (above)

References

1. The Efficacy of Corticosteroids in Periradicular Infiltration for Chronic Radicular Pain: A Randomized, Double-Blind, Controlled Trial. **Spine. 30(8):857-862, April 15, 2005**.
2. Spinal stenosis re-operation rate in Sweden is 11% at 10 years— A national analysis of 9,664 operations **European Spine Journal Mar 8 2005**
3. Long-Term Outcomes of Surgical and Nonsurgical Management of Lumbar Spinal Stenosis: 8 to 10 Year Results from the Maine Lumbar Spine Study **Spine. 30(8):936-943, April 15, 2005**.
4. Surgery for degenerative lumbar spondylosis. **Cochrane Database Syst Rev. 2005 Apr 18;(2)**
5. Quality of life, clinical and neurophysiological picture in patients operated on for lumbar stenosis. **Acta Neurochir Suppl. 2005;92:143-6.**
6. Pathogenesis, presentation, and treatment of lumbar spinal stenosis associated with coronal or sagittal spinal deformities. **Neurosurg Focus. 2003 Jan 15;14(1)**.
7. Lumbar spinal decompression with a pneumatic orthesis (Orthotrac): preliminary study. **Acta Neurochir Suppl. 2005;92:133-7.**
8. Distraction chiropractic adjusting: clinical application and outcomes of 1000 cases. ***Topics in Clinical Chiropractic*** **1996; 3(3):45-59, 79-81**
9. Chronic transcutaneous electrical stimulation of calf muscles improves functional capacity without inducing systemic inflammation in claudicants **Eur J Vasc Endovasc Surg. 2004 Feb;27(2):201-9.**
10 .Chronic muscle stimulation improves ischaemic muscle performance in patients with peripheral vascular disease **Eur J Vasc Surg. 1994 Jul;8(4):419-22.**

Kukurin Chiropractic ~ Desert Harbor
Dr. George W Kukurin
Board Certified in Neurology
Certified In Acupuncture
Certified in Physiotherapy

13943 N 91st Ave Building A Suite 101
Peoria, Arizona 85381
623.972.8400
www.kcmain.org
gkukurin@yahoo.com