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Carpal Tunnel Syndrome

Note: The book **Arthritis: Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis** by Anthony di Fabio and Gus Prosch, Jr., M.D. should be considered a companion book to this one. See <http://www.arthritis-trust.org>

Carpal Tunnel Syndrome

by Anthony di Fabio

The Roger Wyburn-Mason and Jack M. Blount Foundation for the
Eradication of Rheumatoid Disease
akaThe Arthritis Trust of America®



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What is Carpal Tunnel Syndrome?

Carpal Tunnel Syndrome is an entrapment of a middle (median) nerve compressed between the wrist (longitudinal carpal ligament) and hand muscles and a ligament that is perpendicular, passing across the wrist (transverse carpal ligament).¹ The carpal tunnel is a canal that encloses nine finger tendons, connective tissue, arteries, veins, and the median nerve. An arch of this canal is made by eight wrist bones that also form an arc. The median nerve passes beneath this arc, and the carpal ligament extends over the eight wrist bones.

The median nerve conducts impulses from the brain to the thumb, forefinger, middle finger, and half of the ring finger. When compressed, this nerve may cause pain, in the wrist, palm and/or forearm, and may cause an abnormal sensation in the palm and first three digits and the lateral half of the fourth digit. Loss of strength in turning outward (abduction) or opposition of the thumb may result in, and also atrophy certain muscles.⁷

De Quervain's Disease

Identical to Carpal Tunnel Syndrome, according to John Marion Ellis, M.D., is a condition of painful tenosynovitis of the common tendon sheath of two tendons on the side and top of the thumb.⁴

A patient experiences severe pain where the thumb joins the base of the hand, accompanied by stiffness and weakness of pinch. Any attempt at rotation of a thumb towards the base of the little finger causes pain to radiate from the thumb up the forearm.

Patients with De Quervain's disease also suffer from intense pain in the elbows and shoulders.

Distribution of Carpal Tunnel Syndrome

Carpal Tunnel Syndrome affects all ages of adults, but women are affected, usually after age 35,¹ more than men, particularly in those who've had a hysterectomy without oophorectomy, or those who have gone through menopause between 6 to 12 months earlier.⁷

With women, it's origin is not always clear, but is common in later months of pregnancy, and often remits following delivery.

With men and women, it can be associated with occupational performance, such as house painting, typing, farming, spinning, carpentry, and other repetitive tasks.

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Kate Montgomery⁹ reports in *Massage*, that repetitive strain injuries, including Carpal Tunnel Syndrome, account for 56% of the illnesses reported to the Occupational Safety and Health Administration (OSHA). A U.S. Department of Labor study showed 3.2 million cases of repetitive strain injuries in 1989 costing 57 million lost workdays; Bureau of Labor Statistics reported 280,000 cases out of one million injuries were cumulative trauma disorders of the upper extremities, wrists, shoulders and elbows; The American Academy of Orthopedic Surgeons estimates a cost of \$27 billion annually; while worker's compensation claim for each injury can cost from \$30,000 to \$100,000. Surgery for such injuries can cost about the same, contrasted against alternative therapy costs of an estimated \$5,000 for preventive maintenance therapy.⁹

Clinical Symptoms of Carpal Tunnel Syndrome

Compression of nerve in the wrist (median) producing numbness, tingling, and pain; prickling or burning sensation radiating from palm of hand; may involve tingling, burning and pain of entire arm, neck, hip and thigh; may affect one-side or two-sides; weakness of thumb opposition -- often also the first three fingers; worse at night, or after performing physically.

There is wrist pain, an abnormal burning or prickling sensation (paresthesia and sensory deficit) radiating from the palm of the hand (radial-palmar) and weakness of thumb opposition.

Night pain and numbness or prickling and tingling sensation (paresthesia) are probably due to small nerve fiber and autonomic nerve system involvement of the vascular system. Pain and discomfort can ascend as high as the shoulder.

Kate Montgomery,⁹ author of *Massage*, lists a set of symptoms of being at risk for Carpal Tunnel Syndrome, including increased occurrence of dropped objects, loss of the sense of touch, tingling and numbness in the fingers and hand, loss of grip strength in the hand, pain in the shoulder while sleeping, pain in the elbow and/or wrist, burning in the wrist area, and tendonitis in the elbow/wrist joint.

Causation of Carpal Tunnel Syndrome

Widespread use of computers and modern technology have caused a sharp increase in Carpal Tunnel Syndrome, and other repetitive strain injuries.

Although infectious agents may be responsible, this condition is considered a symptom complex rather than a disease entity. Usually Carpal Tunnel Syndrome results from swelling or fluids that contribute to pressure on a nerve.

Diabetes, mechanical injury, surgery for tumors or ruptured intervertebral discs are considered sources of causation of the problem.

Other arthritic conditions, such as inflammation of the fibrous connective tissue components of muscles, joints, tendons, ligaments and other "white" connective tissues (Fibrositis), or a systemic connective tissue disease characterized by inflammatory and degenerative changes in the muscles (dermatomyositis or polymyositis), may also cause Carpal Tunnel Syndrome.

In addition to problems related to menstruation or pregnancy, infectious agents, tumors, fat deposits, repetitive physical tasks, low thyroid, vitamin B₆ deficiencies, nerve disorders, or compression of the nerve root at the sixth cervical vertebrae caused by misalignment of the vertebrae at the neck, Osteoarthritic (spurs), or vertebral disc disease may be additional causative factors.

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Traditional Treatments for Carpal Tunnel Syndrome

Traditional Treatment usually involves (1) conservative treatment by means of pain killers, such as aspirin and other non-steroidal anti-inflammatories (NSAIDS), in the hopes that the condition will remit; (2) attending to primary causative factors, such as diabetes, or tumors, if involved; (3) splinting of the painful joints at night; (4) surgery to drain fluids from the tendon sheaths that are compressing the nerve.

One patented surgical treatment performed by J. Lee Berger, M.D., an orthopedic surgeon in New Jersey, alleviates the pain of Carpal Tunnel Syndrome by stretching, rather than cutting the carpal ligament, a standard procedure for relieving pain. Dr. Berger describes his procedure: "I make a quarter-inch incision in the base of the palm, go under the ligament with [a] balloon, inflate the balloon, stretch the ligament, and free the nerve. Once you stretch the ligament, it will not resume pressing on the nerve."⁷

Dr. Berger has been performing this operation since 1990.

In performing this decompression surgery, Dr. Richard Eaton, M.D., director of the Hand Surgery Center at St. Luke's-Roosevelt Hospital in New York City, reports that "numbness takes 6 to 8 months to reverse, since the nerve must regenerate from the point of compression within the carpal tunnel to the end of the fingers where the receptor sites are."⁷

What's Wrong With Traditional Treatments?

The use of cortisone is always potentially damaging to the patient, in ways that encompass the whole body.

If the Carpal Tunnel Syndrome is a secondary condition caused by diabetes or a tumor, then attending to such primary factors may be very important, and, of course, there would be no adverse evaluation of such treatments if they are effective in handling both the primary and secondary problem. Unfortunately in this instance, and many others, "primary" causation is conceived of being the mechanical effects caused by, say, a tumor, rather than the systemic effects that produced the tumor in the first place. Attending to the "primary" causation may, then, in such instance, be cutting out the tumor, but not solving the problem of why the tumor grew. In other words, again, even attending to the arbitrarily defined "primary" cause is often a palliative form of treatment, designed to relieve pain, but not to relieve the actual cause.

Some physicians who daily use Sclerotherapy (Proliferative Therapy or Reconstructive Therapy), consider the splinting of a painful member as exactly the wrong thing to do, as the splinting interrupts the natural flow of energy from that body member, and will often worsen the condition, or delay healing. [See <http://www.arthritis-trust.org>, for the article "Treatment of First Choice for Osteoarthritis and for Other Arthritic-like Pain: Sclerotherapy, Proliferative Therapy, Reconstructive Therapy."]

In the absence of other serious problems, surgery is normally unnecessary for relieving Carpal Tunnel Syndrome as it may cause additional suffering and penalties to the person already afflicted, although on exceptionally rare occasions surgery may be necessary.

Kate Montgomery quotes Fred Meyer, M.D., an orthopedic surgeon of Phoe-

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nix, Arizona as saying, "The surgical success rate for [Carpal Tunnel Syndrome] is only 54 to 56%, and additional surgeries are required in about 10% of the cases."⁹ At best, there will be up to as much as six months loss of time.

Traditional treatments, while occasionally attending to dietary deficiencies, often overlook the importance of certain key vitamins and minerals which, by themselves, will often clear up Carpal Tunnel Syndrome.

Alternative Treatments for Carpal Tunnel Syndrome

Acupuncture

As treatment with acupuncture releases the body's endorphins and enkephalines, natural pain-killing chemicals, a very high percentage of people with pain, including Carpal Tunnel Syndrome pain, can benefit.³ Reported by Maxine Karpen, R.N., "in a study of acupuncture treatment of Carpal Tunnel Syndrome, a positive response was demonstrated in 35 of 36 patients, 14 of whom had been previously treated unsuccessfully with surgery."⁷

Biofeedback

Reported by Maxine Karpen, R.N. is a study by Daniel Skubik, M.D., a neurologist, . . . Neurologic Group, North Wales, Pennsylvania, and Stuart Donaldson, Ph.D., where was identified a connection between . . . the muscles arising from the sternum and inner part of the clavicle (sternocleidomastoids) and inflammation of the tendons inside the carpal tunnel, using the surface electromyography (SEMG), a bio-feedback computer-aided device. Their approach returned muscles to normal function, successfully curing more than 50 cases of Carpal Tunnel Syndrome.⁷

This unsuspected connection, between muscles located remotely from the source of pain, reminds of phenomena routinely known in the practice of Reconstructive Therapy. [See <http://www.arthritis-trust.org>, for the article "Treatment of First Choice for Osteoarthritis and for Other Arthritic-like Pain: Sclerotherapy, Proliferative Therapy, Reconstructive Therapy."]

Chiropractic Treatment

According to Maxine Karpen, R.N., "The carpal self-release used by osteopaths is similar to a procedure known to chiropractors as the carpal back bend, which has the effect of opening the carpal tunnel, thereby taking tension off the transverse carpal ligament." D.J. Lawrence, D.C., an osteopath, reports that added to these osteopathic adjustments the chiropractor would also adjust the carpal (lunate).⁷

Carol A. Cooper, R.N., D.C. of Keizer, Oregon has prepared a videotape on Carpal Tunnel Syndrome that -- as well as use of proper supplements -- explains to patients how to provide themselves with limited testing and treatment of their condition. After determining that a client has Carpal Tunnel Syndrome, she describes a series of steps that often solves Carpal Tunnel Syndrome, as follows:

1. Determine whether or not the ulna and radius have been separated.
2. To push the ulna and radius back into proper position.
 - a. place the lower forearm, above the wrist, on a flat surface, towel beneath, and then press hard on top, straight down.
 - b. massage palm side of forearm near wrist to re-activate the muscle holding radius and ulna together.
3. To reform the arch made by the eight wrist bones which makes the carpal

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tunnel:

a. lay wrist, palm upward, on a flat surface. Put tip of thumb on the wrist creases and push down. Dr. Cooper says, "I'm pushing on top of ligaments, tendons, and nerves to reach the carpal bones, so it may hurt while doing it, but it only takes a few seconds to get the bone down firmly."¹⁶

b. Massage palm side of wrist, even if it hurts, to break down scar tissue and increase circulation. Include palm muscles and forearm.

Dr. Cooper writes, "This is what I teach my clients, and I have good success. I showed our postman, who had severe Carpal Tunnel Syndrome on both wrists, the adjustment several years ago. He now no longer wears a brace, and only one lump of scar tissue is left, which he continues to massage. I don't believe he ever had surgery."¹⁶

Dr. Cooper advises finding tender points on the body, and massaging them. If atrophy of muscles is present, squeeze a tennis ball as contractions will help build up muscles again, but do this only after relieving nerve pressure.

Prevention of Carpal Tunnel Syndrome, according to Dr. Cooper, involves a number of things, but chiefly in not bending the wrist either forward or backward, as we so often do in many repetitive exercises or work performances that lead to Carpal Tunnel Syndrome.

Carol A. Cooper, D.C., Heliotropes Lecture Series, *Carpal Tunnel Syndrome*, Heliotrope Natural Foods, 2060 Market Street, Salem, OR 97303; Sharon J. Butler, *Conquering Carpal Tunnel Syndrome*, Advanced Press, 1708 Lancaster Ave., #321, Paoli, PA19301.

Cold Laser Treatment

For those patients who object to the use of needles in acupuncture treatments, the cold laser is an excellent substitute. Its power output is such that cells are not damaged.

According to Maxine Karpen, R.N.,⁷ the infrared of the cold laser penetrates the cells of the skin, entering the tendons and surrounding tissue. The laser deposits photons into the cells, and nerve stimulation is immediate. Within minutes circulation is improved, and so is oxygen flow.

The cold laser also blocks enzymes that accompany pain and activates the synthesis of endorphins that block pain. It also reduces the ability of lymphocytes to react to antigens, therefore also acting as an anti-inflammatory.

Swelling can reduce in hours, depending on the level of trauma and swelling. However, in chronic situations, 2 to 3 treatments per week may be necessary.

Cold laser has the ability to increase the rate of nerve regeneration and increase growth of connective tissues and tendons.

Diet

The cave man diet is recommended as described in this Foundation's various rheumatoid arthritis publications, with limitation of excessive consumption of sugars, caffeine, and processed grains and corn, and protein intake, elimination of foods containing yellow dyes, emphasis on whole grains, seeds, nuts, soybeans, fresh salmon and cod (cold-water, non-farmed), brewer's yeast,

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molasses, liver, wheat bran and [wheat]germ.³

Avocados, bananas, cabbage, green leafy vegetables, peanuts, prunes, raisins, walnuts, blueberries are listed as good sources, by Vita Chart, Inc., with additional recommendations to restrict alcohol, estrogens, oral contraceptives, penicillamine, post-menopausal drugs, radiation exposure and tobacco.⁵

Nurse Maxine Karpen, R.N. reports on nutritionist Griselda Blazey, Ph.D., a private practitioner in Santa Rosa, California, who suggests the avoidance of dairy products, "since these foods can cause and exacerbate inflammation." Dr. Blazey also recommends detoxification to get rid of one of the major stress factors.⁷ [See <http://www.arthritistrust.org>, "Proper Nutrition for Rheumatoid Arthritis."]

Enzyme Therapy

Enzyme supplementation, along with proper diet, may be very important for properly digesting food, and for eliminating the inflammatory immunocomplexes.

Exercise

Gus J. Prosch, Jr., M.D., along with other treatments, sometimes has the patient perform a successful exercise to assist recovery of Carpal Tunnel Syndrome. The patient is asked to place the separated fingers on a flat surface and then to push down at roughly a 35° to 45° angle against the surface. While pushing against the surface the patient is asked to open and close the fingers. "You're counter-balancing forces," Dr. Prosch explains. "Push up with your fingers, letting them come together, while pushing down with your hand. Then let them separate again as your hand goes down. This simple exercise does wonders for Carpal Tunnel Syndrome."¹³

A manipulative treatment used by osteopaths consists of a myofascial (muscle fascia) release and stretching maneuver, usually performed while the patient is supine, and lasting 5 to 10 minutes. Patients are also taught to self-stretch 5 to 10 times each day.⁷

Herbs

Herbs that will assist in quenching inflammation will support other desirable treatments. "A simple approach," according to *Alternative Medicine: The Definitive Guide*, "involves combining equal parts of meadowsweet and willow bark tinctures and taking one teaspoonful of this mixture three times a day."³

Homeopathy

Selection of homeopathic remedies depends on the person's personality, constitution and physical condition.

Dr. Andrew Lockie¹¹ recommends to be taken 4 times daily for up to 2 weeks, the following:

Natrum muriate 6c when pain is relieved by warmth and rubbing.

Aconite 3c when pain is severe enough to awaken person up at night.

Light Beam Generator, Omega Ray,

Electro-Acuscope/Myopulse System, and the Photon Sound Beam

Light Beam Generator

Twenty minutes or so use of the Light Beam Generator can greatly reduce the pain and swelling of Carpal Tunnel Syndrome. [See <http://www.arthritistrust.org>,

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"Lymphatic Detoxification;" "Lymphatic Drainage Therapy."]

The Omega Ray

The Omega Ray is a more advanced version of the Light Beam Generator, having the ability to generate a random pattern or varying cycle of frequencies, the advantage of which is that the body will find and use only those frequencies most effective for it. Because of this variability, it is less likely that the body will accommodate or become resistant to the energy. It is also reported to be gentler than previous instruments.

The Photon Sound Beam

This new instrument utilizes both sound and light in gas tube technology to achieve similar results to those described in The Light Beam Generator and the Electro-Acuscope therapy.

The Light Beam Generator, ELF Laboratories, RR #1, Box 21, St. Francisville, IL 62460, (618) 948-2393; the Omega Ray and Photon Sound Beam, Sunshine Company, 223 W. 3325 N, North Ogden, Utah 84414 or Ener-gize! Products, Inc., PO Box 286, Hastings, MI 49058 (616) 948-9732, Fax (616) 948-8703; Electro-Acuscope/Myopulse System, Electro-Medical Incorporated, 18433, Foundation Valley, CA 92708; (800) 422-8726; (714) 964-6776.

Magnetics

William H. Philpott, M.D. has developed excellent treatment protocols and tools for experimental work with permanent magnets.

William H. Philpott, M.D., Bio-Electro-Magnetics Institute, Institutional Review Board, 17171 S.E. 29, Choctaw, OK 73020.

Mineral Infrared Therapy

Dr. Tsu-Tsair Chi has reported on an infrared ceramic-coated device that has beneficial effects in strengthening the immune system, decreasing pain, unblocking lymph channels, increasing circulation, and providing lacking trace elements.¹⁰

Niacinamide Therapy

William Kaufman, M.D. demonstrated the usefulness of niacinamide therapy in Carpal Tunnel Syndrome. [See <http://arthritisrust.org>, *Osteoarthritis: Little Known Treatments, this Foundation. Arthritis: Osteoarthritis and Rheumatoid Disease: Including Rheumatoid Arthritis*]

Novocaine Injections

Gus J. Prosch, Jr., M.D. says that rather than use damaging cortisone, "I've found that just injecting novocaine right in where the tendons are inflamed will often provide benefits without the damage caused by cortisone.

"Novocaine has a very, very powerful healing effect on all tissues. It converts into PABA -- paraminobenzoic acid -- and diethylamino methanol. Ana Aslan in Rumania used novocaine to help prevent and [apparently] reverse [some of the symptoms of] the aging process. There hasn't been a whole lot of proof to

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the claim, but those people who went to see her, from all over the world, sure claim to feel and behave better. She gave procaine and novacaine, claiming that it had to be a certain pH, or it wouldn't work. The great majority of the products advertised did not give the same benefits that she was getting."¹³

*Qigong for Arthritis*¹⁴

The balancing or distribution of bioelectrical energy to body parts in need can be an important therapy. [See <http://www.arthritistrust.org>, *Qigong for Arthritis*]

Reconstructive Therapy and Neural Therapy

Often it is lax tendons or ligaments, sometimes remotely located in the body, that can create the condition of pressure on the nerve that produces the pain called "Carpal Tunnel Syndrome."

"If you put your hand around the wrist of some of these patients with Carpal Tunnel Syndrome, having them open and close their wrist, you can then feel the tendon sliding abrasively, almost like a grating sound."

Gus J. Prosch, Jr., M.D. says, "I successfully use Reconstructive Therapy (Sclerotherapy or Proliferative Therapy.) in cases of Carpal Tunnel Syndrome."¹³ [See <http://www.arthritistrust.org>, for the article "Treatment of First Choice for Osteoarthritis and for Other Arthritic-like Pain: Sclerotherapy, Proliferative Therapy, Reconstructive Therapy."]

Also, as most reconstructive therapists also use Neural Therapy, according to Deitrich Klinghardt, M.D., "many cases can be traced to interference fields in the arm, shoulders, or neck, often caused by vaccination scars. Dr. Klinghardt reports great success using neural therapy to alleviate the problem."³ [See <http://www.arthritistrust.org>, *Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis and The Control of Pain in Arthritis of the Knee.*]

Rolfing® and Hellerwork®

Carpal Tunnel Syndrome, like other repetitive strain injuries, are intimately related to connective tissue which pervades every part of the body. Blood, bone, tendons and ligaments are forms of connective tissue.

In some places connective tissue is just beneath the surface of skin, and at other locations it permeates widely and deeply, even becoming bone itself.

Strain of injuries are often transmitted through connective tissue to another part of the body. As reported by Sharon J. Butler, author of *Conquering Carpal Tunnel Syndrome and Other Repetitive Strain Injuries*, "What starts out as a stiff neck develops into a stiff neck-shoulder, or a stiff neck-back. It is these very interesting transmitting and connecting qualities of connective tissue that contribute greatly to the complexity of symptoms seen in repetitive strain injuries or Carpal Tunnel Syndrome."⁸

Tendons and ligaments are connective tissues known as "fascia," which permeates muscles, holds organs together, wraps blood vessels and nerve fibers and connects body parts to one another.

Moving our muscles causes muscle fibers to contract which causes the fascia that wraps muscle bundles together to pull their attachments, the tendons. The tendons, in turn, are connected to bone, and cause the bone to move.

The result of constant contraction and lengthening of muscles is that fascia must glide and slide with ease for us to be comfortable, i.e., pain free.

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Sharon Butler cites an event that happens frequently -- being rear-ended by another automobile. The fascia senses the impact instantly and hardens to protect us, providing us with "a spontaneous neck brace. But, the fascia which created that spontaneous neck brace is not just connected to the muscles of your neck. It is also connected to your back, shoulders, chest, head, jaw, hip. It is connected to everything in your body."⁸

Strain on the fascia creates a chemical change. Surgery, hard knocks, whip-lash, gravity, all can create chemical changes causing the fascia to solidify across broader sections of the body.

Rolling is a massage technique that applies pressure and stretching externally -- from a masseur to the patient -- to release "frozen" or hardened fascia that prevents easy gliding of muscles, one against the other.

Hellerwork, as described by Sharon Butler, is "among other things, a body-work technique used to restore the body to its normal state of alignment by the stretching and manipulation of connective tissues known as fascia."

Butler describes simple stretching exercises based on subjectively sensing a "stretch point," a position where the stretch of a body member can be sensed without pain, ending in a few seconds in a "release," a stage where one can now move without pain to a further stretch point.⁸

According to Sharon Butler, "At least 50% of all people suffering with Carpal Tunnel Syndrome or repetitive strain injuries are living with afflicted muscles and connective tissues of the upper body. When these tissues are restored to their normal loose and fluid state, there is a significant reduction in the symptoms that remain."⁸

As a large number of do-it-yourself stretching exercises are described for all parts of the body, the reader is referred to her book.

Sharon J. Butler, *Conquering Carpal Tunnel Syndrome and Other Repetitive Strain Injuries*, Advanced Press, 1708 Lancaster Ave., #321, Paoli, PA 19301, 1995.

Therapeutic Touch™

Therapeutic Touch was developed by Dolores Krieger, Ph.D., R.N., Professor Emeritus at New York University, and Dora Kunz, a healer. It is a modern interpretation of many other healing practices such as "visualization, laying on of hands, and aura therapy, being an attempt by a sensitive person to perceive and modulate and to unblock the patient's energy field."

The Therapeutic Touch practitioner holds his/her hands two to six inches away from the patient and rhythmically, with slow-hand motions, determines where the person's blockages lie. They then work to release the blockages, over a twenty to twenty-five minute session.

According to Dr. Krieger, "the proper use of Therapeutic Touch can decrease anxiety, reduce pain, and ease problems associated with the autonomic nervous system dysfunction."³

This technique has been taught to more than 37,000 nurses, doctors and health practitioners, and clinical studies have also shown altered enzyme activity, increased hemoglobin levels and accelerated healing of wounds, but the

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technique is primarily known for its ability to relieve pain and reduce stress and anxiety.³

Vitamin B₆ Therapy

The Case of Tunis Johnson

Tunis Johnson, a fifty-five year old cook with Carpal Tunnel Syndrome, arteriosclerosis and diabetes mellitus, stated that he could not feel the weave in a tablecloth with his fingers. He was treated by John Ellis, M.D., with vitamin B₆, 50 milligrams daily, had a remission of the problem until he went off of the vitamin for seven weeks because of an operation. When Dr. Ellis placed Tunis back on the vitamin, the Carpal Tunnel Syndrome again disappeared.⁴

The Case of Ellen Cardwell

Ellen Cardwell had unsuccessful surgery for Carpal Tunnel Syndrome. After taking vitamin B₆ numbness, tingling, swelling and severe stiffness was relieved.⁴

The Case of Joseph DeChamp

Joseph DeChamp had severe stiffness in all fingers of both hands, with 40% loss of flexion and extension. After receiving vitamin B₆, 200-500 milligrams daily for 12 weeks the severe stiffness subsided remarkably in the fingers and the Carpal Tunnel Syndrome disappeared.⁴

The Cases of Sarah and Gerald Black

Sarah Black had extreme swelling of hands and feet accompanying pregnancy as well as Carpal Tunnel Syndrome. Both of these conditions responded spectacularly to vitamin B₆. Sarah's husband, Gerald, also sought help from Dr. Ellis for Carpal Tunnel Syndrome. After twelve weeks of treatment with 100 mg of vitamin B₆ daily, all swelling, numbness, tingling, and severe stiffness of fingers subsided in both hands.⁴

The Research of John Marion Ellis, M.D.

John Marion Ellis, M.D., together with well-known and respected medical researchers, was able to conclusively demonstrate that the synovium surrounding tendons underwent changes in the absence of vitamin B₆, that resulted in Carpal Tunnel Syndrome, Tendinitis and Tenosynovitis, as well as many other forms of soft-tissue diseases. [See <http://www.arthritistrust.org>, *Osteoarthritis: Little Known Treatments* and "Treatment of First Choice for Osteoarthritis and for Other Arthritic-like Pain: Sclerotherapy, Proliferative Therapy, Reconstructive Therapy."]

Two African Americans, Leo Strong and Eugene Howard, "over a period of 11 months gave 79 test tubes of blood during research that associated crippling disease with human vitamin B₆ deficiency. Laboratory data on Strong was published in *Proceedings of National Academy of Sciences*, 1978, and clinical data in *American Journal of Clinical Nutrition*, 1979.

"In a successful double blind study (where neither the doctor or patient know who receives the B₆ and who receives the placebo), Howard, 1980, by videotape demonstrated improvement of crippling in hands and shoulders following treatment with vitamin B₆. Results were conclusive."⁴

Dr. Ellis wrote, "I firmly believe that 90% of what is called arthritis in the United States is, in reality, a biochemical change in synovium of tendons and joints, particularly in the fingers, thumbs, elbows, shoulders, knees and hips. With these changes in synovium, a person experiences swelling, pain and stiff-

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ness of the joints, symptoms that most men and women as well as doctors call 'arthritis.' . . . as Karl Folkers [Ph.D., then Ashbel Smith Professor and director of the institute for Biomedical research, University of Texas, Austin, TX] and I have proved, these conditions respond favorably to adequate amounts of pyridoxine, given over a period of 90 days. Many of my patients experienced relief in only a matter of weeks, but in the majority of cases, it does take about six weeks for the symptoms to start disappearing, and twelve weeks for a definitive response. In cases of severe stiffness, there will be gradual improvement up to a year."⁴

Aspirin or some other form of non-steroidal anti-inflammatory drug (NSAID) is often used to inhibit pain during the 90 days or so of treatment, according to Dr. Ellis.⁴

"People with Carpal Tunnel Syndrome often have a large deficiency of vitamin B₆, or have lifestyle factors that inhibit B₆ metabolism such as stress, or ingesting Yellow Dye No. 5, and tartrazine derivatives.

". . . a deficiency in vitamin B₆ (pyridoxine) may cause a pyridoxine-responsive neuropathy (nerve disorder)."³

Dosages of B₆ range from 25-300 mg per day, depending upon a person's biochemistry.

Pyridoxine (B₆) is a group of related compounds: pyridoxine, pyridoxal, and pyridoxamine.¹ An overdosage of pyridoxine may create nerve disorders in doses as low as 300 mg daily, if taken for long periods. However, most cases of toxicity have been reported when the dosages range between 2 and 5 grams per day, rather than milligram quantities.³ To avoid the possibility of such toxicity, many physicians prefer to supplement with pyridoxal-5-phosphate, a metabolite of pyridoxine.

Other Clinical Practices

Sandra Hills, N.D.

According to Maxine Karpen, R.N., Sandra Hills, N.D., uses B₁, B₂, B₃ and B₆ (50 to 100 mg before 3:00 p.m.), and the entire B complex. Dr. Hills suggests 1,200 mg of timed-release B₅, which creates a natural cortisone, and 5 to 10 grams of vitamin C, 8 to 1000 mg of magnesium and 200 mg of manganese.⁷

Richard P. Huemer, M.D.

Cautioning that supplements must be designed for individual use, and that they are not a substitute for proper nutrition, Richard P. Huemer, M.D. of Vancouver, Washington, an orthomolecular physician, recommends "500 to 2000 mg of vitamin C, a 'super' B complex that has 50 mg of the major B vitamins, and at least 100 mg more of vitamins B₂, B₆, and pantothenic acid. In addition, he advises, 1 to 3 grams of omega-3 fatty acids, extracted from fish oils," which will reduce inflammation.⁷

Rex E. Newnham, D.O., N.D., Ph.D.

Rex E. Newnham, D.O., N.D., Ph.D. writes that "Carpal Tunnel Syndrome is best treated with a fairly high dose of vitamin B₆ and if there is joint involvement, then I also use boron and invariably get success."¹² [See <http://>

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www.arthritis-trust.org, "Boron and Arthritis"]

Joseph G. Hattersley

Joseph G. Hattersley, health researcher and reporter, says, "The currently publicized 'research' into Carpal Tunnel Syndrome goes into surgery and into lawsuits over making typewriters 'user friendly.' they miss the whole ball game: B₆ has been proved as a preventive, including [proof] through double-blind tests.

"The doctors held a big scare campaign: vitamin B₆ causes side effects, they told us. Dr. Marion Ellis told me the true story. Those doctors did 'telephone examinations' -- in most cases, never meeting or touching the patients. And they deliberately blew it up out of all proportion, to magnify their own business. They do indeed want to help their patients -- but only using their methods. If and when you do publicize the truth, expect new scare stories about B₆ side-effects -- but it's still a lie.

"You can get severe reversible neurological side-effects if you take 2000-8000 mg a day -- for a long time, alone like a drug. But at 50-100 mg/day by itself, and at 200-500 mg with B-complex, no one has ever proven side-effects to be a danger.

For the 0.00000001% of the people who get side-effects on small quantities (of B₆), the side-effects can be abolished by using a pharmaceutical-grade product."¹⁵

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Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

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