

How can Osteopathy help?

The first thing to accept is that discs take time to ease. In this hectic modern life we lead, where we can get anything we want quickly, tissues take time to heal and all you can do is try and help them heal faster. Although seemingly impossible for some and difficult for most, rest in the early stages is essential. At this stage your osteopath can check and ease surrounding joints and gently ease tight muscles to get as much pressure as possible off the injured disc.

Heat is often helpful. Either warm hot water bottles, wheat bags or heat patches can help.

It is also important to encourage the pumping effect in the disc by making sure the vertebral joints aren't restricted and are moving. Treatment allows materials to move in and out of the disc and the fluids to diffuse in and around the disc helping recovery.

As symptoms improve and patients can move around for longer between resting, gentle mobility exercises can be started. The muscles are still tight and protective so still respond to heat and gentle stretches.

It is too early for strengthening exercises. The muscles are tight, they are not relaxed and working hard, they can't be strengthened until the disc has recovered and the muscles relax.

This is the time to start Physiotherapy, Yoga or Pilates to increase core strength.



Established in its present location in Shaw, Newbury and in the Hungerford doctors surgery in the croft since 1994.

The clinic has operated in the Newbury and Hungerford area since 1990.

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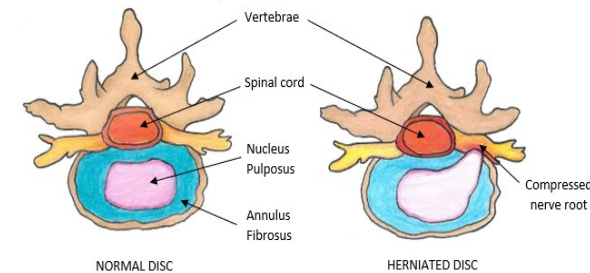
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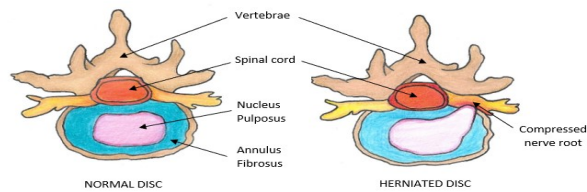
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Osteopathy

Lumbar disc problems



Disc Anatomy



Discs act like shock absorbers between the vertebrae of the spine. They consist of a tougher outer layer, the Anulus and a softer inner layer, the nucleus. The term slipped disc, herniated disc and prolapsed disc are often used interchangeably between specialists and it is tricky to know what you are dealing with clinically without MRI scans and often bear no relation to the amount of pain you may be suffering.

When discs protrude to the left or right, they may encroach on a nerve as it leaves the spinal canal. Typically the most frequent disc affected is the L5/S1 disc, at the bottom of the spine. The next most frequent is the L4/L5 disc. If these discs push on nerves exiting behind them, the sciatic nerves, then you will start to feel pain in the buttock or legs, known as sciatica. Depending on where you feel the pain in your legs depends on the nerve that is being affected but doesn't always tell us which disc is causing it.

The L3/4 disc is again affected even less frequently and can affect the femoral nerve more causing pain down the front part of your thigh often to the knee.

Sciatic pain can be excruciating, is often accompanied with numbness or tingling (paraesthesia), hot or cold sensations or just a deep achy feeling. Increased nerve pressure can cause muscular weakness and a dropping foot when walking.

If discs protrude more centrally, a stenosis, you may feel pain into both legs. If you feel numbness around where you wipe your bottom or feel bowel or bladder control is lost or you are unable to go to the toilet this is known as a cauda equina. This is an emergency situation and you should call an ambulance or get to your local hospital urgently.

How do disc problems occur?

Discs do not have a great blood supply with vessels mainly supplying the outer layers of the anulus. Discs rely on the slight pumping effect of vertebral movement and fluids diffusing in and out of the disk to maintain a healthy disc. It can therefore take up to 24 to 36 hours for inflammation and pain to start and disc symptoms to appear. It is the same reason disc problems can take a long time to settle.

Most patients therefore can't remember a particular cause although some do recall a slight twinge at the time. Not all disc protrusions are caused by bending and lifting and most do not have an acute onset. Often discs are aggravated over many years and are associated with repetitive physical tasks, like carrying and lifting or just by sitting badly in sofas or at the desk. Disc problems can result from physical injury and accidents often years before or poor posture. This does not even have to be over years, it can occur quickly. Often disc problems are age related and can be associated with increasing recurrent episodes of worsening lower back pain. These patients often describe their lower back pain occurring more frequently, becoming more severe and lasting longer. They may or may not have associated sciatic or femoral pain.

Patients are often better lying down, sleep can be unaffected and they can wake often without pain in the morning. It often feels like it has eased. Pain increases when they get up and try and get going and in a majority of cases is often aggravated standing, worse walking and worst sitting.

Why is my disk not mending?

The poor blood supply to the disc is also the reason discs take a long time to ease. It takes a long time for the damaged material to leave the disc and a long time for the new material to get inside the disc. Most discs do however get better with time and a lot of patience. Most patients make the mistake of not resting the disc in the early stages, they try and carry on as usual with sitting and walking and wonder why they aren't getting better and even getting worse! They then start mobility exercises and strengthening exercises to early, often aggravating the disc more. Often anti-inflammatory medication slows the healing down.

How can I help get better ?

Contrary to modern medicine, the biggest thing to try is rest, often for two to three weeks initially, not days, especially when lower back or leg symptoms start. Rest. Lie down. Rest for 30-60 minutes on your back with a pillow under your knees or on your side with your knees bent. Then get up and move around. Initially the pain will return quickly. When upright your discs are taking weight and this is reduced lying down. This is why discs are better at night and worse standing and sitting. Over a week or so you will find you can move around for longer periods before having to lie down again but, as soon as your lower back and or leg starts to hurt lie down again for 30-60 minutes to off load the disc again. Gradually over a few weeks you will find you can move around for a few hours, perhaps getting to mid morning, then lunch time. Eventually you will get to lunch time and into the early to late after noon. You will still have to rest when the pain in the back or leg hurts but the pain will be easing, you will moving around at this stage more than you are resting. Patience, patience, patience. It is frustrating but it will heal given time.

In the meantime, over the weeks, as the back is easing, the sciatic pain, in a majority of cases is moving down the leg away from the back and buttock towards the feet eventually reaching the toes which may remain tingly for many weeks.