Neck and Back Problems

Jan de Vries

Mainstream Publishing *eBooks*

About the Author

JAN DE VRIES was born in 1937 in Holland and grew up during the difficult war years in occupied territory. Although he graduated in pharmacy, he soon turned to alternative medicine. His most influential teacher was Dr Alfred Vogel in Switzerland, and they have worked together closely for 35 years.

In 1970 he and his family moved to Scotland and settled on the west coast in Troon, where he set up a residential clinic called Mokoia. He also has clinics in Newcastle, Edinburgh and London. Since 1990 he has been involved in Klein Vink in Arcen, Holland, doing research into the efficacy of herbal medicine for the European Commission.

He lectures throughout the world and is a regular broadcaster on BBC radio.

Books available by the same author

By Appointment Only series:

Stress and Nervous Disorders (3rd impression)
Multiple Sclerosis (4th impression)
Traditional Home and Herbal Remedies (5th impression)
Arthritis, Rheumatism and Psoriasis (5th impression)
The Miracle of Life (2nd impression)
Migraine and Epilepsy (3rd impression)
Cancer and Leukemia (2nd impression)
Viruses, Allergies and the Immune System (4th impression)
Realistic Weight Control (2nd impression)
Who's Next?
Heart and Blood Circulatory Problems
Asthma and Bronchitis
Life Without Arthritis — The Maori Way
Skin Diseases

Nature's Gift series:

Body Energy (2nd impression)
Water — Healer or Poison?
Food

Well Woman series:
Menstrual and Pre-menstrual Tension

NECK AND BACK PROBLEMS

The Spine and Related Disorders

Jan de Vries

EDINBURGH AND LONDON

Epub ISBN: 9781780570495
Version 1.0
www.mainstreampublishing.com

First published in Great Britain 1986 by
MAINSTREAM PUBLISHING COMPANY (EDINBURGH) LTD
7 Albany Street
Edinburgh EH1 3UG

ISBN 1 85158 030 1 (paper)

A catalogue record for this book is available from the British Library

Contents

Preface

I FEEL HONOURED and complimented to write the Preface to Jan de Vries' new book on the spine. We have known each other for many years.

In entering into the study of this book, let things of the past be past. This book is one with a look to the future, and is for those who shall live for the future.

The spine (spinal column) is the 'telephone exchange' for the functions of the whole human body, and is therefore one of the most important factors to life and health. In this modern world most of us seem to abuse the spine (ie the back) and consequently to suffer from the present day disease — low backache — which is usually caused by abnormal posture.

Let the motto of this book be summed up in the following words: '*normal structure produces normal function*'.

I wish this book all the success it deserves, and may the reading public find something within its pages to help them along, and ease their suffering.

Leonard J. Allan, DO, ND, Dr(Ac)
Margate
Kent
England

1

The Spine and Spinal Cord

OVER THE MANY years that I have been in practice I have seen so many patients who, in one way or another, are troubled with problems related to the spine or spinal column. Some suffer acute pain, while others are chronically affected. Yet the suffering of most of these patients can often be reduced, minimised or even cured with the application of the correct treatment.

In this book I hope to explain some of these problems and, although I have undergone extensive training, as time has gone on I have developed many of my own methods in dealing with these complaints. It is with gratitude that I look through the many testimonials I have received, and must conclude that some of these methods have brought relief to many back sufferers and to people suffering from other conditions, the cause of which may be traced to the spine.

The disorders discussed in this book are not specifically confined to modern times, but have been present in mankind for centuries. Nevertheless it seems they have recently become more common. A possible reason for this may be a general lack of exercise, although faulty nutrition may also be to blame. Incorrect dietary management may well be a possible cause for these ailments, which can be so crippling.

Many books have been written on this subject, but the reader may find that my approach differs from that of many of my colleagues, because through my long experience I have developed my own methods which have proven successful. These may also be adapted to the needs of individual patients, as flexibility both in diagnosing the

source of the problem and the appropriate treatment is of prime importance.

First of all we should know that the spinal column comprises 33 vertebrae and is divided into five different sections:

—the neck or the cervical vertebrae, consisting of seven vertebrae;
—the chest, dorsal or thoracic vertebrae, consisting of twelve vertebrae;
—the lower back or lumbar vertebrae, consisting of five vertebrae;
—the sacrum, consisting of five fused vertebrae;
—the tail of the spine or coccyx, consisting of four small vertebrae, which almost resemble crystals.

Between each of the vertebrae of the neck, chest and back is a small disc or pad of fibrous tissue. These intervertebral discs act as a buffer or cushion between the bones.

The spine houses and protects the spinal cord, which is the nerve tissue of the central nervous system. This ranges from the atlas — the topmost vertebra of the neck — to the lower border of the first, or upper, border of the second lumbar area. It is connected with the brain and extends to the first segment of the coccyx.

The condition of the spinal column is subject to the ageing process of man and so alters through the different stages of life. Its properties vary as does the function of each vertebra. Basically, it protects the spinal cord, which conducts messages to and from the brain. There is also a watery fluid which we know as the cerebrospinal fluid, protecting the cord as well as the brain, and this acts as a fluid cushion.

Therefore, when talking about the spinal cord, we should also look into the nervous system. This complicated system

can be divided into two parts, the central nervous system and the peripheral or autonomic nervous system.

The brain contained in the skull has long nerve fibres or pathways which transmit messages to the body. These nerves or fibres pass down the centre of the spinal column in a central channel and then out between each vertebra, where they divide into a motor part and an autonomic part.

The motor part of the nerve supplies the voluntary muscles and the autonomic part aids the body with all the autonomic functions which take place involuntarily, for example, blinking of the eyes, breathing and digestion.

The nervous system is built up of a variety of nervous tissue and presents an osteopath with a wide choice when treating a patient. The diagram on page 15 makes this clear. If everything is working in harmony, there is no trouble. If not, however, it is like throwing a pebble into the water — where the pebble lands is not important, but the resulting ripples may have unforeseen results!

I am sure that the Italian physician Luigi Galvani (1737-98) would have been in agreement. He discovered that a frog's calf muscles could be made to contract when the nerve to this muscle was prodded with two pins of different metals. In this way a weak electric current was induced, which caused a response in the muscle tissue, resulting in a muscular contraction.

Let us consider that, of the 43 pairs of nerves belonging to the nervous system, 31 are spinal nerves, ie are connected with the spinal cord, and 12 pairs are cranial nerves, ie are connected with the brain.

Galvani discovered that stimulating the motor nerve immediately resulted in a muscular contraction. Although the muscle and the nerve are not directly connected, they do have meeting points called synapses. Neuro-physiologists have since discovered that contraction will take place through changes in the muscle tissue membrane.

We should not underestimate the importance of the minerals potassium and sodium for a healthy nervous system. The autonomic nervous system is a motor or a supplier to the muscle and glands. These are divided into the sympathetic and para-sympathetic systems. The sympathetic nervous system has sympathetic cells in the spinal cord as well as in the chest. The nerves of the para-sympathetic system originate in the sacral cord and in the brain. The para-sympathetic system is called into action when the body is under stress, eg fear or flight. Usually the para-sympathetic system works in opposition to the sympathetic nervous system.

Nerve cells cannot be replaced and after the age of 25 the nervous system begins to degenerate, hence the importance of a correct diet. I want to take this opportunity to stress a point which I never fail to tell students at their seminars: osteopathy and naturopathy should always go hand in hand.

Osteopathy is a system of medicine which places its chief emphasis on the relationship between structural integrity and health. The body is endowed with the means of sustaining optimum health, but this may be impaired by mechanical defects. Gross defects usually come within the category of orthopaedic lesions, although the osteopathic lesion may in itself be very minor and difficult to detect. Frequently, such lesions are nothing more than loss of joint tolerance, which may give rise to joint pain and limitation of movement.

Although osteopathy is most often used for treating muscular or skeletal problems, it is also employed effectively for other disorders. It is well established that manipulation of the spine can alter neuro-endocrine and neuro-visceral activity and thus affect general health. Therefore a good osteopath will always regard the vascular system as being of prime importance and employ a fair amount of soft tissue manipulation.

Naturopathy, however, deals mainly with the life force. It recognises that this force may be stimulated by fasting, correct dieting, restoration of structural integrity, hydrotherapy and exercise.

More than a century ago, the American country doctor, Andrew T. Still, learned how closely these methods were related and of their influence on problems stemming from the spinal column. Having worked with patients for a long time, he realised that harmony could be re-established between muscles, nerves and other vital parts of the human body. By soft tissue manipulation and influencing the patient's lifestyle he even recorded successes with gall bladder problems and gallstones. As a result, this manual therapy aroused the interest of the academic world and, when it was shown on X-ray that disalignments could easily be corrected, osteopathy came into its own.

After the Second World War various tests proved that artificial osteopathic lesions could be induced by injecting a simple salt solution. A difference in breathing and heart rhythm was produced. A well-trained osteopath will soon realise when problems originate from the spine and, with gentle manipulation or palpation, will locate the area of trouble. After he has relaxed the muscles he will be able to bring about the right adjustment by simple pressure.

However, an osteopath or manipulative therapist requires in-depth knowledge of the skeleton. He must know how to interpret X-rays accurately and cannot afford to take any risks. He needs to work carefully, especially where osteopathic lesions are strains of body tissue.

When a joint is involved, the ligaments are primarily affected, so the term ligamentous articular strain applies. The ligaments of the joints are normally in a balanced tension and seldom, if ever, are they completely relaxed throughout the normal range of movements. The lesion is produced by overbalance of the reciprocal tension of those ligaments which have not been strained. This tends to lock