

Englische Version:

with a life-time prevalence up to 85% chronic low-back pain is one of the most frequent diseases in the western industrial nations.

It is defined as a pain in different regions of the back lasting for more than 12 weeks without any hint for a specific cause such as trauma, bulging disc, tumor or inflammation.

The terms „low-back pain“ and „back-pain“ are often used synonymously.

The dimension of the medical problem results from the increasing dysfunction of the affected persons. This leads to both a high use of public health care and pensions for inability to work. The resulting costs amount to 400-7000 € per patient per year.

For Germany this means yearly total costs of 50 thousand millions €.

Increasing chronification reduces the chances for a successful therapy. So it is important to identify patients with a risk for chonification early.

The following factors have a strong relation to chronification:

- clinical factors: former episodes of back pain
- psychological factors: depressive mood, maladaptive coping-strategies (such as fear-avoidance belief or holding-out strategies)
- work factors: discontent with working conditions, monotony of work, social conflicts or stress at work
- medical factors: insufficient communication and over-interpretation of diagnostic results (MRT; X-ray) by medical professionals

Considering all this we understand that „painlessness“ cannot be the only aim of therapy.

We rather have to improve the chronic ill person in different defined functional fields. By this a good life quality can be reached in spite of limitation.

Basis for this understanding is the „International Classification of Functioning, Disability

and Health“ (ICF), that has been published by the World Health Organization in 2001.

Out of that follow four dimensions of treatment:

- somatic: direct influence of function and structure of tissue
- functional: improvement of limited activities and participation
- psychosocial: Strengthening of personal coping strategies
- educative: development of an adequate health- and illness-behaviour

The patient has to take on an active role during the whole process.

This knowledge helped to develop the concept of a multimodal treatment for chronic back-pain patients. We will hear more about this in the following presentation.

Although the multimodal treatment is the standard in therapy for many years now, the prevalence of back-pain has not been reduced. Even experts of back-pain research (like the Germans Jan Hildebrandt and Michael Pfingsten) call it a „difficult disease“ and „difficult patients“.

Can homoeopathy contribute something useful to this situation?

If we look at the „Organon der Heilkunst“ we find a lot of ideas for the homoeopathic case management „chronic back-pain“.

§78 a true natural chronic disease will increase forever without specific remedy.

§§ 204, 205 all chronic diseases must be healed from inside

§§82-83 individual and complete anamnesis in every single case of chronic disease

§94 discover the circumstances of the chronic ill person that cause the illness and that keep it running

§208 the way of life and the circumstances, the disposition and way of thinking can support oder prevent the cure

§ 209 several talks are necessary to outline the complete anamnesis

§290 moderate massaging supports the reconvalescence of the chronic ill person by activating the principle of life to restore the tone of muscles with their blood- and lymph-vessels.,

§291 baths with pure water also support the reconvalescence of the chronic ill person. They bring pleasant physical changes without being a remedy themselves.

Case management chronic back-pain:

- as it is a chronic disease we need an individual and complete case report
- a detailed physical examination helps to identify the irritated structures
- we need a remedy that covers all the relevant symptoms and reaches the centre of the pathology
- pain-reduction is part of the reconvalescence but not the only aspect of the healing process

I now would like to present two summarized anamnesises to show how the centre of the case can be reached.

Case 1:

- 34 year old female patient suffering from lumbal back-pain for two years. First it was relapsing, later on permanent with sciatic-like pain-radiation into the left leg.
- Aggravation walking and lifting.
- Amelioration sitting.
- Severe dysmenorrhea since menarche at the age of 12.

As she asks for osteopathic treatment at first I take an osteopathic examination:

- Hypomobile functional disorder of the left sacro-iliacal joint and the left facet joints L4/5 und L5/S1
- High fascial tension of uterus and ovaries with their suspending ligaments producing a rotating influence to the pelvis.

Analysis:

It is a back-pain produced by blocking joints. These result from a changed fascial tension in the true pelvis due to long lasting menstrual problems.

Definition of the remedy with the totality of symptoms:

- headache before menstruation
- gastric spasm while menstruation
- thyroid disease
- sensitiveness to cold
- longing for her family
- fear of safety of her job

Remedy: Calcarea carbonica.

Important criterias for the development of the case:

back-pain

mensual cycle

headache

feeling of temperature

Case 2: 46 year old female patient

- permanent muscular tension in the back, increasing by inner tension
- Beginning: ten years ago with the first manifestation of an acute fear with muscle-tension and vision disorder
- trigger: six months earlier her son (4 years old at that time) had a fever convulsion attack („I feared he would die“), after that he developed a Rolando-epilepsy („that was hard to accept, always fear of a new attack“)
- Since then she has strong fear of cancer and dying of herself, the children or her husband
- 2015 first panic attack: after a long pause the son had another epileptic attack. The patient was shocked („it hit me unprepared“)

- „unexpected situations mean loss of control for me“
- in spite of her exhaustion she carries on, „I have to function“

Analysis:

- Dynamic of back-pain: tension of the muscles of the back when having fear
- loss of control: when a fear-producing situation hits her unprepared
- Umbelliferaeas: sudden unexpected violence or attack, accident or tragedy
- Cancer miasm: fear of cancer, to have to function, always keeping up the controll
- Conium: she cannot keep up the control in cases of unexpected attack

Important criterias for the development of the case:

back-pain, fear, exhaustion

Conclusions:

- Chronic back-pain is the tip of the iceberg of symptoms of a long lasting chronic process in an organism
- In homoeopathy we have both the understanding of the illness concept and the anamnesis technics we need to work out the whole chronification process
- Out of this we can develop an understanding of the centre of the pathology that lies underneath the back-pain problem
- Our differentiated knowledge of the remedies enables us to transfer the individual illness dynamic into a healing one.
- The aim of therapy has to be the regulation of the whole chronification process of the organism. This leads to painlessness
- Tissue-related therapies like osteopathy, physiotherapy or physical therapies support the healing process by releasing the mechanical aspects of back-pain.