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**LIA Lifestyle Instruction Aid**

**aa7. Carpal Tunnel**

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Email to a person interested in information on carpal tunnel syndrome.

Hello Nicole. Good to hear from you.

Carpal tunnel is fairly easy to diagnose. A nerve conduction study is quite conclusive. I assume the diagnosis has already been made and that is why you are calling it carpal tunnel. So lets assume the diagnosis is correct.

The Internet has lots on this condition so I will leave it up to you to pursue those leads. I will say this about it and I will try to be brief. My children make fun of me when I explain things to them because they don't think my explanations are brief. Be that as it is, I will try to cut the chafe out and just give the you important issues.

Carpal tunnel can have several causes and can be part of a double crush syndrome. The double crush means a component of pressure is in the neck and a component is in the wrist. In this double crush case, neck treatments can have some helping effect on the carpal tunnel problem in the wrist.

Another cause for carpal tunnel is overuse, possibly in combination with lower vitamin B6 intake. The treatment in this case would be to eliminate the overuse and to boost the vitamin B6.

Another cause is direct injury to the carpal tunnel area at the front of the wrist.

Manual traction on the wrist has shown to be of some help for some people. A chiropractor invented a pneumatic traction unit that he uses in his office with some claimed results. I do not have any particular information on the efficacy of this traction treatment.

I practice with a lot of nutritional concepts. One of the concepts that I have come to learn in some 33 years of practice is that some people are quite susceptible to certain foods. It appears that the genetics of some foods conflicts with the specific genetics of some people. It is hard to figure it all out even for the specialists.

I have come to realise that certain food groups appear to be creating a lot of the problems in a lot of people. My approach is to eliminate all of those food groups that some amount of research evidence points to, and that is essentially what the Pain Relief Diet is. My motto is When in Doubt, Leave it Out. I am talking, of course, about my doubt as a clinician. If I can't figure out

the conflicting research after having a Masters degree and some three decades of clinical experience, then I want you to leave that entire food family out of your diet for the time being.

I suspect that some foods cause a sort of swelling in the soft tissues and if a person has some type of mechanical compression, (bone out of place, or degeneration for instance), then the combination of the physical compression with a swelling from nutritional overload is too much for the body and numbness sets in. By eliminating the nutritional overload the injured area can improve. Of course, if there is a lot of damage, or the condition has gone on for a long time, then surgery may be necessary.

Surgery for carpal tunnel is not necessarily a bad thing. Sometimes it can be quite helpful. The need for surgery becomes a surgical opinion not a chiropractic one. My approach is to advise the patient to do all the other conservative things first, and then rely on surgery later.

I treat carpal tunnel patients with a combination of several options.

1. Spinal manipulations to the neck
2. Manipulations to the wrist. (Usually specialized training is required that most chiropractors do not have but, I happen to have because I took the three year Sports Injuries Fellowship course and am a certified member of the College of Chiropractic Sports Sciences).
3. Manipulations to the elbow, if needed. (Again specialised training necessary.)
4. Deep fibre the soft tissues around the elbow and in the neck. (Specialised training necessary.)
5. Nutritional modification. (The Pain Relief Diet) (Specialised training necessary. I have a Master of Science degree in Biology/Nutrition.)
6. Nutritional supplementation. (Specialised training necessary.)
7. Low power cold LASER/TENS acupoint therapy. (Specialised training necessary.)
8. Sometimes needle acupuncture. (Specialised training necessary and certification required which I also have.)
9. Lifestyle modification (Eliminate the overuse, correct postural problems etc.)
10. And for you Nicole, I would give home exercises to strengthen the extensor muscles of the back.

### **The Aging Look of Spines**

Your comment on the look of aging spines is interesting. One has to be very careful when saying your 26 year old spine looks like a 65 year old spine. It really does not look like that, but a certain area that may be degenerating may thin somewhat. Older peoples spinal discs also thin. So,

someone says that this thinning looks like an older spine. It's not really true because older spines have many other subtler changes that younger ones do not have even though the younger one has a similar amount of disc thinning. A statement like this can be just a marketing technique or something that a clinician can give to a patient to help clarify the situation. Do not take it to literally please. There is a very wide range for normal aging. And, age we all shall do.

You should keep in mind that chiropractors do NOT have evidence to claim that they can take a degenerated spine and bring it back to look like the younger one again. A chiropractor who claims this is making an unsubstantiated claim and you can quote me by name on that one.

Most people have some amount of degeneration at the C5, C6, C7 level. That is a highly stressed area. The mobile upper cervical vertebrae are fixed more firmly to the thoracic cage in this area and thus, discs take more physical stress and so degenerate earlier. Good posture can help you. Removing misalignments and spinal fixations can help. Just don't expect to see the degenerated thinned disc start to thicken up again. It won't happen. At least not with the techniques that we have today and the evidence on record so far. Make sure evidence comes from a peer reviewed, refereed journal not a magazine article.

Everyone's spinal discs end up with some level of nuclear dehydration. Dehydration means loss of fluid as in water, but also may include oils. That is one reason why people get shorter as they age. The term nuclear refers to the central gelatinous portion of the disc. The tougher outer fibrous regions of discs are called the annular region and are like layers of an onion. The things to do for this is to eat properly, exercise properly, and keep good posture. Slouching will lead to an aggravation of this type of degeneration.

The Lipoma/hemangioma should be checked out as a hemangioma can grow and cause weakness in the vertebral body. The hemangioma is a blood vessel problem within the bone. That is a medical condition and you should defer to the medical specialist for that opinion.

The diagnosis from the chiropractor of cervicothoracic dyskinesia and musculoligamentous strain is a legitimate and very common diagnosis. The chiropractor is making a functional diagnosis here. That is what he is treating, the function of the spine. Cervico means neck area, thoracic means spinal chest area and dyskinesia means altered function or abnormal function. Kinesia is an eloquent term that comes from Kinesiology, the study of the function of the human frame.

The chiropractor is legitimately dealing with your body for this condition, however, you should be expecting to get spinal manipulations. I would suggest that you insist on manual manipulation done by hand, not ones using hand held devices or ones that use table devices. Chiropractic means done by hand. Chiro = hand practic = done by. You should also expect to see improvement over a reasonably short period of time. Different chiropractors may argue over what that short period is, and how many treatments should be contained within that short time. My clinical experience is that by adding nutrition in an aggressive way (the Pain Relief Diet) it shortens up the treatment time quite a lot.

The stomach problem may very well correct itself when you go on a strict Pain Relief Diet. As you give me no information on that problem then I will leave it at that. Remember that the Pain Relief Diet is a very healthy diet that incorporates most of what good science is saying we should do to be healthy.

I will be posting this email to you on my web site. However, I will not be using your last name, just your first as shown in the top of this email. You have my permission to quote me and to even copy this email and take it to any chiropractor or medical specialist that you feel necessary. I do not say things that I will not back up, and take responsibility for, so feel free to use this information any way you think is helpful.

Carpal Tunnel Links

Some random Internet links.

Note:

OptimalHealthSecrets.com has not verified the accuracy or the validity of the information in these links. Please get licenced health care opinion before embarking on any health intervention.

### **Vitamin B6 and carpal tunnel syndrome**

Vitamin B6 was first recommended for carpal tunnel syndrome almost 30 years ago [21]. Several popular books still recommend taking 100 to 200 milligrams (mg) of vitamin B6 daily to treat carpal tunnel syndrome, even though scientific studies do not indicate it is effective. Anyone taking large doses of vitamin B6 supplements for carpal tunnel syndrome needs to be aware that the Institute of Medicine recently established an upper tolerable limit of 100 mg per day for adults [12]. There are documented cases in the literature of neuropathy caused by excessive vitamin B6 taken for treatment of carpal tunnel syndrome [22].

<http://www.jointpainremedy.com/>

<http://www.carpaldoctors.com/?gclid=CKbc5rrk94sCFR0CPwodES21bA>

<http://alternative-medicine-and-health.com/conditions/carpal.htm>

<http://www.healthbulletin.org/vitamins/vitamins13.htm>

<http://ods.od.nih.gov/factsheets/vitaminb6.asp>

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