

Why do I have carpal tunnel syndrome?



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THE PATIENT'S REPORT:

Before I introduce you a real case that could help us to really treat this syndrome, we have to remember what carpal tunnel is. It is a "canal", a passageway of carpal bones at the base of the hand, on which is set the transverse ligament of the carpus. This ligament is a fibrous band that forms the "roof" of the tunnel. This "tunnel" houses the median nerve, muscles and tendons, and the tendons of the flexor muscles of the fingers. In carpal tunnel syndrome (CTS) the carpal tunnel shrinks, causing the median nerve to be compressed. The result may be tingling, pain and weakness or numbness in the hand and fingers.

We would like to introduce the meaningful case of a patient that came to our medical practice some time ago.

Mrs. Loredana, 46 years old, a medical laboratory assistant, has suffered from tingling in her hands for over 12 years. She thought she could resist the pain, and that eventually it would "go away" by itself. Unfortunately, things didn't go the way she thought. In the recent years, her hands became more numb and weaker. In fact, she said to us: "I can't feel small things in my hand and I drop heavy objects a lot".

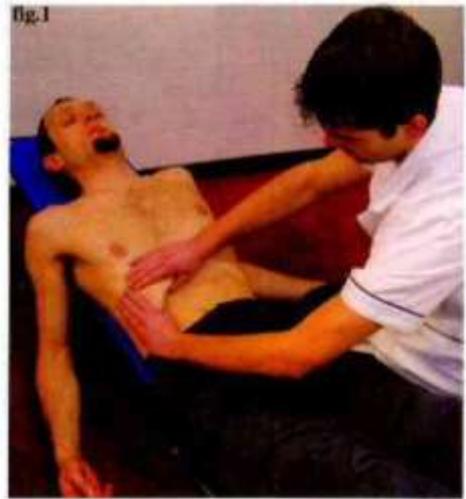
Finally, Mrs. Loredana sees a specialist, a neurosurgeon who diagnoses a carpal tunnel syndrome, explaining that: "in certain cases, surgery is recommended to prevent the situation from worsening".

However, for various reasons (family issues, work problems, uneasiness), she doesn't want to proceed with the surgery if it is not necessary, and she hopes to find another solution. So, the patient begins to think about her disease and the first symptoms she noticed.

Being an attentive person, she recalls a very important fact: in 1992, she had a motorcar accident and she suffered from a head and neck injury. For some months she experienced frequent neck pain. Then she began feeling a tingling in her hands. Moreover, after the accident, she suffered from frequent migraines and dizziness. For the next two years, these symptoms became stronger and eventually disappeared, when the tingling in her hands began.

Struck by the chain of events, Mrs. Loredana asked us if these symptoms might have been related. "How is it possible that a neck ache can lead to a sensation in my hands?"

We explained to her that it is indeed possible, and that carpal tunnel syndrome is often a result of a general “neck problem”. This is not an exceptional fact at all, but a consequence of “muscular chains”, muscles linked between them like the rings of a chain. These muscles work as telephone wires: they send messages from one end to the other. That’s the reason why two interlocutors that seem very far from one another (in our case, the neck and the hands) are actually closer than we might think. Information is sent from one to the other.



Following the usual procedure, we collect the patient’s report

and proceed with a posture analysis. The patient (who should undress to his/her underwear) is examined in front of a plumb bob. The medical examination tests spinal curvatures, pelvis alignment and shoulder alignment. Your GP will test if there is any frontal deviation, if knees are straight and at the same height, if toes are stretched on the ground and if there is a bunion. He/she will observe if eyes can converge in a regular way (like they should) and if the temporomandibular joint is regular, so it doesn’t make any clicking sound or noise when it locks.

All of these elements, added to those collected in the medical history, give a general idea of the patient’s situation and allow us to decide which treatment is the best in order to align the body, to improve the situation and resolve the complications.

Mrs. Loredana’s posture analysis shows:

- swollen feet
- right shoulder higher than the left one
- an inversion of the lumbar lordosis
- thoracic breathing
- a hump at the bottom of the neck (called “buffalo hump”) over C7, D1 and D2
- a block in the lumbar region

X-rays (February, 2002) reveal a loss of cervical lordosis and show symptoms of arthrosis, with a reduced space between cervical vertebrae (C5-C6). The treatment should be focused on the cervical spine, the breathing, and the recovery of the spinal region with a rebalance of the shoulder articulation.

The treatment will be performed with Pancafit®, a tool for the rebalance of the whole body posture.



While I treat the left region of the diaphragm (the most important muscle of the respiratory system, set at the bottom of the rib cage, fig. 1), Loredana perceives a relief of burden on her left shoulder. I proceed with a myotensive technique on the cervical region and the patient feels even more relieved. At the end of

the first session, the hand tingling sensation is reduced by 30%.

After a week, Loredana comes back for her second session. She tells me that after the treatment, the stomach pain she felt so often has gone away. I proceed with the same treatment on the diaphragm and we notice a connection with the pain in the lumbar region.

From the seated position on Pancafit® I suggest she perform the arm stretch exercise, consisting in rolling away two little balls with the palm of the hand. While she performs it, the pain runs up to her neck.

When she comes back for her third session, Loredana tells me that after the shoulder stretch exercise, the pain on her left arm is almost gone, but she still feels a little tingling in her hand.

During this session, the patient breaks down and cries, telling me that she are reliving the moment of childbirth, when she felt that her doctor didn't get her feelings. Then, she talks about her mother who doesn't get her needs and finally she tells me about the conflict with her sister, who is prettier than her. After the outburst, Loredana feels free and more relaxed. In the next sessions, we proceed with the treatment on her shoulders, combined with stretching exercises of the arm using Pancafit® (fig. 2) and exercises of the vertebral column in posture.

After nine sessions, the tingling sensation, the migraines and the paresthesia are just a bad memory. After two months, I see the patient again for a medical check, and the symptoms are almost forgotten. My experience of 20 years in treating patients allows me to state that this disease can be treated successfully, if caught in time, through a postural rebalancing, often obtaining a complete recovery of the functionalities and the disappearance of the symptoms.

For more information on the Raggi Method®- Pancafit® please address to Posturalmed S.A.

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