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Multiple Sclerosis

Multiple Sclerosis is that chronic and debilitating disease of young adults, that attacks the fatty myelin sheaths around the axons of the brain and spine, that leads to a scarring in a class of disorders known as autoimmune disorder or connective tissue disease (CTD). MS was first described in 1868 by a French neurologist and professor of anatomical pathology, Jean-Martin Charcot. This condition has three characteristic symptoms of scanning speech, double vision, and intention tremors known as Charcot Triad.

There are various neurological symptoms that accompany this disorder such as mentioned in Charcot Triad. Other symptoms such as muscle weakness, muscle spasms, changes in sensation, difficulties in coordination and balance (ataxia); problems in speech (dysarthria) or swallowing (dysphagia), optic neuritis, fatigue, acute or chronic pain and bladder and bowel difficulties. MS being a progressive neurological disorder will effect not only the physical but also the cognitive ability of the individual, however the life expectancy is nearly the same as unaffected population.

In 1996 the MS Society defined four subtypes of this disorder as, 1.) Relapsing remitting, 2.) Secondary progressive, 3.) Primary progressive, and 4.) Progressive relapsing.

Type #1 relapsing and remitting has unpredictable relapses and period relative quiet that can last month or years with no new signs of the disease. This describes the initial onset and course of 85 to 90 percent of patients with MS. Type #2 secondary progressive known as galloping MS, which will develop in Type #1 group about 65% over time. This represents about 19 years form onset. Type #3 or primary progressive is 10 to 15 percent of all individuals with MS who never have remission after the onsets. This type occurs in older group above age 40. Type #4 is the least common type, which have a steady neurologic decline but have superimposed attacks on top of the condition.

It is important to know there are no known cures for MS available be they medical, chiropractic, osteopathic, homeopathic, acupuncture, or nutritionally. But that doesn't mean that any of the aforementioned treatment methods cannot improve the overall health and wellbeing of the MS patient. What serves the MS patients best is the use of multiple health care system in a complementary program to have the best outcome.

Causes of MS are likely to be some combination of genetic, infectious, environmental and a brand new discovery just reported in The New York Times article on 6/28/10, titled "From MS Patients, Outcry for Unproved Treatment", by Denise Grady. This article describes the research and observations of Dr. Paolo Zamboni, an Italian vascular surgeon that corrects Chronic Cerebrospinal Venous Insufficiency or (CCSVI) in MS.

(Over)

Dr. Zamboni had been studying vein disorders and treating them for the past 25 years. He became interested in multiple sclerosis in 1995 and began studying the medical literature that reported vein abnormalities and of brain lesions forming around veins. He began using ultrasound and other imaging techniques and he discovered a narrowing in the neck and chest in people with MS, but not in healthy ones. He theorized and then found an abnormal blood flow and pressure in the vein particularly the internal jugular. Since the fluid around the brain known as (CSF) protects and drains away from this organ. This could cause a small leakage of blood and might lead to inflammation seen in MS.

In 2006 he started treating patients, including his wife, with catheterization and balloon angioplasty. After this procedure these patients' symptoms went away and have not returned, which included his wife's. This information was reported in Dec. 2009 in The Journal of Vascular Surgery and there is a study being conducted at the University of Buffalo but findings have not been published yet. This looks very promising if it proves to be correct.

Chiropractic and Applied Kinesiology are very important treatments for the MS patient, because they both have a direct effect on the nervous system. The spinal adjustments improve the blood flow and improve the return of cerebral spinal fluid (CSF). The specialized cranial techniques used in AK influence the CSF production the movement and reabsorption, which can help stabilize the MS patients' symptoms and slow the progressive of this disease. Specialized cranial technique known as Jugular Foramen Technique (JFT) help the venous return in the jugular veins.

Nutrition plays a very important role in reducing inflammatory process and this includes omega-3 fish oils and omega-6 olive oils this also supplies the building block to possibly restore the myelin sheath. Other specific anti-inflammatory we carry in the office are bromelain, and antioxidants such as Standard Process and Moss Nutrition vitamins C, D, E and special nerve tissues like Neurotrophin PMG and RNA to stabilize the MS.

If any of your family or friends have MS and want more information on my services or want more information of the "liberation procedure", feel free to call our office or go to my web site.