

## TREATMENT

## Alternative and allopathic approaches to the treatment of OSTEOARTHRITIS

# Using the Alexander technique to combat osteoarthritis

**S**USAN'S garden overflows with fruit and vegetables, herbs and flowers, and boasts a particularly brilliant spot which she lovingly calls her secret garden. But only three years ago Susan wondered whether she would have to give up her pride and joy and move into a flat. Her husband had to practically carry her inside after just 20 minutes' gardening because she had such terrible back pain.

The doctor's diagnosis of osteoarthritis — old age in the joints — didn't auger well for a happy retirement. She tried one therapy after another until she found the Alexander technique which has given her a new lease of life. As well as helping her back, Susan feels that the Alexander technique has helped her headaches and she even believes it has speeded her recovery from glandular fever.

Susan has suffered bursts of acute pain in the sacroiliac area for the past 25 years (since she was 40), but it was only when she retired six years ago that the pain started to become really bad. She dosed herself up with aspirin, her husband rubbed her back, and she was forced to rest, but nothing really helped.

Susan tried osteopathy, but found the osteopath too rough and she was frightened by the clicking noises her back made. She also tried massage, which helped, but wasn't the answer since the pain always came back. Susan recalls: 'It was definitely a palliative, but he kept saying I had to let go, and I couldn't. I didn't know how even though I wanted to.'

After the very first lesson with Alexander technique teacher Tessa Goldhawk, Susan experienced less pain and felt she was on the right track.

Looking back on the first lesson, Tessa remembers Susan walking with a stick. 'I think she had begun to believe what she had been told, that her condition was part of growing older. But she really didn't want to give up and I remember how pleased she was when she announced she was going to Paris, walking round the art galleries, which was something she never imagined she would do again. I really enjoyed working with her because she was so determined to do something for herself.'

Susan was a speech therapist who specialised in helping children with cerebral palsy using conductive education — which she learned at the special institute in Hungary. She was an expert in her field and had a sophisticated grasp of how the body worked, but ironically this was a hindrance rather than a help. Tessa explains: 'It's often easier to teach a farmer or a builder, people who

Continuing our new series in which the treatment of a particular condition affecting a particular patient is looked at objectively from both the alternative and orthodox perspective — and the patient comments. This month writer and practitioner EILEEN HERZBERG examines the case of Susan, crippled by osteoarthritis, who has been helped by the Alexander technique.



experience their bodies rather than try to intellectualise what's happening.'

At first, Susan found the lessons difficult. 'I had to shut up and let things happen, instead of trying to find out exactly what I was supposed to be doing. It took a fair amount of humility, but I started to let things happen and then it began to work. At first it was slow and it took a tremendous amount of sticking power and motivation.'

Because Susan had a background in conductive education, she found the principles behind the Alexander technique rea-

sonably easy to understand. 'The client is the active participant, the other is the conductor, guiding you as you are searching. Tessa helped me discover what I had been doing with my body all those years that had landed me in this state.'

neck and shoulders free, the less pain she suffered. Tessa says: 'You can see the spine as a pile of building blocks; having so much tension at the top of the blocks, squashed the spine downwards, so there was an enormous amount of pressure in the moving joints at the bottom of her spine. By releasing the top of the spine the moving joints at the bottom of the spine had room again and the pain went.'

Physically, what happens in an Alexander lesson is that the teacher puts her hand on the student's neck and back and the good use of the teacher's body is passed on through her hands to the student. The teacher is working on the relationship between muscles and bones and, with the use of her hands, teaches the student to move with the least possible stress and effort.

Both Susan and Tessa (and doubtless many other Alexander fans) feel that the technique should be taught in schools so that children learn good habits rather than bad ones. Says Tessa: 'Children are naturally free and use their bodies well, but schools encourage children to hunch over their desks and screw up their faces to look as if they are concentrating. Teachers tend to put their attention on what is being written rather than how it is being written.'

At first Susan saw the Alexander technique as a form of relaxation, but she now realises that it's very different from conventional forms of relaxation. Most books that tell you to relax teach you how to go flaccid and to ignore the parts of the body that can't unwind. The Alexander technique takes relaxation into movement. It's easy to just lie on the floor and relax, but it's not much good if you get up and lose the lot.'

**‘She had begun to believe what she'd been told, that her condition was part of growing old’**

In fact, Susan now finds the Alexander technique has released her from so much tension that it has helped her headaches which are now less frequent and severe. When she does get a headache she uses the Alexander technique to get rid of it and in the

The more Susan learned to keep her

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last 18 months she's rarely had to resort to taking aspirin.

Susan's excitement about the Alexander technique is as much to do with learning to help herself as the technique itself. She says: 'It made sense to me. Here was something I could learn to do for myself. At first I didn't know what I was doing, but I knew deep down that I would learn. Sometimes progress stopped, but I knew that you sometimes get these plateaux in a healing/learning situation. It's education rather than passive treatment, breaking down old habits and building up new ones.'

The Alexander technique is based on physical changes and many teachers concentrate on the physical side alone. But Susan wanted more than this, she wanted to explore the emotional side of her life and she feels fortunate in having found Tessa since she trained in counselling and therapy skills as well as the technique. Susan says: 'I went through a long period of almost psychotherapy where I learned a lot about myself. It was important for me to find out the reasons behind the tensions in my body.'

For all sorts of reasons, Susan was sent to boarding school when she was only five, which resulted in a lot of emotional upheaval. She says: 'I reacted to that with sheer horror, but I made up my mind to be a good girl and please everyone. I behaved the way

people expected me to behave. On the outside I was tough as old boots, on the inside I was soft as anything, and this makes for quite a lot of tension. I coped wonderfully, but it made my body tense. You could see it in my posture. For an awful long time

**‘I wept for the person I would have been if I hadn't been so busy pleasing everyone else’**

during sessions and between sessions I wept for myself. I wept for the sort of person I would have been if I wasn't so busy pleasing everyone else.'

As Susan's back became straighter, so she became clearer about her own needs and she explains: 'You don't change your spots

completely, but you understand more and now I find it easier to say no.'

Susan is fortunate in her GP, Dr Mark Sullivan, since he practises homoeopathy and has good relationships with local alternative health practitioners. In fact, it was Susan's osteopath who first suggested she go to Dr Mark Sullivan in 1984 and it was her osteopath who asked for X-rays to be taken. At the time, although she was in considerable pain, the X-rays showed only minor osteoarthritic changes in the hips. Dr Sullivan was concerned that she might have had sacroiliitis which is a more serious form of arthritis. Fortunately, her sacroiliac joints were clear.

Dr Sullivan respected Susan's wish to take care of her own back and hasn't offered her anything, but he treats her homoeopathically for other ailments. As a busy GP he has been impressed by how effective homoeopathy is at dealing with all sorts of problems and he has even started a special half-day clinic which he devotes to finding the constitutional remedies for patients. He says: 'Homoeopathy is ideal in general practice because you get the chance to treat problems while they are still acute, whereas many homoeopaths only get to see difficult, chronic problems.'

Dr Sullivan treated Susan's glandular fever with the homoeopathic remedy Carcinocin which, he says, is almost

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specific for postviral lack of energy, just as Arnica is specific for bruises. He also gave her a repeat dose of her constitutional remedy *Lycopodium*. One of Dr Sullivan's reasons for selecting *Lycopodium* is that Susan has a very highly developed sense of professionalism and responsibility. She was an expert in her field, an excellent public speaker, yet she suffered dreadful apprehension before a talk. Dr Sullivan explains: 'She was in a typical *Lycopodium* pattern, excellent in what she did, yet she felt a big sense of professional inadequacy.'

Dr Sullivan feels that giving her the correct constitutional remedy gave her extra energy after a debilitating illness and Susan is also sure it helped her get back on her feet again — although she believes that the Alexander technique also helped. She says: 'When I did an Alexander session I had more energy than if I just ignored the exhaustion. One of the most important things I've noticed is that the Alexander technique gives me much more energy.'

Tessa explains: 'If the body isn't struggling to stay in an awkward position it releases energy.'

Dr Sullivan admits that he knows very little about the Alexander technique, but he supports Susan in finding alternative ways of helping herself. He says: 'She's very bright, most of the time she just requires information and pointing in the right direction.'

Susan is equally appreciative of her doctor and says: 'I'm not an easy patient. I tend to be apologetic about being ill and don't like to talk about it, which must make it difficult to for him to find the right homeopathic remedy. Dr Sullivan is excellent, he listens and treats you like a human being.'

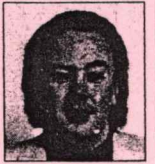
While Susan says that finding Tessa was 'a godsend', Susan herself should get some of the credit for freeing herself from back pain. She's learned her lessons well and is now extremely flexible and loose, but she also looks after herself. She uses the technique regularly, particularly in damp weather, and she tries not to do too much gardening — although her garden bears witness to the many hours she devotes to its care and upkeep. Susan says: 'I now realise when I'm in danger of overdoing it and I've disciplined myself to stop before I damage myself. But I'm very active and keep myself in good trim.'

*Susan is not the real name of the patient who prefers to remain anonymous.*

*Eileen Herzberg is a freelance journalist author and masseuse. She wrote 'A Patient's Guide to Spiritual Healing' (Thorsons, 1988), and contributed to Thorsons 'Guide to Alternative Living' (1986) and the 'Reader's Digest Guide to Alternative Medicine' (due in 1991). She helped to start the Penzance Natural Health Centre, the Truro Natural Health Centre and created the Cornwall Natural Health Directory. She lives in Cornwall and is currently researching and writing a book on waterbirths.*

## BASIC CLINICAL MEDICINE

To accompany each case history, we are presenting a series of short articles outlining the orthodox view of the conditions described. Written especially by DR NIC ROWLEY, author of 'Orthodox Clinical Science', their purpose is to facilitate better communication between alternative practitioners and their allopathic colleagues, and in the belief that it is vital that all practitioners should be able to recognise when a common condition becomes an emergency...



## Introduction

Osteoarthritis (OA) is a very common degenerative disorder of joints and some evidence of osteoarthritic change can be found in the joints of nearly everyone over the age of 60. About 10 per cent of the population of Great Britain (women more than men) have problems related to OA. Old age, previous joint injury, joint deformity, previous inflammatory joint disease, occupations that put strain on the joints and obesity all seem to predispose the joint to degeneration, and OA is one of the major causes of absence from work in Britain today.

## Background

Osteoarthritis is something of a misnomer since the process is the result of wear and tear rather than inflammation (hence the more up to date label 'osteoarthrosis').

Wear and tear induces progressive changes in the bio-chemistry of joint cartilage which results in a loss of cartilage volume. At the same time the bone edges become lumpy (the lumps are referred to as osteophytes), the bone ends become thickened with occasional underlying cysts and the joint capsules become fibrotic.

## Clinical features

Not surprisingly, these changes result in pain, stiffness, deformity and loss of movement in affected joints. Joint stiffness first thing in the morning tends to wear off quite quickly (usually within 15 minutes or so) but the more an OA joint

is used, the worse the pain becomes and thus a person afflicted with OA in the hips or knees may be extremely disabled. (Hips and knees are particularly common sites since they bear the brunt of the strain of adopting an upright posture.)

Joint involvement tends to be asymmetrical, and ankles, wrist joints, carpometacarpal joints of the thumbs and distal interphalangeal joints of the fingers may also be involved. OA of the finger joints is often associated with nodular swellings known as Heberden's and Bouchard's nodes. Heberden's nodes are seen on the back of the bases of the distal phalanges, whilst Bouchard's nodes occur at the base of the middle phalanges.

OA sufferers often complain that their symptoms are sensitive to changes in the weather (dampness, in particular, seems to exacerbate the pain and stiffness).

## Treatment

The orthodox non-surgical approach to osteoarthrosis involves the use of non-steroidal anti-inflammatory drugs and simple painkillers, combined with physiotherapy and common sense advice about weight loss and exercise. The object is to preserve mobility. Severe pain, deformity or immobility usually require orthopaedic surgery, and a variety of joint fusing and joint remodelling procedures are available. Remodelling of hip joints in particular has reached a high level of sophistication and many thousands of OA patients owe their mobility to this form of management.

It is interesting to compare the main features of osteo and rheumatoid arthritis:

	Osteoarthritis (OA)	Rheumatoid Arthritis (RA)
Nature	Degenerative	Inflammatory
Age Group	50-plus	20-55
Sex	F>M	F>M
Joints	Hips, knees, distal fingers thumbs.	Wrists, MCP proximal fingers large joints.
Symptoms	No systemic disturbance, morning stiffness wears off quickly	Unwell, fever, weight loss, anaemia, morning stiffness wears off slowly.

Nic Rowley, MA, MRCS, LRCP, MBAC, trained as an orthodox doctor at Cambridge and in London and has also studied Chinese Medicine at the British College of Acupuncture. He is a lecturer in orthodox clinical science at the International College of Oriental Medicine, the School of Herbal Medicine and the European School of Osteopathy. He practises in West Sussex and is the author of 'Orthodox Clinical Science: Describing a Rose with a Ruler' (JAGM's 'Book of the Month' in February) published by the School of Herbal Medicine, Bucksteep Manor, Hailsham, East Sussex BN27 4RJ (0323 833812).