

Tibetan Vertebral Praxis Method on Lumbosacral Spine Benefits Functional Parameters on Patients with Knee Arthropathy Compared to Conventional Physiotherapy Localized Treatment

Ruben Alberto Pistacchia

Kinesiólogo fisiatra, Matrícula Nacional 3476, Matricula Provincial 821 Republic, Argentina

Introduction

For thousands of years it has been affirmed and confirmed that the reflex pathways emerging from the spinal nerve roots, are closely related to the proper functioning of the entire body and especially the locomotive system. Starting with Hippocrates, Father of Medicine, who urged us to "*look at the spine as the cause of all diseases*", Tibetan doctors such as Yhom Thanm Mnegon Po and Danasla and ending with Still, Caillet, Jun-Ming Zhang and Hiroaki Sameda in our days; we find a vast and rich scientific material that supports this thesis.

In Tibet, a manual therapy, not aggressive technique is specially developed, giving answers to most of the unknowns, its name is the vertebral praxis.

For this reason, we have summarised this work, which comes from the thesis called "Influence of treatment with lumbo-sacral vertebral praxis on primary degenerative arthropathy of the knee" where the results have been highly satisfactory.

Objective

The objective is to discover why passive lumbo-sacral vertebral praxis used in patients with primary degenerative knee arthropathy from the exit of the conjunction holes is more effective than those that apply only physio-kinesiotherapy to the affected joint.

Material and Method

The design belongs to a controlled clinical trial with a historical control group to evaluate the therapeutic effects in the treatment of primary degenerative arthropathy of the knee. It is an experimental, retrospective, longitudinal and analytical study.

Patients suffering secondary arthropathy, were excluded in both groups and those who had not stopped taking anti-inflammatory medication in the Treatment Group.

Treatment group with vertebral praxis in lumbosacral spine: 101 patients.

This population, were attended with one monthly session in a period of four months.

Control group treated with conventional physiotherapy in a localized manner: 71 patients.

This population, were attended with two weekly sessions, which totalized forty days.

Patients were informed that their details would be involved in a clinical research protocol, signing and consenting to the use of the results obtained.

Variables parameters: Arch of movement achieved in ventral decubitus for knee flexion, Painful topography by areas of extension according to pre-established tables. Normal walk (number of meters walked daily).

Resources:

An examination table and a Smith & Nephew A 441 metal goniometer, 15 cm long, were used on both groups.

Results:

Both groups improved all variables parameter after completing the treatments; but there was a very significantly difference in improvement on the treatment group for all variables studied.

The distance in meters walked daily were significantly increased in the treatment group (700 (0 - 4000); 1200 (0 - 6000), $p < 0.01$).

In movement variable range, the treatment group also obtained a significantly increase on improvement, than the control group ($90.45^\circ + 22.17^\circ$; $107.8^\circ + 21.83^\circ$, $p < 0.01$).

In the pain variable, the treatment group obtained an increase significantly of improvement, because a 48.2% of the group ended up without it, while in the control group only 18.8% reached that goal.

Discussion:

While some authors such as Val's , Machines , Maccagno, Xhardex among others tend to believe that physio-kinesiotherapy treatments in the joint to be treated produce improvement of pain, inflammation and functional impotence, a more integrative current gives credit to manual therapies, as stated in the introduction. The manual therapy reaffirms with better results on their works, in the relation of the local blood supply and the axoplasmic transport with the conductivity of the nerve from its exit by the vertebral neuroformations.

Extended Abstract

Conclusion:

Based on the research in the theoretical framework, the results of “*DISCUSSION*” and the results of the treatment in the T group with vertebral practice. We can affirm that the reflex pathways that emerge from the nerve roots of the conjunction holes located between the vertebrae L2, L3, L4, L5 and S1, are closely related to the proper functioning of the femoral-tibial joint.

Degenerative arthropathy of the joints corresponding to the lumbosacral area produces an ostensible decrease in the microcirculation of the emerging root.

The percentages in all the variables show a highly effective result of the treatment with vertebral praxis in comparison to the one carried out with physio-kinesiotherapy with a smaller number of sessions and more conformity of the patient. This new therapeutic approach still leaves open a vast field of research regarding the origins and causes of these diseases that will give rise to future investigations.

Reference:

1. Campos J M , Coelho G D La medicina rescatada. Ed.Errepar 1° Edición (Bs As) 1996 Le Corrè F, Rageot E, Manual de manipulaciones vertebrales. Ed. Masson,s.a.1°
2. Hiroaki Sameda, MD SPINE Neuronas sensitivas primarias con axones dicotomizados.
3. Valls Jorge Ortopedia y traumatología, 5ª edicion ed. El Ateneo 1992 pag 282
4. Karason, A; Drysdale, I Jorurnal of manipulative and physiological therapeutic
5. Michans. J Patología quirúrgica tomo 2 Ed. El Ateneo 3ª edición 1994
6. Francois R. Tratado de Osteopatía Ed Mandala 2ª edición 1994
7. Anderson R. Spinal manipulation before chiropractic. In Haldeman S (ed
8. Suseki kaoru, Revista Spine 1997; 22: 477-485