# The Complementary Treatment of Diseases of the Spinal Column

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## Introduction

*Discus compositum is a drug for the treatment of neuralgic-rheumatic diseases of the spinal column, with which good therapeutic experience has been achieved over many years.*

*Kramer [1] for example, reports on the use over several years of this homeopathic combination drug for acute and chronic symptoms of the spinal column or neuralgiae. In acute cases with a very marked pain characteristic, the combination of the drug with a procaine preparation proved highly successful. Kramer also reported that, in his experience, Discus compositum has a beneficial effect for the duration of treatment.*

*We used this homeopathic combination drug in the Orthopedic Outpatients' department at the Free University of Berlin and took care to record its therapeutic effectiveness related to the treatment of spinal dieases. The patients selected for the trial were those showing contraindications in respect of conventional antirheumatic drugs etc. and those who experienced no improvement after having taken these drugs. Besides being treated with the above drugs, the patients were also prescribed additional physiotherapeutic measures such as thermotherapy, balneotherapy and physiotherapy.*

## Methods

The treatment results of a total of 43 patients were recorded during a period of 3 months. A standard registration form was used for this purpose.

Prior to treatment and after 4 and 8 injections with the Discus compositum ampules, the parameters indicated in Table 1 were recorded. The injections were administered intragluteally roughly every 2 days.

- Schober's sign lumbar
- Schober's sign thoracic
- Lasègue right
- Lasègue left
- Finger-to-floor distance
- Pain at rest
- Pain at night
- Movement pain
- Warming-up/initial pain
- Pain when exercising
- Bending pain
- Pain when lying down
- Standing pain
- Sitting pain
- Functional stages of the disorder

*Table 1: Symptoms included in the questionnaire.*

The tolerance was also tested and the success of the treatment evaluated by the doctor and patient.

A point system was used to evaluate the pain ( 0 = no pain, 1 = slight pain, 2 = moderate pain, 3 = severe pain).

Of the total of 43 patients, 38 suffered from spondylosis or spondylarthrosis, 4 patients from scoliosis and 1 patient from Bechterew's disease.

Of the 38 patients with spondylosis or spondylarthrosis, 17 patients had pure spondylosis or spondylarthrosis.

11 patients had spondylosis/spondylarthrosis with pseudoradicular syndrome and/or arthrosis of the sacroiliac joint.

10 patients also had scoliosis or osteoporosis in addition to their spondylosis/spondylarthrosis. In three cases there was a post-nucleotomic condition present.

## Patients

43 patients whose ages ranged from 24 to 80 years (average age 54.2 years) were included in the survey. Figures 1, 2 and 3 show the patient distribution by age, height and weight.

## Results

Schober's sign was measured in the lumbar and thoracic region. In the lumbar region, a 10 cm line was marked from L5 towards the cranium, in order to measure the increased distance following maximum bending. Generally speaking, in a healthy spinal column, the stretching along this line is from 3 to 5 cm. The thoracic Schober dimension was determined along a 30 cm line running caudally from C7 along the spinal column. When freely stretching the thoracic spine, 3 to 6 cm more are measured at maximum ventral flexion.

For a thoracic mean value, a change from 3.5 cm before treatment to 3.7 cm after treatment was observed. This is a negligible difference which can be explained by the fact that only few patients with diseases of the thoracic spine and cervical spine were examined. The lumbar mean value changed from 4.4 cm before treatment to 4.8 cm after treatment. The shift in the median from 4 cm to 5 cm clearly shows that there has been a shift in the data reference point (see Fig. 4).

No changes were observed with respect to Lasegue's sign, as was expected because there were no patients suffering from ischia syndrome.

As can be seen from Fig. 5, there was a continuous reduction in finger-to-floor distance.

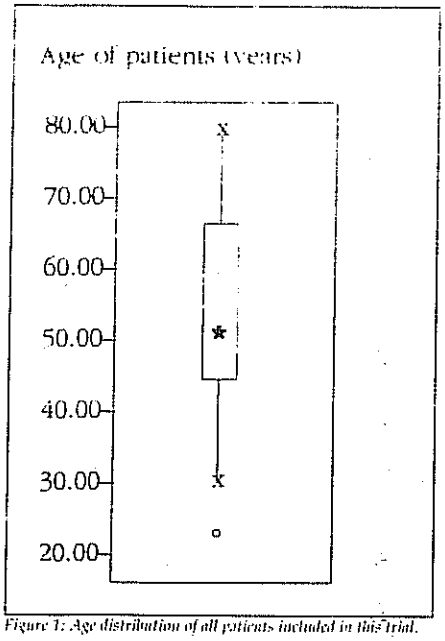


*Figure 1: Age distribution of all patients included in this trial.*

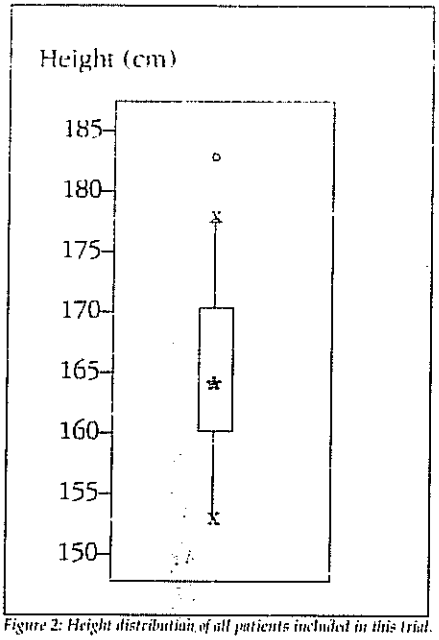


*Figure 2: Height distribution of all patients included in this trial.*

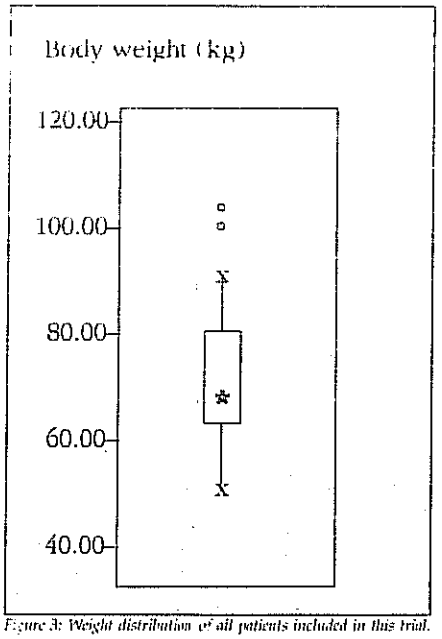


*Figure 3: Weight distribution of all patients included in this trial.*

*Moderate. 50% of the measuring values are within the box. Approximately 25% of the measuring values lie above and below the box. 0=extreme values.

Table 2 lists the changes in the mean pain values in each case. A clear reduction in the pain parameters was observed.

From Table 3, the number of patients can be seen with their different pain intensities, after 4 and 8 injections. What can be seen for all types of pain is that the number of patients who had no pain increased during the course of treatment while the number of patients with mild, moderate and severe pain changed accordingly. For example, at the start of treatment 18 patients had severe pain when the spinal column was subjected to load, whereas during the course of treatment, the number of these patients dropped from 10 (after 4 injections) to 7 (after 8 injections). A similar phenomenon was observed in the case of bending pain. At the start of treatment, 9 patients had severe pain, but by the end, there were only 3.

As a result of the frequently persistent pain in the case of diseases of the spinal column, the patient is sometimes severely restricted in carrying out various activities. Likewise joint instability and defective joint positions could also lead to different forms of functional ability.

The patient's ability to carry out his usual daily work is documented in Table 4.

Table 4 shows the changes in functional state during the course of treatment for all patients. Prior to the commencement of treatment, 10 patients were fully functional; 15 were fully functional after 8 injections. At the start of treatment, 15 had adequate functional ability and at the end this number was 17. At the start of treatment, 17 had restricted functional ability and at the end of treatment this had dropped to only 10. The condition of the patient with absolutely no functional ability could not be improved. However, in this case, (spondylosis with severe osteoporosis), previous treatment with NSAID had also failed.

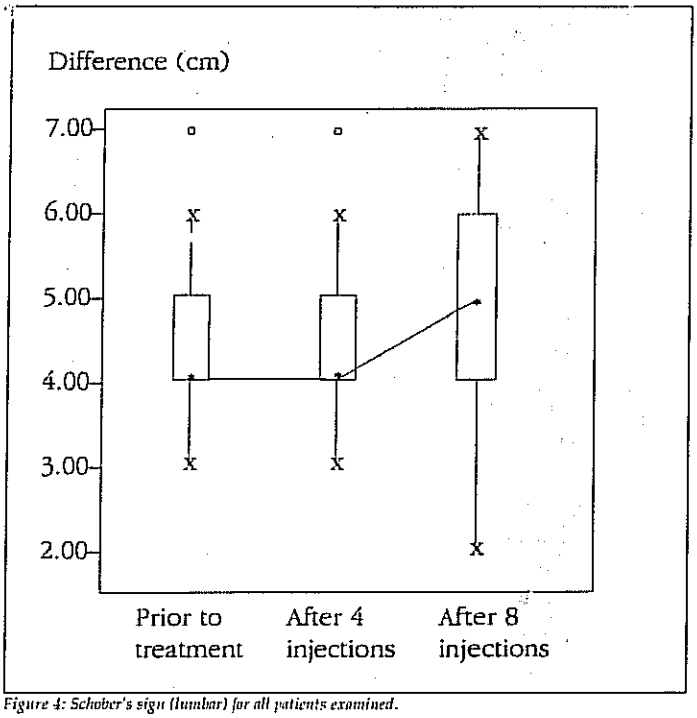


*Figure 4: Schober's sign (lumbar) for all patients examined.*

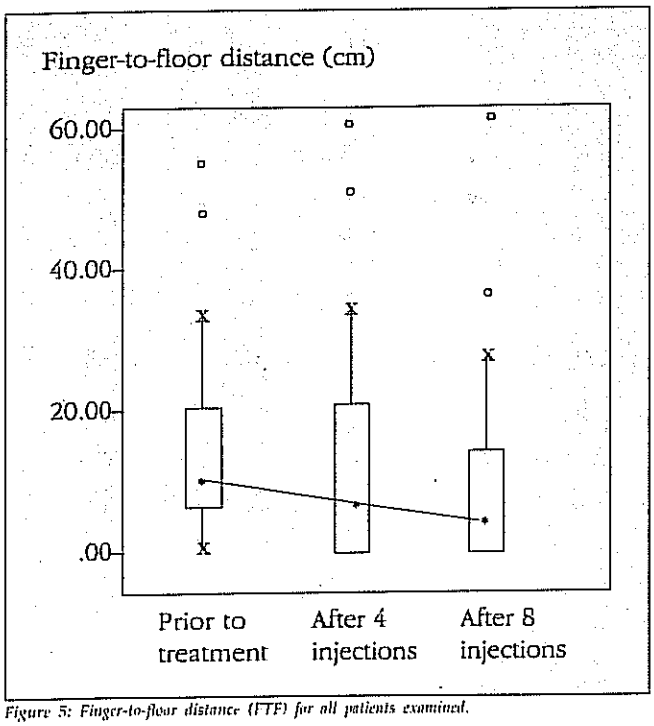


*Figure 5: Finger-to-floor distance (FTF) for all patients examined.*

| | Prior to treatment | After 4 injections | After 8 injections |
|---|---|---|---|
| Pain at rest | 0.7 | 0.7 | 0.6 |
| Night pain | 1.1 | 0.9 | 0.6 |
| Movement pain | 1.4 | 1.4 | 1.1 |
| Warming-up/initial pain | 1.8 | 1.7 | 1.2 |
| Pain when exercising | 2.4 | 2.1 | 1.8 |
| Bending pain | 1.9 | 1.7 | 1.3 |
| Lying pain | 0.7 | 0.7 | 0.4 |
| Standing pain | 1.2 | 1.1 | 0.8 |
| Sitting pain | 1.0 | 0.9 | 0.7 |

*Table 2: Mean of the pain scores for all patients examined.*

| Type of pain | Intensity of pain | Prior to treatment | After 4 injections | After 8 injections |
|---|---|---|---|---|
| Pain at rest | zero | 12 | 13 | 20 |
| | slight | 30 | 28 | 21 |
| | moderate | 1 | 2 | 2 |
| | strong | - | - | - |
| Night pain | zero | 15 | 15 | 21 |
| | slight | 12 | 17 | 20 |
| | moderate | 13 | 11 | 2 |
| | strong | 3 | - | - |
| Movement pain | zero | 5 | 5 | 7 |
| | slight | 19 | 19 | 24 |
| | moderate | 15 | 17 | 12 |
| | strong | 4 | 2 | - |
| Warming-up/initial pain | zero | 1 | 1 | 5 |
| | slight | 11 | 13 | 24 |
| | moderate | 28 | 27 | 14 |
| | strong | 3 | 2 | - |
| Pain when exercising | zero | - | - | - |
| | slight | 2 | 5 | 14 |
| | moderate | 25 | 28 | 22 |
| | strong | 18 | 10 | 7 |
| Bending pain | zero | 1 | 1 | 4 |
| | slight | 11 | 16 | 23 |
| | moderate | 22 | 22 | 13 |
| | strong | 9 | 4 | 3 |
| Lying pain | zero | 17 | 19 | 25 |
| | slight | 20 | 20 | 17 |
| | moderate | 6 | 4 | 1 |
| | strong | - | - | - |
| Standing pain | zero | 2 | 4 | 12 |
| | slight | 32 | 32 | 28 |
| | moderate | 9 | 7 | 3 |
| | strong | - | - | - |
| Sitting pain | zero | 10 | 11 | 16 |
| | slight | 21 | 25 | 23 |
| | moderate | 12 | 7 | 4 |
| | strong | - | - | - |

*Table 3: Number of patients with different intensities of pain before start of treatment, after 4 and 8 injections of Discus compositum.*

| | Prior to treatment | After 4 injections | After 8 injections |
|---|---|---|---|
| Complete functional ability | 10 | 10 | 15 |
| Sufficient functional ability | 15 | 16 | 17 |
| Restricted functional ability | 17 | 16 | 10 |
| No functional ability | 1 | 1 | 1 |

*Table 4: Number of patients with different functional stages prior to treatment and after 4 and 8 injections of Discus compositum.*

| Patient No. | Diagnosis | |
|---|---|---|
| 24 | Spondylosis, spondylarthrosis, slight scoliosis | Thumb saddle joint arthrosis pain vanished |
| 25 | Pseudo-rad. syndrome, scoliosis | Diffused pains in the joint (large joints) improved |
| 28 | Spondylosis, spondylarthrosis, pseudo-rad. syndrome | Thumb saddle joint arthrosis pain improved |
| 29 | Spondylosis, spondylarthrosis, pseudo-rad. syndrome | Joint pain improved |
| 30 | Spondylosis, spondylarthrosis | Knee-joint pain improved |
| 39 | Spondylosis, spondylarthrosis, nucleotomy L 4/5 | Shoulder pain improved |
| 40 | Spondylosis, spondylarthrosis | All pain in large joints improved |
| 42 | Spondylosis, spondylarthrosis | Knee and hip pain improved |

*Table 5: "Unexpected" results.*

| Finger-to-ground distance | Prior to treatment 17.5 cm | After 4 injections 16.7 cm | After 8 injections 16.0 cm |
|---|---|---|---|
| Pain at rest | 0.8 | 0.8 | 0.7 |
| Night pain | 1.2 | 0.7 | 0.3 |
| Movement pain | 1.5 | 1.7 | 1.2 |
| Warming-up/initial pain | 2.0 | 2.0 | 1.5 |
| Pain when exercising | 2.0 | 1.8 | 1.7 |
| Bending pain | 1.5 | 1.3 | 1.2 |
| Lying pain | 0.8 | 0.8 | 0.7 |
| Standing pain | 1.2 | 1.2 | 0.7 |
| Sitting pain | 1.0 | 0.8 | 0.7 |

*Table 6: Finger-to-ground distance (cm) and mean of the pain scores of those patients who changed over to Discus compositum because of the lack of effectiveness of the previous drug treatment.*

The treatment as a whole was assessed as follows: the doctor confirmed a very good therapeutic result in 10 cases, a partial therapeutic success in 25 cases and no success in 8 cases. The patients' own assessment is as follows: 13 x good, 21 x partially successful, 9 x unsuccessful.

As part of assessing the total result, it is worth noting that, in addition to the spinal column symptoms, symptoms of other joints were also improved. These "unexpected" results are shown in Table 5.

The tolerance to the therapy was good in all cases, even in the 10 patients who had suspended drug treatment because of side effects or intolerance. What is interesting is the observation that those patients who had stopped previous treatment with non-steroid antirheumatic drugs because of their lack of effect, and had therefore been given Discus compositum injection treatment, were treated with similar success as the group as a whole. However, this involved only 6 patients, so that it is impossible to make any statistically safe statement in these cases. Further tests would be necessary in this case (Table 6).

## Bibliography

1. Kramer H. Therapieerfahrungen mit Discus compositum. Biol. Med. 1984; 4: 198-201.

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