

Restless Leg Syndrome: A Chiropractic Deficiency?

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Have you ever thought of Restless Leg Syndrome (RLS) as a chiropractic deficiency? By chiropractic deficiency do I mean a lack of chiropractic adjustments in the sufferer's life, or am I implying that patients are not aware that their doctor of chiropractic is quite capable of quickly correcting this very annoying symptom? Perhaps, I'm implying that our colleges have not adequately prepared their graduates to recognize the simple cause of this complex symptom. Actually, I believe all three causes are involved. Fortunately, however, the pharmaceutical industry has come to our rescue with an FDA-approved prescription drug, even though they readily admit the cause of RLS is unknown and the condition is life long and cannot be cured!

My purpose in writing this month's column is to show that chiropractors have no competition in diagnosing and effectively treating this condition, relieving many patients of lifelong discomfort and frustration.

RLS is described as a sleep disorder in which a person experiences vague, unpleasant, seldom painful, but always very annoying, sensations in the legs such as creeping, crawling, and tingling. These sensations occur anywhere from the thigh to the ankle. One or both legs may be affected and, for a small percentage, the sensations may also be experienced in the arms. The symptoms usually occur when the person lies down or sits for prolonged periods of time, such as at a desk, riding in a car, or watching a movie.

People with RLS describe an irresistible urge to move the legs when the sensations occur. Walking, rubbing or massaging the legs, or doing knee bends can bring relief, at least briefly. This should be enough to suggest a pelvic or sacro-iliac involvement.

RLS symptoms are often worse during periods of relaxation and decreased activity. This coincides with patient reports that they are bothered much more in the evening and during the night hours than during the morning hours. The symptoms make it difficult to relax and fall asleep and this produces a concomitant problem of sleep deprivation. Rest may not come until the end of the night or during the early morning hours, resulting in fatigue during the day. The net result is that RLS interferes with their work, social life, and recreational activities.

Cause

The exact cause of the syndrome is unknown, but the following factors are common to patients with RLS:

- **Pregnancy.** Some women experience RLS during pregnancy, especially in the last months. The symptoms usually disappear after delivery, again suggesting a structural pelvic involvement.
- **Low iron levels or anemia.** Persons with low iron levels or anemia may be prone to developing RLS. While the symptoms may improve once the iron level or anemia is corrected, this is actually a manifestation of a much larger nutritional problem, which is discussed in our seminars.
- **Chronic diseases.** Kidney failure quite often leads to RLS. Other chronic diseases such as diabetes, rheumatoid arthritis, and peripheral neuropathy may also be associated with RLS. These diseases share obvious structural problems caused by muscle contractions related to the condition.

Diagnosis

There is no laboratory test that can make a diagnosis of RLS, and the condition cannot be diagnosed by medical physicians other than by symptoms reported by the patient. This strongly suggests a structural problem is the root cause and the chiropractic profession should be in the forefront of treatment, not the pharmaceutical industry.

The case history usually includes a description of the typical leg sensations that lead to an urge to move the legs or walk. These sensations are noted to worsen when the legs are at rest, for example when sitting (especially in a recliner or in an automobile) or lying down. Patients with RLS may complain about trouble sleeping or daytime sleepiness. In some cases, the bed partner will complain about the person's leg movements and jerking during the night.

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