

The Benefits of Postural Neurostabilisation for Treatment of Acute, Chronic and Psychogenic Lower Back Pain

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Summary:

Lower back pain, which is often very painful or even debilitating, is a very frequent reason for consulting and requires global management. We propose here an original method which combines posturology and auriculotherapy, and for which the positive results of patients demonstrate the benefits of this global approach.

Key words: low back pain- neurostabilisation- posturology- auriculotherapy

This is a study on patients of both sexes and all ages who present with lower back pains, which are at times acute or recurrent.

All these patients have previously undergone an X-ray or an MRI test related to their lower back pains; many of them suffer from a pathology detailed below.

1. Lower back pains

Each patient is unique in terms of their lower back pains and the pathologies are very diverse:

Acute and chronic	Psychogenic
<ul style="list-style-type: none">- Spinal damage- Herniated disk- Various protrusions- Uterine fibroids- Ovary pain- Scoliosis- Narrowing of the lumbar vertebral canal- Degenerative disk disease- Etc.	<ul style="list-style-type: none">- Stress at work- Separation, divorce- Job loss- Mobbing- Death of a loved one- Various forms of assault

We can estimate that 25% of patients present with lower back pain of a psychogenic origin, and we must always remember that it is often part of a biological cerebro-psycho-organic process.

2. Patient Management

In all cases, the therapist should reassure and calm the patient and should quickly ease their pain and muscle contractures, then they should search for the deeper causes which lead to these lower back pains.

Generally, the patients come to my consultations in a pitiable state, accompanied by a third person. The patients indicate a pain VAS over 8.

We help the patients to undress as far as is possible. I sit them on the examination table and place an ASP on the acupuncture points Stomach 36 and Spleen-Pancreas 6.

The benefit of inserting ASPs into the acupuncture points is that they can stay in place for several days and they play a major role as a painkiller when combined with auriculotherapy.

When placing ASPs, the fundamental rules of hygiene are always followed during the insertion of the needles, even if they do not deeply penetrate the skin.

They are covered by a water-resistant sticky plaster. Practical advice for hygiene and monitoring is also given to the patient.

Next the electrode patches are placed on bladder points 20 to 25.

The patient is generally laid on their right side with their legs bent. They immediately undergo a session of Theralight frequency E, filter 44, on the painful area, for 5'.

These patches are stimulated with Agistim frequency E, 36.50 Hz, paired with Theralight filter E 44.

During this time, I look for points on the ear, particularly of exquisite pain in the lumbar vertebrae, with a (blue) pressure sensor as described by Doctor Paul Nogier. Detection paired with VAS.

Auriculotherapy:

- 3 epiphysis points treated using quick insertion and withdrawal of the needle
- G3 (3rd generation point, or Grand Omega, beneath the tragus) ASP or Premio 30 in stimulation mode
- ASP is put in place for 8 to 10 days on the points revealed by exquisite pains in the vertebrae in question.

Theralight: (end of VAS)

- Treatment with optic frequency C then filter C3
- Frequency D, filter D24
- Frequency G + filter G32

Postural Neurostabilisation:

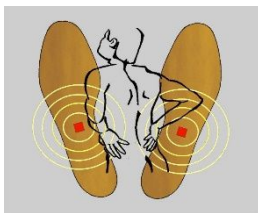
As far as possible and if the state of the patient allows to do so, I perform a quick examination of the tonic postural system (TPS) in the case of a significant lack of balance, before being able to complement this with a more thorough examination.

I sometimes place the neurostabiliser directly into the shoes which has an immediate effect on the patient's lack of balance and muscle tensions.

All the patients who come to me after surgery or a conventional treatment with antibiotics undergo a complete TPS and generally are given a pair of neurostabilising insoles.

Over the many years that I have been practising this technique, a large number of these treatments have proved to be effective for all of the pathologies above, whether organic or psychogenic.

N.B. Depending on the pathology, the insoles are sometimes orthopaedic, particularly for cases of foot trauma, and always contain Medeltech neurostabilisers.



Number of Sessions:

Depending on the origin of the pathology, the treatments will be applied every week for two to three weeks, then one session per month for several months.

There is then a regular check-up of the insoles and, if necessary, any necessary modifications will be made to the constraints imposed.

Patient Satisfaction Index:

Most patients who wear the insoles express their satisfaction by sending several of their family members and friends to consult with me to treat their own spinal pains.

Editor's Note

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