

Restless Legs Syndrome

Restless Legs Syndrome (RLS) is a disorder that is poorly understood. Patients frequently complain of an unpleasant, deep seated parasthesia in their legs, with an irresistible urge to move the legs.

In addition to relief with movement, symptoms occur exclusively at rest.^{1,2,3} Sleep disturbance is common, and some patients report periodic limb movement during sleep.² It is usually idiopathic, but may be a presenting feature of iron deficiency, anemia, folate deficiency, uremia, pregnancy, diabetes, rheumatoid arthritis, nerve entrapments, polyneuropathy and venous varicosities.^{2,4,5,6} A study group of the International Restless Legs Syndrome defined a four point criteria for the diagnosis of RLS.⁷ The four criteria include the following:

A. desire to move the extremities associated with parathesias and dysesthesia; B. motor restlessness; C. worsening of symptoms at rest with relief with activity; D. worsening of symptoms at night.

In a recent study by Ondo, et al., 54 patients with symptoms with RLS who met the above criteria were studied.⁸ The mean age of the patients was 62.69 +/- 13.82, and the mean age of onset was 34.13 +/- 20.30. Interestingly, 92% of the idiopathic RLS patients had a strong familial history. Two subgroups were identified, familial RLS and neuropathic RLS, based on utility of electrodiagnostic studies. Clinical characteristics of both groups were the same.

The authors felt that RLS represents CNS dysfunction. The neuropathic group was older in onset and had a more rapid progression than the familial/idiopathic group of patients. Other authors have suggested an association of RLS with saphenous nerve entrapment, varicose veins, and nutritional deficiencies.^{2,4} Studies with MRIs and evoked potentials found no support for structural etiologies of RLS.^{9,10} In a study by Walters, et al., RLS was found to occur and begin in some children and adolescents, and that growing pains may represent an early form of RLS.¹¹ Dressler, et al. found a high correlation of RLS patients with neuromuscular problems such as lumbar root problems, cauda equina trauma, spinal cord injury, and peripheral neuropathy.¹² Sympathetic blocks helped reduce the pain.¹²

Clearly, RLS is poorly understood at this time; however it does exist and can be quite troublesome for patients suffering with this disorder. RLS may represent an ischemic phenomenon that may incorporate myofascial, neuropathic, scleratogenous and/or venous involvement, with the common denominator of sympathetic dysfunction. Some cases of RLS will often respond to myofascial therapy in the form of "Nimmo" type work, active release type work, massage therapy, and the use of the Intracell stick, in addition to manual adjustments of the spine.

Medically, patients are often prescribed dopaminergic type drugs, or Levodopa. However, I have seen nutritional supplementation, in addition to myotherapy and adjustments help these patients. In cases of folate or iron deficiency, supplementation is obviously necessary. Other supplements like B complex, Vitamin E, melatonin and calcium can be beneficial. Increasing intake of milk (to

increase levels of serotonin) and bananas have been reported to help as well.

References are available on request. Please fax me if you have any questions or comments.

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