

Intermittent Claudication

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Claudicatio is Latin for "limping or lameness." The condition is seen in occlusive arterial, capillary and vein diseases of the limbs.

Intermittent claudication is a complexity of symptoms characterized by absence of pain or discomfort in a limb when at rest; the commencement of pain, tension and weakness after walking is begun; intensification of the condition until walking becomes impossible; and the disappearance of the symptoms after a period of rest. Intermittent claudication affects the small arteries of the hands and feet. The chief symptoms are the claudication time, whereby the person can take an exact number of steps before the condition sets in, and that it disappears after rest.

Venous claudication is intermittent claudication caused by venous stasis (diminution of blood flow). The lower legs and feet become red, warm and swollen. The condition intensifies, and a feeling of tension and weakness occurs after walking until it becomes painful, the legs become weak and the person must stop to rest.

Neurogenic claudication is neurogenic in origin and the most common type of claudication. The pain pattern is not predictable. One day, the person can walk a long distance, and the next day, only a short distance.

Buerger's disease is also known as *thrombo-angitis obliterans* and is associated with excess tobacco smoking. It is intermittent claudication of the small arteries and capillaries of the feet and hands. It often results in non-healing ulcers and gangrene. The orthopedic test is Buerger's test - in individuals without metabolic disturbance, hypercholesterolemia develops after the ingestion of cholesterol.

Raynaud's disease is associated with Buerger's disease; it is a collagen disease and often results in scleroderma. It has arterial spasms with a triphasic color change in the fingers: white-blue-red. Fingertip ulcers and gangrene also occur, and the patient is sensitive to cold. The orthopedic test is Allen's test. The patient is seated and asked to pump the blood from the hand while the examiner occludes the radial and ulnar arteries. The examiner instructs the patient to slowly open the hand. Look for flushing of the palm as the radial artery is released. The same procedure is repeated, except releasing the ulnar artery.

Comments

Intermittent claudication often results in left ventricle hypertension with a high diastolic pressure. The person often blames stress and tension on the increase in blood pressure, when in fact, it is due to the narrowing of the blood vessels, which requires higher pressure to pump the blood through the vessels.

Treatment

Chiropractic care - Vertebral subluxation interferes with the normal transmission of nerve transmission of nerve energy. The nerves enervate the peripheral blood vessels and free flow of nerve energy will reduce spasm in the peripheral blood vessels.

Diet - The peripheral blood vessels have been narrowed and clogged. One must eat a healthy diet with a restricted cholesterol intake. The fats clog up the circulation system of the body and therefore must be eliminated.

Walking - The person who has narrowing of the peripheral blood vessels should engage in a walking program several times daily. This helps to open up the narrowed blood vessels.

Nutrition - A general program of multivitamins and minerals, with additional amounts of vitamin E for circulation and vitamin C, which has been lost from smoking.

Smoking - Each puff of a cigarette causes a spasm in small peripheral arteries, capillaries and veins. Therefore, the person should abandon smoking. If one is unable to stop, they should at least dramatically cut back on smoking.

Buerger-Allen exercises - A series of exercises administered to patients with peripheral vascular disease. These exercises are repeated 6-7 times at each sitting and done several times a day.

1. Support legs in an elevated position at 60-90 degrees for 30-180 seconds, or until you produce blanching of the extremity. The patient is instructed to actively dorsiflex and plantarflex the ankle throughout the procedure.
2. Allow feet to dangle over the edge of the bed for 2-5 minutes or as long as it takes to produce hyperemia, then add one minute. The total time should not exceed 5 minutes.
3. Place legs in a horizontal position for 3-5 minutes.

Resources

1. Tarsy, James M. *Pain Syndromes and Their Treatment*.
2. Cailliet, Rene. *Soft Tissue Pain and Disability*.
3. *Dorland's Illustrated Medical Dictionary*.
4. Palmer, B.J. *Chiropractic Clinical Controlled Research*.

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