



# Mills and Bone Academy

Educational Article

## Herbs for Repetitive Strain Injury – Kerry Bone

According to a recent review in the prestigious British medical journal *The Lancet*, repetitive strain injury (RSI) remains a controversial topic.<sup>i</sup> The label is applied to a wide range of specific disorders affecting the upper limbs or neck. The best known one is carpal tunnel syndrome. But there is also cubital tunnel syndrome, tendonitis of the wrist or hand, trigger finger, tennis elbow and so on. As the name implies, RSI results from repetitive movements, awkward postures, sustained force and other factors that impact on the normal use of a joint or group of joints. Other descriptive names for the problem include cumulative trauma disorder and occupational overuse syndrome.<sup>i</sup>

RSI is quite common in adults of working age. The overall prevalence is conservatively thought to be between 5 and 10% of adults, but depending on the job this could go up to 40%.<sup>i</sup> Statistics show that industrial workers

performing repetitive, monotonous movements are at a high risk. But athletes and musicians are also at risk. And of course those long hours at the computer keyboard or using a mouse are not helpful! The occurrence of just carpal tunnel syndrome is quite high, with estimates ranging up to 14% of adults.<sup>ii</sup> RSI is said to cost US industry about \$6.5 billion every year.<sup>i</sup> The Australian cost could be expected to be around 5% of this, which is still a significant sum.

Given the high cost of RSI, it is surprising to learn that, relatively speaking, not much is known about it. Stress at work and psychological distress seems to contribute to its cause.<sup>1</sup> The factor common to all cases of RSI is overuse of muscle tendon units, causing a reactive inflammation which leads to pain and swelling (oedema) in the local tissues. This can lead to impairment or entrapment of nerves, which adds to the pain and causes

other sensations such as tingling.<sup>i</sup> In the case of carpal tunnel syndrome (CTS), pressure at the carpal tunnel in the wrist is the most important factor, and being overweight can add to this.<sup>ii</sup> In fact, some experts think that CTS is not really a subcategory of RSI, because overuse of the hands is not thought to play a big role.<sup>ii</sup>

Medical treatments for RSI basically comprise the use of anti-inflammatory drugs, including cortisone injections.<sup>i</sup> For CTS, surgery is often used as a final resort. With non-specific, work-related RSI, immobilisation followed by exercise and manual therapy is often suggested. From the herbal perspective, published clinical studies of RSI are lacking, but from my experience there is much that can be done.

Herbs for RSI can be recommended on the basis of the known problems associated with it, such as inflammation, restricted blood flow, local oedema and nerve entrapment. There are many useful anti-inflammatory herbs. Devil's claw (*Harpagophytum procumbens*) is very relevant, but there is also Boswellia (*Boswellia serrata*), celery seed (*Apium graveolens*), turmeric (*Curcuma longa*), ginger (*Zingiber officinale*) and willow bark (*Salix species*). Anti-inflammatory herbs

also work well applied topically and the best ones for this purpose are Arnica (*Arnica montana*) and comfrey (*Symphytum species*).

These anti-inflammatory herbs work well in RSI. But in my experience the following four herbs are even more effective and must be used especially in the management of CTS. The first herb is St John's Wort (*Hypericum perforatum*). Yes we all know this herb as an antidepressant, but well before such an understanding St John's Wort was the herb for nerve inflammation and entrapment. *Ginkgo biloba* helps to correct any factors related to restricted blood flow to nerves, tendons and muscle. Finally, and best of all, horsechestnut (*Aesculus hippocastanum*) and butcher's broom (*Ruscus aculeatus*) will act to modify the localised swelling.

All these herbs are available as extracts in tablet and capsule form. I particularly prefer to give the following tablet at 2 to 3 per day as my core treatment in CTS/RSI. It contains 800 mg butcher's broom root, containing 18 mg ruscogenin, 1200 mg horsechestnut seed, containing 36 mg escin and 1500 mg Ginkgo leaf. These, or something similar, can be combined with 1800 mg 3 times a day of St John's Wort and a topical herbal treatment

(see above) to give reliable and consistent results.

For many of my patients I blend herbs together in a unique formulation that matches their needs at the time. The following case history illustrates this well.

A 43-year-old woman had been diagnosed with CTS, with symptoms of pins and needles in both her hands. She also had periodical nosebleeds, although her blood pressure was normal and all other tests were normal.

She was prescribed the following formula:

Yarrow	1:2	20 mL
Hawthorn leaves	1:2	20 mL
Tienchi ginseng	1:2	20 mL
Horsechestnut	1:2	15 mL
Ginkgo standardised extract	2:1	15 mL
Prickly Ash	1:2	10ml/100ml

Dose: 5 mL with water three times daily.

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The yarrow and *Tienchi ginseng* were for the nosebleeds. Ginkgo, hawthorn and prickly ash were for her circulation. After about 4 months of treatment she commented that her hands were the best they had been for years and she also had very few problems with her nose bleeding. Note that the treatment for the CTS in this patient was largely circulatory, although the impact of horsechestnut on any localised oedema would have also been important.

## References

- <sup>1</sup> van Tulder M, Malmivaara A, Koes B. Repetitive strain injury. *The Lancet* 2007; **369**: 1815-1822
- <sup>1</sup> Bland JDP. Carpal tunnel syndrome. *BMJ* 2007; **335**: 343-346