Complex regional pain syndrome (CRPS) is a chronic pain condition most often affecting one of the limbs (arms, legs, hands, or feet), usually after an injury or trauma to that limb. CRPS is believed to be caused by damage to, or malfunction of, the peripheral and central nervous systems. The central nervous system is composed of the brain and spinal cord, and the peripheral nervous system involves nerve signaling from the brain and spinal cord to the rest of
the body. CRPS is characterized by prolonged or excessive pain and mild or dramatic changes in skin color, temperature, and/or swelling in the affected area.

If you just Guess, you have a 35% Chance of being Correct
I Think You have Chronic Obstructive Pulmonary Disease Restless Leg Syndrome, and Maybe Ulcerative Colitis

Diagnosis is not the best way to do medicine, if it is not correct

There are two similar forms, called CRPS-I and CRPS-II, with the same symptoms and treatments. CRPS-II (previously called causalgia) is the term used for patients with confirmed nerve injuries. Individuals without confirmed nerve injury are classified as having CRPS-I (previously called reflex sympathetic dystrophy syndrome). Some research has identified
evidence of nerve injury in CRPS-I, so the validity of the two different forms is being investigated.

CRPS symptoms vary in severity and duration. Studies of the incidence and prevalence of the disease show that most cases are mild and individuals recover gradually with time. In more severe cases, individuals may not recover and may have long-term disability.

**Who can get CRPS?**

Anyone can get CRPS. It can strike at any age and affects both men and women, although it is much more common in women. The average age of affected individuals is about age 40. CRPS is rare in the elderly. Children do not get it before age 5 and only very rarely before age 10, but it is not uncommon in teenagers.

**What are the symptoms of CRPS?**

The key symptom is prolonged pain that may be constant and, in some people, extremely uncomfortable or severe. The pain may feel like a burning or “pins and needles” sensation, or as if someone is squeezing the affected limb. The pain may spread to include the entire arm or leg, even though the precipitating injury might have been only to a finger or toe. Pain can sometimes even travel to the opposite extremity. There is often increased sensitivity in the affected area, such that even light touch or contact is painful (called *allodynia*).

People with CRPS also experience constant or intermittent changes in temperature, skin color, and swelling of the affected limb. This is due to abnormal microcirculation caused by damage to the nerves controlling blood flow and temperature. An affected arm or leg may feel warmer or cooler compared to the opposite limb. The skin on the affected limb may change color, becoming blotchy, blue, purple, pale, or red.

Other common features of CRPS include:

- changes in skin texture on the affected area; it may appear shiny and thin
- abnormal sweating pattern in the affected area or surrounding areas
- changes in nail and hair growth patterns
- stiffness in affected joints
- problems coordinating muscle movement, with decreased ability to move the affected body part, and
- abnormal movement in the affected limb, most often fixed abnormal posture (called *dystonia*) but also tremors in or jerking of the affected limb.

**What causes CRPS?**

Doctors aren’t sure what causes some individuals to develop CRPS while others with similar trauma do not. In more than 90 percent of cases, the condition is triggered by a clear history of trauma or injury. The most common triggers are fractures, sprains/strains, soft tissue injury (such as burns, cuts, or bruises), limb immobilization (such as being in a cast), or surgical or medical
procedures (such as needlestick). CRPS represents an abnormal response that magnifies the effects of the injury. In this respect it is like an allergy. Some people respond excessively to a trigger that causes no problem for other people.

Peripheral nerve abnormalities found in individuals with CRPS usually involve the small unmyelinated and thinly myelinated nerve fibers (axons) that carry pain messages and signals to blood vessels. (Myelin is a mixture of proteins and fat-like substances that surround and insulate some nerve fibers.) Because small fibers in the nerves communicate with blood vessels, small nerve fiber injuries may trigger the many different symptoms of CRPS. Molecules secreted from the ends of hyperactive injured small nerve fibers are thought to contribute to inflammation and blood vessel abnormalities. These peripheral nerve abnormalities in turn trigger abnormal neurological function in the spinal cord and brain, leading in some cases to complex disorders of higher cortical function.

Another abnormality in CRPS involves the blood vessels in the affected limb, which may dilate (open wider) or leak fluid into the surrounding tissue, causing red, swollen skin. The underlying muscles and deeper tissues can become starved of oxygen and nutrients, causing muscle and joint pain and damage. At times, the blood vessels may over-constrict (clamp down), causing cold, white, or bluish skin. The dilation and constriction of small blood vessels is controlled by small nerve fiber axons as well as chemical messengers in the blood.

CRPS also affects the immune system. High levels of inflammatory chemicals (cytokines) have been found in the tissues of people with CRPS. These contribute to the redness, swelling, and warmth reported by many patients. CRPS is more common in individuals with other inflammatory and autoimmune conditions such as asthma.

Limited data suggest that CRPS also may be influenced by genetics. Rare family clusters of CRPS have been reported. Familial CRPS may be more severe with earlier onset, greater dystonia, and more than one limb being affected.

Occasionally CRPS develops without any known injury. There may have been an internal injury caused by an infection, a blood vessel problem, or entrapment of the nerves, so careful examination is needed to determine the cause and treat it.

In many cases, CRPS is the result of multiple causes that act together to produce various symptoms.

- Nerve entrapment
- Nerve compression
- Diabetes mellitus
- Amyloidosis
- Rheumatoid arthritis
- Lead poisoning
- Peripheral nerve tumour
- Carpal tunnel syndrome
- Ulnar entrapment
- Radial nerve palsy
- Femoral neuropathy
Meralgia paresthetica
Sciatica
Common peroneal nerve palsy
Tarsal tunnel syndrome
Nerve entrapment

Infectious causes or aggravators

Fungal
- Cryptococcal meningitis
- Brain abscess
- Spinal epidural infection

Protozoal
- Toxoplasmosis
- Malaria
- Primary amoebic meningoencephalitis

Bacterial
- Tuberculosis
- Leprosy
- Neurosyphilis
- Bacterial meningitis
- Late stage Lyme disease
- Brain abscess
- Neuroborreliosis

Viral
- Viral meningitis
- Eastern equine encephalitis
- St Louis encephalitis
- Japanese encephalitis
- West Nile encephalitis
- Herpes simplex encephalitis
- Rabies
- California encephalitis virus
- Varicella-zoster encephalitis
- La Crosse encephalitis
- Measles encephalitis
- Poliomyelitis
- Slow virus infections, which include:
  - Subacute sclerosing panencephalitis
  - Progressive multifocal leukoencephalopathy
  - Acquired immunodeficiency syndrome (AIDS)

Post-infectious diseases of the central nervous system

- PANDAS
- Sydenham’s chorea
- Acute disseminated encephalomyelitis
- Guillain-Barré syndrome

- Neuroepidemiology
- Meningitis
- Encephalitis
- Central nervous system viral disease

How is CRPS diagnosed and misdiagnosed?

Currently there is no single diagnostic test to confirm CRPS. Diagnosis is based on the affected individual’s medical history and signs and symptoms that match the definition. But because several other conditions can cause similar symptoms, careful examination is important. Since most people improve gradually over time, diagnosis may be more difficult later in the course of the disorder.

Testing also may be used to help rule out other conditions, such as arthritis syndromes, Lyme disease, generalized muscle diseases, a clotted vein, or small nerve fiber polyneuropathies (such as from diabetes), because these require different treatment. The distinguishing feature of CRPS is usually a history of earlier injury to the affected area, as most of these other conditions are not triggered by injury. Individuals without a history of injury should be carefully examined to make sure that another treatable diagnosis is not missed.
Magnetic resonance imaging or triple-phase bone scans sometimes identify CRPS-characteristic changes in the bone metabolism. CRPS is often associated with excess bone resorption, a process in which certain cells break down the bone and release calcium into the blood.

**What is the prognosis?**

The outcome of CRPS varies from person to person. Almost all children and teenagers have good recovery. Some individuals are left with unremitting pain and crippling, irreversible changes despite treatment. Anecdotal evidence suggests early treatment, particularly rehabilitation, is helpful in limiting the disorder, but this benefit has not yet been proven in clinical studies. More research is needed to understand the causes of CRPS, how it progresses, and the role of early treatment.

**How is CRPS treated?**

The following therapies are often used:

*Rehabilitation therapy.* An exercise program to keep the painful limb or body part moving can improve blood flow and lessen the circulatory symptoms. Additionally, exercise can help improve the affected limb’s flexibility, strength, and function. Rehabilitating the affected limb also can help to prevent or reverse the secondary brain changes that are associated with chronic pain. Occupational therapy can help the individual learn new ways to work and perform daily tasks.

*Psychotherapy.* CRPS and other painful and disabling conditions often are associated with profound psychological symptoms for affected individuals and their families. People with CRPS may develop depression, anxiety, or post-traumatic stress disorder, all of which heighten the perception of pain and make rehabilitation efforts more difficult. Treating these secondary conditions is important for helping people cope and recover from CRPS.

*Medications.* Several different classes of medication have been shown to be effective for CRPS, particularly when used early in the course of the disease. No drug is approved by the U.S. Food and Drug Administration specifically for CRPS. No single drug or combination of drugs is guaranteed to be effective in every person. Drugs to treat CRPS include:

- non-steroidal anti-inflammatory drugs to treat moderate pain, including over-the-counter aspirin, ibuprofen, and naproxin
- corticosteroids that treat inflammation/swelling and edema, such as prednisolone and methylprednisolone (used mostly in the early stages of CRPS)
- drugs initially developed to treat seizures or depression but now shown to be effective for neuropathic pain, such as gabapentin, pregabalin, amitriptyline, nortriptyline, and duloxetine
- botulinum toxin injections
- opioids such as oxycontin, morphine, hydrocodone, fentanyl, and vicodin
- N-methyl-D-aspartate (NMDA) receptor antagonists such as dextromethorphan and ketamine
- nasal calcitonin, especially for deep bone pain, and
- topical local anesthetic creams and patches such as lidocaine.

All drugs or combination of drugs can have various side effects such as drowsiness, dizziness, increased heartbeat, and impaired memory. Inform a healthcare professional of any changes once drug therapy begins.

**Sympathetic nerve block.** Some individuals report temporary pain relief from sympathetic nerve blocks, but there is no published evidence of long-term benefit. Sympathetic blocks involve injecting an anesthetic next to the spine to directly block the activity of sympathetic nerves and improve blood flow.

**Surgical sympathectomy.** The use of this operation that destroys some of the nerves is controversial. Some experts think it is unwarranted and makes CRPS worse; others report a favorable outcome. Sympathectomy should be used only in individuals whose pain is dramatically relieved (although temporarily) by sympathetic nerve blocks. It also can reduce excess sweating.

**Spinal cord stimulation.** Placing stimulating electrodes through a needle into the spine near the spinal cord provides a tingling sensation in the painful area. Typically the electrode is placed temporarily for a few days to assess whether stimulation will be helpful. Minor surgery is required to implant all the parts under the skin on the torso. Once implanted, the stimulator can be turned on and off, and adjusted using an external controller. Data shows that about one-fourth of individuals develop equipment problems that may require additional surgeries.

**Other types of neural stimulation.** Neurostimulation can be delivered at other locations along the pain pathway, not only at the spinal cord. These include near injured nerves (peripheral nerve stimulators), outside the membranes of the brain (motor cortex stimulation with dural electrodes), and within the parts of the brain that control pain (deep brain stimulation). A recent option involves the use of magnetic currents applied externally to the brain (called repetitive Transcranial Magnetic Stimulation, or rTMS). The advantage is that no surgery is required; the disadvantage is need for repeated treatment sessions.

**Intrathecal drug pumps.** These devices pump pain-relieving medications directly into the fluid that bathes the spinal cord, typically opioids and local anesthetic agents such as clonidine and baclofen. The advantage is that pain-signaling targets in the spinal cord can be reached using doses far lower than those required for oral administration, which decreases side effects and increases drug effectiveness. There are no studies that show benefit specifically for CRPS.

Emerging treatments for CRPS include:

- **Intravenous immunoglobulin (IVIG).** Researchers in Great Britain reported that low-dose IVIG reduced pain intensity in a small trial of 13 patients with CRPS for 6 to 30 months who did not respond well to other treatments. Those who received IVIG had a greater decrease in pain scores than those receiving saline during the following 14 days after infusion. A larger study involving individuals with acute-phase CRPS is planned.
Hyperbaric oxygen. Several studies have investigated the use of hyperbaric oxygen therapy for chronic pain. Individuals lie down in a tank containing pressurized air, which delivers more oxygen to the body’s organs and tissues. Although research is still experimental, some researchers report hyperbaric oxygen can reduce swelling and pain, and improve range of motion in individuals with CRPS.

Several alternative therapies have been used to treat other painful conditions. Options include behavior modification, acupuncture, relaxation techniques (such as biofeedback, progressive muscle relaxation, and guided motion therapy), and chiropractic treatment.

What research is currently being done on CRPS?

The National Institute of Neurological Disorders and Stroke (NINDS), part of the National Institutes of Health (NIH), is the primary Federal supporter of research on the brain and central nervous system. Other NIH institutes also support research on CRPS and other painful conditions.

NINDS-supported scientists are studying new approaches to treat CRPS and to intervene more aggressively to limit the symptoms and disability associated with the syndrome.

Previous research has shown that CRPS-related inflammation is supported by the body’s natural immune response. Researchers hope to better understand how CRPS develops by studying immune system activation and peripheral nerve signaling using an animal model of the disorder. The animal model was developed to mimic certain CRPS-like features following fracture or limb surgery, by activating certain molecules involved in the immune system process.

Limb trauma, such as a fracture and then having the limb placed in a cast, is a common cause of CRPS. By studying an animal model, researchers hope to better understand the neuro-inflammatory basis of CRPS and to identify the relevant inflammatory signaling pathways that lead to the development of post-traumatic CRPS. They also will examine inflammatory effects of cast immobilization and exercise on the development of pain behaviors and CRPS symptoms.

Peripheral nerve injury and subsequent regeneration often lead to a variety of sensory deficits. Researchers hope to identify specific cellular and molecular changes in sensory neurons following peripheral nerve injury to better understand the processes that underlie neuroplasticity (the brain’s ability to reorganize or form new nerve connections and pathways following injury or death of nerve cells). Identifying these mechanisms could provide targets for new drug therapies that could improve recovery following regeneration.

Children and adolescents with CRPS generally have a better recovery than adults and offer a unique model for the study of chronic pain reversal. Scientists studying children with CRPS are investigating neuroplasticity and the biological processes that cause CRPS to occur, in the hopes of developing more effective therapies and accelerated recoveries for adults and children.
15 other diseases doctors often get wrong, very wrong

By Amanda MacMillan, Health.com
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Lack of specific tests and variable symptoms can make some diseases hard to diagnose.

Story highlights

- Some conditions are difficult to diagnose because there is no real test to prove their existence
- Body aches, menstrual and gastrointestinal problems can be difficult to pinpoint

When you experience strange pains, mysterious digestive issues, or other unexplained symptoms, you'd hope a trip to the doctor would solve your health woes. But sometimes, doctors have just as much trouble identifying certain disorders and conditions as their patients.

"A lot of symptoms are nonspecific and variable, depending on the person," says Dr. David Fleming, president of the American College of Physicians and a professor of medicine at the University of Missouri. "On top of that, many diagnostic tests are expensive and aren't done routinely, and even then they don't always give us a black and white answer."

The following 15 conditions are notoriously difficult to pin down.

Health.com: 27 mistakes healthy people make

Irritable bowel syndrome
Some conditions are difficult to diagnose because there is no real test to prove their existence; rather, they require a "diagnosis of elimination," says Fleming, as doctors rule out all other possibilities. Irritable bowel syndrome (IBS) -- a chronic condition that affects the large intestine and causes abdominal pain, cramping, bloating, diarrhea, and/or constipation -- is one of these cases.

According to diagnostic criteria, a patient should have symptoms for at least six months before first being seen for a formal evaluation, and discomfort should be present at least three days a month in the last three months before being diagnosed with IBS.

Celiac disease

So much confusion surrounds celiac disease -- an immune reaction to gluten that triggers inflammation in the small intestine -- that it takes the average patient six to 10 years to be properly diagnosed. Celiac sufferers would, in theory, have digestive problems when eating gluten-containing foods like wheat, barley, and rye, but in fact, only about half of people diagnosed with the disease have experienced diarrhea and weight loss.

Celiac disease can also cause itchy skin, headaches, joint pain, and acid reflux or heartburn, and it's all too easy to blame these symptoms on other things. A blood test can diagnose celiac disease no matter what symptoms are present, and an endoscopy can determine any damage that's been done to the small intestine.

Health.com: 14 reasons you're always tired

Fibromyalgia

Fibromyalgia, which is characterized by widespread musculoskeletal pain, involves "medically unexplained symptoms" -- a term doctors use to describe persistent complaints that don't appear to have an obvious physical cause. When doctors can't find a root cause for a patient's chronic pain and fatigue, they often settle on this diagnosis. This may involve seeing specialists and ruling out other diseases, some of which prove equally difficult to diagnose, says Dr. Eugene Shapiro, deputy director of the Investigative Medicine Program at Yale University.

"There are studies that show that people with certain symptoms who show up at a rheumatologist will be diagnosed with fibromyalgia, but if the same patients show up at a gastroenterologist they'll be diagnosed as having irritable bowel syndrome."

Rheumatoid arthritis

Unexplained aches and pains may also be caused by rheumatoid arthritis (RA), an autoimmune disorder. Unlike osteoarthritis (the "wear and tear" kind that appears as people get older), RA causes inflammation and painful swelling of joints and can occur at any age.
"Early stages of RA can mimic many other conditions -- sometimes it's just a sense of aches or stiffness in the joints, which could be caused by a lot of different things," says Fleming. Blood tests can help detect the presence of inflammation in the body, he says, but an exact diagnosis of RA also must take into account a patient's medical history and a doctor's careful physical exam.

**Multiple sclerosis**

Another autoimmune disease, multiple sclerosis (MS) occurs when the immune system attacks the body's own nerve cells and disrupts communication between the brain and the rest of the body. Some of the first symptoms of MS are often numbness, weakness, or tingling in one or more limbs, but that's not always the case.

"Multiple sclerosis can be episodic; the disease waxes and wanes," says Shapiro.

Depending on the number and location of lesions in the brain, he adds, signs and symptoms may be more or less severe in different people. Once a doctor does suspect MS, however, a spinal tap or MRI can help confirm the diagnosis.

[Health.com: Could you have MS? 16 multiple sclerosis symptoms](https://www.health.com)

**Lyme disease**

You probably know to look out for tick bites and the telltale bullseye rash that can form around them if a person is infected with Lyme disease. But not everyone develops this rash -- and Lyme disease's other symptoms (like fatigue, headaches, joint pain, and flu-like symptoms) can easily be confused for other conditions, says Shapiro.

A blood test can check for Lyme disease antibodies in the blood, but those usually don't show up until a few weeks after infection and the test is notoriously unreliable. It's important to remove the tick immediately and see a doctor right away. Quickly removing a tick can possibly prevent the transfer of dangerous bacteria, and antibiotics for Lyme disease are most effective when given immediately.

**Lupus**

The most distinctive sign of lupus -- another chronic inflammatory disease -- is a butterfly-shaped rash across a patient's cheeks, but that's not present in all cases. For those who don't develop the rash, diagnosis can be a long and difficult process, says Shapiro.

"Lupus can present in different ways; it can affect the joints, kidneys, brain, skin, and lungs, and can also mimic many different issues."

There is no one way to diagnose lupus, but blood and urine tests, along with a complete physical exam, are usually involved. Treatment also depends on a patient's individual signs and symptoms, and medications and dosages may need to be adjusted as the disease flares and subsides.
Polycystic ovary syndrome

Irregular periods, unexplained weight gain, and difficulty getting pregnant can all be symptoms of polycystic ovary syndrome (PCOS), a hormonal disorder affecting women of reproductive age. Many women with this condition also have enlarged ovaries with numerous small cysts, but not everyone with PCOS has these enlarged ovaries, and not everyone with enlarged ovaries has PCOS.

To be diagnosed with PCOS, a woman must also be experiencing infrequent or prolonged periods or have elevated levels of male hormones, called androgens, in her blood. Androgen excess may cause abnormal hair growth on the face and body, but women of certain ethnic backgrounds (like Northern European and Asian) may not show physical signs.

Appendicitis

You might think that an inflamed or burst appendix should be easy to identify, and often, it is: typical appendicitis symptoms include nausea, pain and tenderness around the belly button, and possibly a low-grade fever. But not always.

"Some people have an appendix that points backward instead of forward in the body, so the symptoms present in a different location," says Shapiro. "And sometimes people do have pain, but then the appendix ruptures and the pain is relieved so they think they're fine."

In this case, he says, intestinal fluids can seep into the abdominal cavity and cause a potentially life-threatening infection -- but it can take days or even weeks before these symptoms appear.

Endometriosis

Many perfectly healthy women deal with menstrual pain and discomfort, so it's not surprising that endometriosis is often misdiagnosed. However, women with endometriosis (in which uterine tissue grows outside the uterus) often report pelvic pain, cramping, and heavy bleeding that's far worse than usual, and that gets worse over time. A pelvic exam can sometimes detect endometrial tissue or cysts that have been caused by it. In other cases, an ultrasound or laparoscopy is required for a definite diagnosis.

Migraines
For many migraine sufferers, nothing could be more obvious than the severe headaches, which are usually characterized by intense throbbing or pulsing and can be accompanied by nausea, vomiting, or sensitivity to light and sound. But some people may get migraines without even knowing it, says Fleming. "Sometimes migraine symptoms can be very severe, where the patient can even develop paralysis, and other times they can be very subtle," he says. "Patients might feel dizzy or lightheaded or feel a vague discomfort in their heads, and oftentimes they'll get treated with medication that might not be appropriate for a true migraine."

A neurologist should be able to rule out other possibilities, and make the proper diagnosis.

**Health.com: 21 natural ways to treat headaches**

**Cluster headaches**

Another headache disorder that's often misunderstood, cluster headaches are extremely painful but also very rare -- affecting less than 1 million Americans. Cluster headaches tend to occur close together, often on the same day, and last 30 minutes to three hours, on average. Scientists aren't sure why, but cluster headaches tend to occur when seasons change. Because of this, they can sometimes be misdiagnosed as allergy-related sinus headaches.
Hypothyroidism

Hypothyroidism (also known as underactive thyroid) is a condition in which the thyroid gland produces an insufficient amount of the hormones that help regulate weight, energy, and mood. In the early stages, thyroid problem symptoms are subtle and can include fatigue, weight gain, dry skin, muscle aches, and impaired memory.

"It can mimic depression, fibromyalgia, and many other conditions," says Shapiro.

And because hypothyroidism is most common in people (especially women) over 60, it's easy to attribute its symptoms to simply getting older and more out of shape.

Health.com: 19 signs your thyroid Isn't working right

Diabetes

Type 2 diabetes can't stay hidden forever; if left untreated, it can cause life-threatening damage to the body's major organs. Before signs of diabetes develop, says Fleming, adults can have diabetes for years without knowing it.

"There are a lot of people out there with elevated blood sugar levels who aren't getting to the doctor regularly, so they aren't getting checked for it," he says. "They won't realize it until it gets severe enough that they start developing side effects, like problems with their vision or numbness in their feet or hands."

To avoid these problems, watch for earlier symptoms like increased thirst or hunger, frequent urination, sudden weight loss, and fatigue.

Inflammatory bowel disease

There are primarily two types of inflammatory bowel disease (IBD): Crohn's disease and ulcerative colitis. Both cause inflammation of the digestive tract, as well as pain, diarrhea, and possibly even malnutrition. Because there's no one test for IBD, however, it is diagnosed primarily by excluding everything else.

"If a patient comes in with severe abdominal pain, we might first think it's their gallbladder," says Shapiro. "If he comes in with loose stools, we might think it's an infection. So we go through a litany of tests -- imaging, blood tests, assessments -- and sometimes we finally come down to the fact that we've ruled out every other possibility, so this is what we're going to treat you for and we'll see if it works."
Diagnostic Errors Are the Most Common Type of Medical Mistake

Missed diagnoses out-ranked medication overdoses and surgical mistakes in causing the most patient harm.

When Dr. David Newman-Toker was a medical resident at a Boston hospital, he witnessed what he calls tragic cases in which otherwise healthy people suffered serious consequences from misdiagnoses that could have been prevented.

Newman-Toker, now an associate professor of neurology at the Johns Hopkins University School of Medicine, recalls an 18-year-old aspiring Olympic skater who fell on a ski slope and came to the hospital with weakness on one side of her body and a headache. She was told she had a migraine and was sent home. Six days later, she returned to the hospital after a stroke compromised the entire right side of her brain. He also remembers a hardworking janitorial immigrant in her 50s who came in with chest pain. She was seen multiple times at multiple hospitals and everyone missed that her chest pain was caused by compression from her spinal cord. By the time it was recognized, she was a paraplegic.

RATHER THAN DIAGNOSE AND RISK MISDIAGNOSIS IF WE USE THE NELSON METHOD WE CAN TREAT ALL DISEASES WITHOUT DIAGNOSIS.
FLOW OF TREATMENT and CURE

1. Reduce or Remove the Cause of Disease
   Stress                      Toxicity
   Lack of Awareness       Trauma
   Heredity                   Pathogens
   Mental Factors            Perverse Energy
   Allergies                  Def or Excess of Nut

2. Treat the Organs effected or diseased
3. UnBlock the Blockages To Flow of Life
4. Reduce Symptoms and all Suffering Naturally
5. Treat Constitutional and Metabolic Tendences to disease patterns or habits

NOTICE DIAGNOSIS IS NOT NEEDED TO DO A COMPLETE MEDICINE.
1. Reduce the causes of disease
Deal with lifestyle education awareness

- Stress
- Lack of Awareness
- Heredity
- Mental Factors
- Allergies
- Toxicity
- Trauma
- Pathogens
- Perverse Energy
- Def or Excess of Nutrients

NATURALLY

Nelson Method of Medicine

1. Reduce causes of disease
2. Rebuild organs and tissue destroyed by causes
3. Unblock the blockages of flow
4. Treat symptoms NATURALLY

5. Metabolic and Constitutional Treatment of the individuality of the Patient