



Spasmophilia

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Introduction

"Spasmophilia is a condition in which the motor nerves show abnormal sensitivity to mechanical or electric stimulation, and the patient shows a tendency to spasm, tetany, and convulsions." This is the definition given in the Dorland's Illustrated Medical Dictionary (26th edition), which might seem a bit cryptic, not something which is seen daily in the practice of a physician. However, in France "spasmophilic" is diagnosed frequently. Every French medical doctor knows the disease and is alert not to miss it. Their knowledge of the disease is also more comprehensive than the definition given by Dorland's.

There might be an analogy with hypoglycemia. This syndrome is recognized now by many Orthomolecular MD s, but not properly described in many medical handbooks. Nevertheless, many people in the western countries suffer from this disease, while proper nutritional intervention might help a lot among them. There is also an underlying mechanism common to spasmophilia and hypoglycemia. This has been very well described by Selye with his General Adaptation Syndrome. The body is reacting in a general way to so called stressors, like sudden changes in temperature, poisoning, etc. In the beginning, the body reacts as in a shock. Uncomfortable feelings show up, like those when smoking a first cigarette. When the action of stressors continues, the body will adapt to it. The person gets used to this and encounters problems when attempting to discontinue the stress. In other words, addiction develops. In the final stage of the General Adaptation Syndrome, the body will succumb under the continuous strain laid upon it and Selye called this the exhaustion phase. Finally, the person will die.

Actually the hypoglycemia syndrome

Syndrome. The stressor is continuous poor nutrition and a constant deficiency state of the body, to which the body will adapt in the course of the time. However, when it continues too long, symptoms show up: next to tiredness and exhaustion, sweating, yawning, tachycardias, irritability, depression, phobias, etc.

Characteristics of spasmophilia

The General Adaptation Syndrome is also the basis for spasmophilia. With this syndrome, the neuromuscular over-excitability of the striped and smooth muscles plays a central role. It can be said that hyperventilation is a part of this syndrome. The hyperventilation phenomenon is not something on its own, but is part of a larger picture. Other symptoms include tiredness, stiffness and twinges, muscle cramps, stomach and intestine complaints and allergies. A psychosomatic component is very usual. These symptoms seem to be quite general, but they can be specified. Dr. Van der Vlies in Amsterdam introduced spasmophilia in the Netherlands by writing an excellent review in the *Journal Orthomolecular* (nr.1, 1988). He gave a picture of the spasmophilia patient.

Patients with spasmophilia are difficult "starters" in the morning, and in the evening they are overactive. In their hands and feet they feel needle and pin pricks (like the complaints after pinching off arterial circulation). Ticks (eyelids) and tiny muscle twitches are typical symptoms. The extremities feel heavy and stiff. Cramps show up when at rest and ameliorate during exercise. Also there may be cramps in the belly and back musculature, which initiate back and neck pain. In many cases these symptoms are connected with psychological factors. The spasmophilic woman has a submissive, victim-like attitude, keeping back her emotions. The man reacts in another way. He is supercritical and rationalizes continuously,

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can be superimposed on this General Adaptation

hiding in this way his emotions. Introversions is a general characteristic.

Constriction of the chest, accompanied by fear, is a common complaint of the spasmophilic patient. These attacks can be very annoying for him and are caused by spasms of the smooth musculature of the upper gastro-intestinal tract. Lower in the system spasms in the gall ducts result in nausea and tendency to vomit. In the lower intestinal region, spasmophilia gives constipation, alternated with diarrhea. Women may have functional menstruation complaints, like haemorrhagia, fluor and pain. Finally, as part of the spasmophilic syndrome, there must be mentioned allergies, asthma, and exzema. Here might be the connection with hypoglycemia, which is also accompanied by allergic reactions.

Therapeutical approach to spasmophilia

Over-excitability of the musculature is the main point in spasmophilia. Underlying it is an imbalance in the mineral reserve especially of magnesium and calcium. Also potassium is involved in this imbalance. This can of course be checked by hair analysis. Thus magnesium supplementation is a major part of the therapy, along with calcium and potassium. Vitamin B₆ (100 mg) supports serotonin metabolism, and the absorption and the cellular uptake of magnesium.

L-tryptophane (3 grams daily) is indicated in case of acute stress. A proper diet is of course necessary. Next to this nutritional program, physical exercise, massage to relax the muscles and some kind of psychotherapy is very helpful. This discussion of the spasmophilia syndrome may give the practicing physician new clues in treating diseases which are connected to the General Adaptation Syndrome, like hypoglycemia, allergies and also *Candida albicans*. Interesting is that very recently in Germany a book has been published with the title *Das Magnesiummangel Syndrom* (Prof. dr. H. J. Holtmeier, Hippocrates Verlag, 1988) — the magnesium deficiency syndrome. In this book the author discusses the same disease, which French doctors have been diagnosing and treating for years: spasmophilic

Literature

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