

"If my knee hurts, there'll be a storm"

One in three people is meteorosensitive, able to anticipate when an anticyclone or a storm will come. These are not just old wives' tales or all in the mind. There is even a scientific discipline which studies the relation between weather and health

When Granny said it was going to rain because her elbow ached, everyone used to laugh but it turns out that she knew what she was talking about.

IRMA CUESTA

Javier never imagined that a nasty ear infection would change his life. He had always been affected by changes in the weather, but since that infection, which was about 12 years ago now, when storms blow in from the North he feels as if they will kill him.

First, he feels as if his whole body swells up, his legs, stomach, face... then his head begins to ache and he becomes dizzy, leaving him in such a state that anyone seeing him would think he was drunk. After that come problems with his vision and loss of perspective, including his memory.

As anybody in that condition would, every time this happened Javier López de Castro would go to



Javier López de Castro is much calmer now he knows what is wrong. :: J. M. LÓPEZ

the hospital where, after a few days under observation, he would be informed that there was nothing wrong with him.

Twelve years and 30,000 blood tests later, not only has he become accustomed to living with symptoms, which at first gave him panic attacks, but he has also found an explanation for what happens to him. He is not cured, but he is calmer.

One day, in view of the fact that the doctors didn't know what was wrong with him, he started to note how down he felt. That is how he discovered that he felt much better in the summer than during the winter; that a bad storm always followed one of these crises and that when he stayed in the Canary Islands for a few days he went down three trouser sizes. In other words, every time he felt as if he were dying, a storm was approaching.

"I imagine it will be difficult to believe, but I assure you that it is going to rain in a few days. A front is forming in northern Russia and it will be here very soon. I'm telling you that because I already have symptoms. Everything that comes from Siberia is fatal for me," he says.

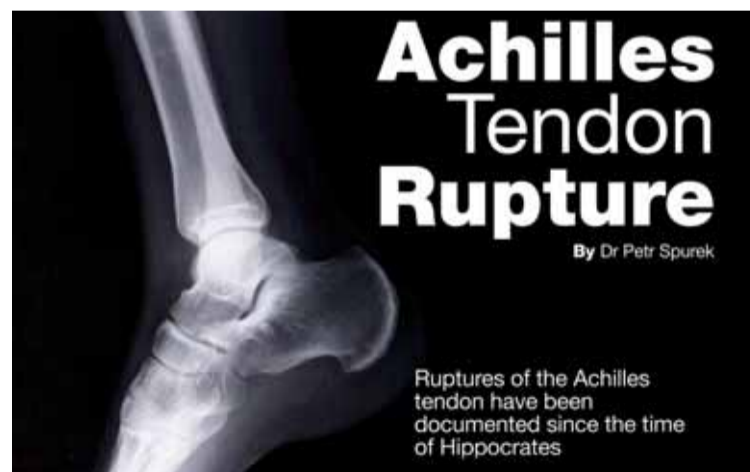
We had this conversation on a Tuesday. The following day the heat in San Sebastián, where he lives, was terrible. On the Saturday the

ADVERTORIAL Dr. Petr Spurek of FSC Marbella: « The ruptures define the worst possible consequence of a long lasting period of dorsal heel pain»

Achilles Tendon Rupture

Ruptures of the Achilles tendon usually occur in the average, active, male patients between the ages of 30 to 50 years old, while they are engaged in an occasional sporting activity. Although many etiologies have been suggested as predisposing factors, it is generally accepted that decreased vascularity of the tendon places it at risk of rupture. This limited vascularity can have many causes, such as intrinsic degeneration of the tendon itself, chronic inflammations of the tendon or its adjacent tissues in the past, change in gait patterns of the lower limbs with consecutive shortening of the tendon as a mechanical disorder and many other pathologies of the locomotor system that cause biomechanical changes with influence on the Achilles tendon.

The mechanism of injury that leads to the final rupture very often occurs during normal daily activity, such as climbing down stairs, or an indirect short overload with any movement of the affected foot, like an abrupt push-off or a misstep.



DIAGNOSIS

The diagnosis is usually made by a history of a snap or an audible pop in the posterior ankle region, followed by the onset of acute pain and difficulty walking. The pop can be likened to a rifle shot and the pain characterized as feeling as though the patient was kicked or struck. A palpable gap in the rupture site, and absence of plantarflexion power, are clear signs of a complete rupture of the

Achilles tendon. Many patients can still actively plantarflex the ankle against mild resistance, which is due to the pull of adjacent tendons and are not to be confused with the Achilles tendon! Diagnostic security can be obtained by performing an ultrasound study or an MRI scan.

TREATMENT

Not every Achilles tendon rupture needs to be operated! There is

a variety of circumstances which need to be considered carefully and discussed with the patient, in order to define the definite treatment plan. Nonsurgical treatment with Splints, Walker and Orthotics for a certain amount of time can lead to a complete and successful healing of the ruptured tendon. If correctly applied and followed up and with good patient compliance, the patient can regain his original level of activity. This treatment option needs a thorough explanation from the treating doctor and a clear definition of the expected activity level of the patient after treatment.

In most of the cases the treatment is still surgical, the huge variety of surgical techniques require a thorough preoperative planning for each patient. Both treatment options – surgical and non surgical – follow pretty much the same time table. Normal gait with comfortable shoe wear and orthotics can generally be achieved after six weeks, limited sports activities after three months and the complete return to original sports



activities with full load can be performed after six months.

In spite of all possible complications and dangers, the Achilles tendon rupture can be controlled and cured very well. The latest treatment options enable the patient to get back into his usual activity level if the prerequisites for a successful recovery are given.



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