

Management of cervical disc herniation with upper cervical chiropractic care.

Eriksen K. *JMPT* Vol. 21, number 1, January, 1998.

From the abstract: "A 34-year-old man suffered from severe neck, lower back and radicular pain of 1 year duration. He had previously received care from multiple medical specialists

with little or no results. An MRI of the cervical spine demonstrated a C6-C7 herniated nucleus pulposus. A needle electromyogram examination confirmed the presence of a C6-C7 radiculopathy with radiculopathic changes from C4-C7. X-ray analysis showed that the atlas and axis were misaligned." The patient was adjusted using grostic procedures by hand. Within one month there were

dramatic improvements in all subjective and objective findings. At a one year follow-up it was concluded that surgery was not necessary.

Magnetic resonance imaging and clinical follow-up: study of 27 patients

receiving chiropractic care for cervical and lumbar disc herniations Ben Eliyahu,

DJ. *JMPT* Vol. 19 No. 19 Nov/Dec 1996. This study suggests that chiropractic care may reverse disc herniation. Twenty-seven patients with MRI documented and symptomatic disc herniations of the cervical or lumbar spine were given chiropractic spinal care, flexion distraction, physiotherapy and rehabilitative exercises. Post-care MRIs revealed that 63% of the patients had a reduced size or completely resorbed disc herniation. 78% of the patients were able to return to work in their pre-disability occupations. From the author's abstract: This prospective case series suggests that chiropractic care may be a safe and helpful modality for the treatment of cervical and lumbar disc herniations. A random, controlled, clinical trial is called for to further substantiate the role of chiropractic care for the non-operative management of intervertebral disc herniation.

Disc regeneration: reversibility is possible in spinal osteoarthritis. Ressel, OJ. *ICA Review* March/April 1989 pp. 39 -61.

From the abstract: "Historically, osteoarthritis has been regarded as a common slowly progressive disorder seen most often in the elderly that affects the weight bearing joints, the peripheral and axial articulations, and the spine...clinically, osteoarthritis has been universally accepted as an integral consequence of aging. The condition is considered to be the product of various pathobiomechanical alterations in joint function, a "wear and tear" sequela. It is only in the past few years that increased knowledge about the histopathology, biomechanics, biochemistry, and metabolic properties of normal and osteoarthritic tissue structures has given clinicians any hope of being able to deal with osteoarthritis. When patient care is related to the pathology, pathophysiology, and the kinesiopathology of this condition, arrest and even reversal is possible."

Reabsorption of a herniated cervical disc following chiropractic treatment

utilizing the atlas orthogonal technique: a case report. Robinson, G. Kevin. *Abstracts from the 14th annual upper cervical spine conference* Nov 22-23, 1997 Life University, Marietta, Ga. Pub. In *Chiropractic Research Journal*, Vol. 5, No.1, spring 1998. A case of a herniated cervical disc as diagnosed by magnetic resonance imaging (MRI) utilizing chiropractic care (atlas orthogonal technique). Comparative MRI post adjustment

revealed complete resolution of the herniated cervical disc.

This is the case of a 44 year-old man whose symptoms were as follows: severe neck pain, constant burning, left arm pain and left shoulder pain plus paresthesia in the index finger of the left hand. Patient also had diminished grip strength on left hand using dynamometer testing. Tests also revealed hyporeflexive biceps and triceps on the left as well as a C6 and C7 sensory deficit on the left. The MRI scan revealed a large left lateral herniated disc at the

C6-7 level. By the fifth week of care the patient's symptoms of severe neck, shoulder, and arm pain were completely resolved. The patient's numbness and grip strength improved consistently

during the following six months. Comparative MRI obtained 14 months following the initial exam revealed total resolution of the herniated cervical disc.

Treatment of Multiple lumbar disc herniations in an adolescent athlete utilizing flexion distraction and rotational manipulation. Hession EF, Donald GD. *JMPT*, 1993; 16:185-

192. This is the case of a 15-year-old high school athlete with acute low back pain that began after weightlifting in preparation for a football game. MRI demonstrated disc herniations of

the lumbar area. Chiropractic care resulted in long-term resolution of the symptoms. Patient has returned to playing football.

Correction of multiple herniated lumbar disc by chiropractic intervention. Sweat R. *Journal of Chiropractic Case Reports*. Vol. 1 No. 1 Jan 1993. Abstract: A 39 year old patient presented with severe pain in his lower back, radiating into the buttocks, the thigh and his left calf and foot. A medical diagnosis of herniated nucleus pulposus at L-4 L-5 and L-5 S-1 was confirmed by Magnetic Resonance Imaging (MRI). Palliative medications were administered and surgical procedures were recommended. Chiropractic adjustive therapy was begun utilizing the Atlas Orthogonal Percussion Instrument on the atlas vertebrae. After 4 weeks of care he showed a 50% improvement and was not using medications. After six months of care, the patient was discharged after a subsequent MRI Radiologist's report indicated that a definite focal herniation is not felt to be present.

Chiropractic adjustments, cervical traction and rehabilitation correct cervical spine herniated disc. Breakiron G. *Journal of Chiropractic Case Reports*. Vol. 1 No. 1 Jan 1993.

Abstract: A 43 year old female suffered C5-6 and C6-7 nuclear herniations as a result of an automobile collision. The patient suffered a hyperextension/hyperflexion trauma to the cervical spine which resulted in a reversal of her cervical lordosis, thus causing extensive soft tissue damage and herniations as seen on magnetic resonance imaging (MRI)

procedures. Specific spinal adjustments were administered with a hand held adjusting instrument to correct her

posterior and lateral cervical subluxations. A therapeutic exercise program was prescribed along with cervical traction and soft tissue rehabilitation. After 6 months, a repeat MRI revealed that there was a mild posterior bulging of the C5-6 level in the mid line with no evidence for significant disc herniation. The C5-6 area appears to be essentially normal.

Low back pain and the lumbar intervertebral disk: Clinical consideration for the doctor of chiropractic.

Troyanovich SJ, Harrison DD, Harrison DE. *Journal of Manipulative and Physiological Therapeutics*, Feb. 1999; vol. 22, no. 2, 96-104. This review of the literature distills and synthesizes previously published research. The article lists various causes of low back pain, noting what findings in patient histories, physical examinations, and diagnostic imaging represent "red flags" that indicate the need for referral to a specialist for surgical intervention. After patients are screened for red flags, conservative treatment should be the first line of treatment for patients without absolute signs for surgical intervention. The authors concluded: Of the available conservative treatments, chiropractic management has been shown through multiple studies to be safe, clinically effective, cost-effective, and to provide a high degree of patient satisfaction. As a result, in patients . . . for whom the surgical indications are not absolute, a minimum of 2 or 3 months of chiropractic management is indicated.

Treatment of lumbar intervertebral disc protrusions by manipulation. Pang-Fu Kuo P, Loh Z. *Clinical Orthopedics and Related Research*, Feb. 1987; 215:47-55. Of 517 patients with protruded lumbar discs 76.8% had satisfactory results.

Manipulation of the spine can be effective for lumbar disc protrusions.

Lumbosacral disc protrusion: a case report. Cox J. *JMPT*, Dec. 1985; 8(4): 261-266.

Lumbar disc herniation: computed tomography scan changes after conservative treatment of nerve root compression. Delauche-Cavallier MC, Budet C, Laredo JD, et.al *Spine*, 1992; 17(8): 927-933. In 21 patients with CT scan diagnosed lumbar disc herniation, nerve root pain resolved after chiropractic. A follow-up CT scan at least 6 months later showed the herniation reduced or disappeared in most patients.

Manipulative Therapy and Rehabilitation of the Locomotor System, second edition, Lewit, K. 1991. Butterworth-Heinemann, Oxford, 272. Quoted in the *Chiropractic Report* July 1992. Vol. 6 No.5.

Disc regeneration: reversibility is possible in spinal osteoarthritis. Ressel, OJ. *ICA Review* March/April 1989 pp.39-61.

From the abstract: "When patient care is related to the pathology, pathophysiology, and the kinesiopathology of this condition, arrest and even reversal is possible."

Chymopapain, chemonucleolysis and nucleus pulposus regeneration. A

biochemical study. Bradford DS, Cooper KM, Oegema TR Jr. *Spine*, and Mar (2): 135-147, 1984. The intervertebral disc has the ability to heal and regenerate.

Correction of multiple herniated lumbar disc by chiropractic intervention. Sweat R. *J of Chiropractic Case Reports*. Vol. 1 No. 1, Jan. 1993. pp.14-18.

From the abstract: A 39-year-old male with severe pain in his lower back, radiating into the buttocks, the thigh and left calf and foot. A medical diagnosis of herniated nucleus pulposus at L-4 L-5 and L-5 S-1 was confirmed by MRI. Surgical procedures were

recommended. After 4 weeks (of chiropractic) he showed a 50% improvement and was not using medications.

After six months, the patient was discharged after an MRI radiologist's report indicated that a definite focal herniation is not felt to be present.

Bourdillon JE, Day EA, Bookhout MR: *Spinal Manipulation*, 5th edition. Oxford, England, Butterworth-Heinemann Ltd, 1992.

"There is no doubt that surgery is occasionally the only satisfactory treatment for those with unequivocal signs of protrusion, and the more so with extrusion of disc material. There is also ample evidence in the experience of most manual practitioners to show that, even in the presence of such unequivocal evidence, relief may be obtained by conservative measures including manual intervention."

References from Koren Publications' brochure: Help for Disc Problems/Prevent BackSurgery

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