

OPTIMAL HEALTH UNIVERSITY™

Presented by Dr. John Smith, DC

Why Choose Chiropractic?

Here's a question that your doctor at Wellness Chiropractic Clinic is often asked: "Why should I choose chiropractic care over medication or surgery?" The bottom line: Research shows that, in most cases, chiropractic is significantly more effective than medical intervention for neck and back pain. More-over, chiropractic is all natural. Chiropractic adjustments realign the spine, allowing the body to heal without the hazards of drugs or surgery.

Want proof? Read on to learn about studies your doctor at Wellness Chiropractic Clinic wants patients to know about, which demonstrate exactly why chiro-practic is typically the best choice.

Better Than Medication

According to a paper published in the prestigious medical journal, *Annals of Internal Medicine*, chiropractic care is significantly more effective than medication for neck pain.

The experiment enrolled 272 people, ages 18 to 65, who had suffered from neck pain for two to 12 weeks. They were randomly assigned to one of three intervention groups: 1) chiropractic care, 2) medication, or 3) home exercise. Treatment lasted for 12 weeks.

The medications given included common muscle relaxants and non-steroidal antiinflammatory drugs (NSAIDs), such as aspirin, ibuprofen and naproxen. Opioid painkillers, such as OxyContin, Percocet, Vicodin and morphine were also prescribed.

Standard medical tests were conducted to assess improvement at 2, 4, 8, 12, 26 and 52 weeks after the study began.

Results revealed that chiropractic care, like that provided by your doctor at Wellness Chiropractic Clinic, had a statistically significant advantage over medication after 8, 12, 26 and 52 weeks. Home exercise was also superior to medication at 26 weeks. In addition, members of the medication

group reported significantly more adverse reactions and were dramatically more likely to increase medication usage (*Ann Intern Med* 2012;1-10).

Sciatica Solution

Chiropractic care is often as effective as surgery for sciatica, say researchers who followed 40 patients with sciatic pain. All the study participants had tried other treatments for at least three months, with no results. These treatments included pain medication, lifestyle modification, physiotherapy, massage therapy and acupuncture.

The patients were randomly assigned to undergo spinal surgery or receive chiropractic care. Sixty percent of the

patients benefited from chiropractic to the same degree as if they underwent surgical intervention (*J Manipulative Physiol Ther* 2010;33:576-84).

The New Review

A large review study published by the Cochrane Library confirms that chiropractic is as effective as common medical interventions, such as painkiller medication, for chronic low back pain. The study also concludes that chiropractic is safe.

The review authors looked at 26 randomized controlled studies on spinal manipulative therapy, including a total of 6,070 participants (*Cochrane Database Syst Rev* 2011;Epub).

Halt Those Headaches

Chiropractic adjustments are as effective as medication for the treatment of migraine headache, say researchers.

The investigators randomly assigned 218 migraine patients to an eight-week course of chiropractic adjustments, the common migraine medication amitriptyline or a combination of the two treatments.



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Chiropractic care proved as effective as medication. What's more, the combination of chiropractic and medication was not more effective than chiropractic alone.

"There was no advantage to combining amitriptyline and spinal manipulation for the treatment of migraine headache," concludes the report. "Spinal manipulation seemed to be as effective as a well-established and efficacious treatment (amitriptyline), and on the basis of a benign side effects profile, it should be considered a treatment option for patients with frequent migraine headaches." (*J Manipulative Physiol Ther* 1998;21:511.)

Chronically Helpful

Long-term, or chronic, low back pain is particularly resistant to medical intervention. Many chronic back pain patients suffer for years, enduring an array of potentially hazardous medications and surgery. All to little or no avail. The good news is that chiropractic is significantly more effective than medical intervention for chronic low back pain.

One study, which was performed at a National Health Service (NHS) hospital outpatient pain clinic in the United Kingdom, included 30 patients who had withstood low back pain for more than 12 weeks. They were all between the ages of 18 and 65. The researchers randomly assigned study participants to receive either medical treatment or chiropractic care. Treatment lasted for eight weeks.

Both groups began the study with the same levels of pain. However, the chiropractic group was on average a decade older and had suffered from low back pain for an average of three years longer.

Patients in the medical treatment group underwent standard treatment protocols established within the pain clinic. This included oral and injected medications and transcutaneous electrical nerve stimulation (TENS).

Patients assigned to chiropractic care received chiropractic adjustments performed to alleviate vertebral subluxations.

Before all patients began a treatment protocol, they completed questionnaires widely accepted by the medical and chiropractic professions (as well as by other professions) for the evaluation of back pain. The patients completed the same assessments at intervals throughout the study — as well as at the completion of their treatment.

Findings demonstrated that the chiropractic patients enjoyed significant improvement over the medical patients, for both reduction in disability as well as reduction in pain intensity. Considering the chiropractic patients were older and had suffered their condition longer, these findings are even more momentous (*J Comp Altern Med* 2008;14:465-73).

In an editorial accompanying the study, Daniel Redwood, DC, a professor at Cleveland Chiropractic College, explains that "chiropractors currently confront an ingrained mindset on the part of many insurers and medical physicians who demand that courses of chiropractic care be limited in duration, recognizing little or no difference between acute and chronic cases."

"Doctors and insurers who would never consider limiting chronic pain patients to a 6-week course of prescription anti-inflammatory or analgesic medication in many cases do not hesitate to place such limits on chiropractic management of chronic back pain."

Dr. Redwood urges that the study findings change these attitudes, and promote chiropractic as the most effective means of caring for patients with chronic low back pain.

Acutely Effective

Chiropractic care is not only superior to medical care for chronic low back

pain, but it also is more effective for pain of recent onset, or acute pain.

One analysis, conducted by researchers at the University of British Columbia in Vancouver, enrolled 92 patients between the ages of 19 to 59 years with acute low back pain. The study participants were randomly assigned to receive either chiropractic care or usual care from a family medical doctor.

The patients were assessed at baseline and after eight, 16 and 24 weeks.

Results revealed that the chiropractic patients enjoyed appreciably better improvement, compared with medical patients (*Spine J* 2010;10:1055-64).

Pain, Pain Go Away — And Stay Away!

What's worse than enduring low back pain? Having bouts of pain recur over and over again. Sadly, recurrence is common following medical treatment for back pain. On the other hand, chiropractic patients are considerably less likely to have to bear with a recurrence. These findings are from a study published in the *Journal of Occupational and Environmental Medicine*.

As part of the analysis, researchers used workers' compensation data to follow 894 patients with work-related low back pain for one year.

Results revealed that care provided by a physical therapist or physician was associated with a higher disability recurrence than care provided by a doctor of chiropractic (*J Occup Environ Med* 2011;53:396-404).

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