

Disc Herniation, Protrusion, Bulge

Post-traumatic findings of the spine after earlier vertebral fracture in young patients. Kerttula LI, Serlo WS, Tervonan OA, et al. *Spine*, May 1, 2000;25(9) pp1104-1108.

Fourteen patients aged 8.8-20.8 years who had a history of wedge-shaped vertebral compression fracture at least one year prior were compared to 14 controls. The majority of the children who had the trauma had disc degeneration and endplate changes while only one of the 14 in the control group had degeneration with endplate damage.

Recurrent low back pain and early disc degeneration in the young. Salminen JJ, Erkintalo MO, Pentti J et al. *Spine* 1999; 24(3):1316-21.

Out of 1,503 14 year olds 7.8%, reported recurrent low back pain (LBP). The children had MRIs at 15 and 18 years of age and were questioned about their LBP at ages 15, 18 and 22. Those children who showed signs of disc degeneration at age 15 were 16 times more likely to report LBP at age 23.

The study concluded: "Individuals with disc degeneration soon after the phase of rapid physical growth not only have an increased risk of recurrent low back pain but also a long-term risk of recurrent pain up to early adulthood."

Management of cervical disc herniation with upper cervical chiropractic care: a case study. Eriksen K. *Journal of Manipulative and Physiological Therapeutics* 1998 21(1):51-56.

A 34-year-old man with severe neck, lower back and radicular pain of 1 year duration 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. *Journal of Manipulative and Physiological Therapeutics* Vol. 19 No. 19 Nov/Dec 1996. 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 or completely resorbed disc herniation. 78% of the patients were able to return to work in their pre-disability occupations.

L5 subluxation: a cause of interstitial cystitis. Hammer W. *Dynamic Chiropractic*, 1997 (April 7):14.

This is the case of a 28-year-old male who suffered from urinary frequency, perineal pain and mild low back and buttock pain. An MRI confirmed a lateral L5 disc bulge and a fixation at L5/S1. After two adjustments to the 5th lumbar vertebrae the patient's pelvic and urological symptoms disappeared. The paper below discusses the same condition but because the authors are MDs they corrected the problems using surgery.

Lumbar nerve root compression and interstitial cystitis response to decompressive surgery. Gillespie, L, Bray R, Levin R. *British Journal of Urology*, 1991;68;361-364.

This paper discusses ten patients with interstitial cystitis (nine females, one male). MRI revealed nerve compression at L5 and after surgery the symptoms in 9 of the 10 cleared up.

Reduction of a confirmed C5-C6 disc herniation following specific chiropractic spinal manipulation: a case study. Siciliano MA, Bernard TA, Bentley, NJ.

Chiropractic: The Journal of Chiropractic Research and Clinical Investigation Vol. 8 No. 1 April 1992.

This is the case of a 39-year-old male cable technician who complained of right neck and arm pain. He had a football injury 20 years prior and had some similar, temporary pain at that time. He now had an aching, deep pain running from the base of his neck to the right elbow and sometimes running sharply down his arm. Magnetic resonance imaging (MRI), thermography and Kronamuz muscle testing apparatus documented a C5-C6 disc herniation. Under chiropractic care the patient became symptom free and a later MRI revealed a reduction in the herniation.

Low force chiropractic care of two patients with sciatic neuropathy and lumbar disc herniation. Richards GL et al. *Am J Chiro Med* Mar 1990;3(1):25-32

Two patients with sciatic neuropathy and confirmed disc herniation received chiropractic care. A follow-up CAT scan in the first patient revealed complete absence of disc herniation. A follow up scan in the second case revealed the continued presence of a silent disc bulge at the L3-4 level and partial decrease in a herniation at the L4-5 level. The bulge appeared to have shifted away from the nerve root. Both patients' pain levels decreased from severe to minimal as they regained the ability to stand, sit and walk for longer periods without discomfort and lifting also became easier. They were able to return to full time work capacity at three and nine months respectively.

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

Osteoarthritis has been regarded as a product of wear and tear of the spine. This paper reveals that chiropractic management of osteoarthritis can lead to its arrest and even reversal.

Low back pain and the lumbar intervertebral disc: 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, pp 96-104.

This paper 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:

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.

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 44 year old man with a herniated cervical disc as diagnosed by magnetic resonance imaging (MRI) and adjusted utilizing chiropractic care (atlas orthogonal technique) is discussed. His symptoms included 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, a 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. *J Manipulative Physiol Ther*, 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 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.

This is the case of a 39 year old patient presenting with severe pain in his lower back, radiating into the buttocks, the thigh and his left calf and foot. A herniated nucleus pulposus at L-4 L-5 and L-5 S-1 was confirmed by Magnetic Resonance Imaging (MRI) and surgical procedures were recommended. Chiropractic 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 a subsequent MRI radiologist's report indicated that a herniation was not 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.

This is the case of a 43 year old female who suffered C5-6 and C6-7 nuclear herniations as a result of an automobile collision causing whiplash. She had a reversal of her cervical curve and extensive soft tissue damage and herniations as seen on magnetic resonance imaging (MRI). Specific spinal adjustments were administered and 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 appeared normal.

Lumbar intervertebral disc herniation: treatment by rotational manipulation. Quon, J.A., Cassidy, J.D., O'Connell, S.M., & Kirkaldy-Willis, W.H. *Journal of Manipulative and Physiological Therapeutics* 1989; 12: 220-227.

A 30 year old computer technician with an L4-L5 disc herniation had relief from back and leg pain after rotational adjustments. Interestingly, there was no change in the pre- and post-CT scans. Commenting on the type of adjustment performed, the authors write:

The treatment of lumbar intervertebral disc herniation by side posture manipulation is both safe and effective. ”

Treatment of lumbar intervertebral disc protrusions by manipulation. Pang-Fu Kuo P, Loh Z. *Clinical Orthopedics and Related Research*, Feb. 1987; 215:47-55.

Out of 517 patients with protruded lumbar discs, 76.8% had satisfactory results. It was concluded that manipulation of the spine can be effective for lumbar disc protrusions.

Lumbosacral disc protrusion: a case report. Cox J.J *Manipulative Physiol Ther*, 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.

This paper describes 21 patients with CT scan diagnosed lumbar disc herniation and nerve root pain. They began chiropractic care and a follow-up CT scan at least 6 months later showed the herniations 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.

Spinal manipulation has been shown to successfully resolve disc problems without the need for surgery in most cases.

Chymopain, chemonucleolysis and nucleus pulposus regeneration. A biochemical study. Bradford DS, Cooper KM, Oegema TR Jr. *Spine*, and Mar (2): 135-147, 1984.

This paper discusses the ability of the intervertebral disc to heal and regenerate itself.

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. ”

Traction and manipulative reduction for the treatment of protrusion of lumbar intervertebral disc – an analysis of 1455 cases. Yefu L, Jixiang F, Zuliang L, Zhengian L. *J Traditional Chinese Medicine*. 1986; 6:31-3.

This paper documents 1455 cases of lumbar disc protrusion that were reduced by traction and manipulation.

Re-establishing the intervertebral disc by decompression. Neugebauer J. *Med Welt* 1976;27:19.

The author reports relief in 99% of 30,000 patients with disc protrusion over a 14-year period.

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

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 sequelae. Under chiropractic care this condition may be arrested and even reversed.

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