

Non-Drug, Non-Surgical Care of Back Pain



- **Low Back Pain (LBP) is the second most common cause of disability in the U.S.A.**
- **More than 80% of the population will experience an episode; 95% will recover fully in 3 months.**

Freeburger JK et. al. The rising prevalence of chronic low back pain pain. Arch Intern Med.2009;169(3):251-258

During 2009, millions of Americans will undergo unnecessary and costly spinal surgeries and injections or be given mind-altering drugs that fail to eliminate their back pain -- unless their physicians recognize and treat the actual source of most back pain, says pioneering pain specialist, Norman Marcus, M.D.

- **Back pain healthcare dollars \$86 billion yearly,**
- **\$30 Billion in annual productivity loss** from chronic back pain
- **Eight out of ten people** will suffer from it during their lifetime.
- **1.2 million spinal surgeries are performed in the U.S. each year,** and, according to the National Center for Health Statistics,
- **300,000 of them are spinal fusions, at an average cost of approximately \$60,000 each.**
- **Back surgeries failure is extremely high (50% in some studies),**
- **Failed back surgery syndrome is seen in 10-40 percent of patients who undergo back surgery.**
- **70 percent of those with degenerated lumbar disks have no pain**
- **A million Americans suffer from sciatica.**

Studies show non-surgery non-drug solutions for back pain, had surgery 60 percent less often and spent 85 percent less on pharmaceuticals than those with medical doctors as primary care providers."

"Spinal pathology correlates weakly with pain, as evidenced by more than one in four adults with no back pain having a herniated disc, and the vast majority of people in pain having no clear anatomic diagnosis "

Hazard RG: Low-back and neck pain diagnosis and treatment. .Am J Phys Med Rehabil 2007;86(Suppl):S59-S68

Pain is No Reason to Stop Moving

"There is no evidence that the presence of degenerative pathology without evidence of compression of neurological

structures is of any real importance, or a reason for avoiding activities..”

-- James Rainville, MD, Chief of , Physiatry, NEBH , NEBH--

Pain is not the same a suffering....Pain becomes suffering when:

- It feels out of control
- It is overwhelming
- The source of the pain is unknown
- The meaning of the pain is dire, when the pain is apparently without end

[Cassell, Eric: The Nature of Suffering]

Useful Integrative Therapies for the Management of Back Pain

- Acupuncture
- Chiropractic
- Mind-Body: Behavioral Health/I Mindfulness-Based Stress and Pain Reduction
- Bodywork massage and movement techniques (Alexander, Craniosacral , Feldenkreis, etc.)
- Occupational Therapy
- Physical Therapy
- Therapeutic applications of Tai chi and Yoga

Acupuncture:

- **Acupuncture is a proven safe and effective procedure for low-back pain**
- **Acupuncture is superior to usual care for treating back pain.**
- **Over one million people in the United States** with musculoskeletal disorders are treated with acupuncture yearly.
- **Approximately 57 percent of rheumatologists and 69 percent of pain specialists referred patients to acupuncture specialists**

Chiropractic:

- Study shows: Chiropractic **treatment showed higher pain relief** and satisfaction with the care and lower disability scores than a group that underwent medical care.
- Patients who **turned first to chiropractors and other alternative-medicine professionals for care were hospitalized and had surgery 60 percent less often and spent 85 percent less on pharmaceuticals than those with medical doctors as primary care providers."**
- **Chiropractic care is identical or superior to traditional medical care** for treating chronic low-back pain,

Herbal Medicine Dietary Supplement instead of Anti-Inflammatory Drugs (NSAID's)

- **Each year, use of NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) accounts for an estimated 7,600 deaths and 76,000 hospitalizations in the United States."** Dr. Marcus believes that a large percent of all spinal surgeries are unnecessary (spinal fusions are being performed as many as 20 times more often in some parts of the United States as in others) and finds it "disturbing" that the number continues to grow yearly.

Recent studies show that the **failure rate for** prompting a new diagnostic category for the failures: Failed Back Syndrome,

the only such diagnosis in medicine.

Dr. Marcus notes that most MRIs of the low back are read as abnormal, frequently with herniated or bulging disks, and that as many as 50 percent of people with herniated disks have no back pain, while as many as 70 percent of those with degenerated lumbar disks have no pain. He cautions that, conversely, discovering herniated or degenerated disks in the spine of a patient in pain should never automatically lead to the assumption that the pain is originating from those disks

Herniated Discs

People with ruptured disks in their lower backs usually recover whether or not they have surgery, researchers are reporting today. As many as a million Americans suffer from sciatica, said Dr. James Weinstein, a professor of orthopedic surgery at Dartmouth who led the study. The condition is characterized by an often agonizing pain in the buttocks or leg or weakness in a leg. It is caused when a ruptured disk impinges on the root of the sciatic nerve, which runs down the back of the leg. And an estimated 300,000 Americans a year have surgery to relieve the symptoms, Dr. Weinstein said.

Patients are often told that if they delay surgery they may risk permanent nerve damage, perhaps a weakened leg or even losing bowel or bladder control. But nothing like that occurred in the two-year study comparing surgery with waiting in nearly 2,000 patients.

Failed back surgery syndrome is seen in 10-40 percent of patients who undergo back surgery. It is characterized by intractable pain and varying degrees of functional incapacitation occurring after spine surgery.

ACUPUNCTURE CARE

Acupuncture proved successful for Back Pain. The results of a study published in the *Clinical Journal of Pain* provide further proof that acupuncture is a safe and effective procedure for low-back pain, and that it can maintain positive outcomes for periods of six months or longer without producing the negative side-effects that often accompany more traditional pain remedies.

In response to this, there has been extensive research on the use of acupuncture for treating back pain. A 2008 literature review concluded that there was "strong evidence" for the use of acupuncture as an adjunct to conventional therapy for lower back pain.⁴

Now, a new study published in the May 11, 2009 issue of *Archives of Internal Medicine* has added even further to the literature on the value of acupuncture in treating back pain.⁵ Daniel C. Cherkin, PhD, and colleagues examined a group of 638 patients suffering from back pain to determine not only if acupuncture is superior to usual care for treating back pain, but to see if needle insertion at individualized points is the mechanism of action by which acupuncture works best. A total of 10 acupuncture treatments was provided over the course of eight weeks.

the study concluded, "Compared with usual care, individualized acupuncture, standardized acupuncture and simulated acupuncture had beneficial and persisting effects on chronic back pain.

In trials among 1,100 patients with chronic lower back pain which had lasted for an average of eight years, almost half (47 per cent) of those who received acupuncture showed significant improvement - compared with barely a quarter (27 per cent) of those given conventional treatment concluded researchers from the University of Regensburg, of Bad Abbach in Germany,

Research results published in *Archives of Internal Medicine* suggested acupuncture is an effective treatment for chronic back pain.¹ Over one million people in the United States with musculoskeletal disorders are treated with acupuncture

yearly.² Acupuncture is a form of traditional Chinese medicine (TCM) and has been in existence for over 2000 years.

- A six month study revealed acupuncture is more effective than conventional methods for treating lower back pain.³
- Approximately 57 percent of rheumatologists and 69 percent of pain specialists referred patients to acupuncture specialists.²

CHIROPRACTIC CARE

A group of chronic low-back patients who underwent chiropractic treatment showed higher pain relief and satisfaction with the care and lower disability scores than a group that underwent medical care, according to an October 2005 study in the Journal of Manipulative and Physiological Therapeutics (JMPT).

- Reported this summer in a fascinating Washington Post article, [Mainstream Makes Adjustments](#), a study published in the June 2007 issue revealed that "patients who turned first to chiropractors and other alternative-medicine professionals for care were hospitalized and had surgery 60 percent less often and spent 85 percent less on pharmaceuticals than those with medical doctors as primary care providers."
- A study published in October 2005 revealed that the cost of chiropractic care is identical or superior to traditional medical care for treating chronic low-back pain, with chiropractic care being more effective.
- A January 2005 study showed that patients with chronic spinal pain syndromes did markedly better than patients who received either medication or acupuncture. ([Source](#))

Read more: http://chiropractichealth.suite101.com/article.cfm/chiropractic_care_for_back_pain#ixzz0O0Jfz7d2

Source:

Norman Marcus Pain Institute

New York Times Article, Study Questions Need to Operate on Disk Injuries.

http://www.nytimes.com/2006/11/22/health/22spine.html?_r=1

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2. Acupuncture Today: [Acupuncture Provides Long-Term Relief of Low Back Pain](#)
3. University of Maryland Medical Center (UMMC): [Study Analysis Shows Acupuncture Effective for Treating Chronic Low Back Pain](#)
4. National Public Radio (NPR): [Study: Acupuncture Helps Ease Back Pain](#)
5. About.com: [Acupuncture for Chronic Low Back Pain](#)

Back Pain and Lifting— Some Fresh Ideas



Are you still being told that the only way to lift an object is to place it between your legs and then lift with your legs, not your back? The person who gave that advice never had to lift a bundle of 7 foot-long pipes. Or a washer and dryer. This advice doesn't reflect the real world of over-sized pipes, appliances and boxes. And it assumes that many people have sufficient leg strength to perform the lift — many simply do not. With up to 80 percent of all adults expected to experience back pain during their lifetime, learning to lift, lower and move objects safely is very important.

Revisiting the causes of back injury

Overexertion injuries result from overloading or over-stretching muscles, tendons and ligaments. Overloading exceeds their strength and overstretching exceeds their range of motion. Overuse injuries result from using muscles, tendons or ligaments so much that they become damaged. In moderation, for example, the task of manually loading pallets may not be particularly hazardous. But if you repeat the task endlessly for eight hours each day, in an awkward body position and without allowing the body enough time to recover, you may end up with a back injury.

Learning to lift, lower and move objects safely is very important.

Activity is your best friend

Some people still believe that to reduce the risk of low-back injury, all activities involving lifting, lowering and moving objects should be eliminated. This isn't quite correct. To remain healthy, muscles and other tissues must be challenged. The key is making sure that the challenge is sufficient — not too little, not too much. The worker slinging 40-kilogram bags of cement may need to reduce how much she works with her back. The process-control operator who sits at a console all day without moving much might be better off with a mix of work activities that includes using his back.

Work up your strength

To avoid injuring the muscles, tendons and ligaments in your back, you must give them a chance to adapt to loads of increasing weight. You want to expose them to loads that challenge but don't damage them. Equally important, you want to

allow them time to recover between periods of activity. Gradually increasing the weight they must carry and the length of time they are used improves these body tissues' tolerance to injury.

Work up your endurance

Muscle endurance, which helps tissues work longer without tiring and losing their ability to work effectively, has more protective value than muscular strength. Research shows that exercise programs combining cardiovascular exercise with low-back exercise are more effective than programs emphasizing low-back exercise alone. Cardiovascular exercise such as walking briskly, skating or cross-country skiing helps build muscle endurance.

Lifting principles

While employers should eliminate as much manual lifting and lowering as practical, there will still be times when objects must be handled manually. The sedentary worker may actually be at greater risk of injury than the laborer. Muscle endurance has more protective value than muscular strength. Is there one perfect technique for lifting? Unfortunately not. But do follow the four principles below as much as possible when lifting. Make sure your co-workers' or employees' methods follow these principles.

(1) Keep the natural curve in your lower back

When standing straight, the lower back naturally curves to create a slight hollow. Always try to maintain this curve when lifting, lowering or moving objects. The spine and back are their most stable in this position.

(2) Contract your abdominal muscles

Contract the abdominal muscles during lifting, lowering and moving activities. This improves spine stability. Sometimes describes as "bracing", contracting the abdominal muscles even slightly (as little as four to five percent) improves spine stability and reduces the likelihood of injury.

(3) Avoid twisting

Twisting the back can make it less stable, increasing the likelihood of injury. Bracing helps reduce any tendency to twist.

(4) Hold it close

Keep the load as close to the belly button and body as possible. Doing so reduces the strain on muscles of the back and trunk. If necessary, use protective clothing such as leather aprons so that sharp, dirty, hot or cold objects can be held as close to the body as possible.

Seven myths about back pain

And speaking of fresh ideas, here are seven myths about back pain and some of today's thinking about them:

(1) If you've a slipped disk (also known as a herniated or ruptured disk), you must have surgery. Surgeons agree about exactly who should have surgery.

Causes of back pain can be complex and difficult to diagnose. Opinions and treatment approaches vary among surgeons and health professionals. **Only about two percent of all persons with back pain actually need surgery.** Who you see is what you get. Consider non-drug, non-surgical therapies first. Such as Acupuncture, Chiropractic and Physical Therapy. Consider anti-inflammatory herbal or dietary supplements. Rub liniments into the back such as Bio-Freeze or Tiger Balm.

(2) X-ray images, CT and MRI scans can always identify the cause of pain.

In research studies, abnormalities of the spine were as common in people without back pain as those suffering with back pain. Seeing abnormalities with these imaging methods is no guarantee that the cause of pain has been found.

(3) If your back hurts, you should take it easy until the pain goes away.

Persons with back pain who continue routine activities as normally as possible do better than those who try either bed rest or immediate exercise. It is often helpful to have persons with back pain return to some form of light work until they have recovered more fully.

(4) Most back pain is caused by injuries or heavy lifting.

Some back pain is related to serious disease or physical problems of the spine. Up to 85 per cent of persons with back pain, however, can't recall a specific incident that brought on their pain. Heavy lifting or injuries, though risk factors, do not account for most episodes.

(5) Back pain is usually disabling.

Most people with back pain simply get better, regardless of whether they receive treatment or the treatment methods used. Only a small percentage of workers with back pain miss work because of it. Most people who leave work return within six weeks, and only a small percentage never return to their jobs.

(6) Everyone with back pain should have a spine x-ray.

X-rays often provide little more useful information than the physical assessment performed by a health professional. Low-back x-rays may also involve unnecessary exposure of the reproductive organs to radiation.

(7) Bed rest is the mainstay of therapy.

This is old thinking. Studies have shown that four days of bed rest turns out to be no more effective than two days, or even no bed rest at all. These same studies have shown that people who remain active despite pain, experience less ongoing pain in the future. And they make less use of health care services.

(Source: Deyo, RA. Low-Back Pain. Scientific American, August 1998.)

Back Pain & Inflammation Herbal Program

By Geoff D'Arcy, Lic.Ac., D.O.M.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are a class of drugs that include Motrin, Advil, Aleve and Nuprin. NSAIDs, according to a 1999 study in the New England Journal of Medicine, are responsible for 16,500 deaths each year in the U.S. There are much gentler, herbal alternatives that can reduce inflammation. The normal effects of aging that result in decreased bone mass, and decreased strength and elasticity of muscles and ligaments, can't be avoided, however, the effects of aging can be slowed by:

- exercising regularly to keep the muscles that support your back strong and flexible
- using the correct lifting and moving techniques; getting help if an object is too heavy or an awkward size
- maintaining your proper body weight; being overweight puts a strain on your back muscles
- avoiding smoking
- maintaining a proper posture when standing and sitting; don't slouch
- maintaining correct weight- exercising regularly 5 to 7 times a week; little and often

- practicing 20 minutes of **Stress Relief** Technique daily, to balance the Parasympathetic Nervous System and switch off the fight or flight response. If you have injured any of these areas, you may feel the need to use pain killers. However, caution must be taken - with chronic use (longer than three days), typical over-the-counter (OTC) preparations almost always pose complications such as kidney and liver toxicity. Even the safest OTC pain killers such as aspirin or ibuprofen frequently cause gastrointestinal bleeding or ulcers when used longer than a few days and are a major cause of hospitalization in America today. These complications can be potentiated if alcohol is consumed.

SUPPLEMENTATION PROGRAM

1. **INFLAM-EASE FORMULA**: 2 capsules, 3 times daily;
2. **INFLAM PACK**: 1 packet, once a day.
3. **OPTI EPA OMEGA 3 FISH OIL**

SUPPLEMENTS:

INFLAM-EASE FORMULA

Bromelain is a potent anti-inflammatory enzyme. Scientific evidence shows that bromelain (a proteolytic enzyme of pineapple) breaks down fibrin, a substance that builds up around inflamed areas, blocking blood supply. It has been shown to actually digest inflammatory compounds. Bromelain quenches inflammation at its source - the molecules that create it - and it is also effective in inhibiting prostaglandins. In an extensive five-year study of more than 200 people experiencing inflammation as a result of surgery, traumatic injuries and wounds, 75 percent of the study participants had good to excellent improvement with bromelain, a much higher rate than that afforded by drugs. Most of the people in this study were discharged from the hospital in only eight days - half the usual amount of time. They also experienced no side effects. The results of several other studies showed that this enzyme also reduces inflammation resulting from arthritis or sports injuries. **Turmeric** has an active ingredient curcumin, which inhibits several inflammatory compounds including nitric oxide, interleukin -1, tumor necrosis factor, lipoxygenase and cyclooxygenase. Curcumin has antioxidant free radical quenching properties. These have unique anti-inflammatory properties with therapeutic action comparable to aspirin, but with important advantages in that curcuminoids prevent the synthesis of thromboxanes, causing redness, swelling and pain, and do not affect prostacyclins, important in the prevention of vascular thrombosis. The anti-inflammatory mechanisms of curcumin compare to those of the non-steroidal anti-inflammatory drug, phenylbutazone, but with no side effects. It has been proven to alleviate the symptoms of osteoarthritis, rheumatoid arthritis, stomach pains and intestinal spasm. **Myrrh** is an unusual combination of chemical compounds. Technically it is an oleo-gum-resin whose constituents include volatile oils, terpenes, resin acids, mucilages, and tannins. The resin is thought to be the most effective component in killing various microbes, while the tannins may be the astringent agents. Terpene compounds found in myrrh species have been shown to relax smooth muscles.

INFLAM PACK

Malic Acid and Magnesium. The Journal of Nutritional Medicine published a study showing malic acid and magnesium relieved pain in all patients within 48 hours! Another study at the Pain and Stress Centre showed patients given 1200 mg of malic acid per day combined with magnesium, reported less stiffness and soreness and fewer trigger points. Studies show that malic acid is one of the most effective intracellular aluminum chelators for neuromuscular and brain tissue, consequently reducing pain and inflammation. Magnesium is a key mineral cofactor for many anaerobic as well as aerobic reactions that generate energy, and has an oxygen-sparing effect. It is essential for the cell's mitochondria "powerhouses" to function normally, being involved in both the production and utilization of ATP. Malic acid potentates in this formula with magnesium. By giving malic acid and magnesium as dietary supplements, flexibility to use aerobic and anaerobic energy sources can be enhanced and energy production can be boosted. Magnesium has been shown to help relax muscles from

spasms that can accompany back pain and strain.

Hyaluronic Acid. Hyaluronic Acid is a compound present in every tissue of the body, with the highest concentrations occurring in connective tissues such as skin and cartilage. Hyaluronic Acid is an important constituent of joint fluid where it serves as a lubricant and plays a role in resisting compressive forces. It supports healing of joints and ligaments.

Bromelain and Quercetin with excellent anti-inflammatory properties. Bromelain is an enzyme extracted from the stem of the pineapple. Quercetin is a plant pigment found in large amounts in foods such as onions and apples. Together, Bromelain and Quercetin work synergistically to reduce the bruising and swelling

OPTI EPA OMEGA 3 FISH OIL

Opti-EPA 500 delivers high levels of EPA and DHA, and is lower in saturated fatty acids than regular marine fish oil. Opti-EPA 500 is strictly screened for the absence of any toxic metals and chemicals, and is completely free of cholesterol. A proper balance of fatty acids is as important as are vitamins and minerals. In their polyunsaturated forms, they are indispensable for many physiologic processes and are integral components of nerve cells, cell membranes, and vital hormone-like substances known as prostaglandins. Prostaglandins help regulate numerous body functions including normal immuneresponse during inflammation

ANTI-INFLAMMATORY DIETARY GUIDELINES

- Substitute red meats with fish and white meat; use soy based alternatives, decrease the number of eggs per week, use egg beaters or tofu, use low fat dairy products, substitute vegetable oils for butter, lard and other saturated fats, eat fruits and vegetables daily and cut down on all refined sugar and flour products, use no or low salt, and drink herbal teas, green tea, or vegetable juices instead of soft drinks and coffee.
- Eat more cold water fish and take 1 tablespoon of flaxseed oil daily. Salmon, mackerel, herring, halibut are good sources of omega-3 fatty acids. Flaxseed oil is a good source of alpha linolenic acid, an omega-3 oil that the body can convert to eicosapentaenoic acid (EPA).
- Eat 5 or more servings of a combination of vegetables and fruits. Numerous studies show that a diet high in carotene rich and flavonoid rich fruits and vegetables reduces the risk of heart disease and strokes. Green leafy vegetables, yellow-orange colored fruits and vegetables, such as carrots, apricots, mangoes, yams and squash. Red and purple vegetables and fruits such as tomatoes, red cabbage, berries, and plums. Legumes, grains and seeds are rich sources of carotenoids.
- Good sources of flavonoids include: citrus fruits, berries, onions, parsley, legumes, green tea and red wine.
- Increase the intake of fiber and complex carbohydrates by eating 6 or more servings per day of whole grain breads, cereals, and legumes.

NON-DRUG NON-SURGICAL OPTIONS

ACUPUNCTURE, CHIROPRACTIC, PHYSICAL THERAPY

Acupuncture is a great option for back and neck pain and in my own practice Acupuncture has saved many patients from surgeries allowing their own body to heal itself

Chiropractic, also works with the alignment of the spine, to create healing.

Physical Therapy also has helped patients achieve better myofascia and improved muscular response to protect against back pain.

STRESS

Relaxation, yoga, breathing exercises, meditation, all can help and should be pursued. Utilizing a relaxation technique of 20 minutes a day progressively sweeping the mind through the body head to toe, can help relax the tone of the nervous system. This helps take the body out of "the fight or flight response". This allows for less chance of spasming that often contributes to inflammation of the myofascia. Check out [Natural Stress Relief Program](#)

EXERCISE

Should be of short duration and often, with gentle stretching beforehand.

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Most people with back pain simply get better

- www.hre.gov.ab.ca/documents/WHS/WHS-PUB_ph003.pdf

Let's Back Up a Bit – Some Truths About Back Belts

- www.hre.gov.ab.ca/documents/WHS/WHS-PUB_bcl001.pdf

Lifting and Handling Loads – Part 1: Reviewing the Issues

- www.hre.gov.ab.ca/documents/WHS/WHS-PUB_bcl002.pdf

Lifting and Handling Loads – Part 2: Assessing Ergonomic Hazards

- www.hre.gov.ab.ca/documents/WHS/WHS-PUB_bcl003.pdf

Lifting and Handling Loads – Part 3: Reducing Ergonomic Hazards

- www.hre.gov.ab.ca/documents/WHS/WHS-PUB_bcl005.pdf

Seven Myths About Back Pain

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