

OPTIMAL HEALTH UNIVERSITY™

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The Chiropractic Solution to Sciatica

Sciatica is as tricky and deceptive as a sly magician: Sciatic pain often alters between severe and constant to mild and intermittent; can affect one leg, both, or switch from side to side; and it may even masquerade as low-back pain for months until more characteristic sciatic pain begins.

But, fortunately, chiropractic sheds light on these sciatic “tricks.” Although its source may appear deceiving, your doctor at Hinterland Chiropractic finds that the root cause of sciatica is usually in the spine.



The Sciatic Nerve

The sciatic nerve is the longest nerve in the body. It runs from the pelvis through the hip area and buttocks and then courses down the back of each leg.

The term “sciatica” refers to the inflammation of this nerve and the pain that radiates along its course. Sciatica may feel like a leg cramp or as numbness, burning or a pins-and-needles sensation.

Sciatic pain can also be excruciatingly piercing or stabbing. In one study of patients with chronic pain, sciatica sufferers endured “significantly

higher” pain scores and limitation in daily living activities than any other group (*J Manipulative Physiol Ther* 2002;25:162-7).

The Root of the Problem

Although sciatic pain is generally in the legs, your doctor at Hinterland Chiropractic wants patients to understand that the root cause is often compression of the sciatic nerve root, which is the beginning of the sciatic nerve as it exits the spinal cord in the low back.

Nerve root compression is frequently the result of one of two conditions: **vertebral subluxation** (misalignment of spinal bones) or **sacroiliac subluxation** (misalignment of pelvic bones). When the spinal or pelvic bones are even slightly out of place, spinal movement is restricted, which in turn irritates the muscles, discs and the nerve root — causing pain.

Other causes of sciatic nerve compression include herniated spinal discs and piriformis syndrome (inflammation of the piriformis muscle in the buttocks).

Often, more than one of these four causes occur simultaneously, so it is vital to identify and address all factors. The good news is that research shows that chiropractic care is effective at alleviating all four of the common causes of sciatic pain.

For instance, one study compared chiropractic care for sciatica to bed rest, massage, electrical muscle stimulation, nonsteroidal anti-inflammatory drugs (NSAIDs) and a muscle relaxant. Patients in the chiropractic care group experienced significant reduction in the length of care, faster improvement from symptoms, less disability at work and fewer missed work days, compared with all other groups (*Ann Swiss Chiro Assoc* 1989;9:133).

Read on to learn how the chiropractic care your doctor at Hinterland Chiropractic addresses all four of the major causes of sciatica.

Vertebral and Sacroiliac Subluxations

Doctors of chiropractic correct both vertebral and sacroiliac subluxations with **chiropractic adjustments**. These maneuvers, which are safe and effective, successfully realign spinal and pelvic bones.

Research shows that chiropractic adjustments are highly successful for sciatic pain associated with vertebral and sacroiliac subluxations.

One study consisted of 576 patients from different chiropractic clinics who suffered from sciatica. All subjects reported pain in the low back, legs or both. Researchers compiled statistics on the examination procedures, diagnoses, types and results of care, number of days of care and the number of chiropractic adjustments to render “clinical improvement.”

Patients averaged 43 days to “attain maximum improvement” after an average of 19 chiropractic office visits (*J Manipulative Physiol Ther* 1984;7:1).

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Another study enrolled 2,945 patients with sciatica and low-back pain, of which 268 patients suffered chronic low-back pain and radiating pain below the knee. Patients visited either one of 51 different chiropractic clinics or one of 14 general practice offices.

Researchers assessed patients' satisfaction with care and low-back status via multiple questionnaires at various intervals. Also, at a one to three year follow-up, patients rated their self-management attitudes and behaviors.

The subgroup of patients with chronic low-back pain and radiating pain below the knee "noted a long-term outcome advantage" for chiropractic vs. medical care.

The researchers found that chiropractic patients "were characterized by greater self-efficacy motivation." Over 55 percent of the chiropractic group employed strategies, such as exercise and self-care education, to reduce symptoms. The medical care cohort was far more likely to choose bed rest and rely more on family and friends for support during periods of back trouble.

"The chiropractic encounter may have enhanced patients' self-efficacy motivation, leading to better coping abilities and better pain and disability outcomes," concluded the researchers (*J Manipulative Physiol Ther* 2001;24:543-51).

Herniated Discs

Spinal discs, which are sandwiched between each vertebra, can also put pressure on the sciatic nerve root.

The intervertebral (between vertebrae) discs give the spine its flexibility and act as shock absorbers between each of the 24 spinal bones. The outer layer of each disc is tough and fibrous, while the inside material is spongy.

If discs degenerate or are subject to trauma, the soft center may bulge to one side. This condition is known as a herniated disc.

Sciatica ensues as the nerve root be-

comes trapped against the spinal canal by the disc bulge. The good news is that new research shows that chiropractic care can help sciatica caused by "slipped" or prolapsed discs.

One study, performed in Italy, included 64 men and 38 women ranging in age from 19 to 63 years. Patients had acute back pain and sciatica with herniated discs ("disc protrusion"). All subjects reported pain that was radiating or at least moderate or stronger. While 53 of the patients received chiropractic adjustments, 49 underwent sham or "simulated" manipulations.

Chiropractors performed the manipulations or simulated manipulations five days per week. The number of sessions depended on pain relief, but was limited to 20. Patients were assessed at admission and at 15, 30, 45, 90 and 180 days. At each visit, the chiropractors used standard techniques to assess pain levels and improvement.

The good news? Patients receiving genuine chiropractic adjustments enjoyed significant improvement in pain severity and duration beyond patients undergoing simulated adjustments (*Spine J* 2006;6:131-7).

In another study, a 23-year-old woman suffered from chronic, unremitting symptoms of lower back pain and left-leg pain. After receiving chiropractic care "the patient responded well with a complete resolution of her symptoms and a restoration of her lumbar lordosis [over-exaggeration of the low back curve (or swayback)]." (*J Manipulative Physiol Ther* 2004;27:579.)

Piriformis Syndrome

The piriformis muscles extend along both sides of the lower buttocks. Sciatic nerves travel beneath the piriformis muscle on their way from the spine to the back of each leg.

Piriformis syndrome occurs when the muscle becomes inflamed, forcing pressure on the sciatic nerve and trapping it against the bones of the pelvis.

Doctors of chiropractic often employ a variety of all-natural interventions for

piriformis syndrome. This combination approach is highly effective.

What Doesn't Work

Unlike chiropractic care, research shows that traditional medical care for sciatica is not effective.

For instance, one study of 183 sciatica patients found that bed rest was no more effective than "watchful waiting." After 12 weeks, patients who were assigned to bed rest had no more improvement than those who were in a "watchful waiting" group. Researchers concluded that there was "no evidence that bed rest is an effective treatment for sciatica." (*NEMJ* 1999;340:418.)

Another standard treatment involves masking the pain with continual doses of nonsteroidal anti-inflammatory drugs (NSAIDs), such as prescription painkillers or over-the-counter drugs like aspirin, Advil, Motrin and Aleve. Although these drugs may seem benign, overuse is linked to chronic headaches and migraines, gastrointestinal problems, heartburn and ulcers.

We're Here to Help

If you currently have back or leg pain, it's vital to avoid self-diagnosing. The origin may lie in the sciatic nerve root or may be related to another cause, unconnected to the sciatic nerve.

Schedule an appointment with the doctor right away to discover the underlying problem. The doctor is committed to identifying root causes of impediments to wellness, rather than masking symptoms with unnecessary medication or surgery. Pain is the body's way of signaling distress; let us help you pinpoint the cause.

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