

What do you do for Pain Relief?

By Dr. Scott A. Null, DC

It is estimated that 126 million people suffer from chronic pain in the last three months. What is the best treatment for pain? Everyone is different and not everyone will respond to the same treatment. The first thing most people start with is nonsteroidal anti-inflammatory drugs (NSAIDs). These range from over the counter names such as ibuprofen (Advil), naproxen (Aleve), and aspirin (Bayer) to medications needing a prescription such as, Celebrex, Voltaren, Toradol, Daypro, and others. Most of the side effects of these medications are usually mild causing upset stomach and/or nausea and vomiting. But long term effects of NSAIDs can result in toxicity to the kidneys and to the lining of the stomach, possibly causing ulcers. The question is, are these medications as safe as we are led to believe?

The July 1998 issue of the American Journal of Medicine stated: “Conservative calculations estimate that approximately 107,000 patients are hospitalized annually for nonsteroidal anti-inflammatory drug (NSAID) related gastrointestinal complications and at least 16,500 NSAID-related deaths occur each year among arthritis patients alone.”¹ Also, The New England Journal of Medicine (June 1999), stated, “If deaths from gastrointestinal toxic effects from NSAIDs were tabulated separately in the National Vital Statistics reports, these effects would constitute the 15th most common cause of death in the United States. Yet these toxic effects remain a “silent epidemic,” with many physicians and patients unaware of the magnitude of the problem.”²

Many people who do not get relief from NSAIDs may be prescribed opioids. The opioid use/abuse epidemic is getting a lot of attention lately. Opioids are medications such as Methadone, Oxycodone (OxyContin), and Hydrocodone (Vicodin). While these medications have had success in reducing pain, the chance for addiction has increased dramatically. In fact, overdose deaths from prescription opioids have quadrupled since 1999.³ From 1999 to 2014 more than 165,000 people in the U.S. have died from overdoses related to prescription opioids.⁴ Because of this, the CDC, FDA, and the IOM have been calling for a shift away from opioid use toward non-pharmacological approaches to treat chronic pain.

One very effective non-pharmacologic treatment for acute and chronic pain is chiropractic care. Chiropractic is a hands on, non-invasive approach documented to be effective in acute and chronic neuro-musculoskeletal pain. It has been shown to improve clinical outcomes, reduce costs and has high levels of patient satisfaction.⁵

Chiropractic care takes on even greater importance when you consider the opportunity it offers to potentially avoid the risks of prescription opioid addiction. As many as one in four people who receive prescription opioids long term for non-cancer pain struggle with addiction.⁶ This type of non-pharmacological care for pain with minimal side effects is further evident in the recent news of professional golfer Tiger Woods being charged with DUI. He was found to have no alcohol in his system but was taking four prescription medications for post-surgical pain at the time. Even though he was taking legal medications, it obviously impaired his ability to operate a car. Although chiropractic care cannot prevent all back or spine surgeries, studies show that it should be considered first. A study in the journal Spine showed that “Reduced odds of surgery were observed for those whose first provider was a

chiropractor – 42.7 percent of workers (with back injuries) who first saw a surgeon had surgery, in contrast to only 1.5 percent of those who saw a chiropractor.”⁷

For the overwhelming number of people who suffer with chronic pain, chiropractic care offers a drug-free, non-invasive and cost-effective alternative to NSAIDs and opioid drugs. Chiropractic care is not just a treatment, it is a lifestyle change. Visit with your Doctor of Chiropractic about enjoying good health and reduced pain for many years to come.

This article is not intended as specific medical advice for any condition. Please talk to your doctor before taking or changing any OTC or prescription medication, or starting any new treatment plan, and find out the best treatment, cost effectiveness and possible results for your condition.

1. Singh, Gurkirpal, MD, “Recent Considerations in Nonsteroidal Anti-Inflammatory Drug Gastropathy”, *The American Journal of Medicine*, July 27, 1998.
2. Wolfe, M. MD, Lichtenstein D. MD, and Singh, Gurkirpal, MD, “Gastrointestinal Toxicity of Nonsteroidal Anti-Inflammatory Drugs,” *The New England Journal of Medicine*, June 17, 1999, Vol. 340, No. 24.
3. Carabello, Laura, Clum, Gerard, DC, Meeker, William, DC, Foundation for Chiropractic Progress 2016, “Chiropractic, A Safer Strategy than Opioids.” CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. <http://wonder.cdc.gov>
4. Carabello, Laura, Clum, Gerard, DC, Meeker, William, DC, Foundation for Chiropractic Progress 2016, “Chiropractic, A Safer Strategy than Opioids.” CDC. <http://www.cdc.gov/drugoverdose/data/overdose.html>
5. Foundation for Chiropractic Progress 2016, “Chiropractic, A Safer Strategy than Opioids.” National Board of Chiropractic Examiners; Practice Analysis of Chiropractic 2015; Chapter Two; http://nbce.wpengine.com/wp-content/uploads/chapter_02.pdf;
6. Foundation for Chiropractic Progress 2016, “Chiropractic, A Safer Strategy than Opioids.” Boscarino JA, Rukstalis M, Hoffman SN, et al. Risk factors for drug dependence among out-patients on opioid therapy in a large US health-care system. *Addiction* 2010;105:1776–82. <http://dx.doi>
7. Keeney, B. J., Fulton-Kehoe, D., Turner, J. A., Wickizer, T. M., Chan, K. C., & Franklin, G. M. (2013). Early Predictors of Lumbar Spine Surgery After Occupational Back Injury. *Spine*, 38(11), 953-964.