

A photograph of a man's back from the waist up, facing away from the camera. He is wearing dark blue athletic shorts. Overlaid on his back is a semi-transparent diagram of the human spine. The spine is highlighted with a glowing yellow and orange light, particularly concentrated in the lower back area where the man's hands are resting. The background is a plain, light blue wall.

*The Insider's Ultimate Guide to*

# **BANISHING BACK PAIN FOR GOOD**

*Without dangerous drugs, risky injections,  
or useless surgery*

*by Marc S. Micozzi, M.D., Ph.D.*

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# Introduction

As far as I'm concerned, the science couldn't be clearer—the right treatments for back pain have nothing to do with drugs or surgery.

In fact, I was even invited to write an editorial about it that was published in the esteemed *Annals of Internal Medicine* nearly 15 years ago.

And from 2002 through 2007, I was principal co-investigator on one of the biggest studies on back pain ever conducted. It was funded by the U.S. Health Resources and Services Administration (HRSA). We gathered data from over 700 studies from around the world. We organized a consortium of over a dozen accredited chiropractic colleges and medical schools, such as Harvard Medical School and Jefferson University Hospital, and had committees of dozens of clinical researchers to review the results. And we concluded the same thing that “hands-on” healers had concluded a century ago, and that modern research had even concluded a decade before:

*Drugs and surgery should be your last resort!*

There are much more effective strategies for relieving both acute and chronic back pain—no matter what the cause. So, please, before you reach for that bottle of pain pills...before you subject yourself to an endless cycle of x-rays and MRIs...and certainly before you sign that consent to surgery—please, consider the “alternatives” FIRST.

I'll tell you more about them in this report. But first, it's helpful to know why back pain is such a common problem. And believe it or not, it's a problem that has evolved right along with mankind.

## The great evolutionary trade-off

I often discuss the importance of gait (or how well you walk) as a key to health and longevity, especially as you get older. But it's not about *how much* you walk. It's about *how well* you walk. And indeed, it's the ability to walk upright that sets humans apart—but it's also what sets us up for a lot of pain as well.

Walking has been a key factor in the ability of humans to survive. In fact, the ability to walk upright on two legs is a distinctly human trait. And throughout human history, this trait has freed the hands so that, together with larger brains, humans could express their creativity and productivity to build our modern, “man-made” world.

One important trade-off is that in order to walk (and run) more effectively, the legs needed to be placed more narrowly together than they are on other, four-footed mammals. This effect results in a narrower pelvis, especially at the hips.

However, humans have developed very large brains. So women need to have wider hips to allow infants to pass safely through the birth canal. (*Interesting side note:* Humans are the only animals who have such potentially difficult delivery, which is why we call it “labor.”)

But since you can't walk effectively if the hips are too wide, human infants were born at earlier and earlier stages of development, while the brain is still immature. So human young are the most immature creatures in the universe, and require a prolonged period of dependency—with implications for nuclear family, extended family, and human social organization as a whole.

Consider it a grand evolutionary biological compromise between upright posture, freeing the hands, and having bigger brains.

But there's another tremendous impact that walking upright has had on humans. One that millions of people struggle with every day—back pain.

### **From discomfort to disability**

The spine provides structure to the entire body and helps protect the vital organs. It also provides the protective conduit for the “wiring” that runs to all the parts of the body—the spinal cord and the spinal nerves.

In animals that walk on all fours, the natural design of the spine is like a simple suspension bridge. But over time (millions of years, probably), humans began to stand erect. And the shape of the spine converted from a suspension bridge to a shallow S-shaped (or sigmoid) curve...to provide balance, structural support, and some “suspension” as well as “shock absorption.”

But as you can imagine, pounding away against hard surfaces while walking not only affects the joints of the legs, but the shock waves work their way up through the pelvis to the spinal column and the individual vertebrae. The result is degenerative arthritis, or osteoarthritis in the spine.

And just like in other joints, osteoarthritis of the spinal vertebrae can lead to stiffness. As well as contribute to bony outgrowths that can impact and irritate the spinal nerves that branch out from the spinal cord. These kinds of irritations are common in the arms and the legs (“pinched nerves”). And on a chronic basis, they can cause the familiar condition of sciatica.

In the spine itself, the middle 12 vertebra are held relatively rigid by the ribs, but the seven cervical vertebrae in the neck, and the five lumbar vertebrae of the lower back have more degrees of freedom, and less support. Which is why lower back pain is such a universal source of discomfort in humans.

Of course, when there is a sudden rupture of a spinal disc (or cushion), or even a traumatic fracture of a portion of a vertebra, there can be sudden debilitating pain.

However, even without a sudden rupture or traumatic fracture, low back pain can be disabling. In fact, it's the most common cause of disability in working Americans (those who still have work).

But regardless of the origin of your pain, the treatments are the same.

And as I mentioned at the beginning of this report, the most effective treatments have nothing to do with the “go-to” recommendations offered by mainstream medicine.

So, without further ado, let's take a closer look at what Nature has to offer for the millions of people suffering from back pain...

## Chapter 1

# The hidden cause of chronic back pain (and how to reverse it for just pennies per day!)

Lower back pain afflicts nearly 80 percent of the men and women in the U.S. at least once during their lives. In fact, it's the leading cause of pain and disability in working people. And for many people, it becomes a chronic condition that leads to harmful drug treatments—and even surgery.

But two new studies suggest one simple vitamin deficiency may be to blame for your bad back. And this deficiency is quite simple to reverse with optimal supplementation.

Of course, I'm talking about good, old vitamin D.

### Thank the “experts” for the low-vitamin D epidemic

As I often report, vitamin D plays a role in protecting you against just about every chronic disease on the planet. (Including back pain, as I'll explain in a moment.)

But millions of Americans don't get enough of it, thanks to dermatologists' misguided warnings to avoid regular sun exposure. Thankfully, science is now starting to show just how protective and beneficial regular sun exposure really is.

Of course, you can also supplement with vitamin D to help boost your blood levels of this essential nutrient. But here again, the experts miss the mark...

For one, the Institute of Medicine's (IOM) Recommended Daily Allowance for vitamin D is woefully inadequate (between 600 to 800 IU daily). In fact, researchers have found that the optimal dose of vitamin D is 10,000 IU per day, which is more than 10 times *higher* than the RDA.

Yet, many doctors still harbor an irrational fear about “toxicity” or “overdose” at this level. (I know because, years ago, even I was brainwashed at first into believing some of these baseless concerns.)

But remember, as I explained in the May 2018 issue of my monthly *Insiders' Cures* newsletter (“Setting the record straight on ‘too high’ vitamin D dosages”), vitamin D is measured in international units (IU), which makes the doses seem very high, when they're really not at all.

In fact, let's put the optimal daily dose of vitamin D into perspective by considering this simple comparison:

10,000 IU of vitamin D = just 0.25 *milligrams* of vitamin D

So, as you can see, 10,000 IU isn't really high at all compared to the doses of other nutrients. In fact, it's actually pretty minuscule! For example, even the RDA of vitamin C is almost 200 times higher than that amount—at 46 milligrams!

Plus, as I recently reported in the September 2019 issue of *Insiders' Cures* («Debunking the latest <fake news> about vitamin D»), you can count the actual cases of clinical toxicity associated with vitamin D on your fingers. And they all occurred under circumstances so rare and unusual, most doctors aren't likely to encounter them even once in their lifetimes.

Now, let's take a closer look at the two new studies I mentioned above...



## New studies find back pain may stem from low vitamin D

The first new study involved 65 overweight or obese men and women who were deficient in vitamin D.<sup>1</sup>

The researchers randomly divided the participants into two groups. The first group took an initial oral dose of 100,000 IU of vitamin D, followed by 4,000 IU daily for 16 weeks. The second group took a placebo. The researchers also measured vitamin D levels and self-reported back pain scores at the study's outset and at the end of the study period.

After 16 weeks, the vitamin D group had a significantly greater reduction in back pain scores than the placebo group.

The researchers concluded that vitamin D supplementation not only corrected a dangerous nutritional deficiency, it also seemed to offer significant potential as a back pain remedy in overweight and obese adults.

In the second new study, researchers measured vitamin D blood levels in more than 200 post-menopausal women, grouping them into two broad categories:

- Those who had a “severe” vitamin D deficiency—with blood levels below 10 nanograms/milliliter (ng/mL).
- Those who had “normal status”—with levels above 30 ng/mL.

It turns out, women with a “severe” vitamin D deficiency had three major issues compared to the “normal” group.<sup>2</sup> Including:

1. Lower bone mineral density scores.
2. “More severe” lumbar disc degeneration. In fact, there was an inverse relationship between vitamin D status and lumbar disc degeneration. Which means the lower their vitamin D levels, the greater their lumbar disc degeneration.
3. Higher back pain scores. (Not very surprising when you consider the first two findings!)

In the end, these two studies make the case that you can avoid—and even *reverse*—lower back pain by achieving and maintaining optimal vitamin D blood levels.

As always, I recommend you aim to achieve blood levels between 50 and 60 ng/mL. So ask your doctor to check your blood levels twice a year—once at the end of winter and again at the end of summer.

In addition, I recommend spending 15 to 20 minutes each day in the sun *without* sunscreen. You should also continue to supplement daily with 10,000 IU of vitamin D, which, again, is the optimal dose to support good health. (This dose is especially helpful if you carry some extra weight and/or are a woman with lower back pain.) Fortunately, vitamin D supplements are widely available and affordable—which means long-term relief from back pain may cost just pennies per day.

### Three herbal pain soothers worth a try

While they're not a substitute for correcting an underlying vitamin D deficiency or seeking out the effective therapies outlined in Chapter 2, there are several herbs that can help relieve pain. They include:

- Boswellia serratta extract (gum)—400-500 mg/day
- Curcuma longa (root) (Turmeric)—200 mg/day
- Withania somnifera (root extract) (Ashwaganda)—500 mg/day

Of course, vitamin D is an essential part of optimal health—and may be the key to preventing, reversing, and even curing low back pain. But it's not a “quick fix.” The good news is, there are some other natural approaches that can provide immediate relief while vitamin D is working its long-term “magic.” I'll tell you more about them in the next chapter...

## Chapter 2

### Three “hands-on” ways to get immediate relief from back pain

Most people have come to associate pain relief with popping a pill. But when it comes to back pain, the quickest, most effective therapies don't come from the medicine cabinet at all.

#### Move more, ache less

While it may seem counter-intuitive...one of the most important and simplest things to do when your back is sore is to actually keep moving!

Gentle exercising, such as walking and swimming, are good for your lower back, provided you have not developed a disabling condition. In fact, not moving *enough* contributes to developing the discomfort in the first place. So if your mobility or endurance are limited at first, just standing up and moving around regularly throughout the day can make a big difference.

But you should continue to work your way up to a regular walking regimen. Especially since a study conducted at the University of Tel-Aviv in Israel shows that walking is as effective as clinic-run rehabilitation programs for back pain.<sup>3</sup>

And it only takes as little as 20 minutes twice a week.

#### Back pain relief that gets right to the point

In addition to walking, acupuncture is another extremely successful treatment for relieving low back pain.

Sir William Osler, who was a leading physician at the University of Pennsylvania, Johns Hopkins, and then Oxford, during the late 19th and turn of the 20th century recommended acupuncture for the treatment of lumbago (lower back pain) through the 3rd edition of his classic textbook of medicine in 1910. Unfortunately, all mention of acupuncture disappeared in subsequent editions of his textbook issued after his death.

But this ancient technique has continued to impress researchers searching for alternative pain treatments.

In fact, a 2016 study published in the *American Journal of Emergency Medicine* showed that acupuncture dramatically outperformed morphine for pain control!<sup>4</sup> It was *more* effective, *faster*, and caused *fewer* adverse effects than IV morphine.

Researchers in Tunisia at the Bourgiba University Hospital (named after the former President) conducted the study, which included 300 acute pain patients. The researchers divided the pain patients into two groups. The first group received up to 15 mg of IV morphine per day. The second group received acupuncture.

Across the board, acupuncture outperformed morphine.

In terms of pain scores, 92 percent of the acupuncture group experienced pain control compared to 78 percent of the morphine group.

In addition, the acupuncture group experienced faster pain relief, as measured every 5 minutes, over the course of one hour.

Finally, 57 percent of the morphine group experienced adverse effects. By comparison, just two percent in the acupuncture group experience adverse effects.

Even if acupuncture were only equally effective as drugs, there would be no point in giving drugs at all, considering the vastly superior safety profile of acupuncture.

Which is why the U.S. military has started using acupuncture for pain relief, despite modern mainstream medicine's skepticism about this ancient practice.

The military doesn't want to replace one problematic pain drug with just another drug (like the rest of mainstream medicine). Instead, it wants to offer natural approaches that get away from all the problems of drugs. And we should all seek to do the same.

You can find a certified acupuncturist in your area by visiting the National Certification Commission for Acupuncture and Oriental Medicine at [www.nccaom.org](http://www.nccaom.org) and clicking on the "Find a Practitioner" link at the top of the page.

And in the meantime, there's still one more pill-free technique for combating back pain. In fact, it's the No. 1 treatment for relieving back pain and restoring function, based on decades of indisputable science and data...

### **The original "bone setters" helped pave the way for "drugless healing"**

The problem of low back pain was primarily responsible for the success of two entirely new medical systems that arose in the American mid-west during the late 19th century. First osteopathic medicine and then chiropractic medicine sprang up in regions where there were fewer doctors practicing.

There had been a tradition in both European and Asian societies (whose members emigrated to the American west) of folk healers and "bone setters" that offered "adjustments." So osteopaths' and chiropractors' ability to "lay on hands" and physically manipulate the back and the body back into shape—and health—was a big attraction to suffering patients.

Another big attraction of these hands-on healers was that they promoted "drugless healing." Which allowed people to avoid taking the drugs of the time. Some of which contained toxic compounds like arsenic, lead, and mercury. So, seeing a chiropractor or osteopath wasn't just about getting effective physical treatments. Opting for osteopathic or chiropractic therapy saved people from dangerous, unpleasant, and less effective (or completely ineffective and even toxic) regular medical treatments. A good plan for our present day as well.

### **Your best bet to heal a "bad back"**

During the 1990s, research showed for the first time that spinal manual therapy (SMT) "adjustments" carried out by a chiropractor or physical therapist are the safest, most effective and most cost-effective treatment for low back pain. I wrote an editorial about these findings for the *Annals of Internal Medicine* in 1998.

The research was so strong, the Agency for Health Care Policy and Research (AHCPR) recommended that government agencies involved in health care—including Medicare and Veterans Affairs—endorse SMT as the first-line treatment of back pain.

Of course, the mainstream had a big problem with that recommendation.

Back surgeons lobbied Congress to cut the AHCPR's budget. Eventually, they closed down the agency.

But the early 2000s, these surgeons were forced to face the music (I'll tell you more about how back surgery has



turned out to be a complete disaster in Chapter 3.)

Meanwhile, research continues to show SMT is a safe, effective, affordable solution for back pain.

For instance a 2015 study published in the journal *Spine* compared the a form of SMT called Manual Thrust Manipulation (MTM) to “usual medical care.”<sup>5</sup>

Patients who received “usual medical care” were advised to stay physically active, avoid prolonged bed rest, and take an over-the-counter analgesic and/or a nonsteroidal anti-inflammatory drug for pain.

The researchers found that MTM provided greater short-term reductions in pain and disability than “usual medical care.”

The researchers also compared MTM to another chiropractic technique called Mechanical Assisted Manipulation (MAM). Results show there was no benefit to using the mechanical assist. So, when you visit the chiropractor, just say “No, MAM.”

Unfortunately, despite the evidence, the benefits of chiropractic therapy got overshadowed by the supposed “breakthrough” of back surgery. But, in the next chapter I’ll tell you why this and other mainstream go-to treatments should be your last resort.

The good news is, as this study shows (as well as a long line of studies before it), SMT is a safe, affordable and effective therapy for back pain. Plus, most insurance plans now cover it. And there are about 60,000 licensed chiropractors across the U.S., so chances are good you can get in to see one.

## Chapter 3

### **From useless to deadly: Which of modern medicine’s go-to back pain treatments just don’t work**

There are two common treatments for lower back pain that you should avoid at all costs.

The first is back surgery. It’s rarely helpful for chronic lower back pain.

In fact, as I mentioned in Chapter 2, in the early 2000s, the problem of “failed back surgery” had become so common that in some states, insurers refused to provide malpractice insurance to doctors who performed back surgery.

I attended Congressional field hearings in Pennsylvania to determine whether or not patients should be able to obtain back surgery in the state at all. Gov. Ed Rendell testified in these hearings. We had met before, when I opened the C. Everett Koop Community Health Education Center in Philadelphia in 1996, and we spoke afterward. He was quite open to the idea that most patients with back pain do not require surgery, and should not undergo this useless—and potentially dangerous—procedure. If only the medical community was as open-minded.

But there’s also another common treatment for back and neck pain—and other joint pains—that you should avoid. And if your doctor recommends it, head for the hills while you still can.

I’m talking about steroid injections.

## A whole new meaning to the term “pain killer”

In 2012 steroid injections for neck and back pain resulted in an outbreak of fungal infections of the brain and spinal cord.<sup>6</sup> This treatment killed dozens and sickened hundreds of patients around the country. It also led to the resignations of two state health commissioners. They were in charge of regulating the compounding pharmacies that formulate the steroid injections. It was ultimately their job to oversee the safe preparation of these “pain killers.”

Remember, back pain is not a fatal condition. But it turned deadly through an inappropriate treatment.

The practitioners administered the injections using supposedly sterile bottles of steroids. But it turns out the bottles were so contaminated, you could see with the naked eye white mold floating in some vials.

Yes, the problems began in one poorly controlled lab. But there was also a nationwide network of unwitting accomplices. And they were all motivated by profit.

Doctors at pain clinics across the country overprescribed these steroid injections. Yet studies had never proven that these injections were effective for these types of patients.

In many cases, the patients wanted a quick fix for their aches and pains. They didn’t want to take the time and trouble to pursue safe and effective therapy. In fact, one victim said she just wanted a steroid injection to “prevent” pain before going on a trip to the cobblestoned streets of old Europe. And she found a doctor willing to prescribe it.

Let me be clear...the idea of giving a steroid injection to “prevent” back pain appears nowhere in medical books. The doctor who agreed to this course of action should have known better. Yet it happened. And I’m sure it wasn’t the first time.

Unfortunately, perverse financial incentives exist for administering steroid pain injections. And Medicare—namely the U.S. taxpayer—foots a huge part of the bill.

In the state of Washington, the use of these injections increased 13 percent over three years. Some patients get these injections on a monthly basis. And a single spinal injection can run anywhere from \$600 to \$2,500. This costs the state a whopping \$56 million per year.

And to make matters worse, these injections haven’t proven very effective for most people anyway.

So if you suffer from low back pain, skip the expensive medical tests, dangerous injections, and useless surgery.

You can get rapid relief from a licensed chiropractor or acupuncturist. And you can keep the pain from returning by supplementing with the right amount of vitamin D and getting moderate physical activity a few times a week.

### Back pain? Skip the MRI

Research shows that getting an MRI may actually prolong back pain—and even increase “disability”!<sup>7,8</sup>

How does doing a useless test actually become harmful?

Well, besides the obvious problem of having to wait longer for treatment, researchers suggest that the MRIs may be uncovering other “conditions.” Conditions that then “require” treatment—whether or not they’re causing symptoms (essentially “false positives”). So then patients are subjected to further useless tests and counter-productive procedures, potentially getting trapped in a vicious cycle. Still with no help for the original—and REAL—problem of back pain.

Meanwhile, hospitals and health systems that have actually paid attention to the studies on back pain over the past 15 years are skipping the MRIs—and sending patients for spinal manual therapy—the very same day.

If you experience back pain go directly to the nearest good chiropractor or acupuncturist. You will most likely be walking, or running, out of there in no time.

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