

An Integrative Approach to Lower Back Pain

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Can an integrative approach to Lower Back pain be more effective than an one dimensional one?

In clinical practice I am continually educating patients on the concepts integrative healthcare and how the integration of treatments (integrative medicine) provides for the most comprehensive programs and most important efficient and lasting health outcomes. This is particularly true when treating lower back pain syndromes of a complex nature. Having applied integrative musculoskeletal medicine in my clinic I have found this to be the most effective approach when there is a need to address patients on all levels. It has been my mission to prove that this approach has also the best long-term prognosis.

An example of an integrative approach is as followed

Mr. Smith presents with lower back pain (LBP). Of course his reason for attending the clinic is mainly for the pain he is experiencing. However in order for him to have a speedy recovery and to prevent re occurrence of the problem, we must dissect the issue and understand any possible contributing factors that may have led to his problem and the underlying cause. Some of the common approaches to address such a problem are as followed:

PRACTITIONER	COMMON APPROACH to LBP
General Practitioner	Medical Pathology, X-ray MRI, CT scans, Ultrasound, Anti-inflammatory Medication, opioids, cortisone therapy referral to physiotherapist or orthopaedic specialist.
Chiropractor	Subluxation theory, Spinal manipulation and HVLA, activator method re-alignments, joint mobilisation, net, Kinesiology, heat therapy, taping, X-ray assessment CT, and referral for MRI. Exercise therapy
Osteopath	TART model, holistic assessment muscle stretches, myofascial therapy, trigger point therapy, HVLA, Strain Counter strain, joint mobilization exercise therapy. Cranial Sacral therapy, exercise therapy, education on wellness

Chinese or Oriental Medicine Practitioner	Assessment of the Meridians that pass through the area, the organ linked to the back pain (eg Bladder channel, diet therapy, stress, Acupuncture treatment, herbal medicine application and cupping. tens therapy, heat therapy, Self massage and exercise therapy
Naturopathic Doctor	Palpation, nutritional assessment, Evidence based nutraceuticals and herbal medications. Support of muscles and nerves through supplements and herbs stress management, massage therapy, Use of non-HVLA therapy such as the Dorn method spinal therapy. Detoxification, Biofeedback, Homeopathic and Herbal Medications, Counselling. Stress support. Anti-inflammatory diet and herbal medications. Referral for exercise therapy.
Physiotherapist	X-ray , MRI and CT assessments, use of ultra sound, cryotherapy, Thermotherapy, stretching, muscle imbalance assessment, stretching prescription, Mobilisation, traction.
Homeopath	Homeopathic remedies for pain, stress analysis, analysis of deep Underlying deep psychological factors and counselling

So which healthcare modality is best for Mr. Smith?

The above table is a demonstrates the different ways Mr. Smiths problem can be treated, all the above approaches have worked LPB at some level, and in some cases the patient requires a specialist approach by one of the above to help their problem. However from my experience, for the modality to work quickly and for it to provide for the best prognosis the modality needs to be in the spectrum of the presenting complaint. That is, the modality or modalities chosen must be one that is right for the particular problem at the time of the treatment and works on the right level of the patient and the mechanism at hand. For example if Mr. Smith is a stressed person with physical pain, to best effect the condition one must therefore

address both the stress factors and the pain symptoms for best results. A Naturopath therefore may be the best for this type of complaint because the focus is on symptomatic remedial therapy treatment, stress management and counseling for the persons stress. Remedies may also be prescribed for Mr. Smith's stressful state. If on the other hand he also had global structural problems and joint /nerve pain involvement, then the person would be best suited to also consider the help of a practitioner who works on this level. For example an Osteopath, Chiropractor, Physiotherapist, Massage Therapist may be consulted to help the patient on a global structural level.

Should the person have pain that is severe and natural medicine are not helping then it would be recommended that prescribed anti-inflammatory or opioid medication be prescribed by a GP. It would be also recommended that the patient also have medical tests to confirm any developed and progressed abnormalities. Example structural tissue damage and degenerative disease such as cancer.

In the above case Mr. Smith's problem could be as simple as a massage or an osteopathic HLVA, which settles the condition down. However for more complex cases, best prognosis and most comprehensive treatment then the integrative healthcare approach is best considered. What this case demonstrates is it is important to understand the modalities that are available to the patient, what they are useful for and when they are appropriate.

So what is Integrative Medicine?

In order to provide and integrative personalized approach we must first define what Integrative Medicine is. Integrative or Integrated Medicine is a system of healthcare that incorporates a combination of traditional knowledge, compassion, humanity, wisdom, spirituality, universal laws, complementary and Alternative (CAM) healing methods, allopathic medicine, modern science, technical knowledge and technology to enable us to understand patients and their illnesses comprehensively and holistically. The aim of this system and rationale is to aid the clinician to obtain a better overall understanding of patient's individual health status in order to provide the best possible Integrative treatment and care.

Unfortunately this system can be difficult to implement let alone allopathic medical practitioners and / or modern science do not always support master, as traditional methods. This is often due to lack of understanding and of the individual therapies and their interaction with allopathic medicine therefore they are often dismissed by unaware conservative practitioners most often who conclude that there is "no evidence" to support such therapies that make up an integrative approach. There is however a possibility for both allopathic mainstream and complementary and alternative medicine (CAM) to coexist and work together in order to provide the best possible treatments and prognosis for our patients. For this to happen there must be acceptance and understanding by the physician of how each individual modality fits into an integrative treatment. He or she must have the necessary training or have an awareness of the positives and the limitations of each individual healing system. The physician must also respect each individual modality and be able to explain to the patient the pros and cons of each therapy based on the evidence and their own individual clinical practice and most important always keep the patients best interest at heart.

The term Integrative Medicine was coined due to the re-emergence of CAM to describe a practice of combining both orthodox medical

practices and complementary medicine for healthcare; I guess you could say it is applying the best of both worlds in order to give the best possible treatment for the patient at hand. Even though the term Integrative Medicine seems relatively new, the practice and concept of Integrative Medicine dates back to early healers such as the Father of Medicine, Hippocrates, Andrew Still the founder of Osteopathy and other innovators such as BJ Palmer the father of Chiropractic where it was common practice to integrate treatments.

Integration occurred provide the best possible healthcare for their patients. I guess you could say this is a sign of a true healer, one who continues in search to better their practices in order to help their patients with the most appropriate non invasive, safest treatment possible.

An Integrative Medicine Practitioner is therefore one who utilizes the best of Orthodox, complementary medicine and holistic principles whether it be by cross referral, or by direct application. Usually this kind of Practitioner has been exposed to many modalities, principles and understands the benefits, application and limitations of these practices.

Integrative Medicine, an Integrative Brain and mindset

When we look at integrative medicine as awareness we can understand that its practice is merely an integration of the practitioner's mind that creates an integrative system. If we look at the brain and its functions we can understand why integrated thinking is a balanced approach to healthcare.

The table below shows the various functions of the left and right brain. As shown the left brain is responsible for logically functions and the right the brain for the creative functions of the mind.

In developing Integrative health programs one must therefore access a combination of these functions in order to have achieved integration. This is not only true for developing programs but also to participate in an integrative healthcare system.

LEFT BRAIN FUNCTIONS	RIGHT BRAIN FUNCTIONS
uses logic	uses feeling
detail oriented	"big picture" oriented
facts rule	imagination rules
words and language	symbols and images
present and past	present and future
math and science	philosophy & religion
can comprehend	can "get it" (i.e. meaning)
knowing	believes
acknowledges	appreciates
order/pattern perception	spatial perception
knows object name	knows object function
reality based	fantasy based
forms strategies	presents possibilities
practical	impetuous
safe	risk taking

Reductionist thinking	Integrative thinking
Medical treatments based on disease	Individualized personal treatment
Aimed at symptom presentation	Aimed at the underlying cause
Mechanism focused	Aimed at systems and interconnections
Drugs based on disease mechanism of usually one organ system	Holistic treatment on multiple organ systems
Often a set of criteria are set for the mechanism in one system	Understands disease mechanisms may vary and multiple systems involved
Often ignore what is not according to science and the data	Able to step away from the data open to ideas and creative thinking

By utilizing the logical brain we can utilize the best of science and the knowledge we accumulated through education and research (a known perspective). However we utilize the right creative brain so we can creatively develop newer ideas that eventually become logical and known perspective. The ability to think this way allows the practitioner to examine and appreciate a problem from many different angles and allows for a more comprehensive holistic and integrative understanding.

Taking the mind out of the equation however can be equally important; this allows the practitioner to allow intuition and spiritual guidance to come into play to gain knowledge about how to approach a patient's health issue.

What the Master healers of years gone by commonly possessed was an integrative mind and balance of these qualities. A healthy balance between the left and right brain and intuitive guidance enabled them to approach life and their practice from a holistic perspective. This enabled insight into cures that had not been documented and provided options for care of the patient. With this concept understood a practitioner therefore does not have to work with many modalities but with an open mind. Integrative thinking alone can help to guide the practitioner to the right treatment for the patient regardless of their repertoire of skills.

What is Integrative Musculoskeletal Medicine

There are many forms of manual and musculoskeletal therapies that can be used for varying levels of structural health issues. From my experience, results do vary based on to the type of therapy used, the type of patient they are performed on and the presenting problem they are used for. Often I see patients who have been around to many different practitioners with no success or are stuck in a symptom cycle of treatment, which merely manages their symptoms and does not address the underlying cause. I have narrowed it down to a number of reasons as to why the patient does not achieved the best results.

- Wrong type of therapy/treatment is used for their particular condition
- Research is overlooked or not considered.
- The problem is complex and needs an integrative approach and not a singular specialty approach

- Patient has left the problem far too long before seeking treatment
- Practitioner or patient do not recognized or understand other therapies that may be helpful along with their treatment
- Poor communication between practitioners especially CAM and Medical practitioners
- Lack of understanding of the underlying cause
- Patient has not made changes to their lifestyle
- Practitioner does not have an integrative mindset.

To understand how best to approach such a condition as mentioned it is important to understand the patient's problem and its origin. Is it mainly a physical problem or are their other contributing factors such as emotional and, nutritional. Usually the first point of call is the person normally visits their Primary Healthcare Practitioner, this could be their GP, Chiropractor, Osteopath or Naturopathic Physician. It is up to the primary care physician to determine what the cause of their problem is and then to decided who or what is best suited to address their physical ailment. A care plan needs to be made by the attending physician

Lower back pain (LBP)

For the purpose of demonstrating the effectiveness of Integrative musculoskeletal medicine I have selected Lower back pain. There are many types of Lower Back Syndromes (LBS) including:

- Adolescent Idiopathic Scoliosis (AIS)
- Adolescent Idiopathic Scoliosis: An Interview with George Frey, MD
- Adult Degenerative Scoliosis
- Cervical Degenerative Disc Disease
- Cervical Disc Herniation
- Cervical Myelopathy
- Cervical Stenosis
- Compression Fractures
- Degenerative Spondylolisthesis
- Isthmic Spondylolisthesis
- Low Back Sprains and Strains
- Lumbar Degenerative Disc Disease
- Lumbar Disc Herniation
- Lumbar Stenosis
- Neck Sprain (Whiplash) and Strain
- Neck Strain
- Osteoporosis
- Whiplash

This study will focus on chronic and acute LBP caused by one of the following.

1. Mis-alignment of vertebrae causing nerve impingement
2. Muscle imbalances and compression spinal segments
3. Pelvic and sacral imbalances
4. Muscles tension and spasm
5. Poor muscle nutrition
6. Poor posture and global structural distortions
7. Poor gut health and infection causing systemic inflammation, creating core weakness and lower back pain.

Back problems are common conditions. *Estimates from the Australian Bureau of Statistics 2014–15 National Health Survey show about 3.7 million Australians (16% of the population) have back problems.* It is estimated that 70–90% of people will suffer from lower back pain in some form at some point in their lives.

Pain is the main symptom in most back problems. It is a common reason for pain among younger and middle-aged adults, but can start in childhood. One study of people with long term back problems reported 14% experience constant or persistent pain, and **86% experience pain one day per week.**

Modalities selected for this study

For the purpose of this study I have selected the following modalities, ones that I have had personal experience using in an integrative approach to LBP, they include:

- Exercise therapy (ET)
- Myo-fascial therapy
- OMT and HVLA
- The Dorn Method (for demonstrating leg length balance)
- Acupuncture
- Nutrition
- Herbal Medicine

Exercise therapy (ET) LBP

According to the research the first line of treatment for LBP is exercise therapy followed by manual therapies and then medication. According to the American College of Physicians the guidelines for the management of LBP have been revised (ET) and that (ET) is now the first line of treatment in LBP and is integral part of an integrated model when treating LBP. For the purpose of this study the following areas will be considered in the integrative management of LBP

1. Core stabilizing exercises
2. Hamstring, hip flexor and Quadratus lumborum stretches
3. Yoga positional stretches.

Myofascial therapy and lower back pain

Myofascial therapy or Myofascial release. (MFR) has been widely used by Osteopaths as an integral part of treatment. Since its early use in Osteopathy it has been adopted by other professions and is often used routinely by massage therapists and other physical therapists. It is well documented to help with LBP. One study in 2014 looked at its efficacy in treating LBP in conjunction with exercise therapy the first line treatment of LBP. Of the participants 53.3% had a reduction in pain using MFR. MFR plays a crucial role in LBP for the correction of muscle imbalances that are causing misalignment of the bony structures that have an impact on nerve roots causing pain or simply due to spasm of muscle tissue itself leading to inflammation and pain.

Osteopathic Manipulative treatment (OMT) (HVLA)

OMT is commonly used in Osteopathy and is one of the fastest acting and most effective of the tools used by an Osteopath or manipulative therapist for the treatment of LBP a meta-analysis of OMT in 2005 showed that "OMT significantly reduces low back pain. The level of pain reduction is greater than expected from placebo effects alone and persists for at least three months. Additional research is warranted to elucidate mechanistically how OMT exerts its effects, to determine if OMT benefits are long lasting, and to assess the cost-effectiveness of OMT as a complementary treatment for low back pain".

The Dorn Method AKA Dorn Spinal Therapy (DM) (for the purpose of demonstrating the importance of leg length balance)

While there is **no evidence** for the support of The Dorn Method (DM) for the treatment of LBP, the components and modalities used in DM have been studied extensively including joint compression

mobilization and leg length. For the purpose of treatment of LBP in this study I have chosen to focus on the leg length discrepancies (LLD) and its treatment in LBP. In 2015 a study of meat cutters with LLD showed that LLD significantly increased pain intensity after standing for long periods of time. Therefore when considering treatment for LBP, correction of any LLD should be an integral part of the treatment. It's important to point out that of the two main types of LLD, Anatomical and Functional. The LLD mostly impacted by the DM is functional LLD, Anatomical would need surgical or podiatry interventions. The DM utilized correction of LLD to be integral part of LBP treatment. It's important to point out also that the causes of LLD include the following

- Spinal segment mis-alignment
- Hip joint misalignment
- Pelvic rotations and tilts
- Muscle hyper tonicity and hypo tonicity

Successful treatment of LBP will depend highly on the right treatment of the cause involved.

Acupuncture treatment for LBP

Utilizing Acupuncture for the treatment of lower back pain can be used in several ways however studies mostly support the treatment for the management of pain in LBP syndromes. In TCM (Traditional Chinese Medicine) LBP is looked at as a pattern of illness that led to the LBP and there are various patterns of diagnosis that can be made, and that by treatment of this imbalance is curative for LBP. The pattern mostly seen in TCM is kidney (adrenal) deficiency or weakness affecting the lower back. Mainstream medicine on the other hand mostly links acupuncture to its physiological effects on the, trigger points local points of tenderness and Nocioceptors that help manage pain symptoms the correct term is Dry Needling or Medical Acupuncture for this type of technique. The two methods are vastly different. For this study I have selected parts from both for the management of LBP

Acupuncture has long been recognized for the treatment of chronic pain, in 2012 a study revealed that Acupuncture was found to be better than no Acupuncture treatment for the treatment of

1. back pain and neck pain
2. Chronic headaches
3. Osteoarthritis
4. Shoulder pain

Nutrition and LBP

The use of Nutrition and dietary elements is an important foundational part of an integrative approach to LBP. The most documented are:

- Lipoic acid + Superoxide dismutase,
- Magnesium
- Melatonin
- Vit D
- Probiotics

It is very well documented that the incorrect nutrition delays healing time and can aggravate soft structures creating inflammation as a result so therefore it is an integral part of this study. This study will look at using nutrition as a supportive treatment as well as using it to minimize system inflammation and to encourage healing.

The key to using nutrition in LBP is to understand the individual's reactions to various known inflammatory foods and substances that contribute to the LBP. Particular are the various proteins,

food chemical founds in foods such as lectins or agglutinins that lead to inflammation. A study from Colorado found that Lectins contributed to inflammatory symptoms of Rheumatoid arthritis. Another trigger of LBP in alcohol and has been found to create inflammation associated with lower back pain.

The microbiome is a hot topic and recent evidence seems to suggest a link between poor microbiome health and musculoskeletal disease. There the use of probiotics may be seen as a common treatment for LBP sufferers in the near future.

Herbal Medicine and LBP

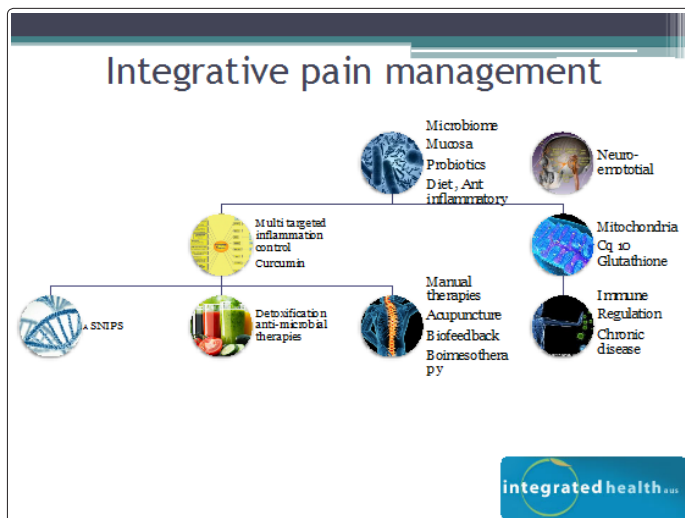
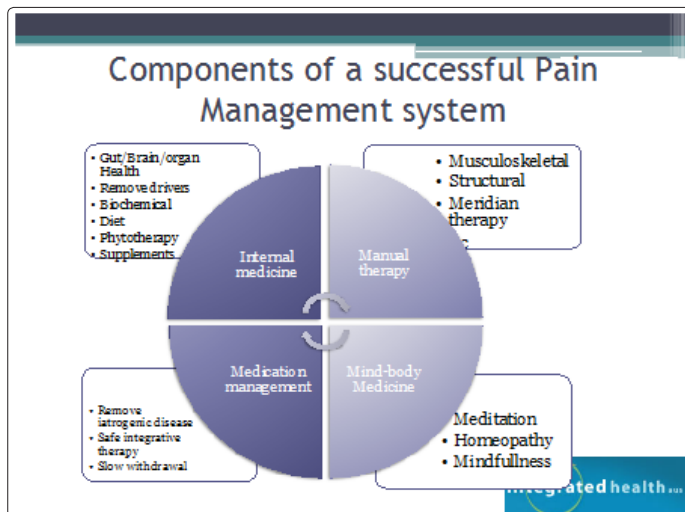
Whilst there are many types of drugs and medications for the management of the pain associated with LBP they do come with potential long-term side effects. Herbal medicine offers pain management with minimal or no long-term side effects and can be used long term for the management of LBP. The most studied of all of the herbs is Turmeric or Curcuma Longa. Curcuma has been proven over and over again as the choice for herbalists in managing general inflammation in musculoskeletal issues but not specific to LBP. Other herbs proven more specific to LBP include Arnica and Capsaicin.

Treatment of LBP using herbs is not only limited to the reduction of inflammation using anti-inflammatory herbal medication. Bacteria have also been shown to cause pain associated with LBP. A study in 2013 showed that bacteria present had a direct link to lower back pain. In this kind of driver of LBP of course use of antibiotics and antimicrobials is indicated.

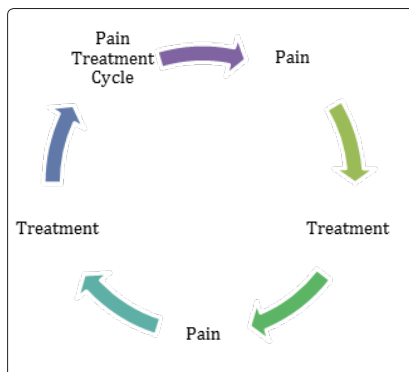
When treating the pain associated with LBP it is therefore important that one must use an integrative mindset and approach. Understanding the drivers of the condition and the pain is critical in selecting the best intervention for pain and can be summarized by the following diagram.



Once the above drivers have been identified the following diagram can be used to isolate the correct intervention.



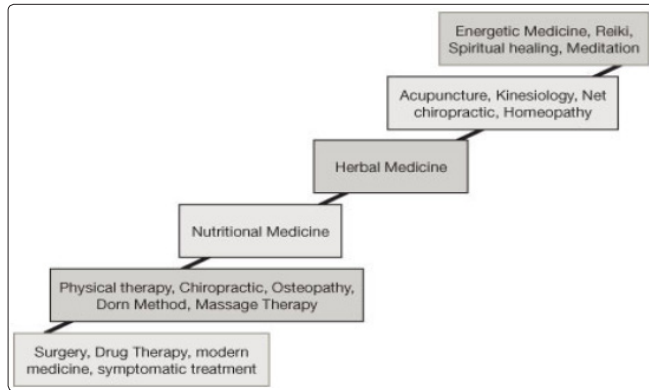
It must be pointed out that the correct intervention must attempt to work on the underlying cause as well as the pain in order the condition to progress, otherwise treatment enters the PAIN-TREAT-PAIN cycle as shown below. The key is to break these cycles by addressing the cause of the pain to encourage resolution of the cause of the pain



To understand integrative medicine one must understand the individual therapies their application and when they are appropriate for use in the individual. The above table shows common therapies and their approximate level of effectiveness at different stage of persons healing. Many times I have had patients come into my clinic and the say that they have tried a therapies that they work.

My theory on this is that it is not to do with the fact that the system of medicine doesn't work, more that it was not specific enough and not appropriate for that particular problem at that particular time. Further explanation of this lies in the level of health the person is at and their level of vitality or stage of disease.

Hierarchy of Modalities and their application



Once the drivers and causes of the LBP and the pain have been identified and the therapies have been selected once can approach begin treatment.

The following cases demonstrate an integrative approach to LBP utilizing some of the some but not limited to the research presented in this paper.

Integrative Case Studies

52-Year-Old Male Landscaper presents with Nerve impingement of L2-L3 Pain, Nervousness, and mild anxiety

Patient is experiencing Bilateral lumbar pain with nerve pain which he describes as an electric shock feeling after bending over incorrectly at work, He has recently put on some extra weight recently and feels this has contributed. Patient heard a clicking sound when the incident occurred. Patient has a relatively clean Medical history with no major health concerns however this has happened previously and contacted a chiropractor for treatment. Patient is unable to work.

Findings

Assessment revealed, C3 C7 T1 T3 and L3 L5 Misaligned vertebrae Acupuncture meridian dysfunction in the Bladder channel, Spleen, Small Intestines and Lung Specific Point blockages at GV13 LR 05 KI06

A functional short leg was noted on the Right side 1.5 cm (dorn and activator method leg length testing) Standing assessment reveals a posterior ileum on the left side X-ray was recommended however patient requested that we do if treatment is not successful.

Treatment

Myofascial Therapy

Initial treatment focus was on symptom management, Myofascial therapy was performed on entire erector spinae group and lumbar muscles including Quadratus lumborum multifidus, Muscle manipulation improved the leg length discrepancy, as there were hypertonic muscles on the right side of the patient and hamstring muscle groups. Upon treatment of the right side a global shift was noted in the patient's structure. Acupuncture needlework was

performed on BL40 BL24 and GV20 for 20mins. Biofeedback treatment was given to L3 and L5 dermatomes and to all the above acupoints and meridians along with the Acupuncture.

HVLA-Alignment Therapy

Further treatment was administered on the patient's short leg and long leg. Dorn Leg length testing was again performed revealing a slightly longer left leg. The left leg was treated with the dorn functional compression technique. Improvement in leg length was noted almost immediately.

Pelvis and sacrum HVLA Re-alignments were also performed, **Exercise therapy**, patient was instructed to refrain from heavy work duties and to stretch hip flexors, hamstrings and quadriceps group.

Medication: Curcumin 5gms TDS

Follow up visit 3 days later Patient explained he felt better in the afternoon after treatment, was sore the next day however felt no pain the day after.

Says he is relatively pain free even after being on his feet all day and is feeling a lot calmer, Patient did explain he had a little pain in his hip area.

Treatment Similar treatment was again performed, as leg length discrepancy was still present.

Assessment revealed C1 L1 T8 T2 spinal imbalances. Acupuncture, triple warmer, Bladder, Heart and GVSP04 SP19 T19 frequency therapy was given to the above Needle Acupuncture was performed on BL23 BL40 and SI 14 Myofascial therapy was again given, this time to levator scapulae hip region and quads Dorn therapy was performed to correct Leg length.

Medicine given Patient was also given traumeel (arnica) and Herbal medication to treat the Anxiety.

3rd Visit: Patient says he has no pain at all, has resumes light duties at work. Has been doing stretches regularly Patient shows overall improvement in muscle balance, pain symptoms and structural balance.

Treatment given: Maintenance treatment given, due to his line of worked I then advised patient to come and see me for a checkup once a month which he has been doing now for 1 year.

Conclusion by treating from all levels, muscles, joints, meridians, nerves, emotional balance and overall structure the Integrative Approach allowed for an effective and speedy recovery Patient is now undergoing wellness care and maintenance and would like to have a child with his new wife. We are also giving him monthly injections of Saline and oral traumeel on his right ankle for an old injury; he feels this is giving him much relief.

74 Year Old Female Groin pain on left side and shooting down tibialis anterior bilaterally, Severe Scoliosis, Shoulder tendonitis

History Knee replacement on right side, Surgical Scars, Ongoing lower back pain and chronic shoulder pain, indigestion

Medications Naprosan, Avapro

Findings: Acute pain on left hip flexion, Acute onset of pain in groin 2 weeks prior to treatment unable to raise leg into car, difficulty

walking needs to walk sideways up the stairs. Has to lift leg up with arms as there is too much sharp pain. Scaring is noted on the stomach channel passing through lateral patella where she had an operation and knee replacement.

X-ray reveals no hip involvement as suspected by medical doctor however severe scoliosis is noted.

Severe Scoliosis convex to the right, Patient has a posterior inferior ileum on the right side. Patient has short leg on the right surgical scars along the stomach channel on right knee.

X-ray Shows no bone or hip joint abnormality and no Osteoarthritis pain.

Lumber Scoliosis convex to the right, with left sided shift of L1 and L2 in the AP plane. There is a right sided shift of L3 on L4 in the AP plane In the lateral plane the vertebral bodies appear in good alignment Severe disc degeneration extending from L1 to S1 worse at L1/2 and L4/L5

Palpation and Screening

Spinal screening revealed energy blockages also at T10. C7, T2 and cranial Acupuncture meridian screening revealed, Blocked Stomach, Kidney, lung, and GB channels. He01 GV12 and Sp 14 where specific point blockages.

Treatment focus

Relieve discomfort and provide symptomatic relief, Bring pelvis into a better alignment to take stress of the groin muscles (adductors Magnus and brevis) Correct global structural imbalance that created focal pain, Decreased pain in shoulder, Correct leg length discrepancy, remove drivers. Improve muscle balance and leg length discrepancy Unblock surgical scars to improve energy flow through meridians.

Treatment given

1st visit: Acupuncture scar therapy, Biofeedback on all blocked meridians, spinal segments and L4 and L5 Dermatomes. Dorn Leg length rebalancing on left leg to correct discrepancy. Left hip joint relocated back into the acetabulum Acupuncture Needling St 36, st 31, Sp 11 Pelvis and Sacrum realignment on the right side. Post treatment, patient feeling slightly better than when she arrived however pain still there.

Second Visit: 4 days later

Slight improvement, however walking still a problem when walking for long distances, pain when lifting leg up still present, Muscles at the top of the leg (Vastus medialis rectus femoris very stiff) Blockages where found at points GB 07 TE 10 KI 21, and meridian of TW, LV Stomach, GB and spleen meridians. Spine showed Energy Blockages at T6 Sacrum and L1 and again at cranial. Patient complained about her shoulder.

Treatment

Again biofeedback was performed on all blocked channels of the spine, meridian and points. Dorn repeated as previous on sacrum and ileum on the right Psoas major and minor releases and quad stretched where performed and take home stretches were given to patient. Acupuncture needling was given on Sp11.Sp 6; medial

knee (vastus medialis ashi points) stomach and scar treatment was repeated. Turmeric was given for the pain, nerve sensation and digestive discomfort. Dorn Method exercise were given

Supplements given

Traumeel (natural ant inflammatory for disc and soft tissue) Hypericum (works on nerve to relax them) Turmeric tincture prescribed.

Joint and Muscle formula (disc degeneration) Glucosamine and MSM was also recommended. Calcium and Magnesium also given.

Post treatment Patient feeling much better able to walk.

3rd Visit 1 week later

Treatment was successful, raising leg still hurts however much better. Explains that vacuuming seems to trigger her leg. And wearing high heel boots (I recommended patient to avoid these triggers). Patient also said shoulder is much better also.

Treatment

Myofascial therapy on quadriceps group Iliotibial band and Adductors, Cupping was also given on stomach and spleen channel in the groin area. Further Quad stretches, Hamstring stretches. Pelvis realignment and leg length corrections were made. Joint re-alignment on L5 Biofeedback on SP, LV, GB, Lung, TW and ST, other points used HE06, LI15CV08 and SP09 Biofeedback on T6, T7, T8 and occipital, Biofeedback on Muscle spasm and tension.

Post treatment: Feeling much better.

4th Visit: 1 week later Patient completely free of pain and discomfort mild discomfort in chronic shoulder problem. A repeat of treatment 3 was given along with recommendations for stretching the shoulder (biceps and deltoid stretches were given).

5th Visit: Patient moving into better function as well as pain free, patient has not been doing exercise given as she feels she does not need it anymore. Patient has asked me to focus on shoulder a little more as she feel her groin is better but shoulder still sore from time to time. Biofeedback shows Heart, Lung, liver spleen channels blocked along with Bl 67 GB3 H4 and SP 09. C3 T2 T11 AND L5 also energetically blocked.

Treatment: Myofascial therapy on Rotator cuff muscles, cupping on posterior rotator cuff muscles and SI and LI channels.

6th Visit: 3 weeks later Patient feeling all round better, best she has felt in a long time. She says she really has become aware of what triggers her problems and better still knows what she can do about it.

Treatment

Biofeedback treatment was given to the following areas BL 44 CV04 St08 KI SI CV GV C2 C6 occipital and T7 Acupuncture and cupping was given to SI12 and surrounding shoulder channels LI TW and LU Pelvis has maintained position so no Pelvis re-alignment was performed, chronic leg length discrepancy however was corrected. I recommended patient come in just for maintenance once a month to manage long-term chronic scoliosis and disc problems.

Conclusion

LBP is a multifactorial condition with multiple triggers and mechanisms. For the most part it has a mechanical cause and nature however in unresolved LBP other hidden factors should be considered to ensure the underlying cause has been addressed. When treating LBP using proven Osteopathic techniques it is important to approach the condition with an integrated mindset to ensure a holistic approach is given and to ensure the underlying cause is identified and eliminated. Various mainstream and complementary medicines and modalities have proven in the treatment of LBP and should be considered in an integrative program for the patient. In some cases looking outside of the common causes and triggers is crucial in order to uncover hidden drivers of the LBP such as the presence of microbes and poor gut health affecting the lower back. Whilst some evidence in support of an integrative approach to LBP exists and the future looks promising more research is needed to support an integrative approach to LBP.

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