

FDA Calls on Doctors to Rethink How They Treat Pain

In the U.S., painkiller addiction is so rampant that 91 Americans die every day from an overdose of prescription opioids or heroin.¹ Prescription opioids such as oxycodone (OxyContin), hydrocodone (Vicodin), morphine and methadone are widely prescribed for pain relief.

Initially, they were intended to treat severe pain following surgery or injury or pain due to illnesses such as cancer. However, they're now increasingly prescribed for many types of pain, including chronic back pain or [pain from osteoarthritis](#). Opioid prescriptions nearly quadrupled in the U.S. between 1999 and 2013, despite reported pain levels remaining stagnant.

Meanwhile, the CDC reports, "[Deaths from prescription opioids](#) — drugs like oxycodone, hydrocodone and methadone — have more than quadrupled since 1999," rising right along with the numbers of prescriptions.²

The problem with opioids is that many people start taking them for mild to moderate pain, only to develop a tolerance, which means you need to take more to get the same relief. Physical dependence can also develop, leading to symptoms of withdrawal if you try to cut back or quit the drugs cold turkey.

Ironically, opioids can even lead to an increased sensitivity to pain, causing patients to reach for more and more of the drugs. Addiction and overdose, which can be fatal, are all-too-common next steps. In fact, up to 1 out of 4 Americans receiving long-term opioid prescriptions struggle with addiction, according to the CDC.³

In 2016, the CDC released updated guidelines for prescribing opioids for chronic pain. Notably, they listed non-opioid therapy as the preferred treatment for chronic pain.⁴ In an Education Blueprint for Health Care Providers released in May 2017, the U.S. Food and Drug Administration (FDA) similarly proposed changes in how doctors treat pain.

Specifically, the FDA urged them to get information about non-drug options including cognitive behavioral therapy, physical therapy, chiropractic care and [acupuncture](#),^{5,6} noting:

"A number of nonpharmacologic therapies are available that can play an important role in managing pain, particularly musculoskeletal pain and chronic pain. HCPs [health care providers] should be knowledgeable about the range of available therapies, when they may be helpful, and when they should be used as part of a multidisciplinary approach to pain management."

It's about time. According to a study published in the *Annals of Internal Medicine* and funded by the National Institutes of Health (NIH), patients with neck pain who

used a chiropractor and/or exercise were more than twice as likely to be pain-free in 12 weeks compared to those who took medication.⁷

So, too, is the case with acupuncture. researchers concluded that acupuncture has a definite effect in reducing chronic pain such as [back pain](#) and headaches — more so than standard pain treatment.⁸

Many Physicians Have Little Training on How to Treat Pain

The FDA's proposed guidelines are long overdue, as a 2013 study revealed new physicians learn shockingly little about how to treat pain, despite it being one of the most common, and most debilitating, medical conditions around. The study, which surveyed undergraduate medical schools in Europe, found that even when compulsory pain courses are in place, they represent just 12 hours of the six-year program — or 0.2 percent.⁹

Further, most of the schools actually have no required courses on pain that all students must take. This means that 12 hours of pain study represents a best-case scenario; at 82 percent of medical schools without compulsory pain courses, the students may be receiving even less or no pain training at all.

Even when the pain courses are compulsory, there is no consistency in what topics are covered, and most of the schools included only classroom-based teaching, not practical-based or placement-based teaching that could offer future physicians valuable hands-on experience.

The researchers called for a major overhaul to address the urgent public health need to adequately manage chronic pain. **With no other knowledge of how to treat pain, most physicians treat it with prescription painkillers, and now we have an epidemic of prescription drug abuse and related deaths.**

Chiropractic Offers Benefits Beyond Pain Relief

One of the major benefits of choosing chiropractic over a drug solution is that the former can help relieve your pain while offering you whole-body benefits. For instance, research by Dr. Dean Harrison and others suggests chiropractic treatments can help prevent progressive spinal degeneration, i.e., [osteoarthritis](#) or disc disease.

Just like regular dental care will prolong the useful life of your teeth, getting regular chiropractic treatments can do the same for your spine. Further, contrary to popular belief, chiropractic can be used to optimize wellness, not just treat pain.

According to Dr. Billy DeMoss, a chiropractor with a practice in Newport Beach, California, **"Chiropractic is like brushing your teeth." It's something you need to do on a regular basis to maintain the life of your spine, because**

regular activities, such as chronic sitting, can contribute to its functioning less than optimally.

Granted, some chiropractors focus primarily on pain and injuries and do not have the full skill set required to address issues like allergies or disease. So it's important to make sure the chiropractor you choose has the appropriate vitalistic philosophy and is skilled at providing pain relief as well.

While many will only consider chiropractic when they have back or neck pain, the point to remember is that its scope actually goes far beyond that. DeMoss said:

"I try to get people to understand that your nervous system and your brain control every function of your body. When we have a condition in chiropractic we call subluxation, which is misalignment or dysfunction in the spine as far as mobility is concerned, it can cause nerve interference, which will interfere with the expression of intelligence that flows over the spinal cord and nerves.

It can contribute [to] not only causing pain that most people perceive as a chiropractic problem but also can cause organs not to function 100 percent."

Why You Should Be Wary of Back Surgery

If you're not offered a prescription drug to treat your back pain, many conventional health care providers will turn to offering surgery like [spinal fusion](#) or epidural steroids. Dr. David Hanscom, an orthopedic surgeon with a practice in Seattle, is unusual in that he tells most of his patients they don't need surgery. He's written a book detailing his novel approach to chronic pain treatment, called "Back in Control: A Surgeon's Roadmap Out of Chronic Pain." According to Hanscom:

"There's maybe a 20 percent to 25 percent success rate of spinal fusion for back pain. And the downside of a failed spine surgery is terrible. It's really bad. These people are condemned to live their entire lifetime, 30 to 40 more years, in chronic pain."

Golden State Warriors coach Steve Kerr knows this all too well. He's still on medical leave after having back surgery in 2015 for a ruptured disk. Kerr experienced leaking cerebrospinal fluid (CSF) as a result of the surgery, which led to another surgery.

CSF leakages can cause a range of symptoms, from headaches and problems with hearing to balance problems, nausea and vomiting. Kerr told The Washington Post, "I can tell you if you're listening out there, stay away from back surgery. I can say that from the bottom of my heart. Rehab, rehab, rehab. Don't let anyone get in there."¹⁴

Dietary Changes and Additional Pain Relief Options

When treating chronic pain, you need to look at the underlying causes of the pain. Toward that end, there's a good chance you need to [tweak your diet](#) as follows (all tips that can be used alongside chiropractic and other forms of complementary care):

1. **Start taking a high-quality, animal-based omega-3 fat like krill oil.**
[Omega-3 fats](#) are precursors to mediators of inflammation called prostaglandins. (In fact, that is how anti-inflammatory painkillers work, they positively influence prostaglandins.) The omega-3 fats EPA and DHA contained in krill oil have been found in many animal and clinical studies to have anti-inflammatory properties, which are beneficial for pain relief.
2. **Reduce your intake of most processed foods** as not only do they contain sugar and additives, but also most are loaded with omega-6 fats that upset your delicate omega-3 to omega-6 ratio. This, in turn, will contribute to inflammation, a key factor in most pain.
3. **Eliminate or radically reduce most grains and sugars** (especially fructose) from your diet. Avoiding grains and sugars will lower your insulin and leptin levels. Elevated insulin and leptin levels are one of the most profound stimulators of inflammatory prostaglandin production. That is why eliminating sugar and grains is so important to controlling your pain.
4. **Optimize your production of [vitamin D](#)** by getting regular, appropriate sun exposure, which will work through a variety of different mechanisms to reduce your pain. This satisfies your body's appetite for [regular sun exposure](#).