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Spinal decompression in chronic pain

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Exposition

Neuro-vertebral decompression is today the technique of choice for treating herniated discs without having to submit to surgical intervention. This article will allow you to understand the operating principle of this technique imported from North America and now used in hospitals around the globe.

The strengths of this innovative technique are numerous; first of all its non-invasive method (therefore non-traumatic unlike surgery), its gentle and specific process for each patient due to the multiple settings and adjustments offered by the machine, the use of a natural technique without medication (unlike injections or certain anti-inflammatories). Neuro-vertebral decompression is one of the most impressive technological breakthroughs in the medical world in recent years, since it offers good long-term statistical results for the relief of pain caused by herniated discs, bulging discs, sciatica, facet syndrome and many other chronic back and neck conditions.

The spinal decompression table was invented by Canadian Dr. Allan Dyer in 1985 and appeared on the market in 1991. These first tables are equipped with a special pelvic harness. The patient is laid down, then the device applies a controlled tension along the axis of the spine, favouring the decompression of the lumbar region through the harness. Treatment is offered for sciatica, degenerative disc disease and herniated discs.

Since then, a dozen companies have been manufacturing decompression tables in the United States and Canada. On the other hand, the most recent technology in neuro-vertebral decompression still uses axial spinal decompression, but it also allows computerised traction in all axes of range of motion, both in the lumbar and cervical region.

Non-surgical spinal decompression is a technique that involves applying distraction force to the spine. As a result, a space is created between the vertebrae which allows the intervertebral discs to regain volume. This decompression is made possible due to a system that precisely manages the traction forces applied during the treatments. A negative pressure inside the discs is then obtained, without however causing the usual reflex of contraction of the muscles which appears during conventional traction. This allows the rehydration of the discs and generates the

regeneration of the tissues. This results in a reduction of pressure on the nerves and pain relief. Although the fundamental theory of spinal decompression is accepted as valid, however, there is a lack of clinical evidence to support its effectiveness.

Spinal decompression was designed for anyone who suffers from low back pain, sciatica, leg pain, herniated disc, degenerative disc disease, bulging disc, tingling, numbness, arm pain, neck pain, as well as for some patients with spinal stenosis. Spinal decompression treatment is non-invasive, that is to say very safe and therefore presents very little risk.

Furthermore, just like any treatment of the neuro-musculoskeletal system, there is always the possibility of side effects and risks associated with spinal decompression therapy. However, the provider take every precaution to minimise these inconveniences related to inflammation which generally occur after the first two treatments. Although inflammation is necessary for the healing process, it can sometimes be painful, but is well controlled with the application of ice. Some of the most common contraindication to spinal decompression are severe osteoporosis; artificial discs, or screws and/or metal plates fixed along the spine, recent spinal or abdominal surgery, cancer or bone infection, and severe rheumatoid arthritis.

A review of the literature to date indicates that there is a lack in clinical evidence because most clinical trials examining the efficacy of spinal decompression therapy or traction were lacking in different areas, such as inadequate numbers of subjects to make a statistically valid conclusion, lack of blinding (the patient or provider is unaware of the treatment given), no comparison to a placebo group, or lack of comparison to a treatment alternative. At the time of this article, only few clinical studies of spinal decompression therapy have been published in peer-reviewed medical journals.

To conclude, statistics show that back pain is one of the most common complaints in health care centres. Thousands of people are in constant pain, unable to do the things they love to do, looking for treatments options. Treatments that do not necessarily involve the long-term use of pain medication which could potentially cause side effects nor a treatment that might require painful and possibly risky surgery.

Spinal decompression is often a treatment of choice that is effective, gentle, safe and fast.

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Note

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