

# Effective Home Remedies that Doctors Give Their Patients



Hi, I'm Dr. Kukurin and you are receiving this newsletter as a free gift from me. We spend a lot of time working on this publication. It's the same information patients pay for in my office So I'm sure you will find it valuable and I hope you enjoy it. If you have a topic you'd like to suggest for future newsletters just give me a call. ~ Dr. K

## Journal of Rapid Pain Relief

### Just reach for an Aspirin, Advil, Aleve or Tylenol, right?

Now we all take an occasional aspirin, Tylenol or other pain reliever. These drugs have a definite place in helping to improve the quality of our lives. Mine included! When I take a pain reliever however, I do so with the understanding that my body is trying to tell me something is wrong and the pain reliever is just a temporary patch until I can fix the problem. Unfortunately too many of my patients think of pain relievers "AS" the fix. So they never really take the time to find out why they have pain and what they can really do to correct the cause of their pain. Think about it for a moment. Do you think you have headaches because your body is running low on aspirin? Or your back is sore because you don't get enough Aleve in your diet? Is your neck stiff because there is not enough Tylenol in your drinking water and you developed a Tylenol deficiency? Absurd isn't it? Pain is like the warning light in your car. When it goes on, it means something has gone wrong. Taking a pain reliever is like putting the light out on your car's dash without fixing the problem that made the light come on in the first place. How long do you think

your car would last if every time the oil light came on you simply switched it off? It wouldn't be very long before some permanent damage occurred in your engine. Well guess what? The same thing happens to your body when you mask the pain your body uses to warn you that something is wrong.

*Pain is like the warning lights in your car. It's warning you that something is wrong in your body.*

What's worse is that while you are ignoring your body's attempt to warn you that something isn't working right, the very drugs that suppress the warning can and do create other serious health problems. At the end of this newsletter I've listed 20 scientific studies that demonstrate that the drugs you take to mask your pain are actually causing serious damage to your body. In some cases they are making you feel better while actually making your problem worse.

*We've listed 20 scientific references that demonstrate the damaging effects of many common pain relievers*

### This issue: Safe Alternatives to Pain Medications

*The Cox-2 Inhibitor drugs, the so-called super aspirin like Celebrex and Vioxx were supposed to be safer pain relievers. They proved to be so dangerous that most have been removed from the market*

Many of my patients proudly proclaim that they have really high *pain thresholds*. But pain is the only way your body can warning you that muscles, joints and other tissues are being stressed to a point of damage. Since pain is a result of tissue damage, do you really think ignoring it, dealing with it or masking it is a smart thing to do? It's always better to find out what

is going on inside your body that it causing the pain and where possible, restore your body to the way it was before you started to have pain. Restoring your tissues to the way they were before they were damaged (to a point of causing pain and discomfort) is the basis of chiropractic care. Feeding your body what it needs to repair itself, aligning the body to minimize wear and tear and using therapies like ultrasound, nerve stimulation and massage helps to restore the body to health and keep it that way. Taking drugs that mask pain, does not address the cause of the warning signs (pain). Would you take an aspirin to kill the pain of a stone in your shoe? Or would you take the stone out?

# What works for relieving pain?

So you should probably realize by now that reaching for a pain killer is simply a mask of the problem and does nothing to fix the problem. But really what types of therapy can fix the problem and cause long term relief? Very recent studies confirm what chiropractors and their patients have known for 100 years. Pain killers, muscle relaxants and exercises, while providing relief, do not out perform chiropractic therapy for long term pain relief and restoration of function. When I was taking post graduate classes at the Harvard Medical School one of the lecturers, Scott Haldeman, MD PhD, and professor of neurology at California University at Irving, made an interesting observation. After reviewing hundreds of studies of spine pain, comparing all sorts of different treatments, Dr. Haldeman concluded that chiropractic manipulation was the only treatment available that was never bested in head-to-head comparison with drugs, exercises or any other commonly prescribed treatment for back pain. Some studies showed equal benefit, but **no** studies found a superior treatment to >>>

chiropractic manipulation. Furthermore, while no other therapy could out-perform chiropractic therapy, very recent studies clearly demonstrate that chiropractic care is superior to NSAIDs 21, muscle relaxants 19 and exercises 20. Not only did chiropractic manipulation provider greater pain relief than commonly prescribed medications and physiotherapy, but the relief was longer lasting and improved function. 19-21 These published studies support the argument that chiropractic not only is a great pain reliever, but it actually helps to restore the spine to the way it was before the tissues were damaged. Solving the underlying problem. Not simply masking symptoms.

***Pain is your body's warning light. It's purpose is to tell you something has gone seriously wrong in your body. To ignore or suppress these warning signs creates the potential for permanent damage to the stressed tissues.***



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3. Consumption of non-steroidal anti-inflammatory drugs and the development of functional renal impairment in elderly subjects. Results of a case-control study. **Br J Clin Pharmacol** 1997 **Jul;44(1):85**
4. Non-steroidal anti-inflammatory drugs are associated with emergency admission to hospital for colitis due to inflammatory bowel disease. **Gut** 1997 **May;40(5):619**
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6. Emergency admissions for upper gastrointestinal disease and their relation to NSAID use. **Aliment Pharmacol Ther** 1997 **Apr;11(2):283-91**
7. Risk for serious gastrointestinal complications related to use of nonsteroidal anti-inflammatory drugs. A meta-analysis. **Ann Intern Med** 1991 **Nov 15;115(10):787-96**
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14. Should the sale of analgesic mixtures and non-steroidal anti-inflammatory agents (NSAIDs) continue to be allowed as over-the-counter (OTC) medications? **Geriatr Nephrol Urol** 1999;9(1):3-4
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17. Nonnarcotic analgesics: prevalence and estimated economic impact of toxicities. **Ann Pharmacother** 1997 **Feb;31(2):221-7**
18. The safety of acetaminophen and ibuprofen among children younger than two years old. : **Pediatrics** 1999 **Oct;104(4):e39**



**Dr. Kukurin adjusts his patient. (left)** No single treatment has been proven more effective in relieving pain and restoring function to the spine than the side posture adjustment pictured to the left

19. A randomized clinical trial comparing chiropractic adjustments to muscle relaxants for subacute low back pain. **J Manipulative Physiol Ther.** 2004 **Jul-Aug;27(6):388-98.**
20. Manual therapy and exercise therapy in patients with chronic low back pain: a randomized, controlled trial with 1-year follow-up. **Spine.** 2003 **Mar 15;28(6):525-31;**
21. Long-term follow-up of a randomized clinical trial assessing the efficacy of medication, acupuncture, and spinal manipulation for chronic mechanical spinal pain syndromes. **J Manipulative Physiol Ther.** 2005 **Jan;28(1)**

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