

**Neglected Knowledge:
Asymmetric Features of Lumbar Disc Disease**

**Asian Journal of Neurosurgery
April-June 2017; Vol. 12; No. 2; pp. 199-202**

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The data source for this study are analysis of the records of 91 consecutive patients who had undergone lumbar discectomy.

KEY POINTS FROM THIS ARTICLE:

- 1) Despite recent developments in neurosurgery, we still have a very limited understanding of the patho-physiology of lumbar disc disease.
- 2) Understanding the mechanical causes of the failure of disc surgery requires knowledge of the stresses and strains throughout the spine and the understanding that trunk asymmetry affects side location of disc herniation.
- 3) "Asymmetric changes occur in the inter-vertebral disc under asymmetric loading."
- 4) Asymmetric trunk muscle anatomy could affect the development of lumbar disk herniation which has never been quantitatively studied previously.
- 5) "Low back pain has long been connected to postural and structural asymmetries, most commonly in the pelvis."
- 6) "Many patients with lumbar disc herniation fail to improve following a successful surgery." "Patients with chronic lower back pain present with a minor balance defect."
- 7) "Symmetric load transmission across the spine and lumbar disc is important." Pain may be caused by the loss of distribution or asymmetry of load.
- 8) This study suggests that patients with lumbar disc disease have a balance defect.
- 9) The facet joints primarily control disc stresses. Altered facet biomechanics cause asymmetric facet movement, altering disc loading and disc pathology: "the difference in the discectomy sides can be [caused] by asymmetric changes in posterior [facetal] spinal elements. **[These authors are remarkably close to describing the chiropractic subluxation]**
- 10) "Asymmetrical distribution of the herniated lumbar disc may be attributed to asymmetric biomechanical load."

11) “Treatment of spine pathologies should consider anatomic and physiologic rules. Our study provides objective evidence that relatively subtle skeletal asymmetry, and not just pathology, influences patterns of asymmetric disc herniations.” **[Important]**

COMMENTS FROM DAN MURPHY

This article is quite supportive of the chiropractic subluxation:

It indicates that a “subtle skeletal asymmetry” that is not considered to be “pathology” causes aberrant and asymmetrical loads in the intervertebral disc, accelerating degeneration and eventual back surgery.

Back pain continues to be a major individual and societal burden. Surgical outcomes are often quite incomplete and often very unpredictable. Drug-based treatment for back pain is rife with problems, including gastrointestinal bleeding, liver toxicity, end-stage renal disease, stroke, heart attack, Alzheimer’s, hearing loss, deep vein thrombosis, atrial fibrillation, etc.

As with most health issues, prevention has many advantages for both the individual and the society.

The information from this study would further argue that it would be prudent for all people, including asymptomatic people, to be chiropractically assessed and treated for subtle facet biomechanical changes, preventing or minimizing disc pathology. It would also argue for the value of maintenance care to minimize the recurrence of such subtle biomechanical changes. See the following **Article Reviews**:

Article Review 16-12:

Health Maintenance Care in Work-Related Low Back Pain and Its Association With Disability Recurrence

Article Review 23-13:

A Theoretical Basis for Maintenance Spinal Manipulative Therapy for the Chiropractic Profession

Article Review 29-13:

Is It Time to Rethink the Typical Course of Low Back Pain?

Article Review 32-14:

Does Maintained Spinal Manipulation Therapy for Chronic Nonspecific Low Back Pain Result in Better Long-Term Outcome?

Article Review 45-15

Early Predictors of Lumbar Spine Surgery after Occupational Back Injury