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## Slipped discs or pinched nerves?

**Heal your spine without surgery**







# 'How I beat a slipped disc without surgery'



When Sally Lansdale finished her training at the British School of Osteopathy in 1984, little did she realize that one day her own body would take her past the limits of what osteopathy and chiropractic could effectively treat back then.

**“I always had back pain,”**

she says. “Most chiropractors have back problems because of our training. First you have students practicing on you, and then it’s always a bit dodgy for a while after college when you are first treating patients.”

She didn’t think much about the low-grade chronic pain in her cervical and lumbar regions (neck and low back). Beyond her osteopathic practice, she had an active lifestyle that included a passion for playing tennis and horseback riding.

Then, a series of accidents—a fall off a horse, a windsurfing accident and another accident while skiing—exacerbated the existing problem. She was also in a car accident and experienced whiplash.

“Individually, each accident was nothing serious, but my back pain got worse, and then I developed sciatica,” she says, referring to a pinching of the sciatic nerve that runs from the low back through the hips and buttocks and down the legs.

“Standing up was hard for me, and I was in a lot of pain. When I started to develop pins-and-needles sensations in both my hands and my feet, that got me really worried.”

Sally’s professional knowledge led her to suspect she was developing multiple sclerosis, a highly disabling disease of the brain, spinal cord and central nervous system. She had an MRI scan done and discovered she had bulges in several discs in her neck and lumbar spine.

She immediately started a course of osteopathic treatments, which helped, but she was never far from being in pain. “Doing simple things like just trying to lift the groceries when I would go shopping, it would all come back.”

As her back condition worsened, she began to have to pace herself at work. “I’d see a couple of patients, then do exercises and then get back to work again,” she says. “I walked most mornings to help keep my back going.”

“One day, as I was walking along the corridor at work, a patient said ‘You’re limping! You’re worse off than me!’ They were right, I was, but I pretended it was nothing and got on with things.”

Eventually it got to the point where Sally couldn’t cope with the pain any longer. Hoping to avoid surgery, she had heard that recent progress in nonsurgical spinal decompression methods, originally developed by Dr

Allan Dyer in 1985, had advanced far beyond traditional spinal traction devices for the treatment of slipped or herniated discs, sciatica, pinched nerves, bone spurs, degenerative disc disease and more, giving her a viable alternative option to alleviate her back pain.

#### Under pressure

Bulging, slipped and ruptured discs (herniation), collapsed discs, vertebral bone spurs, loose spinal ligaments and bony growths can all narrow the spinal canal and nerve openings, causing irritation, inflammation and considerable chronic pain.

Spinal traction, which stretches the spine to take pressure off compressed discs, has been used with varying degrees of success since the time of Hippocrates (460–385 BCE). The “Father of Medicine” himself treated scoliosis with manipulative techniques using gravity and a traction table with straps, wheels and axles to treat protruding discs.

In the 1950s, James Cyriax, an early leader in British osteopathy, popularized a form of mechanized lumbar traction he had developed, recommending it as a treatment for disc protrusions in the low back.

Over the years, the results of clinical studies assessing the effectiveness of basic traction to mitigate back pain and treat spinal conditions, especially low back pain, have varied widely, with “continued lack of methodologic rigor and the limited application of clinical parameters as used in clinical practice,” according to one team from the University of Ulster in Northern Ireland.<sup>11</sup>

**Nonsurgical spinal decompression gave Sally a viable alternative option to alleviate her back pain**

As an osteopath, Sally Lansdale knew the limits of back surgery full well, so when she developed a herniated disc, she found a safer alternative



After the first treatment I could stand up straight. I thought, 'There is really something important going on here!'



Another consistent complaint leveled against the use of traction, aside from inconsistent results, was the apparent fact that traction often only provides temporary relief. Once traction is released, back pain tends to return rather quickly.

Surgical spine decompression has been used for decades in an attempt to relieve many of the same back pain symptoms targeted by traction—those caused by pressure (compression) on the spinal cord and the nerve roots (the beginning part of a nerve as it exits the spine between two vertebrae).

As common as these various forms of decompression surgery are (see box, right), the procedures can be risky. For example, potential side-effects of a discectomy include nerve root damage, postoperative pain, bleeding and infection, deep vein thrombosis (blood clots in the legs) and possible bowel or bladder incontinence.

Laminectomies can cause nerve damage, blood clots, infection and leaking of spinal fluid, while a corpectomy can result in severe pain, extreme weakness in the extremities, numbness and a decrease in function or even loss of fine motor skills. Even the relatively simple process of removing bone spurs can cause problems, and all surgical procedures carry risks from the use of anesthesia.

"I don't like knocking medicine, but 25 percent of back pain cases are worse off after surgery," says Sally. "Why would you want to risk that?"

Dr Tim Kanady, chiropractic practitioner and founder of Kanady Chiropractic of Anchorage, Alaska, is even more blunt about the poor prognosis following back surgery. "Statistically, back surgery is the least successful surgical area," he says. "Most people are back under the knife again within a year."

At the point where she was wondering if she could even continue working, Sally heard about the work of Dr Allan Dyer and the new

## Conventional treatments for back problems

Many back problems stem from compression of nerves or the spinal cord itself from herniated (slipped) discs or a narrowing (stenosis) of the spine, vertebrae or facet joints (small protrusions to the side of each disc that help with spinal movement).

Commonly prescribed surgical procedures aimed at decompression include:

**Discectomy**, where a portion of a disc is removed to relieve pressure on nerve roots

**Corpectomy**, where the main structure of a vertebra is removed, including the discs

**Laminotomy or laminectomy**, removal of part of the bony arches surrounding the spinal canal

**Osteophyte removal**, or the surgical removal of bony growths

**Rhizotomy**, the cutting or cauterizing of targeted spinal nerve roots.

line of nonsurgical spinal decompression devices being introduced into the market driving the field of intervertebral differential dynamics (IDD) therapy.

In Dr Dyer's method, a carefully calibrated tension is applied to pull the spine. Then there is a "hold," followed by a partial release of tension. This variable "hold/release" dynamic is repeated many times over a 30-minute session.

The tension gives the damaged discs more room in the spinal column, encouraging blood, nutrient and oxygen flow to the damaged area. Instead of the unnatural sustained tension of traditional traction, the give-and-take dynamic simulates real-life operation, and the disc begins to heal naturally and regain its original shape.

Sally located the only such device in the UK, which was being used by a colleague at the Buckingham Clinic in Glasgow. "Basically, I went up to this osteopath, I had one treatment and it made such a difference," she says.

"I hadn't actually realized how bent forward I'd gotten, but after the first treatment I could stand up straight. I thought, 'There is something really important going on here!'"

### IDD spinal therapy

Eighty percent of adults experience low back pain at least once in their lifetime, and an estimated 80 percent of the time, lumbar pain is related to issues with the intervertebral discs.<sup>2</sup>

IDD therapy is a computerized, nonsurgical spinal decompression treatment for low back and neck pain and commonly associated conditions such as sciatica.

One of the most important and unique aspects of IDD therapy is that, unlike general traction devices, the computer-controlled pulling forces delivered by





## About 70 percent of patients who experience positive results remain pain-free after two years

the device can be targeted to gently draw apart specific segments of the spine, relieving pressure on specific discs and nerves while simultaneously gently stretching tight muscles and stiff ligaments.

IDD therapy has been proven to be safe and painless. The average treatment course includes approximately 20 treatment sessions that are completed over about 5 weeks. Each treatment is performed with a physiotherapeutic device under the supervision of a professional practitioner, and sessions last about 30 minutes if not accompanied by other noninvasive treatments such as cold laser, heat treatments or manual manipulation.

During the treatment, the tension (weight) starts at zero and gradually works up to about half the body weight of the patient. Then the tension reduces a bit and holds, then reduces again and holds in ever-decreasing weight increments.

With each treatment, if everything is going well, the practitioner increases the tension/weight and builds on it until things get moving in the affected spinal region.

### Proven results

Unlike old-fashioned traction devices (which are no longer legal in the UK), clinical results using IDD spinal therapy for appropriate conditions such as sciatica, herniated and compressed discs, degenerative disc disease and posterior facet syndrome (where the weight-bearing joints at the back of one or more vertebrae become worn, damaged and inflamed) are not hit-or-miss.

In one study, 86 percent of patients with a ruptured intervertebral disc (RID) and 75 percent of patients with facet arthrosis experienced "good" (50–89 percent improvement) or "excellent" results (90–100

### IDD SUCCESS STORY: Tatsuya, 58, London

Tatsuya had been immobilized for eight months with a herniated disc, severe low back pain and sciatic pain down his left leg. When he first started experiencing the symptoms, he saw a chiropractor and an osteopathic specialist, but nothing worked.

By the time he saw a back specialist, he could walk a maximum of about 55 yards (50 meters) if he used crutches. Doctors at the hospital where he was treated gave him epidural steroid nerve injections to reduce the inflammation and pain associated with nerve root compression.

When the injections didn't work, he was advised to take anti-inflammatory medication. But unfortunately, the medication caused side-effects such as irregular heartbeat, vertigo, skin sensitivity and depression.

Sally Lansdale and IDD spinal therapy seemed to be his last hope. "I did not want to have an operation on my herniated disc," he says. "And although I was in severe pain, I actually fell asleep during the IDD therapy."

Thanks to the decompression therapy, he says, the core of the pain in his lower back together with the sciatica has gotten much better. And he can now walk unaided.

"I walk slowly every day for 30 to 40 minutes," he says. "And I realized that breathing exercises help me for blood circulation and make me happy and feeling positive. I also do core stability exercises for 15 to 20 minutes every morning. In this way, I have also gained strength with flexibility."

percent improvement) after decompression therapy. By contrast, only 55 percent of the RID patients and 50 percent of facet arthrosis patients achieved "good" to "excellent" results with traction.<sup>5</sup>

The effects of IDD are also much longer lasting than those of traction. Within the industry, it is accepted that about 70 percent of patients who experience positive results with IDD remain pain-free after two years.

Sally was so impressed with the results she achieved with IDD therapy for her back problems that she immediately decided to include the therapy in her own osteopathic practice.

She completed the training to become certified to operate the equipment from an American chiropractor and trainer, which only took a couple of days. Her office first rented and later bought an IDD machine, becoming only the second osteopathic practice in the UK to have one.

"The therapy is so worth a try, because surgery can cost at least £15,000 [about \$19,300], while a complete course of IDD treatment might cost one tenth of that," she says.





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IDD is often covered by insurance, because it has been shown to result in statistically significant improvement in low back pain when accompanied by other nonsurgical techniques such as laser and soft tissue manipulation.<sup>42</sup> In clinical studies, it significantly reduced cervical and lumbar pain, while also reducing associated tingling and numbness sensations ("paresthesia") and muscle weakness.<sup>43</sup>

#### "I've got my life back"

An increasing number of practitioners, from chiropractors and osteopaths to spinal surgeons, use IDD and attest to its effectiveness. Otto Von Arx, an orthopedic spine surgeon based in Bath, UK, is one of them. "The treatment is comfortable and, having experienced it myself, I can identify when it will help patients," he says.

"I only operate on a small percentage of patients who come to see me, and the general goal amongst surgeons is to exhaust noninvasive options. IDD therapy, as a nonsurgical spinal decompression program, allows clinicians to treat targeted disc issues and, in many cases, avoid the need to go down an invasive treatment route."

Kanady, who was the first chiropractor in Alaska to buy an IDD machine back in 2001, says he sees remarkable results in patients with problems in the cervical and lumbar regions of the spine. (Treatment of the thoracic spine area is not possible with IDD.)

"People come in who can't work, their daily activities are very restricted, they're on pain pills and they've tried other conservative treatments," he says. "In the patients we treat with IDD, we see an 80 to 90 percent improvement rate."

Of course, Sally herself is another success story. After undergoing a standard 20-session IDD treatment course, she says she's now perfectly fine. "I don't have pain. I can stand up straight and work all day," she says. "I don't limp or have pins and needles anymore. I play tennis twice a week, I do yoga, I'm skiing again. Basically, I've got my life back."

Like some patients who successfully undergo IDD spinal therapy, she had another MRI after her treatment and was surprised to discover

#### IDD SUCCESS STORY:

#### Jennie, 49, London

Jennie had had back pain for as long as she could remember. An MRI scan showed a herniated L5 disc in her lumbar region impacting the sciatic nerve, triggering extreme sciatic nerve pain that was at times immobilizing.

For a while, she managed her condition with regular osteopathy treatments and pain killers. "Eventually the pain became unbearable, and I couldn't stand for more than 90 seconds without passing out," she says. "I needed help to do everything."

After a month of being unable to stand or walk, two separate specialists recommended steroid nerve injections, and she was also scheduled for disc surgery.

"Finally, the second injection started to work," she says. "I was still in a lot of pain, but I was mobile. I was on a lot of pills and out of it a lot, but it rarely stopped the nerve pain, and I still couldn't move unaided." She constantly had to ice her back and lay flat.

Reluctant to undergo surgery, she started researching options, and after reading about IDD spinal therapy, she figured she had nothing left to lose and booked a treatment with Sally Lansdale. "I arrived and got seated with a hot pad on my lower back for 10 minutes, then moved into the treatment room and talked through how the IDD machine worked.

"I found the treatment quite relaxing once I got used to everything. It's a very gentle, mild sensation and you almost feel the space moving into the joints. Someone is always on hand, and you can say if anything feels wrong."

She had a total of 20 treatments and got tremendous relief. "Each time I could tell I was getting a bit better, feeling stronger and freer," she says. She started receiving manual treatments and used the IDD machine less and less. Today she is strong, out of pain, riding her horses and living a normal life.

"I am really good. My back obviously gets stiff, and I have to manage my exercise and horse riding carefully. I have even started skiing again. I cannot carry anything heavy without consequences. But it does recover quickly."

Jennie sees Sally and gets reflexology treatments as needed for maintenance—on average about once a month. "The team at Spinex fundamentally got me back to myself."





With IDD you can save a lot of patients from having surgery. I'm so grateful I can tell my patients there is an alternative

there was basically no change in the bulges in the cervical and lumbar areas of her spine.

"A lot of our patients are scanned before and after, and some do get physical changes, but not all," she says. "I've learned that it's not really necessarily about what it looks like. It's about the movement that you gain and the healing that goes with that."

On the other hand, there are patients who, on top of symptom and pain relief, experience startling physical changes. Kanady recalls one of his first IDD patients, who came in with a painful eight-millimeter herniation of his lumbar L5 disc. "Eight weeks later, the MRI showed it was physically gone. Whether it was reabsorbed or pulled back in or both, we don't know. But he's been symptom-free now for 18 years."

So far, Sally, who is now the clinical director of the Spinex Disc Clinic in London, says she has used IDD spinal therapy to treat patients of all ages—from the elderly in their 70s and 80s to youngsters who have overdone it in the gym and received really severe injuries to their spine.

She has treated cervical and lumbar problems, sciatica and even foot drop, in which a spinal nerve has been blocked so severely that even the motor neurons have been affected and a small area of paralysis occurs. Some patients with neck problems experience brachial neuralgia radiating down the arm, which Sally describes as "just the worst." She found IDD effective for all those conditions.

"People are often really desperate by the time they get to me," she says. "Sometimes they don't want surgery, they are not suitable for surgery or they're on a waiting list to have surgery, and they're in so much pain they'll do anything to get out of it. Or they've tried everything—physiotherapy, osteopathic treatments, chiropractic, multiple injections, surgery. Some have had microdiscectomies, and they're still suffering."

"With IDD you can save a lot of people from having surgery. I didn't want that myself. I am just so grateful that I can tell my patients that there is an alternative."

Cate Montana

## IDD SUCCESS STORY: Natasha, 38, London

Natasha was an avid runner and a hairdresser, always on her feet. She also worked search and rescue in Canada. Her back problems started with painful sciatica when she was 32. She tried managing the pain by stretching out her back and doing exercises every day, but it just got worse.

Finally she went to a back specialist who did X-rays. The diagnosis? The small sacral vertebrae in her spine just above the tailbone were badly compacted, pinching nerves. "The doctor said I was going to have to have surgery, and they would have to put blockers in to open up the spaces and that I was probably going to have to quit my job and all those kinds of things," she says. "And I was like, 'Excuse me?'"

She was also told that she would never be able to have children because her back would never support a pregnancy.

Very much interested in looking at options, Natasha started off with physiotherapy, which kept the pain at a "somewhat manageable" level. But after about nine sessions, doing the recommended exercises every day, she realized that the treatment just wasn't working. She talked to her physiotherapist, who mentioned IDD spinal therapy and asked if she'd be willing to give it a try. "I was like, 'Honest to God, I'll try anything to avoid surgery. Yes, I'm open!'"

She began IDD therapy, and by the third treatment, she realized this might be her ticket out of pain.

"I started the treatment and it was amazing. I was at a very low point, going from the girl that runs 10K every morning to the girl who will be in pain just being alive. It was crazy. Now I'm fine."

She was also able to get pregnant, carrying her four-month-old twins almost to full term while still working as a hairdresser for the first 34 weeks.

"It was amazing," she says. "My physiotherapist had been watching my spine and doing checkups. After I had the babies, she's had me in once for a treatment. That's it."

"It changed my life. I can't rave enough about the treatment."

### REFERENCES

- 1 Arch Phys Med Rehabil 2003; 84: 1542–53
- 2 J Phys Ther Sci, 2015; 27: 481–3
- 3 AJPM, 1997; 7: 63–5
- 4 J Spine 2018; 8: 432
- 5 J Nov Physiother Phys Rehabil, 2017; 4: 062–5

### Resources

Sally Lansdale,  
Spinex Disc Clinic:  
[www.spinexdiscclinic.com](http://www.spinexdiscclinic.com)  
Tim Kanady,  
Kanady Chiropractic:  
[www.kccac.com](http://www.kccac.com)



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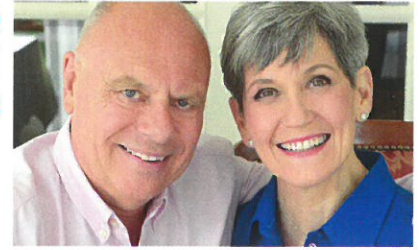
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Welcome  
Lynne McTaggart and Bryan Hubbard  
Editors



# A knife in back surgery

**E**very year, half a million Americans undergo surgery for low back problems alone, at a cost of more than \$11 billion.

For the most part, the surgeries are for herniated (or slipped) discs, where a disc tears, some of its gelatinous insides come out, and the disc starts to bulge.

The other major condition landing people at the surgeon's door is spinal stenosis, caused by slipped discs or arthritis. In this case, the spinal canal begins to narrow, pinching the spinal cord or the nerves branching off to various parts of the body, and causing pain, tingling or numbness in your arms or legs, depending where the pinch occurs on the spine.

With our sedentary lives, pinched nerves affect more than 10 percent of the population, particularly those over 50.

The most common procedure for pinched spinal nerves in the lower back is laminectomy, where the surgeon removes the bony arches on vertebrae, or bony growths or ligaments, in order to relieve pressure on nerve roots.

Otherwise, there's a coterie of more drastic solutions: disc replacements, spinal fusion, where two vertebrae are essentially surgically locked together, or even removal of chunks of vertebrae or nerves.

But even surgeons, when they're being honest, admit that if there's one area in the body where surgery should be the very last resort, it's your spine.

One-fifth of patients leave surgery with what is known as a "failed back," meaning they are in constant pain and there's nothing medicine can do about it.

Professor Gordon Waddell, one of the UK's top orthopedic surgeons, once estimated that medicine achieves dramatic surgical successes in only 1 percent of patients with low back pain and fails the other 99 percent, who get progressively worse with every intervention, "leaving more tragic human wreckage in its wake than any other operation in history."

Take slipped discs. A major Cochrane review of the evidence found, despite a slight advantage for surgically removing all or part of a disc, that any positive or negative effects were "unclear," and a number of patients suffered a recurrence and need for yet more surgery.

The jury was also out on surgery for pinched spinal nerves. When the Cochrane database reviewed all the

major studies comparing surgery for the condition with conservative management, the researchers found very little benefit to surgery, but side-effects in up to nearly a quarter of patients opting to go under the knife.

The evidence on spinal fusion was particularly damning. In one 2010 study of nearly 1,500 patients with disc degeneration, herniation or pinched nerves, after surgery, one-third had complications, more than a tenth were permanently disabled, and more than a quarter required another operation. And clearly the operations didn't relieve pain, as three-quarters of the patients continued to take opiate drugs after their surgeries.

Only about a quarter were able to return to work, compared with more than two-thirds of those who did not have surgery.

These were the batting averages facing Sally Lansdale when her back pain, which had started in her youth, got progressively worse, particularly after a series of accidents left her with a herniated disc (see page 60).

Although the pain was becoming intolerable, as an osteopath, she had seen first-hand the disastrous outcomes that often result from surgery.

Luckily, she heard of a fairly new treatment called intervertebral differential dynamics (IDD) therapy—a twenty-first

century version of traction—and decided to give it a try. After a series of treatments, her symptoms vanished, and she hasn't looked back.

A similar situation occurred with Natasha, a London hairdresser with pinched spinal nerves causing pain in some areas and such severe numbness in one leg that she was constantly falling down. Things were getting so bad that she thought she might have to give up work.

Happily, she also came across IDD therapy. Although her series of treatments took a number of months, eventually her symptoms were completely resolved.

IDD therapy joins a growing list of treatments, including platelet-rich plasma (PRP) injections with a concentrated form of the patient's own blood, prolozone (the use of ozone) and stem cell therapy, that are low-risk, less invasive and far more successful than surgery for slipped discs and pinched nerves.

May you check out this innovative technique before becoming yet another of Professor Waddell's statistics.

“Check out this  
innovative technique  
before becoming yet  
another statistic”