

Diet

see also [Dietary risk](#)

Diet is a primary force affecting [gut microbiota](#) and its connection with intestinal taxonomic diversity is undisputed. Since the main reservoir for human campylobacteriosis is poultry, potential dietary interventions could focus on reducing daily chicken intake in favor of washed vegetables. Moreover, as cross-contamination is not uncommon during the industrial production of salads when handling raw chicken meat, public health interventions should encourage rigorous control of [Campylobacteria](#) in ready-to-eat salads and vegetable crops ^{1) 2)}

Few studies have examined the relationship between [diet](#) and [Modic changes](#). Johansen et al. studied the relationship between [vitamin D](#) and MC and surprisingly found that MC were more common in individuals with normal levels of vitamin D than in those with low levels. However, the mechanisms underlying the development of MC remain unclear at present. Findings suggest that the link between vitamin D and MC is perhaps related to inflammation, though further confirmatory studies are needed ³⁾.

Individuals with MC are expected to have low levels of vitamin D because of an increased susceptibility to inflammation and/or because microfractures occur in the vertebrae because of increased levels of parathyroid hormone ^{4) 5)}.

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³⁾

Johansen JV, Manniche C, Kjaer P.: Vitamin D levels appear to be normal in Danish patients attending secondary care for low back pain and a weak positive correlation between serum level Vitamin D and Modic changes was demonstrated: a cross-sectional cohort study of consecutive patients with non-specific low back pain. BMC Musculoskelet Disord, 2013, 14: 78.

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