

An Editor's Invitation: My Aching Back

Category: My Aching Back

written by Paul Gross | December 1, 2019

Back pain is as common as rain. It's one of the most frequent concerns that patients bring to me as a family physician.

And I can identify with that pain—at least a little bit.

I had back pain as a teenager. I remember going to see a doctor about it. She examined me, took a pointless X-ray and then offered me something priceless: reassurance. "You're a muscular guy," she said, even though I weighed a scrawny 120 pounds.

She told me that my back was fine. And most importantly, she made me feel strong and capable.

Ever since then, my back has hurt on occasion, but it's always (knock wood) gotten better with a little patience, maybe a few stretches and my favorite therapy for pain, which is to ignore it.

When I was a medical student, I spent a month working with a rehabilitation specialist named John Sarno, a professor at the prestigious Rusk Institute in New York who treated back pain exclusively. His approach was unorthodox.

Dr. Sarno viewed back pain primarily as a psychological issue. After he'd listened to patients' stories, examined them and reviewed their CT scans or MRIs, he gathered them for two lectures. In these lectures he talked about how well constructed the human back is. He told his patients that their backs were sound, and that their pain was caused by tension—usually as a defense against facing distressing emotional issues.

As I say, the approach was unorthodox.

The funny thing was, his method often worked. I first read about Dr. Sarno in a magazine article written by a journalist who'd spent a year in relentless pain, had visited multiple specialists, tried yoga, acupuncture and physical therapy, and been advised by other physicians to avoid activities that hurt—to stop running, to stop picking up his young children.

Sarno pooh-poohed their admonitions. There's nothing wrong with your back, he told the writer. Start running. Pick up your children. Your back is not the problem. Your pain will go away.

And it did.

I'm not as confident or doctrinaire as Dr. Sarno, who passed away a couple of years ago at the age of 93, but I do believe that back pain, and pain in general, is often tied to emotional distress. And I do my best to make that connection with my patients.

I'm careful never to imply to patients that their backs are defective, knowing that such a message will only cause more distress and more pain. In fact, I spend a fair amount of time reassuring patients that the X-ray report showing a slight curvature of the spine is perfectly normal, and that everyone above the age of forty has some arthritis on the MRI. I tell them that there's an excellent chance that their back pain will improve—which is true—and that, no, they are not going to end up in a wheelchair.

At the same time, an occasional patient does suffer from excruciating pain that comes on like gangbusters. And sometimes it lasts—not getting better

with time, with analgesics or with my bland reassurances.
Sometimes physical therapy does help. Sometimes an injection does the trick.
And, on occasion, surgery makes things better.
Back pain, like life, is complicated.
What's your experience of having back pain? Knowing someone with back pain?
Or treating people with back pain?

Tell us about it in this month's *More Voices—My Aching Back*.

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