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The Back Story

By Meghan Rabbitt

A good friend of mine summed up back pain accurately and concisely: “I had it once and prayed to the heavens that it would never happen to me again.”

On my couch, flat on my back, ice pack covering my lower back, barely able to move without torment, I could relate.

My first bout of back pain came on so gradually that the eventual agony shocked me. I’d been cross-country skiing with a friend one Saturday morning and caught myself from taking a fall, jerking forward and back quickly to keep from tumbling down. I didn’t feel so much as a twinge when it happened—in fact, I kept skiing for a couple of hours. I do remember wanting to stretch my back before getting into the car to drive home—a simple precautionary move I thought would keep me from feeling stiff later on.

The stretching didn’t work. As the evening progressed, my back became stiff, stiff became painful, and painful took on new meaning when I woke up early the next morning in misery because I’d tried to roll over in bed. That bout of back pain would last a full week, keeping me more immobile than I’d ever been, and like my friend, I prayed it would pass as quickly as it had come on.

Sadly, my story of back pain is all too familiar. According to the Texas Back Institute, up to 85 percent of people will experience low-back pain at some point in their lives. The other statistics widely reported also bear repeating: Back pain is the second-leading reason Americans see a physician (upper-respiratory infections are first) and one of the most common reasons for work absences.

I was no exception to this last stat. After spending that post-skiing Sunday in bed, alternating between tears of pain and fear, Monday morning rolled around, and there was no way I could move enough to even get ready to go to my office, let alone sit there and actually accomplish anything. It took a full week—most of which I spent at home, flat on my couch or bed—before I felt some relief. But something good did come out of that debilitating episode: It launched my mission to discover the most effective ways to never experience back pain like that again.

What causes back pain?

My first appointment with a practitioner was with Larry Frieder, DC, a licensed chiropractor in Boulder, Colorado, where I live. To be honest, I’ve always been a little scared of chiropractors. But on day three of agony—when my fear that the pain would never go away had fully set in—I was willing to try anything. Frieder came highly recommended by a number of friends and acquaintances in town.

To ease my fears of the “cracking” I associated with chiropractic manipulations, Frieder explained to me the mechanics of back pain. In brief: The muscles surrounding the spine seize up to prevent the body from movement that will further harm the area (yet another example of Mother Nature’s genius). The body also sends chemicals and hormones to the injured area that cause swelling and inflammation. As for the cause of the muscle spasms? They could result from any number of issues, Frieder told me: a locked joint, a herniated disc, a strained muscle. But another potential cause he mentioned intrigued me more than the others: stress.

“Stress goes right to the body’s weakest spot,” Frieder said. “When we’re stressed, the parts of the body that are the most unbalanced, or weakest due to an old injury that has left resultant scar tissue, feel the effects.”

Fascinating. One month before my attack of back pain, I’d broken up with my boyfriend. I’d plowed through the loss—sad, of course, but chalking it up to being “for the best,” as the cliché goes. But in that moment, looking back, I realized how much underlying stress the loss of my relationship had triggered in me.

Toward the end of that week of pain, as the torture was finally letting up, I saw my acupuncturist, Mary Saunders, LAc, founder of Boulder Community Acupuncture. Before we got started, I ran Frieder’s stress theory by her. Not surprisingly, she wholeheartedly agreed.

“Stress can spark serious physical reactions in the body, particularly in women,” she said. “For example, when women are stressed, they’ll often complain about feeling tension in their back and shoulders. These muscles are typically more underdeveloped and weaker in women than in men, so we feel the effects of stress in those areas first.”

I lay on her table, and Saunders inserted tiny needles into acupuncture points on my wrists, legs, and feet that she told me would help block the pain signals to my brain and also bring more qi, or energy, to my aching lower back. Saunders

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encouraged the warm tears that started to flow down my face, telling me that “acupuncture works on deep levels to help release pent-up energy that hasn’t yet found its way out.” And so I let the tears come. And as I left her office, the release of that emotional stress brought a calmness and lightness to my body I hadn’t felt in weeks.

Pain, pain, go away

At my follow-up chiropractic appointment with Frieder, I was completely pain-free. I talked to him about a plan for monthly chiropractic adjustments and weekly acupuncture appointments, which he approved, and I left his office that day with no reason to believe I’d ever be racked with back pain again. But two months later, I had another attack. And another one a month after that. Chiropractic adjustments and acupuncture treatments eased my pain each time, but when I had a fourth attack that pummeled the others on the pain scale, Frieder suggested it was time to stop guessing what was happening and get a clearer picture, literally, by going in for an MRI.

Nayan Patel, MD, a physiatrist (a specialist in physical medicine and rehabilitation) and director of conservative care at the Texas Back Institute, agreed with Frieder. “When I see patients who have back pain histories similar to yours—in the acute phase without any red flags—I typically hold off on prescribing MRIs, which may be expensive and unnecessary,” Patel said. If someone starts to feel better, it doesn’t really matter what’s going on in her lower back, he added. Many of the other specialists I’ve seen—MDs and holistic practitioners alike—agree. Studies show that more than 40 percent of us have some kind of disc bulge in our spinal column that produces no symptoms at all. But when the pain persists, diagnostic screenings can help.

I saw a certified physician assistant Saunders suggested, Matt Schneider, PA-C, at the Boulder Center for Sports Medicine, who prescribed X-rays (which, as typically happens, showed nothing very worrisome; they remain the first line of screening because they’re inexpensive and can give doctors some insight into the problem). A week later, I was back for an MRI, and the results were less than ideal: I had a large herniated disc, centrally bulging in the lowermost part of my back, between the fifth lumbar vertebra (L5) and the first sciatic vertebra (S1). At my follow-up appointment, Schneider told me that if my disc were bulging to the right or left, odds were good that it would be pressing against a nerve that would cause tingling, numbness, and even a loss of bowel control.

“You dodged a bullet,” he said, as tears streamed down my face. My only solace was knowing that, finally, I had an answer to what was causing these bouts of pain. Or did I?

Mind-body connection

Schneider prescribed four weeks of twice-weekly physical therapy, so I made an appointment with Russ Overy, DPT, a physical therapist at the Boulder Center for Sports Medicine. During my first visit, Overy sensed the fear my MRI results had sparked in me and gave me the following pep talk: “Yeah, you’ve got a large herniated disc. But you’re 30 years old. And you’re active. You are too young to live your life not doing what you want for fear that this injury would result in surgery. As one of my mentors once said, ‘I wish I could hang a sign on my door that says discs get better.’ You are going to get better.”

This was my first glimpse of hope that this condition wouldn’t plague me for the rest of my life. And it kicked into gear what my commitment to holistic healing has taught me time and time again: To get better, I’d need to start believing that I would.

My physical therapy sessions with Overy were great. Particularly enlightening: an ultrasound of my transverse abdominus. This biofeedback-like technique showed me in real time how well my lower abdominals fired when I asked them to. Building a powerful core is often a hallmark of physical therapy treatments for low-back pain, the theory being that the stronger your ab and back muscles are, the less likely they’ll spasm when you move a certain way or are under a certain amount of stress. PT coupled with private Pilates sessions helped me rebuild my strength—core and otherwise—after months of inactivity. Not only did this help prevent my pain from returning, but it also helped me believe it was gone for good.

Physical therapy, Pilates, chiropractic, and acupuncture appointments were only part of my action plan for ditching my back pain. During that last, awful bout of muscle spasms, Frieder suggested I see a Rolfer (essentially a deep-massage therapist). After limping into Certified Advanced Rolfer Steven Altschuler’s Boulder office and getting Rolfed for more than an hour, I walked out not completely pain-free, but feeling 100 percent better emotionally than I had before the session. (For more on how Rolfing and other holistic methods work, see “How Integrative Therapies Can Heal Back Pain” on page 58.)

My psychotherapist also worked magic. During one appointment scheduled (quite luckily) during that last bout of pain, Alyson Schwabe, LPC, worked with me on getting to the root of why I might be dealing with this condition again. Stress, anxiety, even underlying anger and grief all came up for me, and Schwabe led me through visualization techniques that prompted me to imagine the tightness in my muscles loosening up. The mantra that came to me during this visualization: Let go. The image? Hands tightly gripping my back muscles and releasing—finally and for good—each time I repeated my new mantra.

My work with Schwabe—the relief I felt and the surprise at that relief—led me to John E. Sarno, MD, author of *Mind Over Back Pain* (Berkley Trade, 1999) and *Healing Back Pain: The Mind-Body Connection* (Warner Books, 1991). Sarno’s theory: Back pain isn’t always caused by physical problems like pinched nerves, disc degeneration, or even large herniations like mine. Instead, the pain is a result of tough emotions like anxiety and anger that our subconscious mind represses so we don’t have to deal with them.

“The net effect of [back pain] symptoms, fears, and alterations in lifestyle and daily activities is to produce someone whose attention is strongly focused on the body,” Sarno writes. “That is the purpose of back pain: to create a distraction so that the undesirable emotions can be avoided.” The problem, however, is that this focus on pain—and living in fear of the pain returning, like I did for months—can cause a vicious cycle. “Anyone who has had a severe back attack cannot help but live in terror of the next one,” Sarno writes. “Ironically, by contributing to a high level of anxiety, this fear almost guarantees that another attack will come sooner or later.”

As I read Sarno’s books, it all made a lot of sense: We repress hard-to-deal-with emotions, like sadness, anger, fear, and anxiety, and our bodies give us physical symptoms so we can avoid having to feel these emotions. (In fact, Sarno says these repressed emotions don’t stop with back pain; they can also cause migraines, heartburn, irritable bowel syndrome, and even asthma.)

But what about that herniated disc that my doctors pointed out to me, plain and clear on the MRI picture? What about the thousands of people who have surgery each year for degenerative disc disease or herniated discs that bulge onto nerves,

making the pain unbearable?

Sarno's response is that most of these structural changes are natural occurrences, and the more we recognize that, the easier it can be to send messages to the subconscious mind that lets it know you're on to its dirty little tricks. Embracing that your pain is merely a sideshow designed to distract you from what's going on emotionally can help you laugh at and even ignore your pain, according to Sarno, and the brain will begin to transmit new messages to the muscles—ones that won't send you straight to the couch with an ice pack.

Now, eight months after my first bout of back pain and a full three months since my last, I'm still continuing with most of my integrative therapies, just on a less-frequent basis. I'm very much on board with Sarno's theory, and I'm doing everything I can to bring more awareness to my subconscious thoughts and emotions so I can work with them and avoid the painful aftermath if I don't. I've started meditating—even just five minutes a day—and I'm looking at my avoidance patterns when I'm faced with tough emotions. My usual MO is to fill my schedule to the brim with work, exercise, and weekends away with friends so that I'm never quiet enough to let those subconscious feelings bubble to the top. But I'm also convinced that the therapies I've used to help me get out of pain will also help me stay out of pain.

And isn't that what integrative medicine is all about? Blending together the treatment options that work best for you, while also working with people who believe in your body's ability to heal? I think so. I'm willing to bet many more back pain-free months—even years—on it.

4 Herbs to Bring You Back to Life

Your back pain may be hurting your wallet—Americans spend billions of dollars each year on over-the-counter drugs and prescription painkillers to treat their aching backs. Kathy Birkner, PhD, of San Antonio's Pain and Stress Center, and Mark Blumenthal, founder of the American Botanical Council in Austin, Texas, say these herbs can be just as effective at relieving back pain—without the nausea, heartburn, and upset stomach that are common side effects of anti-inflammatory drugs.

White willow bark

How it works: Contains salicylic acid, which helps reduce inflammation.

Try: Solaray White Willow Bark (\$8.39, 100 capsules; nutraceutical.com)

Dosage: One capsule (400 mg) up to six times a day

Devil's claw

How it works: Studies show this root of a South African plant reduces inflammation and pain.

Try: Nature's Way Devil's Claw Secondary Root (\$10, 100 capsules; naturesway.com)

Dosage: Two capsules (480 mg) twice a day, with food

Boswellia

How it works: This tree bark resin combines with the body's prostaglandins (hormone-like substances) to fight inflammation.

Try: Source Naturals Boswellia Extract (\$18.98, 100 capsules; sourcenaturals.com)

Dosage: One capsule (375 mg) three times a day, with food

Magnesium chloride

How it works: Helps relax tight muscles.

Try: Mag Link (\$19.95, 120 capsules; painstresscenter.com)

Dosage: 2 to 6 capsules (500 mg) a day —Cheryl Meyers

How Integrative Therapies Can Heal Back Pain

Chiropractic.

Chiropractic care is based on the concept that restricted movement in the spine can lead to pain, and that spinal adjustment and manipulation can increase mobility and, as a result, decrease back pain. Chiropractors also use massage to relax muscles that are shortened or in spasm. Many use additional treatments as well, such as ultrasound, electrical muscle stimulation, and exercise.

Massage therapy.

In addition to relaxing muscles, massage increases blood flow—which brings oxygen to aching areas to speed recovery—and boosts endorphins, which have pain-relieving properties.

Acupuncture.

While recent studies have found that even “fake” acupuncture works to heal back pain (researchers at the Seattle-based Group Health Center for Health Studies reported that back-pain sufferers who received simulated acupuncture with toothpicks got just as much relief as those who received traditional needle acupuncture), evidence also shows that acupuncture can help block pain signals to the brain. The important thing to keep in mind, however, is that studies have found that back-pain sufferers who receive acupuncture report feeling better than people who receive standard medical treatment.

Rolfing.

This form of bodywork is based on the idea that our fascia—the soft connective tissue that surrounds muscles, bones, and nerves—stiffens and shortens for a host of reasons, including poor posture, injury, and even psychological stress. Using their elbows, knuckles, and fingers, Rolfers deeply massage the body, releasing myofascial tension and retraining the fascia to elongate instead of shorten, which leads to improved posture and less pain.

Psychotherapy.

Psychologists, psychiatrists, and psychotherapists use any number of modalities, including visualization, hypnosis, and talk therapy, to help clients confront—and better manage—emotional stress and repressed emotions. A 2007 review published in the journal *Health Psychology* found that psychological interventions ease pain intensity, improve quality of

life, and reduce symptoms of depression in those suffering from chronic low-back pain.

Physical therapy.

This is the most common treatment for back pain for good reason: According to a new review article published in the Journal of the American Academy of Orthopaedic Surgeons, a combination of physical therapy and anti-inflammatories is the most effective treatment for low-back pain. Physical therapists often use ultrasound, electrical muscle stimulation, joint mobilization, and massage to help calm acute muscle spasms. As pain improves, they may integrate more active therapies like manipulated stretching and exercise instruction.

Yoga can be a powerful tool for healing, but a bum back calls for special precautions. Learn what to do—and what not to do—at naturalsolutionsmag.com/go/webexclusives.

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