

CHAPTER ELEVEN

**THE SIGNPOST AT THE
CROSSROADS**

*“There are three signs saying “Do Nothing,”
“Invasive” “Non Invasive.” Which do you take?”*

The way people react to an outbreak of back pain varies from person to person. I am discounting pain due to injury that requires immediate medical treatment. The pain may be a first time experience, or it may be the elevation of niggling pain to a higher level. I know of no scientific study, however it is my opinion that the majority, almost as a reflex action, seeks help from a G.P., who is a non-specialist in spinal disorders. I have mentioned earlier about a lecture I attended given by a doctor attached to a large UK insurance company who, in relation to the sudden outbreak of back pain among workers threatened with redundancy, said that if a worker complains of a back pain there is no known method to disprove this claim. In every case a deal has to be done. This statement will give you some idea of the extreme difficulty involved in diagnosing the cause of back pain.

“Determining the cause of a given individual’s pain, however, often remains more art than science.”(Scientific American 1998). And this is using the most up-to-date technology.

The National Back Pain Association (BackCare) in their book “Back and Neck Pain” state, **“There are about fifty bones, one hundred joints, one thousand muscles and a million nerves in your back and neck. So it is hardly surprising that back and neck pain are among the most common of physical afflictions. There is so much to go wrong,”** and **“The enormous complexity of your back**

and neck probably makes it impossible to identify specific tissues as the cause of your pain.”

So what is the non-specialist overworked GP, with no diagnostic equipment, to do? That's right, he kicks to touch, by prescribing painkillers. Many customers tell me this is accompanied by remarks such as, “wear and tear,” “a touch of arthritis,” and one I have already mentioned, “cervical spondylosis.”

When I was carted off to hospital twenty-five years ago I vividly remember some pills being pushed into my mouth and being told to swallow. This procedure was repeated on the second day of my stay. On the third day they were either overworked, or thought I was on the mend, because the pills were left with a glass of water on my bedside locker. I promptly pushed the pills under my pillow before later hiding them in my toilet bag. Whether my squirreling was noticed, or not, I don't know, but on one occasion an extra officious nurse stood overseeing the popping in of the pills, followed by the gulping of water. The water went the intended route, the pills being removed once the “authority” was out of sight.

Writing this reminds me of how so utterly dependent, vulnerable and subservient even the most independent of people become when subjected to hospital authority. They become non-people.

Being reduced to a non-person didn't interfere with my logical mind. If I took the pills I would not have pain. That would mean that if asked once more to touch my toes I could make the effort without pain. (Since I was sixteen the furthest I could bend was to a point just fractionally below my knees.) And I probably would have made the effort as I was demoralized. But I knew this would cause more damage to my spine. I also deduced that the reason I had pain was that my body was telling my brain that a fault existed and that the area of the fault was to be protected to prevent more damage. So I didn't take the pills then, or afterwards.

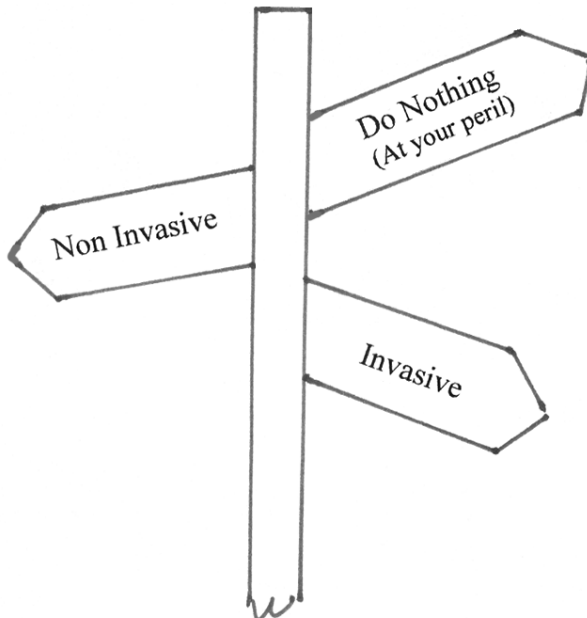
GP's prescribe painkillers, pain is then either eased or eliminated and the continuation of the routine of daily spinal abuse compounds the

problem. When the course of painkillers is at an end the pain may return. This is followed by another visit to the doctor for more painkillers. When it becomes obvious that the prescribed treatment is not working the patient is referred to a medical specialist and so a cross roads on the way to possible recovery has been reached.

The signpost at the crossroads has three signs.

The one pointing straight ahead reads, “**Do nothing.**” In smaller lettering underneath and in brackets, are the words “(at your peril.)”

I would have gone straight through this crossroads many times in my early, middle and late twenties and early thirties. I wouldn't have seen the crossroads, so how could I have been expected to see the signs. I knew nothing about the spine and, apart from being aware of the original injury, gave absolutely no thought to the reason for my regular bouts of pain. Eventually the inevitable happened, my disc ruptured and my life changed forever.



My hope is that having read what I have written so far you have a good idea of the structure of the spine, the cause of back pain and its prevention. This awareness will enable you to see the crossroads the signpost and the possible disastrous consequences of going straight ahead and continuing to abuse your spine on a constant basis.

The sign pointing to the right reads **“Invasive.”** (The Oxford English Dictionary defines; **invasive** / involving the introduction of instruments into the body.) Taking this route could ultimately result in invasive surgery. And remember, as already mentioned, Professor Deyo, Dept. of Medicine, University of Washington states;

“Recent studies show that even for patients with a herniated disc, spontaneous recovery is the rule.”

and

“The actual proportion of all back pain patients who are surgical candidates is only about 2 percent.”

The **“Invasive”** sign is large containing many cautionary notes, you are already aware of these:

“It must be understood that this is major surgery and not to be undertaken lightly. Unfortunately, also, the results in most cases leave much to be desired.” (Alexander Walker-Naddell FRCS)

“No matter how successful the operation is, your back will never be the same again; surgery creates scar tissue, which doesn’t exist in a normal back.” (Hamilton Hall, FRCSC)

As I have said a number of times we would have measured something in the region of ten thousand spines and have spoken to over thirty thousand other back sufferers. From this large group the number who had back operations would be in the region of one in ten, or four thousand. The number of successful back operations I have encountered is less than one percent. Admittedly this is an extremely imprecise finding, nevertheless it is frightening and warrants a properly conducted survey (I have already mentioned

some parameters) to enable candidates to realize that there is less than one percent chance of a quick fix.

I have come across operations that were successful for a period of time, the longest being thirteen years, before the original pain returned. Many people have told me the surgeon told them eighty percent of operations are successful. They never think to ask what is meant by the word “successful.” Most have absolutely no knowledge of the spine, cannot ask intelligent questions and meekly accept what they are told.

I know I’ve said this already however, because of its importance, I’ll say it again:

I define a successful operation as one that completely and permanently restores the quality of living that existed prior to the outbreak of the pain that resulted in the invasive procedure.

Non-invasive treatment (physiotherapy, chiropractic, osteopathy, Spinal System S, exercising, etc.), combined with the most important one of always keeping the spine in S will in the majority of cases result in pain free living.

We know the famous Mayo Clinic in the States has a surprisingly frank notice on its website;

“Long term outcomes also are often similar following less invasive treatments.”

However, based on my experience as an engineer working exclusively in the area of back pain relief for twenty-five years, I would disagree with the use of the word “similar.” It is my absolute conviction that operations should only be carried out in a very small number of cases. The person who refuses one can live a pain free life provided help is sought and life style changed. If I can achieve this so can you.

I would interpret the above statement by the Mayo Clinic as an admission that most invasive operations are unnecessary and should not be carried out. If the body is capable of healing itself with the help of non invasive treatment nobody should agree to going under

the knife until every last avenue has been fully explored and found wanting. It is my opinion that before undergoing elective surgery every patient should be required to give proof that non invasive treatment was performed and found to be unsuccessful.

“The more selective surgeons have strict guidelines and operate only if there is evidence of the nerves in the saddle area and legs not working properly.” (Sarah Keys in Back Sufferers Bible)

On a personal basis, when my daughter Tara was in hospital there was a total of six patients in her ward. On average two were either awaiting back operations, or recuperating. Half way through her two-month stay her favourite nurse disappeared. I was delighted to meet her in the corridor two weeks later; Tara was upset by her absence. I asked her where she'd been.

“I had a back problem,” she replied.

“What did you do about it?” I asked.

“I went to a chiropractor.”

“Why didn't you come here?”

She smiled. I smiled. We both went out separate ways.

The sign pointing to the left reads **“Non-Invasive.”** Underneath is listed a large number of alternative treatments that can successfully treat back pain.

But one of the main points I have been making is that you cannot hand over the solution to your back problem to third parties. They have a great deal of success in treating the symptoms, but are powerless to eliminate the causes. Only you can do this. I am often asked which treatment, chiropractic, physiotherapy, osteopathy, acupuncture etc, is the best. It has been my experience

over the last twenty-five years that each of these professions is very successful in treating back pain and after a number of sessions patients experience relief. When the course of treatment is completed patients are often given a list of daily exercises aimed at keeping their backs in good trim. Some patients carry out these exercises, others don't.

The latter fall precisely into the category of those who hand over the solution to their problems to a third party, will not take responsibility for their own bodies and do nothing to help themselves.

The former are also guilty. Of course their intentions are well meaning as they conscientiously do the prescribed daily strengthening exercises designed to keep their spines in good condition. However, once daily exercises are completed the majority then forget about their spine. Off they go to work in the car, bending over a desk for hour after hour, abusing their spines on a constant basis, with no thought to "S." The fact that they do exercise will probably result in a longer interval of time before the next outbreak of more pain, when compared with the non-exercisers.

Take great care if you are exercising that it does not involve bending the spine forward. Throughout my sporting life I constantly came across the command, "Bend, touch your toes!" I could never do this and always wondered what the objective was. I have seen teammates alongside me being able to put the palms of their hands on the ground and yet they didn't have the same level of fitness that I had. You will remember the surgeon commanding me to this when I was in hospital awaiting an operation and the physiological effect it triggered. So be careful.

The ideal way to go about your day-to-day life is to do daily exercise in combination with keeping the spine in the "S." I don't do any structured exercise. I am mostly on my feet and moving around during the day, have two dogs and so do a lot of walking, play golf, garden, am constantly doing jobs around the house and so keep fairly fit. Last weekend for example I spent six hours repairing the roof of

my house. This meant kneeling down repairing the fault (I always use kneeling pads), umpteen trips up and down a ladder fetching tools and equipment, even lying on my side to fit roofing felt under the roof tiles. The next day I spent a similar amount of time cutting a hedge. As the hedge is about ten feet high, this meant more climbing up and down a ladder and kneeling to pick up the leaves. So it works for me and as I've said before, "If something works, stay with it."

So the question you must ask yourself now is do I go to the left, or to the right.

I was too scared to take the road to the right and so went left. However I ignored all the existing signs and made one of my own which read "S," and it proved to be successful. I certainly didn't know when I made my decision that,

"Studies using repeated MRI revealed that the herniated part of the disc often shrinks naturally over time and about 90 percent of patients will experience gradual improvement over a period of six weeks." (Professor Deyo)

So I was lucky in this regard. I knew sitting in the C position was the cause of my pain. So I sat in S. At all times throughout the day, no matter what my activity, I keep this S position. I am now pain free.

The following is a list of some non-invasive treatments. It is up to you to choose the one that you think is most suitable to your requirements.

Acupuncture

Acupuncture helps back pain by reducing muscle tension and so relieves pain and improves mobility. This is achieved by inserting fine sterilized needles into the body. The technique is based on the ancient Chinese art of acupuncture.

Chiropractic

Chiropractors believe that most back pain is caused by "subluxations of the various vertebrae" that causes pressure on nerves, with

resultant pain. (The Oxford English Dictionary defines “subluxation” as “partial dislocation.”) Their objective is to heal the whole person along with the specific problem.

They use spinal manipulation and also specially designed couches, divided into four sections, which can be lowered or raised independently of each other. They manipulate the spine by thrusting down sharply on the offending area of the spine. The section of the couch supporting this area immediately collapses, resulting in instant force being applied to the vertebrae to be manipulated.

McKenzie Technique

The McKenzie approach is based on the principal of teaching patients to treat themselves through prescribed self-generated movements. By monitoring the response of low back and neck pain during a mechanical spinal assessment it is possible to design an individualized program of exercises for each patient.

Manipulation

Many practitioners specializing in back pain relief carry out manipulation. The usual procedure is to first massage the back to relax the muscles. The spine is then manipulated using different methods, depending on the practitioner. The objective is, by extending and rotating the spine, to move whatever is pressing on the nerve, a bulging disc for example, out of contact with the nerve and so eliminate the pain.

My falling down the stairs in Fitzwilliam Square some twenty years was an extreme example of manipulation. However, as the television show showing dare devil tricks announces at the end of each episode, “Do not attempt to try this at home.”

Osteopathy

Osteopaths contend that the human body has the power to combat disease and is similar to any piece of mechanical equipment that is liable to malfunction due to wear-and-tear and breakdowns. The

cause of disease is dislocated bones, disorders of ligaments and cramped muscles, putting pressure on the circulation and nerves. This leads to lack of blood supply to the relevant tissues and the death of tissues, partly due to the blocking of the life force that moves around the nerves in the body.

While most people attend osteopaths to get pain relief, the object of osteopathy is to get the complete body in perfect mechanical order. The belief is that if they can correct problems in the skeleton, muscles and nerves, this will help the body to heal itself, even problems in the body which are some distance from the spine. They achieve this by gentle manipulation of the spine. Their techniques are more concerned with loosening and freeing rather than repositioning

Pilates

Pilates is a gentle form of exercise that can be practised by people of all ages and physical capabilities.

Physiotherapy

Physiotherapists examine patients to make a diagnosis and determine treatments. These treatments include exercise, mobilization and manipulation, electrical ultrasound and heat treatment.

The hands are the physiotherapist's main tools. Massage is used as a relaxant prior to manipulation, which consists of gentle rhythmic movement of the spinal joint.

Reflexology

The objective of reflexology is to eliminate waste from the body, to improve circulation and to bring the body into balance. Reflexology is based on the fact that every organ in the body has a mirror image in the feet and hands. The area in the foot where the spine is represented is from the side of the big toe to roughly half way down the instep. By running the thumb lightly over this area the reflexologist can detect the twenty-four tiny nodules representing

every vertebrae. By lightly pressing each nodule with the thumb the reflexologist can detect the nodule that is the mirror image of the vertebra at the seat of the pain. (Pressing this nodule causes some discomfort, pressing the other twenty-four causes no reaction.)

The reflexologist, by gently massaging the nodule, is able to bring about pain relief. There are great many things in life that I don't understand and this is one of them. But it works. I have personally witnessed a patient limping into a reflexologist in great pain, having a treatment session and then leaving pain free without a limp.