



# CHRONIC BACK PAIN – A PAIN OF YOUR SOUL

*By Dagmar Ingrid Straub, Complementary Therapist*

Back pain costs the United States over \$90 billion a year, of which more than \$26 billion are spent for direct healthcare costs attributable to pain episodes.<sup>1</sup> This makes pain in the back one of the country's most expensive health problems. Researchers estimate that up to 80% of adults will eventually suffer from the condition. In the United States, acute low back pain is the fifth most common reason for all physician visits<sup>2</sup> and the second most common symptom reported to primary-care physicians.<sup>3</sup>

For most individuals back-pain episodes are self-limiting; however, up to one-third of patients suffer from persistent pain.<sup>4</sup> Following national guidelines, analgesics, muscle relaxants, and anti-inflammatory drugs are the primary pharmacological treatment; over 65% of patients get opium-derivatives as a prescription against pain,<sup>5</sup> which may cause physical or psychological dependence if used longer than two weeks. For patients suffering from chronic back pain, conventional treatment shows inconsistent – and most of the time disappointing – results, and treatment often only means finding a way to cope with residual pain and make pain manageable.

## Commonly Accepted Causes of Back Pain

*Structural dysfunctions* are considered to be the main causes for pain, whereas the pain may actually originate from muscles (muscle strains or inflammation), nerves (sciatica, narrow spinal channel, disc protrusion), bones (osteoporosis, fractures, other bone diseases, cancer metastasis), joints, tendons and ligaments (rheumatic diseases; degenerative joint disease), or other spinal structures. Although back pain can be a sign of serious medical problems, it usually does not require immediate medical intervention, except when bowel and/or bladder incontinence occur, or there is progressive weakness or numbness of the legs or arms.

Most patients believe that persistent back pain is caused by such structural alterations in their spine; however, several studies have shown that most cases of back pain cannot be traced to a specific structural problem: spinal X-rays or MRI scans (Magnetic Resonance Imaging) of many people with disabling back pain appear normal, while MRI scans of those who do not have pain can reveal spinal abnormalities.<sup>6</sup> What could account for these puzzling findings?

## More Causes

There are several other causes for back pain that are not commonly accepted in the traditional medical profession, but

are part of complementary approaches to healing such pain. If you suffer from acute pain attacks or chronic pain, check these possible causes:

*Blocks of vertebral joints in your spine ("subluxations").* Dysfunctional vertebral joints can be diagnosed and adjusted by a skilled chiropractor; they do not normally show in X-rays or MRI scans. Subluxation means improper movement or fixation of a vertebral joint, which makes movements painful or impossible, due to compression of nerves and blood vessels, and due to consecutive muscle strains and inflammation. The chiropractic adjustment helps to restore the proper position and motion of vertebral joints, thus curing irritation of nerves, circulation restrictions, and inflammation – which lets pain come to an end quickly in acute situations. Due to swollen tissue, inflammation of nerves, and muscle strains, improvement will take some days when a block has lasted for weeks or months.

*Acute and chronic infections* can cause back pain (e.g., influenza or Lyme's Disease). If this is the cause, it is necessary to treat the underlying infection.

*Dysfunctional organs* lead to referred pain through activation of a dorsal branch of a spinal nerve. For example, inflammation of the pancreas or pancreatic cancer can cause severe pain in the middle of the back, or heart diseases may cause problems in the back between the shoulders or in the region of the left shoulder. Successful treatment of affected organs heals referred pain.

*Allergies.* The link between allergies and back pain is not commonly known, although studies have been conducted that show this connection: a study including 6,836 U.S. adults came to the conclusion that individuals with a history of any allergy were more likely to suffer from low back pain and depression, supposedly due to pro-inflammatory substances promoted by food-allergies and other common allergies.<sup>7</sup> To find out about food intolerance, check your blood for IgG4-antibodies against common foods, as performed by special laboratories.

*Energetic imbalances.* According to Traditional Chinese Medicine (TCM), pain is due to blocked energy channels ("meridians") and flow of blood, and can be treated by restoring the flow of vital energy (*Chi*) in these channels. Depending upon the state of the patient, various measures such as acupuncture, herbal prescriptions, or applying heat to acupuncture points (moxibustion) help to reduce pain and emotional imbalances and promote the healing process.

## **Yet Another Cause: The Link Between Your Emotions And Physical Dysfunction**

The science of psychoneuroimmunology revealed the connection between the limbic system (the place in your brain where emotional memory is stored) and the autonomic nervous system (which regulates the functions of your body).<sup>8</sup> This connection is not a one-way-road: the nervous signal sent from a painful stimulus in your body splits in the brain and goes two ways: one way goes to the sensory brain regions, telling you where the pain is and what kind of sensation it is (for example a pressing or a stitching pain), while one way goes to the frontal part of your brain and gives you the emotional experience related to having pain (for example, you feel sick or scared). Patients with damage of the frontal part of their brain can still tell where the pain is, but there is no emotional link whatsoever connected to this sensation.<sup>9</sup>

On the other hand, a stress signal sent from your brain when a conflict is activated discharges itself in three ways, amongst them a way that creates target-specific constriction of your blood vessels (thus causing pain and tissue damage due to inflammatory substances and lack of oxygen), and another way down to your enteric nervous system, which stimulates emotion-specific release of various substances that regulate the flow of information between the cells of your body and your brain.<sup>10</sup> For example, when you are scared, your blood vessels constrict; your blood pressure rises; and your bowels and/or bladder react.

These proven correlations between your body-cells, your nervous system, and brain regions that are related to provoking and dealing with your emotions explain why it is possible at all that your emotions can have an impact on your health.

### **Which Events and Emotions Can Lead To Chronic Back Pain?**

Several studies show that psychological factors such as on-the-job-stress and dysfunctional family relationships correlate more closely with the condition of chronic pain than structural abnormalities of the back.<sup>11</sup>

Many physicians and therapists specialized in pain management have found that there are always one or more emotional issues at stake in individuals suffering from persistent pain, and that pain can be healed by healing these emotional problems.<sup>12</sup> Even the outcome of back surgery depends on factors other than the skills of the surgeon, as stated in a 1992 study by the San Francisco Spine Institute, which uncovered the fact that recovery from back surgery and pain had little to do with the surgical procedure itself but was related to successful treatment of traumatic experiences those patients had had in their childhood, such as being exposed to physical or sexual abuse, emotional neglect or abandonment, the loss of one or both parents by death or divorce, or drug abuse by a parent.<sup>13</sup>

In accordance to the above findings, the author found that the following possible emotional and biographic causes should be considered for successful treatment of persistent low back pain:

**Loss Of Trust In Life** – Often, patients with chronic low back pain were exposed to experiences that made them lose their trust in life, in others, or in their own ability to deal with life and its challenges, although they may be successful on the outside. Events in their biography may have forced them at an early age to take over responsibility and to struggle to survive, for example in a dysfunctional family or due to loss of a parent, which made them believe that “to live is to fight.” Their inner feelings of being without protection, or too weak, or inadequate and unworthy may lead to a “loser-attitude” of anxious helplessness and thinking in terms of being the victim, or on the contrary to a hard-working, high-performing way of life with high, perfectionist expectations towards themselves and others, which may render them rigid, tense, and compulsive.

**Act The Victim** – The patient’s general view of life is essential for healing. Patients who see themselves as the victim of circumstances and expect others to provide for their well-being and to “save” them, while they drown in their pain and retreat to a passive, fatalistic, reluctant, reproachful attitude and are not willing to take part in the healing process by thinking about their views and behavioral patterns, are more likely to be stuck with persistent pain.

**Guilt Feelings** – Pain may be a way to “atone” for something that happened to the patient or in their family, such as sexual abuse, or for something they did to another person.<sup>14</sup> Guilt feelings are often related to sexual issues. There can be sadomasochistic experiences or tendencies, combined with self-hatred and reproaches. On a subconscious level, the pain is used to avoid one’s own conflicting sexual impulses or having to cope with the sexual needs of others. These patients are basically afraid of their own sexual power, which may lead to being abusive or abused in one form or another.

**Suppression Of Rage Or Anger** – The patient may feel that the expression of anger or even rage towards others (or towards a special person) is improper or dangerous. They think that they may not pursue their needs or interests at all, or that they are not allowed to pursue them in an aggressive way, in order to be “good” and “decent.” This leads to being conformist or overly nice on the outside while their suppressed aggression is directed against themselves. Through the pain, one can see anger, rage, or other “improper” violent feelings express themselves in a socially acceptable way. These patients can be very concerned about others and drawn to helping roles, because they were taught that they are only acceptable when they sacrifice their powerful, expansive personality traits, which they consider to be “egoistic,” to being nice and following common social guidelines.

**Lack Of Self-Respect In Relationships** – Patients with chronic pain may suffer from a deep lack of self-respect,

which renders them very vulnerable in relationships. The pain may express their inner despair of having lost someone, be it a parent or a partner, combined with feelings of inner void and being totally insignificant. Pain can also be a substitute for the feelings they have while they deal with the same relationship patterns that, in the past, have made them feel rejected or humiliated and have led them to believe that there has to be something wrong with them. They do not see the link between those past events and their present situation, which can make them overly dependent and demanding on an emotional level towards the persons actually involved, as a subconscious need for compensation, directed at the wrong person. They tend to see themselves as the victim and to be consumed with their pain; they are easily offended; and they make silent reproaches while not being able to express or solve these emotions effectively.

### **High Expectations Regarding Work Or Social Relations**

– Some patients may struggle in a constant spiral of exposing themselves to various expectations that they can hardly ever meet. In an attempt to compensate for their lack of self-esteem with outstanding achievements on a professional or social level, they work hard and may even lose themselves in altruistic activities; but they are never prepared to accept the rewards of their efforts, to relax, or to receive help from others. This leads to chronic tension within the body and mind and to total exhaustion on an inner level.

**The Body Speaks (“Somatization”)** – Often a person is not able to understand or express what is going on in their mind, or to realize what they truly feel in a certain situation. In order to avoid conflicts, they may have built up a “hollow” peace in their lives – the harmony around them is illusionary – while they pretend that everything is perfect and refuse to take a look at the things in their lives at stake. Or, they may simply not be able on an intellectual level to reflect about themselves. This lack of awareness can lead to a phenomenon referred to as *conversion* by Sigmund Freud: repressed emotions of which the patient is not aware “convert” themselves into physical symptoms.<sup>15</sup> Sometimes, becoming aware of its “hidden message” can be enough to make a symptom vanish. There are many books on the symbolism of illness, which can be helpful to get an idea of the problems that need to be solved.

**Refuge To Pain** – It may be hard to believe, but for some patients their state of pain may indeed be a safer and more “comfortable” state of being than having to cope with those events, life-challenges, or other emotions they would rather avoid. The terms “flight into illness” and “gain from illness” have been established in psychotherapy by Sigmund Freud;<sup>16</sup> his findings can be applied to chronic pain as well: the pain may serve as a possibility to escape from any unacceptable feelings or conflicts the patient cannot cope with (for example, sorrow, anxiety, panic, inner void, or lack of self-respect), and there are so-called primary or inner benefits and secondary or social benefits in suffering from chronic pain. As there may be considerable “rewards” for their suffering, it may be

hard for some patients to overcome the condition, although of course, on a conscious level they want to be cured.

An inner benefit may be to create a vent through pain to release or unleash “improper” feelings such as mentioned above, thus stabilizing the patient on a subconscious level; pain is used as a subconscious way to “solve” a conflict. The social gain from pain can be any benefit a person gets as a result of having a pain disorder, such as receiving more attention and affection from a beloved person, compassion or admiration from others, being entitled to health services and health care, getting monetary compensations or disability benefits, or escape from unsatisfying working conditions and onerous responsibilities.

**Pain Memory** – Some patients have a long history of suffering that results in chronic pain. Scientists have found that pain sensations can accumulate if they occur frequently enough or in rapid succession, which can result in ever-increasing pain sensations and in a reduced pain threshold. This starts a circle of negative enforcement that can lead to feeling pain although its cause is already healed. Long-lasting pain detaches itself from the cause, and this is called “pain memory.”

A new study suggests that, in some way, chronic pain is the inability to turn off the memory of the pain: it is not so much the sensory input from your nerves that leads to chronic pain, but the way in which your brain deals with this input in its cognitive and emotional regions.<sup>17</sup> The main cause of chronic pain may be old “memory traces” in the brain’s pre-frontal region, which controls emotions and learning. This may also be the reason why successful therapeutic pain management and conflict management include “uncoupling” or “deconditioning” techniques that aim at breaking the habituated responses of the brain and autonomic nervous system to certain stimuli.<sup>18</sup>

### **How to Solve Past Trauma and Emotional Components of Pain**

Of course, all *psychotherapeutical approaches* are an option; however, because of the intricate neuronal network in your brain and your autonomic nervous system, both of which retain the memories of past emotional and physical pain and make you prone to react according to old conflict-and pain-patterns, thus re-creating old drama again and again in new situations, chronic back pain based on emotional issues and past trauma can hardly be treated successfully with long-term-results without addressing these psycho-emotional components while at the same time disconnecting the neuronal and biochemical pathways created by repetitive painful experiences or a past shock.

*Psycho-emotional approaches including uncoupling-techniques:* To resolve a psycho-emotional conflict present in the subconscious, and to disconnect the coupled response to it in the autonomic nervous system and thus the body, the conflict has to be remembered as exactly as possible by the

conscious mind, which includes time, circumstances, and feelings at that time, while uncoupling the former emotion from the physical responses. This is achieved, for example, by new sensory input through tapping of acupuncture points or other measures while the patient remembers the traumatic situation. The experience of new, harmonizing sensations while thinking or talking of the problem builds new pathways in the corresponding brain areas and areas of the autonomic nervous system and opens the door to a new reaction. If the patient cannot remember any details, there are methods to find out about this and solve the conflict.<sup>19</sup> A very effective and easy to do-it-yourself-method to solve emotional conflicts and past trauma following these findings is *EFT - Emotional Freedom Technique*. When applied correctly, there can be significant relief from chronic pain and illness, cravings, addictions, and any emotional issue.<sup>20</sup>

To stabilize your physical and emotional state, there are various complementary therapies that can help. Some of the best are homoeopathy and Traditional Chinese Medicine. Homoeopathy can ease muscle strains and sensations caused by irritated nerves; it can cure inflammation and all sorts of painful sensations; and it is a very effective tool to treat emotional issues and past trauma. Consult a homeopathic therapist for your most-appropriate prescription, as the choice of your remedy depends upon your individual conditions. Like homeopathy, Traditional Chinese Medicine can improve both physical and emotional issues by considering your whole personality and condition and choosing the appropriate measures to cure physical and emotional imbalances. HFN

---

*A member of the NHF Advisory Board, Dagmar Ingrid Straub has been a writer and consultant in complementary medicine since 1991. She specializes in alternative treatment and personal development, as it is her passion to help people to free themselves from false concepts, be it in the field of health care or personal growth. She offers complementary treatment, lectures, and seminars, and may be contacted at [info@time-to-be-yourself.com](mailto:info@time-to-be-yourself.com).*

## References

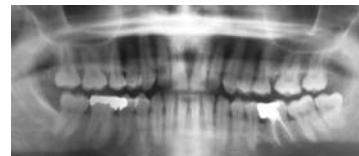
1. Luo X Ph.D, et al., "Estimates and Patterns of Direct Health Care Expenditures Among Individuals with Back Pain in the United States," *Spine* 29 (1):79-86 (Jan.1, 2004).
2. Chou R M.D., et al., "Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society," *Annals of Internal Medicine*, Oct. 2, 2007 Vol. 147, Issue 7, pp.478-491.
3. Hart LG, et al., "Physician office visits for lower back pain – Frequency, clinical evaluation, and treatment patterns from a U.S. national survey," *Spine* 1995, 20:9-11.
4. Luo, *ibid*.
5. Vogt, MT Ph.D, et al., "Analgesic Usage for Low Back Pain: Impact on Health Care Costs and Service Use," *Spine* 2005; 29(9):1075-1081.
6. Savage RA, et al., "The relationship between the magnetic resonance imaging appearance of the lumbar spine and low back pain, age and occupation in males," *European Spine Journal* 1997; 6(2):106-14. (This study showed no relationship between LBP and disc degeneration; 32% of asymptomatic subjects had "abnormal" lumbar spines; 47% of all subjects with LBP had "normal" lumbar spines.) See also Kleinstück F, et al., "Are 'structural abnormalities' on magnetic resonance imaging a contradiction to the successful conservative treatment of chronic non-specific low back pain?" *Spine* 2006 Sept 1; 31(19):2250-7. (This study showed no association between structural abnormalities recorded on magnetic resonance imaging and the outcome of treatment. Also, it showed that structural defects are common in asymptomatic individuals and are of little value to explain the cause of pain.); and Borenstein DG, et al., "The value of magnetic resonance imaging of the lumbar spine to predict low-back pain in asymptomatic subjects: a seven-year follow-up study," *The Journal of Bone and Joint Surgery* 2001 Sept; 83:1306-11. (This study showed no relationship between the longest duration of back pain and the greatest degree of anatomical abnormalities in MRI scans.)
7. Hurwitz EL, et al., "Cross-sectional associations of asthma, hay fever, and other allergies with major depression and low-back pain among adults aged 20-39 years in the United States," *American Journal of Epidemiology* 1999 Nov 15; 150(10):1107-16.
8. Psychoneuroimmunology (PNI) is an interdisciplinary science studying the interactions between psychological issues such as stress and other emotions, and the immune system and nervous system. One of the main interests of PNI is the relationship between mental processes and health.
9. Willard F, Nociception and the Neuroendocrine-Immune Connection, 1992 International Symposium, American Academy of Osteopathy, University Classics, Athens, Ohio (1994). Rossi E, *The Psychobiology of Mind-Body Healing*, New York (1986).
10. Candace B. Pert Ph.D, "Molecules of Emotion: The Science Behind Mind-Body-Medicine. Pert CB, Neuropeptides and their Receptors: A Psychosomatic Network," *Journal of Immunology* 135, pp. 8205-8265 (1985). Porges S, "Emotion: An Evolutionary By-Product of the Neural Regulation of the Autonomic Nervous System," Institute for Child Study, University of Maryland, College Park, Maryland 20742-1131 (1994).
11. Stanford University School of Medicine. Carragee EJ et al., "Discographic, MRI and psychological determinants of low back pain disability and remission: a prospective study with benign persistent back pain," *The Spine Journal* 2005 Jan-Feb; 5(1):24-35 (2005). PMID 15653082. (A study with 100 subjects with high risk factors for serious LBP as determined by structural and psychosocial characteristics, with 5-year follow-up. Results: Psychosocial variables strongly predicted both long- and short-term disability events, duration, and health-care

- visits for LBP problems. Structural variables on both MRI and discography testing at baseline had only weak association with back-pain episodes and no association with disability or future medical care.) See also UCLA School of Public Health, Department of Epidemiology, Los Angeles. Hurwitz EL et al., "Cross-sectional and longitudinal associations of low back pain and related disability with psychological distress among patients enrolled in the UCLA Low-Back Pain Study," *Journal of Clinical Epidemiology* 56 (5):463-71 (2003), PMID 12812821, (Results: pain/disability and psychological distress may be causes and consequences of each other.) and Dionne CE, "Psychological distress confirmed as predictor of long-term back-related functional limitations in primary care settings," *Journal of Clinical Epidemiology* 58 (7):714-8 (2005). PMID 15939223. (Results of this study with 860 workers: among the possible predictors of back-pain outcomes that have been studied, psychological distress has been found to have a high prognostic value.)
12. Klinghardt D. M.D., Ph.D, "Psychological Factors in Chronic Pain: An Introduction to Psychosomatic Pain Management," a lecture presented at the 14<sup>th</sup> annual Meeting of the American Association of Orthopaedic Medicine, Tempe, Arizona, Feb. 21, 1997. [www.emofree.com/articles/chronic-pain-klinghardt-paper.htm](http://www.emofree.com/articles/chronic-pain-klinghardt-paper.htm). See also Dr. Dietrich Klinghardt, Psychokinesiologie, Bauer Verlag Freiburg (1996)(in German). Moreover, Los Angeles physician Eric Robins M.D. found that patients with chronic pain have unresolved emotional issues or anger that are tied to past traumas and he treats these issues with "Emotional Freedom Technique" (EFT). See him on YouTube – Eric Robins, M.D. Discusses EFT, [www.youtube.com/watch?v=Gi9EW29TNBo](http://www.youtube.com/watch?v=Gi9EW29TNBo); Read about and learn of EFT with a free manual on [www.emofree.com](http://www.emofree.com), or else write to Gary Craig, EFT, P.O. Box 269, Counterille, California 95311. EFT is based on the findings of Roger Callahan. More information may be found at: John Sarno M.D., The Rusk Institute for Rehabilitation Medicine, NYU Medical Center, 400 East 34<sup>th</sup> Street, New York, New York 10016, (212)263-7300. See also John E. Sarno M.D., *The Mind-body Prescription: Healing the Body, Healing the Pain* (Warner, 1998) and *Healing Back Pain: The Mind-Body Connection* (Warner, 1991).
  13. Schofferman J, "Childhood Psychological Trauma Correlates with Unsuccessful Lumbar Spine Surgery," *Spine*, Vol.17, No.6, Suppl. pp.138-144 (1992). (For this study, 100 adults with MRI-proven severe lumbar disc herniations were preoperatively interviewed regarding these five possible traumatic situations in their childhood. Then they were assigned to three different groups: (1) none of these risk factors; (2) one or two factors; (3) three or more. The long-term postoperative success was as follows: In group 1, 95% excellent improvement; in group 2, 73% improvement; in group 3, 15% improvement. A follow-up study demonstrated that psychotherapy addressing these specific traumatic issues of the past could improve the post-surgical results dramatically in groups 2 and 3.)
  14. To get insights that are completely new to most people of how past events in your family or ancestry may have profound effects on your health, read: Bert Hellinger, *Love's Hidden Symmetrie*. [www.hellinger.com](http://www.hellinger.com).
  15. Sigmund Freud, *Lectures On Psycho-Analysis*.
  16. Sigmund Freud & Josef Breuer, *Studies In Hysteria*.
  17. Study by Northwestern University School of Medicine (2007), *Science Daily*, June 5, 2007. [www.sciencedaily.com/releases/2007/06/070604123715.htm](http://www.sciencedaily.com/releases/2007/06/070604123715.htm).
  18. Klinghardt Dietrich, *Psychokinesiologie*, Bauer Verlag Freiburg (1996); in German. See Dr. Joseph Mercola on Klinghardt's Applied Psycho-Neurobiology, [http://www.mercola.com/article/mind\\_body/index.htm](http://www.mercola.com/article/mind_body/index.htm); and Roger Callahan, *Callahan Techniques; Thought Field Therapy* (Callahan Techniques Ltd., PO Box 1220, La Quinta, California 92247, Phone 760-564-1008, [www.tfrx.com/callahan.html](http://www.tfrx.com/callahan.html), [www.tfrx.com](http://www.tfrx.com)). See the many books of Roger Callahan about solving emotional issues as well as the techniques of Neuro-Linguistic Programming (NLP), [www.nlp-now.co.uk](http://www.nlp-now.co.uk).
  19. For example Klinghardt's Applied-Psycho-Neurobiology (see endnote 18) or other kinesiological tests ([www.kinesiology.net](http://www.kinesiology.net)).
  20. Based upon the findings of Roger J. Callahan Ph.D (see endnote 18), EFT combines gentle fingertip tapping on key acupuncture points with focused words and thought; it is said to be more than 80% effective in treating pain ([www.emofree.com/Press-Releases/pain-relief.htm](http://www.emofree.com/Press-Releases/pain-relief.htm)). For more information see endnote 12 above.

DENTISTRY • CHIROPRACTIC • NUTRITION

## An Integrated Approach to Restoring your Health

NEPA's only Doctors of Integrative Medicine



Dedicated to Safe Mercury Removal and Biocompatible Dentistry

**Blanche D. Grube D.M.D**

Holistic Healthcare through Chiropractic and Nutrition

**John H. Grube, D.C.**

### What are Toxic Teeth?

There is 50% metallic mercury in "silver" fillings. This poison leaks into your blood stream and can cause many physical ailments.

Visit our website to learn more:  
[www.drblanchegrube.com](http://www.drblanchegrube.com)

**570-343-1500** • 810 Green Ridge Street • Scranton, PA 18509  
Call for a FREE brochure on Mercury Effects On Your Body