

When it comes to back pain, time is an underused treatment

SUZANNE KOVEN, MD | CONDITIONS | JANUARY 30, 2014

The doctor at the summer camp I attended as a kid believed that calamine lotion and time cured just about anything that ailed campers — and he was right. Time still heals most wounds, but patience is a tough sell to people whose visits to my office often involve taking off work or getting a babysitter, fighting traffic, and shelling out for parking and insurance co-pays.

After all that, time doesn't seem like a satisfying prescription. Still, an [article](#) published in *JAMA Internal Medicine* by researchers at Harvard Medical school and [featured](#) in *Boston Magazine* reveals that when it comes to back pain, time is an underused treatment.

Low back pain is among the most common reasons people visit primary care doctors for non-routine care (cough tops the list). The long hours we spend commuting and sitting at computers contribute to back pain, as does obesity and “weekend warrior” syndrome — when usually sedentary people paint a house, rake a yard, or take up a sport or exercise for which they are poorly conditioned. About 40% of adults will have low back pain at some point.

Generations ago, low back pain was called “lumbago” and treated with rest, heat, ice, massage, and various topical treatments or plasters. There's still little evidence that much more than these are needed, in most cases. Anti-inflammatories such as ibuprofen (Advil) are helpful, as well as acetaminophen (Tylenol). Gentle yoga or stretching are also good. As the authors of the *JAMA* study, who reviewed 24,000 cases of acute back pain, discovered, time heals not all, but most back pain.

But, as I said, time is a tough sell, especially when there are now so many options, beyond plasters, to diagnose and treat back pain. Patients often request and doctors often recommend x-rays, MRIs, epidural injections, narcotics, referral to specialists, and spine surgery. These treatments are often expensive, invasive and, in the long run, no more effective than simpler approaches. Over-prescription of narcotics for back pain is particularly dangerous, as it is frequently the first step on the road to addiction.

In a small minority of cases, low back pain is a sign of a serious condition. Back pain accompanied by fever, blood in the urine, weakness or numbness in the legs, or other unusual symptoms should be evaluated by a doctor. Patience isn't the right treatment in all cases of back pain. (When I arrived at the camp infirmary vomiting, and with pain in my right lower abdomen, the doctor prescribed neither calamine lotion nor time — he took me to a hospital to get my appendix out).

Uncomfortable, but less ominous episodes of back pain can also be evaluated, but a prescription of Advil, rest, yoga, and time shouldn't feel like “doing nothing.” Sometimes “nothing” is the best treatment.

Suzanne Koven is an internal medicine physician and a Boston Globe columnist. She blogs at [In Practice](#) at [Boston.com](#), where this article originally appeared. She is the author of [Say Hello To A Better Body: Weight Loss and Fitness For Women Over 50](#).

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