

# A new approach for eliminating disc pain

By Paul Marcus  
FOR THE STAR-LEDGER

**A**fter I had written my column about fibromyalgia, I received phone calls from readers telling me their pain and muscle spasms began with a herniated disc in their lower back or neck.

That kind of thinking is not completely accurate. It should be broken down into two parts: understanding the nature of disc injuries and looking at what else is actually causing the pain.

Fibromyalgia may be a secondary reaction to the pain. When you step on a nail or broken glass, your automatic reaction is to jerk your foot back. With disc pain, the source of the hurt stays continually in place. This initiates continual muscle spasms.

First, attend to the actual cause of the pain, the disc itself.

Discs are protective jelly pads. The nucleus or center is filled with a gel. These protective anatomical sacs buffer the bones of the spine. If these pads did not exist, you would have hellacious spinal pain: bone-on-bone and, more importantly, bones on nerves.

When a disc herniates, also known as a slipped disc, the sac ruptures and its contents spill out. In truth, there is no slippage. What this term describes is the flow of the tissue as it explodes outward.

That sac of the ruptured tissue, much like a blown tire, will sandwich itself under and around the nerves of the back or neck. The pressure will feel as if someone stuck a 40-pound piece of bubble gum against the nerve, and then jacked it into place with a crowbar.

You call it mind-shattering pain.

Sometimes you get warning signals like shooting pain going down your leg or numbness in your arms and wrists. Sometimes, as in the act of picking up a weight repeatedly and improperly, the disc will chafe and wear down. Then one ugly slip in the bathroom may produce a stabbing sensation.

Not every disc injury necessitates immediate surgery. The medical people might recommend conservative

therapy: bed rest, pain medication and physical therapy, prescribing strengthening and stretching exercises.

The chiropractor will look at these problems functionally. When one vertebra spills over onto another, especially for an extended period of time, the spine starts to look like a bunch of drunks racing down a fire escape at a party.

By gently coaxing the bones back into their correct anatomical curve, direct pressure can be taken off the disc. More than one skilled pair of hands has saved a patient from the nightmare of a fully blown disc—probably without the patient's being fully aware of how close he was to danger.

Radical surgery, often a last resort recommendation, may cause injury to the back muscles or bone removals. The incision leaves a 6- to 8-inch scar. The patient has to be unbelievably cautious because the permanently weakened area may re-tear, with no more than a missed step on wet leaves.

The most promising non-surgical procedure to correct herniated discs sounds like a medical mouthful: percutaneous laser disc decompression. Maybe it should be billed as "Star Wars Clobbers Back Pain."

Originating with Dr. Daniel Choy, at the Laser Spine Center in New York, this procedure involves inserting a thin needle directly into the disc, under x-ray guidance and with no more than local anesthesia.

Laser energy is then used to vaporize a tiny portion of the disc. This creates a partial vacuum that slurps the herniation directly away from the nerve root. Two things happen instantaneously: The abnormal pressure inside the disc is reduced by as much as half, and 75 percent of the time, patients walk away from the procedure pain-free.

This method avoids many post-surgical complications and all-important patient down time. In the first nine years of use, the success rate has been 75 to 80 percent. In the last year, it has climbed to nearly 90 percent effectiveness.

The doctor can send his patient home, with little more than a Band-Aid to show for the half-hour treat-

ment time. Then, the patient is instructed to spend 24 hours in bed. Fifteen-minute walks are planned over the next three to six days.

The physician prescribes extensive post-procedural visits and a six-week program of physiotherapy. Make no mistake about it. The patient has his responsibility to rejuvenate and restrengthen his newly acquired pain-free back or neck.

Before we detail some of the areas in which this might not be effective, let's comment on one drawback. Although there have been 10,000 worldwide laser decompression procedures performed, Choy has trained merely 120 neurosurgeons and orthopedic surgeons to use this technique, which has been approved by the Food and Drug Administration.

Patients who have non-disc related lower back pain are not candidates for this service. Laser disc decompression is not used for those sufferers who have large chunks of the blown disc floating around the spine. If the spinal canal has closed due to a build-up of bone, then the procedure is not effective.

Choy safeguards the effectiveness of his laser approach by requiring an MRI be done within six months of the initial visit. Before you flood your insurance company with phone calls, know that they prefer to see that other methods have been exhausted first.

Although the cost of the in-office laser treatment runs roughly one-third the fee for conventional surgery, the charges are predicated on the numbers of discs that are treated. This means fees that will start at \$7,000.

**Next week:** Naturopathy — Gentle Medicine for Natural Folks.

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