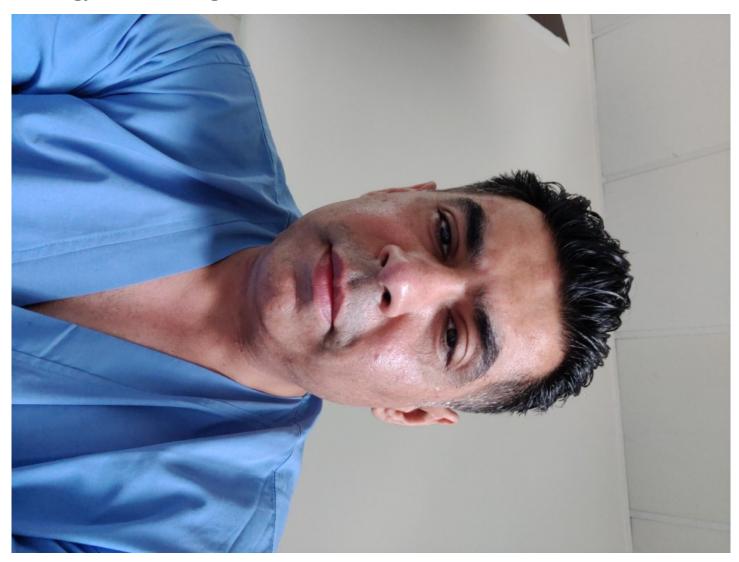
# Don't let Back pain stop you from achieving your goals By Dr Gautam Arora Neurologist at NPMC

Treatment is available for back pain! By Dr Gautam Arora MD DM Neurologist at NPMC Neurology and Pain Management Clinic



**New Delhi, Delhi Nov 6, 2022 (Issuewire.com)** - NPMC Neurology and Pain Management is well-renowned center that Specialize in all Neuro and Pain Conditions. Located in Delhi India. Doctors at NPMC are certified in Neurology and Pain Management and have many years of experience.

Back pain is considered chronic if it lasts three months or longer. It can come and go, often bringing temporary relief, followed by frustration. Dealing with chronic back pain can be especially trying if you don't know the cause.

Your provider might also ask you to rate your pain on a scale of zero to 10 and talk to you about how your pain affects your daily activities. Says Dr Gautam Arora Neurologist.

Many injuries, conditions, and diseases can cause lower back pain. They include:

- Strains and sprains: You can injure muscles, tendons, or ligaments by lifting something too heavy or not lifting safely.
- Fractures: The bones in the spine can break during an accident, like a car crash or a fall.
- **Disk problems:** Disks cushion the vertebrae (small spinal bones). Disks can bulge from their position in the spine and press on a nerve.
- **Structural problems:** Something pinching the spinal cord can cause severe sciatic nerve pain and lower back pain. Scoliosis (curvature of the spine) can lead to pain, stiffness, and difficulty moving.
- Arthritis: causes lower back pain, inflammation, and stiffness in the spine.
- Spondylolisthesis: This condition causes the vertebrae in the spine to slip out of place.

### **Diagnosis**

Your healthcare provider will examine your back and assess your ability to sit, stand, walk and lift your legs. Your provider might also ask you to rate your pain on a scale of zero to 10 and talk to you about how your pain affects your daily activities. Says Dr Gautam Arora Neurologist

These assessments help determine where the pain comes from, how much you can move before pain forces you to stop, and whether you have muscle spasms. They can also help rule out more-serious causes of back pain.

One or more of these tests might help pinpoint the cause of the back pain:

- X-ray. These images show arthritis or broken bones.
- MRI or CT scans. These scans generate images that can reveal herniated disks or problems with bones, muscles, tissue, tendons, nerves, ligaments, and blood vessels.
- **Blood tests.** These can help determine whether an infection or other condition might be causing pain.
- **Nerve studies.** Electromyography (EMG) measures the electrical impulses produced by the nerves and how the muscles respond to them.

#### **Medications**

Medications depend on the type of back pain. They might include:

- **Pain relievers.** If pain relievers you can buy without a prescription don't help, your healthcare provider might suggest prescription NSAIDs.
- **Muscle relaxants.** If mild to moderate back pain doesn't improve with pain relievers, a muscle relaxant might help.
- **Topical pain relievers.** These products include creams, salves, ointments, and patches.
- **Narcotics.** Drugs containing opioids, such as oxycodone or hydrocodone, may be used for a short time with close medical supervision.
- **Antidepressants.** Some types of antidepressants particularly duloxetine (Cymbalta) and tricyclic antidepressants, such as amitriptyline have been shown to relieve chronic back pain.

#### Physical therapy

A physical therapist can teach exercises to increase flexibility, strengthen back and abdominal muscles, and improve posture says Dr. Gautam Arora Neurologist.

Procedures used to treat back pain may include:

- Cortisone injections. A cortisone injection helps decrease inflammation around the nerve roots.
- Radiofrequency ablation. In this procedure, a fine needle is inserted through the skin near the area causing the pain. Radio waves are passed through the needle to damage the nearby nerve.
- **Implanted nerve stimulators.** Devices implanted under the skin can deliver electrical impulses to certain nerves to block pain signals.
- Surgery. Surgery to create more space within the spine is sometimes helpful for people who
  have increased muscle weakness or back pain that goes down a leg. These problems can be
  related to herniated disks or other conditions that narrow the openings within the spine.

NPMC Neurology and Pain Management Clinic

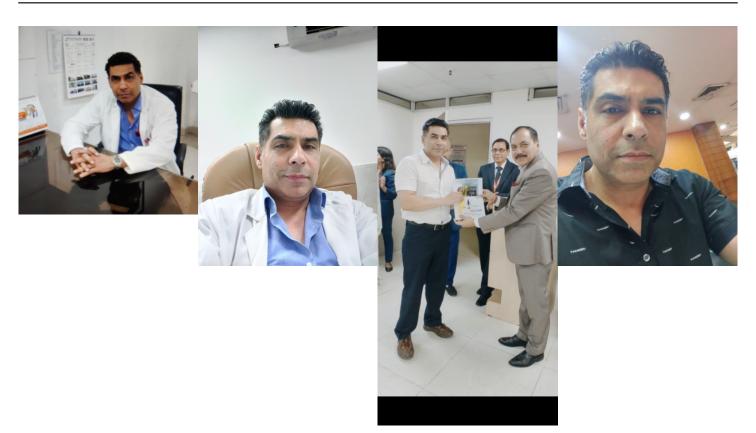
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References 1. Freburger JK, Holmes GM, Agans RP, Jackman AM, Darter JD, Wallace AS, Castel LD, Kalsbeek WD, Carey TS. The rising prevalence of chronic low back pain. Arch Intern Med. 2009 Feb. 09;169(3):251-8. [PMC free article] [PubMed]2.Barros G, McGrath L, Gelfenbeyn M. Sacroiliac Joint Dysfunction in Patients With Low Back Pain. Fed Pract. 2019 Aug;36(8):370-375. [PMC free article] [PubMed]3.Cohen SP, Chen Y, Neufeld NJ. Sacroiliac joint pain: a comprehensive review of epidemiology, diagnosis, and treatment. Expert Rev Neurother. 2013 Jan;13(1):99-116. [PubMed]4.Buell KG, Sivasubramaniyam S, Which specific modes of exercise training are most effective for treating low back pain? Network meta-analysis. Br J Sports Med. 2020 Nov;54(21):1279-1287. [PMC free article] [PubMed]7.Wei X, Liu B, He L, Yang X, Zhou J, Zhao H, Liu J. Acupuncture therapy for chronic low back pain: protocol of a prospective, multi-center, registry study. BMC Musculoskelet Disord. 2019 Oct 27;20(1):488. [PMC free article] [PubMed]8.Qin J, Zhang Y, Wu L, He Z, Huang J, Tao J, Chen L. Effect of Tai Chi alone or as additional therapy on low back pain: Systematic review and meta-analysis of randomized controlled trials. Medicine (Baltimore). 2019 Sep;98(37):e17099. [PMC free article] [PubMed]9.Patrick N, Emanski E, Knaub MA. Acute and chronic low back pain. Med Clin North Am. 2014 Jul;98(4):777-89, xii. [PubMed]10.Balagué F, Mannion AF, Pellisé F, Cedraschi C. Non-specific low back pain. Lancet. 2012 Feb 04;379(9814):482-91. [PubMed]11.Hoy D, Brooks P, Blyth F, Buchbinder R. The Epidemiology of low back pain. Best Pract Res Clin Rheumatol. 2010 Dec;24(6):769-81. [PubMed]12.Walker BF. The prevalence of low back pain: a systematic review of the literature from 1966 to 1998. J Spinal Disord. 2000 Jun;13(3):205-17. [PubMed]13.Leboeuf-Yde C, Kyvik KO. At what age does low back pain become a common problem? A study of 29,424 individuals aged 12-41 years. Spine (Phila Pa 1976). 1998 Jan 15;23(2):228-34. [PubMed]14.Jeffries LJ, Milanese SF, Grimmer-Somers KA. Epidemiology of adolescent spinal pain: a systematic overview of the research literature. Spine (Phila Pa 1976). 2007 Nov 01;32(23):2630-7. [PubMed]15.Deyo RA, Rainville J, Kent DL. What can the history and physical examination tell us about low back pain? JAMA. 1992 Aug 12;268(6):760-5. [PubMed]



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