

LOW BACKACHE IN WOMEN

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Some women often complain of backache during pregnancy or at other times. Though backache may be complained of both by men and women, which may be due to several etiological factors, low backache generally affects women more than men. In this article, only the low backache affecting women will be considered.

In women, the muscles and ligaments are less strong than that in males. Owing to the strain of modern civilisation and the mode of life, the muscles and ligaments are used very little and involved in strains when pregnancy occurs.

Low backache can be defined as 'pain in the small of the back, involving the regions of Sacrum and Coccyx'.

The causes for low backache in women may be considered in two parts:

1. Genital tract causes—Obstetric and Gynaecologic.
2. Extra-Genital causes.

GENITAL TRACT CAUSES:

The low backache caused by gynaecological lesions are indicated by its being aggravated before menstruation. If full clinical history is taken, it can be found out that the pain dates from pregnancy, labour or puerperium.

During pregnancy, the muscles and ligaments are subjected to a great strain due to the mobility of the pelvic girdle. In the later weeks of pregnancy, the growing uterus enlarges the abdomen, and there occurs a physiological lordosis. The muscles and ligaments have to maintain this lordosis as a compensatory measure. After delivery, the joints take a little time to become stable. The woman resumes her normal work soon which adds more strain.

Lesions of gynaecological origin always cause diffuse backache, pain being located in the mid line or bilaterally. The level of the pain is sacral or lumbo-sacral and not higher than the 4th lumbar vertebra.

It can be firmly concluded that the woman is not having an intrapelvic lesion should the woman indicate with her finger point the locality of the back pain, or if there is tenderness.

Etiology:

1. Prolapse of the uterus and retroversion. If the patient lies down, the backache is ameliorated in uterine prolapse.
2. Chronic Cervicitis. If there is scar around the Cervix and if there is chronic cellulitis in the surrounding ligaments.
3. Tumours:
 - (a) A large abdominal tumour ;
 - (b) Impacted pelvic tumour ;
 - (c) Endometriosis of utero-sacral ligaments ;
 - (d) If malignant lesions extend from Cervix or other sites, infiltrating utero-sacral ligaments. If the sacral plexus is involved, pain is referred down the posterior portion of the leg.
4. Pelvic congestion, pelvic varicocele and premenstrual tension.

The low backache is most troublesome from the 5th to 8th month of pregnancy.

Low back pain may be caused by peritoneal irritation, distension or gynaecologic orthopaedic disease. Peritoneal irritation may be caused by chemicals containing Iodine injected into the uterus with criminal idea, or by opaque materials used in hysterosalpinghography, exudate from ruptured tumours, abortion, in Salpingo-oophoritis, haemorrhage in extra-uterine pregnancy, rupture of corpus luteum.

EXTRAGENITAL CAUSES:

1. Muscular and ligamentary lesions:
 - (a) Fibrositis, (b) Lumbago, (c) Strain, (d) Sacro-Iliac strain,
 - (e) Rheumatic conditions.

There will be pain locally and tenderness. The pain may be aggravated premenstrually and during pregnancy. Sacro-iliac strain and fibrositis are aggravated in bed.

- (i) Visceroptosis. (ii) Badly designed shoes with high heels.
- (iii) Prolapse of Intervertebral Disc.

2. Joint and Bone lesions:

(a) Pot's disease; (b) Arthritis; (c) Secondary malignant infiltrations; (d) Ankylosing spondylitis; (e) Trauma to bones; (f) Spinal curvatures associated with advanced age; (g) Sacralization of the 5th lumbar vertebra.

Pain may be referred down the back of the leg; or, pain and tenderness localize and become aggravated immediately after rest as the joint works loose with movement.

3. Carcinoma or other rectal conditions. There is sacral discomfort.

4. Anxiety neurosis.

The pain may manifest in 3 ways:

- (i) Well-localized pain, tenderness, e.g. over spinous processes or a muscular attachment.
- (ii) Pain due to pressure on nerve trunks which is felt at a distance over the dermatome supplied by the nerve.
- (iii) Referred pain—there may be muscle spasm.

Muscle spasm produces a constant pattern of deformity—a flattening of the lumbar spine on standing, increased tone in one or both erector spinae with limited lumbar flexion and a scoliosis of the spine increased by flexion. Patient with muscle spasm is reluctant to bend with both knees straight, but she is able to bend with one knee flexed. This is marked in acute protrusion of an Intervertebral disc with root pressure.

Low backache can be grouped as follows:

- (1) Skeletal defects and no muscle spasm—e.g. healed Tuberculosis.
- (2) Skeletal defects and muscle spasm—e.g. Active Tuberculosis and aggravated osteoarthritis.
- (3) No skeletal defect and no muscle spasm—e.g. Referred pain from visceral causes.
- (4) No skeletal defect and muscle spasm—e.g. Lumbago and intervertebral disc prolapse.

Collapse of a vertebral body due to destructive lesion such as a secondary malignant deposit or myeloma.

Coccygodynia: Pain in coccyx following injury and is due to fracture of the bone or to a strain of sacro-coccygeal joint. Injury may result from a kick or a fall in sitting position, or

during parturition. Pain when sitting or walking or during defaecation. Marked tenderness may be elicited by manipulating the bone with a finger in the rectum.

Investigations:

(1) Clinical history. (2) Physical examination. (3) Radiological examination.

If radiography fails, watch carefully. Take history and exclude visceral causes. Assess patient's personality in cases following injury in which there may be malingering or hysteria. Elicit the relationship to pregnancy and the puerperium in the post-natal backache of young women.

Elicit the character of pain, its situation and the direction of its radiation. Ask the patient to take off her dress and examine her in the supine, erect, seated and prone postures. Note the posture in the erect position. Backache is quite common in flat-footed visceroptotic women. See whether there is any deformity of spine and exclude tilting of pelvis due to shortness of a leg. Palpation of spinous processes in a line should be done. Flexion, extension, lateral bending and rotation of the spine should be tested. In the seated posture, test the movements of spine to see if they are modified when hips are flexed and lumbar spine relaxed. In the supine position, do a general abdominal and pelvic examination, rectal as well as vaginal. Test movements of hip joints. Straight leg-raising test for sciatica, and sacro-iliac strain can be carried out. Knee-jerks and sensation of lower limbs should be elicited. In the prone position, palpate the spinous and transverse processes, sacro-iliac and lumbo-sacral joints and the ilio-lumbar ligaments to demonstrate displacement or tenderness. Do passive extension of the spine and observe any rigidity due to muscle spasm.

Lumbar puncture may be done to exclude spinal tumour or other cord affections.

TREATMENT:

(a) General: Find out the cause, so that treatment is easy and specific. If the cause cannot be found after a thorough investigation, assure the patient.

(b) *Medicinal treatment:*

1. Bryonia: Rheumatic tendency, aggravated by motion ; ameliorated by rest and pressure.
2. Rhus Tox: Strains ; rheumatism.
3. Secale Corn: Labour-like pains in the lower abdomen.
4. Arnica Mont: Physical strain or injury.
5. Aesculus Hip: Backache during pregnancy where the pain is in the sacro-iliac synchondroses, and that part of the back gives out, compelling her to sit. Leucorrhoea. Prolapse of uterus, aggravated when walking or stooping. Aching in sacrum and knees.
6. Calc. Fluor: Low backache with a fullness or burning pain. Lumbago, aggravated on beginning to move, and ameliorated by continued motion.
7. Kali Phos: Rheumatic lameness.
8. Sulphur: Stiffness in lumbar region with a sudden loss of power on attempting to move.
9. Oxalic Acid: Acute back pain extending down the thighs, aggravated by change of posture.

Other remedies to be studied are:

Calc. Carb ; Causticum ; Chamomilla ; Pulsatilla ; Aconite.

Backache: Pain radiating to uterus: Sepia ; Viburnum.

„ walking ameliorates: Tabacum.

„ urinating, aggravates: Syphilin.

„ „ ameliorates: Lycopodium.

„ pains going down to thighs: Berberis ; Hepar ; Kali C.

„ aggravated by sitting: Agaricus ; Rhus Tox ; Sepia ; Valerian.

„ menses ameliorate: Senecio.

„ to genitals: Kreosote.

„ coughing aggravates: Bell ; Bry ; Nat. Mur.

„ with colic: Sarsaparilla.

„ early in bed: Staphisagria.

„ alternating sides: Calc. C.

Abrotanum: Pain in sacrum ; ovarian pain.

Actaea Racemosa: Pain in back going down through hips and thighs. Bearing down pain in small of back. Prolapsus. Spinal irritation due to frequent labour.

Ammon. Mur: Bruised pain in small of back during rest or motion or at night, can neither lie on back nor on the sides. *Severe pains in lumbo-sacral region.*

Apis Mell: Pain in right pelvis ascending to left neck. Burning, pressing in Coccyx, aggravated by sitting.

Uterine Prolapse: *Lil. Tig.*; *Murex*; *Sepia*; *Nat. M*; *Stannum*; *Belladonna*; *Fraxinus Americana*; *Aloe Soc*; *Benzoic Ac.*

Uterine Displacements: *Sepia*; *Aur. Mur.* *Nat*; *Calc. Phos*; *Cimicifug*; *Ferrum Iod*; *Secale Corn*; *Stann*; *Graphites*; *Belladonna*.

Uterine Tumour: *Calc. Iod 3x trituration*; *Lachesis*.

Uterine Carcinoma: *Thuja*; *Hydrastis*; *Carcinosin*; For bleeding; *Hamamelis*; *Arsenic Iodatum*.

Cervicitis: *China*; *Bellad*; *Sep*; *Platina*; *Natrum*; *Thuja*; *Nitric Acid*; *Mercurius*; *Conium*; *Kreosote*; *Graphites*.

Pot's Disease: *Mercurius Corrosivus*.

Lumbago:

Rhus T.: Due to muscular strain or exposure to cold.

Aconite: In acute cases due to exposure to dry cold winds.

Arnica: After *Aconite* or *Rhus Tox* caused by muscular strain.

Ant. T: Pain in the back especially after meals or during rest. Pain in buttocks and waist. It is useful in cases of continuous pain.

Berberis Vul: Urine and liver are abnormal. Pain in liver region.

Sulphur: Chronic Lumbago.

Arthritis: *Arg. Met*; *Caust*; *Cimicifuga*; *Colchi*; *Guaicum*; *Ignatia*; *Kalmia*; *Ledum*; *Medorrhin*; *Mezereum*; *Rhododendron*; *Rhus T*; *Sabina*; *Spongia*; *Staphisagria*; *Thuja*.

Spinal Curvature: *Calc. Carb*; *Calc. Phos*; *Conium*; *Lycopodium*; *Plumbum*; *Pulsatilla*; *Rhus Tox*; *Sepia*; *Silicea*; *Staphisagria*.

(c) If the case is more serious:

(i) Manipulation of joints.

(ii) Plaster jacket.

(iii) Hand over the case to an Orthopaedic Surgeon.