

## Foreword

### *Guideline for Diagnosing and Treating Lower Back Pain and the Role of Kampo*

The Guideline for treating lower back pain was first documented in the U.S. in 1994 and has since been prepared in other countries. The latest Guideline was released in 2004 by experts from 14 European countries (Austria, Belgium, Denmark, Finland, France, Germany, Israel, Italy, the Netherlands, Norway, Spain, Sweden, Switzerland, and England). Each country's efforts are designed to present appropriate interventions for lower back pain since a large population with lower back pain has a significant influence on productivity and incremental medical and social security costs. The 2004 Guideline is the first guideline that refers both to acute lower back pain and chronic lower back pain whereas previous versions refer only to acute lower back pain.

It is said that as long as humans walk on two legs, lower back pain is unavoidable. Recent studies, however, reject this notion as groundless. Although the root causes of lower back pain remain to be explained, some people who experience organic changes do not complain of pain. However, many people who do not exhibit medical abnormalities are plagued by persistent pain. If the cause is identified as lumbar spine degeneration for example, patients will undergo treatment no matter how painful it may be, and accept the disease by making necessary changes in their lifestyle. If the cause is not known, patients may try one form of treatment and switch to another. The aforementioned European Guideline contains the additional viewpoint that lower back pain whose onset is associated with stress is pain that is ongoing, or caused by biological or sociopsychological factors including economic insecurity, as well as the conventional viewpoint that regards lower back pain as physiological, structural, or biological damage.

Do YOU recall the male mummy (Ötzi the Iceman), frozen in the ice for 5,000 years, that was accidentally discovered in 1991 near the Austrian-Italian border? The discovery is important in terms of both archaeology and the history of anthropology. From the X-ray analysis of the mummy which indicates lumbar vertebral degeneration and wear and tear of the knee joints, it is easy to assume that he was suffering from lower back pain and knee joint pain. What is further surprising is that the locations of the tattoos on his body closely correspond to the meridian points for treating lower back pain and knee joints.

Although the cause of Ötzi's lower back pain was identified by radiography, today's guidelines do not recommend the use of diagnostic imaging unless there is a strong reason to suspect a certain specific cause. These guidelines also reject all traditional treatments based on common sense, and sound a warning against the trend that operative treatment is easily opted for. The Guideline prepared in the U.S. in 1992 for treating acute lower back pain recommends only administration of acetaminophen and NSAIDs as well as vertebral manipulation for symptom amelioration. Complete rest is rejected, and physical therapy, acupuncture and wearing a corset are not deemed worthy as recommendations. The 2001 Guideline prepared in Japan does not reject diagnostic imaging due to the importance of differential diagnosis of major diseases and recommends as treatment a combination of pharmacotherapy, physical therapy, therapeutic exercise and an educational approach depending on the stage of the disease.

In Japan, acupuncture, moxibustion, and Kampo medicines are frequently used either on their own or combined with other treatments. These are used based on an understanding of general body condition associated with functional improvements or chronicity, with the aim of relieving symptoms as well as enhancing the emotionally and psychologically damaged QOL, as pointed out in the European Guideline. Moreover, Kampo medicines are expected to prevent gastrointestinal disorders and liver function impairment, and to reduce the dosing frequency of NSAIDs.

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