

**Format:** Abstract

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## **Outcomes of a mind-body treatment program for chronic back pain with no distinct structural pathology--a case series of patients diagnosed and treated as tension myositis syndrome.**

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### **Author information**

### **Abstract**

**CONTEXT:** Chronic, nonspecific back pain is a ubiquitous problem that has frustrated both physicians and patients. Some have suggested that it is time for a "paradigm shift" in treating it. One of them is John Sarno, MD, of New York University's Rusk Institute of Rehabilitation, who has argued for this in 4 books and several journal publications. We believe that a mind-body approach is more effective and involves much less risk and expense than conventional approaches in appropriately diagnosed cases.

**OBJECTIVE:** To determine if a mind-body treatment program addressing a presumed psychological etiology of persistent back pain merits further research.

**DESIGN:** Case series outcome study.

**SETTING:** Single physician's office in metropolitan Los Angeles.

**PATIENTS:** Fifty-one patients with chronic back pain, diagnosed with tension myositis syndrome, a diagnosis for "functional" back pain and treated in the principal investigator's office in 2002 and 2003.

**INTERVENTIONS:** A program of office visits, written educational materials, a structured workbook (guided journal), educational audio CDs, and, in some cases, individual psychotherapy.

**MAIN OUTCOME MEASURES:** Pain intensity (visual analog scale scores), quality of life (RAND SF-12), medication usage, and activity level (questionnaires). Follow-up was at least 3 to 12 months after treatment.

**RESULTS:** Mean VAS scores decreased 52% for "average" pain ( $P < .0001$ ), 35% for "worst" pain ( $P < .0001$ ), and 65% for "least" pain ( $P < .0001$ ). SF-12 Physical Health scores rose  $>9$  units ( $P = .005$ ). Medication usage decreased ( $P = .0008$ ). Activity levels increased ( $P = .03$ ). Participants aged  $>47$  years and in pain for  $>3$  years benefited most.

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