

# ABSTRACTS

## **The C.H.R.I.S. Theory on the Aetiology and Perpetuation of Back Pain**

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The C.H.R.I.S. (Chin Hip Rib Impaction Syndrome) Theory may become the most significant discovery of the mechanism in the aetiology of Back Pain. It has the potential to revolutionize the active and passive management of this complex and high prevalence public health problem.

Back Pain has become one of the most common causes of chronic disability in our society affecting 80 % of the population at some time of their lives. Not only is it important economically to employers, insurance companies and to the patient, but also psychologically in the form of illness behaviour, fear, anger, anxiety and depression as a result of chronic pain, loss of income and loss of hope that they will ever recover fully. Studies at Stanford University Medical Centre found that 66% of asymptomatic subjects in their study had evidence of disc pathology on MRI scans and the study concludes that there was no correlation between the subjects suffering from low back pain and the ones having disc pathology on MRI scans. Studies conducted in the U.K. show that 93% of back pain sufferers have mechanical pain and only 7% have nerve root compression or other serious spinal pathology. Studies in Myofascial Pain Syndrome have found that 97% of back pain sufferers have active Myofascial trigger points. So far there has not been a definitive patho-anatomical explanation for lower back pain.

I propose a Biomechanical theory that could explain the aetiology of low back pain in 93% to 97% of patients and is consistent with our current knowledge, understanding and recently published evidence on this condition. It is based on the fact that almost all the patients with back pain that I have seen since I discovered this phenomenon have the presence of Ashi points at the sites where their lower ribs (Liv13, Front-Mu Point of the spleen.G.B.25, Front-Mu Point of the kidney.G.B.26) are impacting on their iliac crest at the hips (Ashi points correlating to the Myofascial Trigger points of the Lateral Abdominal & Gluteus Medius Muscle). I then ask the patient about the mechanisms of the original back injury and I invariably find that at the time of onset of back pain or a few hours prior, there has been an incident at which there was a high probability of impaction of the hips and the ribs. On further history taking and examination of their posture I almost always find that the phenomena of the hip rib impaction is also a major perpetuating factor in the continuation of their pain. Apart from Ashi points in the lateral abdominal muscles and Gluteal muscles, the hip rib impaction causes inflammation of the lower costovertebral joints (B48.B49.B50) as well as sacroiliac joints (B27.B28) and zygapophyseal joints of the lower thoracic and lumbar spine (B18 to B25). Hip rib impaction may also cause a traction injury to the superficial and deep Para spinal muscles between T10 and S1 and in combination with the inflammation of the underlying zygapophyseal joints lead to active Myofascial Trigger Points in these muscles. These will lead to referred pain patterns around the lumbosacral area. I have been treating these patients with Low Level Laser Acupuncture with a AlGaAs Uni-Laser at 0.5 milliwatt for 3 to 5 seconds per point, 20 to 30 points per session for 5 to 10 sessions, 3 to 14 days apart depending on the chronicity of their back pain. By providing them with good pain relief they have improved mobility and are able to participate in stabilizing exercise programs. They have significant changes in mood including less anxiety, depression, fear of pathology and insomnia. By having the ability to give them pain relief and a simple and logical explanation of their problem, it produces faith and confidence in your management and so improve compliance. To encourage active self-management of their condition, I also instruct them in ways of modifying their posture and movement so as to minimize hip rib impaction. During the course of treatment I recommend exercises to their Para spinal and transverse abdominis muscles to improve their core stability. I hope that my presentation of this theory which combines aspects of Laser Acupuncture with Biomechanics and Myofascial Pain Syndrome will help us as Medical Acupuncturists to better understand and treat our patients with this common and debilitating condition, help us to logically find and determine which acupuncture points to use and to stimulate further discussion and research.