First Congress

International Society of Diamagnetic Therapy

“The Low Back Pain”

Dr. Vincenzo Rania,
MD, Pain Therapist
U.O. Farmacologia e Tossicologia Clinica
UMG di Catanzaro

13th – 14th September 2024
Magna Graecia University - Catanzaro

ISDT
International Society of Diamagnetic Therapy

UMG
ΒΡΕΤΤΙΩΝ
Dubium sapientiae initium

PubMed®

low back pain

Search

Advanced Create alert Create RSS User Guide

RESULTS BY YEAR

42,955 results

Page 1 of 4,296

Reset

ISDT International Society of Diamagnetic Therapy

13th – 14th September 2024

UMG Dubium sapientiae initium

ELSEVIER

The Lancet

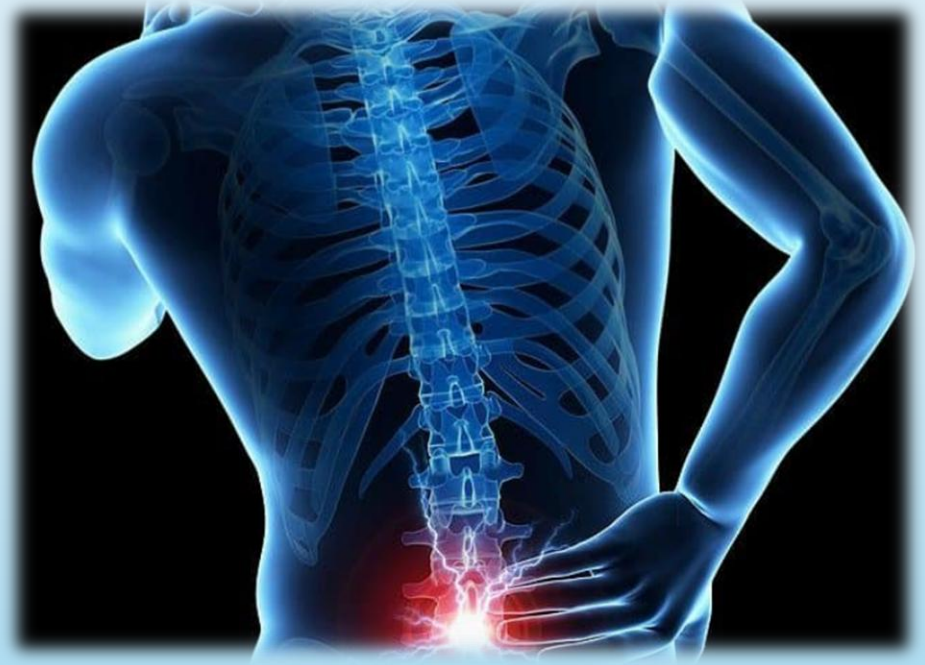
Volume 398, Issue 10294, 3–9 July 2021, Pages 78-92

Seminar

Low back pain

Prof Nebojsa Nick Knezevic PhD [a b c], Prof Kenneth D Candido MD [a b c],
Prof Johan W S Vlaeyen PhD [d e f], Prof Jan Van Zundert PhD [g h], Prof Steven P Cohen MD [i j k l]

- Nocicettivo
- Neuropatico
- Nociplastico
- Non-Specifico



ISDT International Society of Diamagnetic Therapy

13th – 14th September 2024

UMG Dubium sapientiae initium

SOCIOLOGY OF HEALTH & ILLNESS

Received: 25 April 2022 | Accepted: 7 December 2022

DOI: 10.1111/1467-9566.13598

Towards an ethical multiplicity in low back pain care: Practising beyond the biopsychosocial model

ELSEVIER

The Lancet

Volume 398, Issue 10294, 3–9 July 2021, Pages 78-92

Lancet 2018; 391: 2356–67

Published Online March 21, 2018 http://dx.doi.org/10.1016/S0140-6736(18)30480-X

What low back pain is and why we need to pay attention

Jan Hartvigsen, Mark J Hancock*, Alice Kongsted, Quinette Louw, Manuela L Ferreira, Stéphane Genevay, Damian Hoy, Jaro Karppinen, Glenn Pransky, Joachim Sieper, Rob J Smeets, Martin Underwood, on behalf of the Lancet Low Back Pain Series Working Group†*

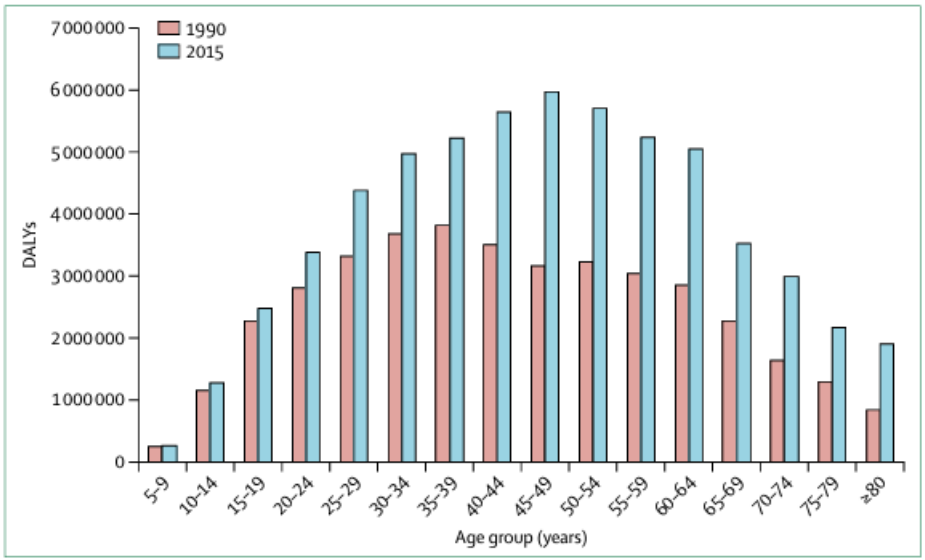


***Figure 3*: Global burden of low back pain, in disability-adjusted life-years (DALYs), by age group, for 1990 and 2015**
Data are from the Global Health Data Exchange.

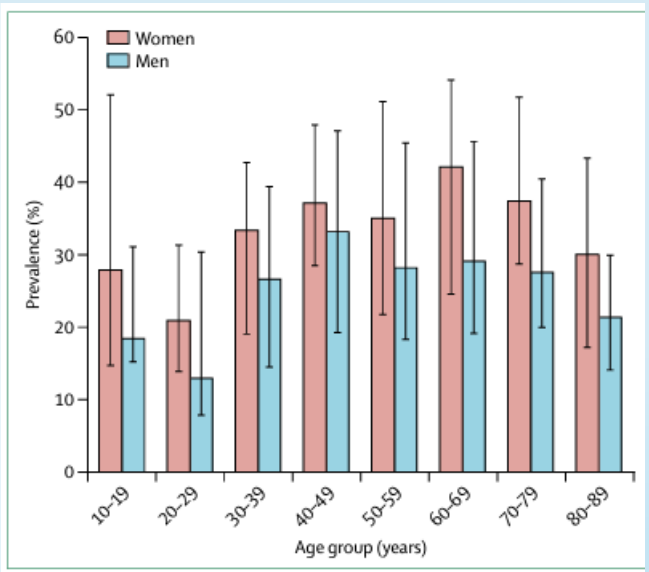
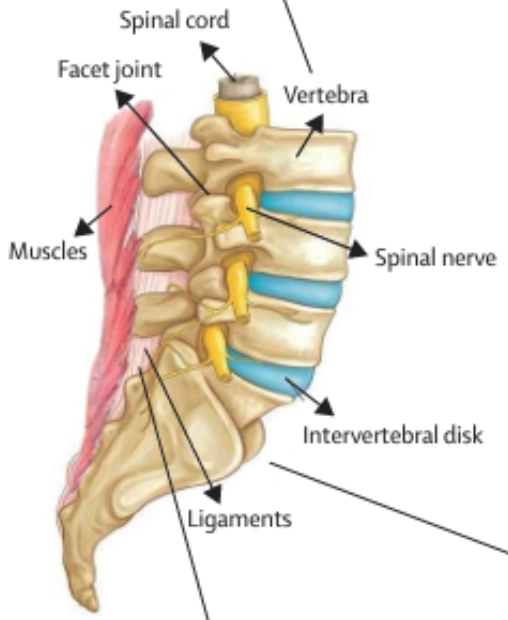


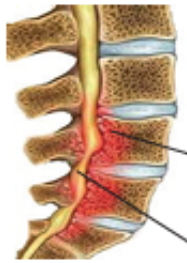
***Figure 2*: Median prevalence of low back pain, with IQR, according to sex and midpoint of age group, reproduced from Hoy et al[3] with permission from John Wiley and Sons**

Aumento della prevalenza 50% in 30 anni Classi socioeconomiche più basse

- V[illegible]can arise from compression fractures, microfractures, and endplate degeneration
- Treatments targeting the vertebral body nerve supply have shown effectiveness in preliminary studies
- Presentation and affected levels are similar to discogenic low back pain

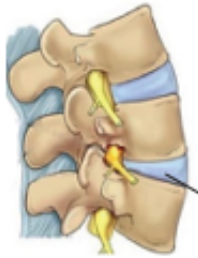


- M[illegible] a source of low back pain
- M[illegible] pain is often categorised as non-specific

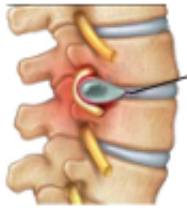


- In contrast to [illegible] and sacroiliac joint pain, discogenic pain is more likely to be bilateral or symmetrical in nature

- Spinal stenosis [illegible] by bulging or protruding discs, hypertrophy of facet joints, epidural lipomatosis, or ligamentum flavum buckling or hypertrophy
- Spinal stenosis can be subclassified as central, foraminal, or affecting the lateral recesses
- More than 50% of people with spinal stenosis could be asymptomatic

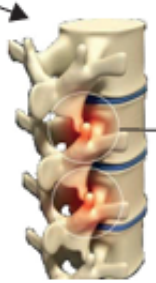


- [illegible] to a neuroforaminal diameter of <3 mm



- The most common causes of [illegible] are herniated nucleus pulposus (mechanical and chemical irritation) and spinal stenosis (chronic nerve root compression or ischaemia)

- Pathoanatomic relationship between patients' perceived cause of back pain and actual cause is often unclear



- Z[illegible] joints are susceptible to osteoarthritic changes
- [illegible] degeneration (without pain) typically precedes and can accelerate facet joint arthropathy
- The pain referral patterns for zygapophyseal joint and discogenic pain are variable, depending on the level or levels affected and the magnitude of the stimulus

Sagittal view of lumbar spine showing potential pain generators

www.thelancet.com Vol 398 July 3, 2021

EJP European Journal of Pain | EFIC

Evidence-based treatment recommendations for neck and low back pain across Europe: A systematic review of guidelines

Nadia Corp, Gemma Mansell, Siobhán Stynes, Gwenllian Wynne-Jones, Lars Morsø, Jonathan C. Hill, Danielle A. van der Windt

First published: 16 October 2020 | https://doi.org/10.1002/ejp.1679 | Citations: 207

TABLE 4 (Continued)

Intervention	No. guidelines (countries)	Recommendations by guideline quality: HIGH quality	Recommendations by guideline quality: LOW quality	Overall strength of recommendation	Comments
AGAINST					
Bed rest	6(4)	1x **XX**	1x **XX**; 4x **X***	Strong AGAINST WITH EXCEPTIONS	Except: for a few days in severe/acute cases
Paracetamol	8(6)	**Against:** 3x **X,** 1x **X***	**For:** 1x **//** & **O+** & **O**; 3x **/***	Moderate AGAINST	
Antidepressants including SSRIs, SNRIs, Tricyclics	6(5)	**Against:** 1x **X***; 1x **XX** & **X** **Mixed:** 1x **O+** & **X**	**Against:** 1x **X*** **Mixed:** 1x **/*** & **X*** **Open:** 1x **O**	Strong AGAINST WITH EXCEPTIONS	For specific cases: comorbid depression (BÄK et al., 2017, high quality) or chronic pain [tricyclics only] (Glocker et al., 2018, low quality)
Anticonvulsants/Antiepileptics including gabapentin, pregablin, carbamazepine, topiramat	5(5)	**Against:** 1x **XX**; 1x **X**; 1x **X***	**Against:** 1x **X*** **Mixed:** 1x **XX** & **O-** & **O**	Strong AGAINST	
Muscle relaxants including diazepines/ benzodiazepines	5(4)	**Against**: 1x **XX** **Mixed:** 1x **XX** & **X** & **O+**	**Against**: 2x **X*** **Mixed:** 1x **//** & **O**	Strong AGAINST WITH EXCEPTIONS	For specific cases: non-specific LBP where non-drug and non-opioid treatments ineffective (BÄK et al., 2017, high quality); 2nd line medication for acute non-specific LBP (Regione Toscana, 2015, Low quality)
Spinal injections [for non-specific LBP]	6(5)	**Against:** 1x **XX;** 1x **X***	2x **X***, 2x **O**	Strong AGAINST	
Traction	6(6)	**Against:** 2x **XX**; 1x **X***	**For:** 1x **/*** **Against:** 1x **O-** **Open**: 1x **O**	Strong AGAINST	
Electrotherapy including laser therapies, TENS, PENS, shortwave diathermy, US, ultra shortwave, interential, [illegible] electromagnetic, light therapy, shockwave, electrostimulation	6(6)	**Against:** 2x **XX**; 1x **X***	**Against:** 1x **O-** **Mixed:** 1x **/*** & **X***; 1x **XX** & **O-** & **O**	Strong AGAINST	
Orthoses including belts, corsets, foot orthotics, insoles, rocker shoes, pull-ups, walking stick, elbow crutches and bands	6(6)	**Against: 2x XX; 1x X***	**For: 1x /*** **Against: 1x X** **Mixed: 1x XX & O- & O**	Strong AGAINST	
Imaging	9(6)	**Against**: 3x **X** **Mixed**: 1x **XX** & **//**	**Against**: 1x **XX**; 4x **X***	Strong AGAINST WITH EXCEPTIONS	Except: in cases of red flags

(Continues)

AZIENDA
OSPEDALIERO-UNIVERSITARIA
"Renato Dulbecco"
Catanzaro

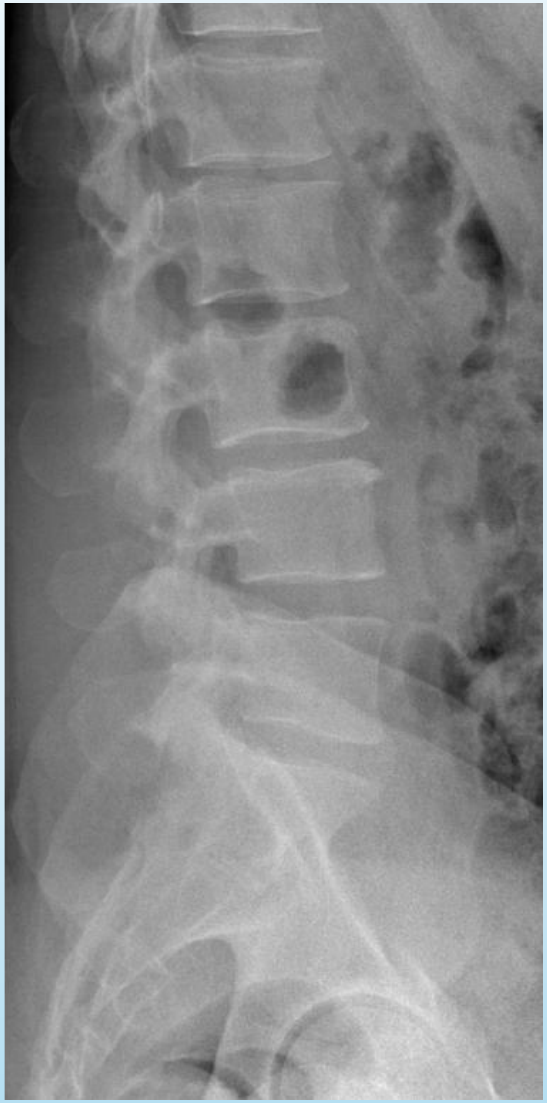
Ambulatorio di Medicina del Dolore
U.O.C. Farmacologia Clinica e Farmacovigilanza
II Livello Corpo C Viale Europa- Germaneto
Tel. 09613694181- E-mail terapiadoloreunicz@gmail.com

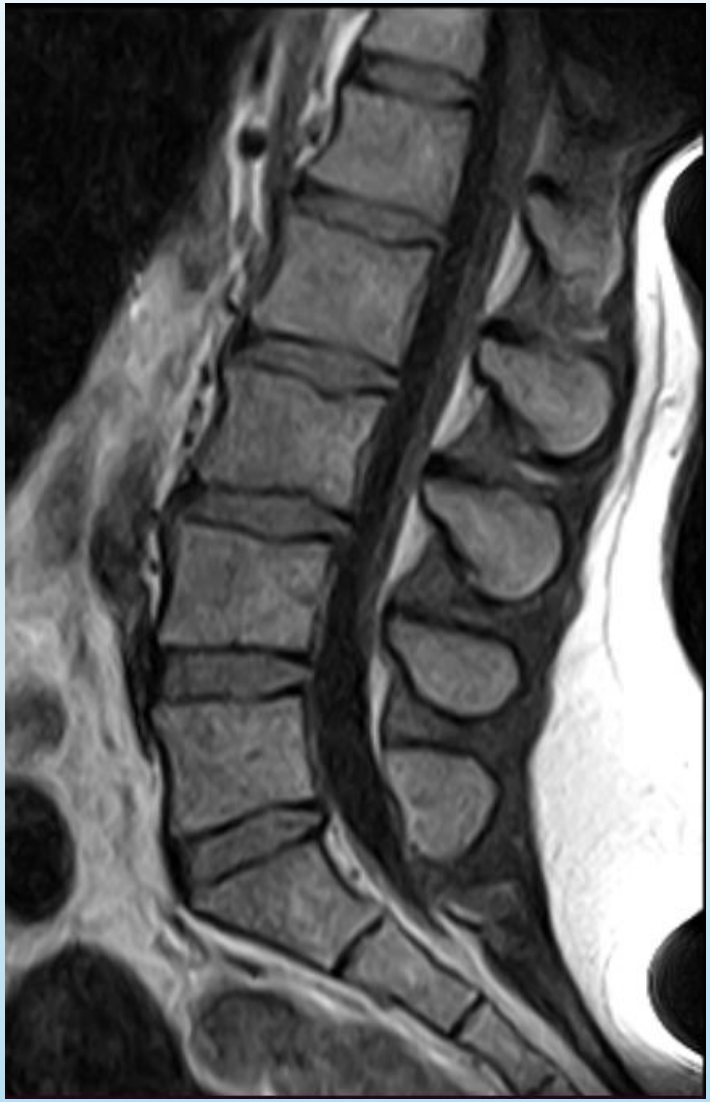
- Maschio 38 aa Operaio edile
- In buono stato di salute
- IMC 27
- VFG 100 ml/min
- Storia di caduta con trauma contusivo al bacino, senza fratture, a 20 aa

- Un anno fa 1° episodio di dolore lombare acuto NRS 8, DN4 6/10 con allettamento

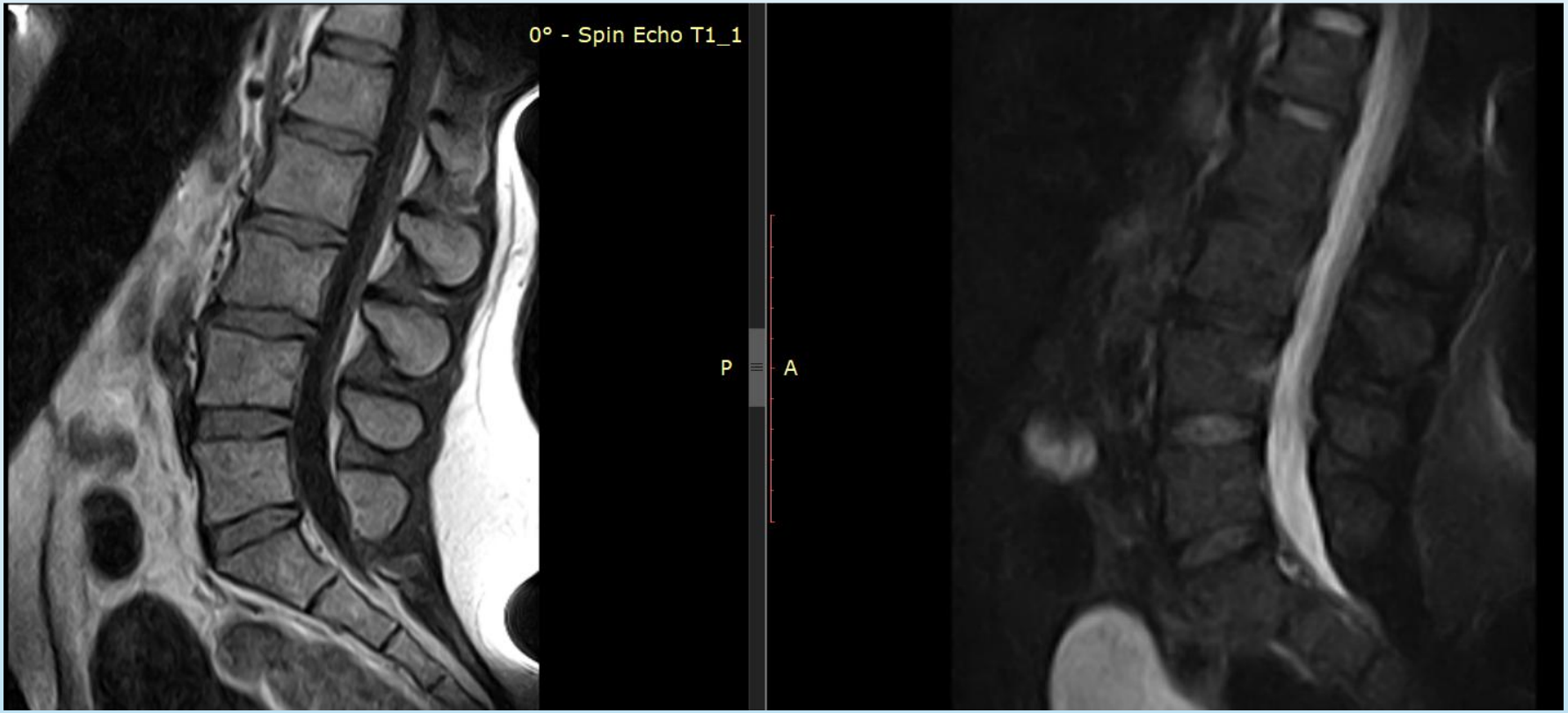
- Trattato con: FANS, Pregabalin, infiltrazioni peri radicolari con anestetici e cortisone L5 con scarso beneficio

Quadro Radiologico 2023





Quadro Radiologico 2023



E.O.

- Valleix positivo L3-L4, L4-L5, L5-S1Bilateralmente
- Wassermann Negativo
- Lasègue positivo a 30°
- Stato di Contrazione muscolatura paravertebrale

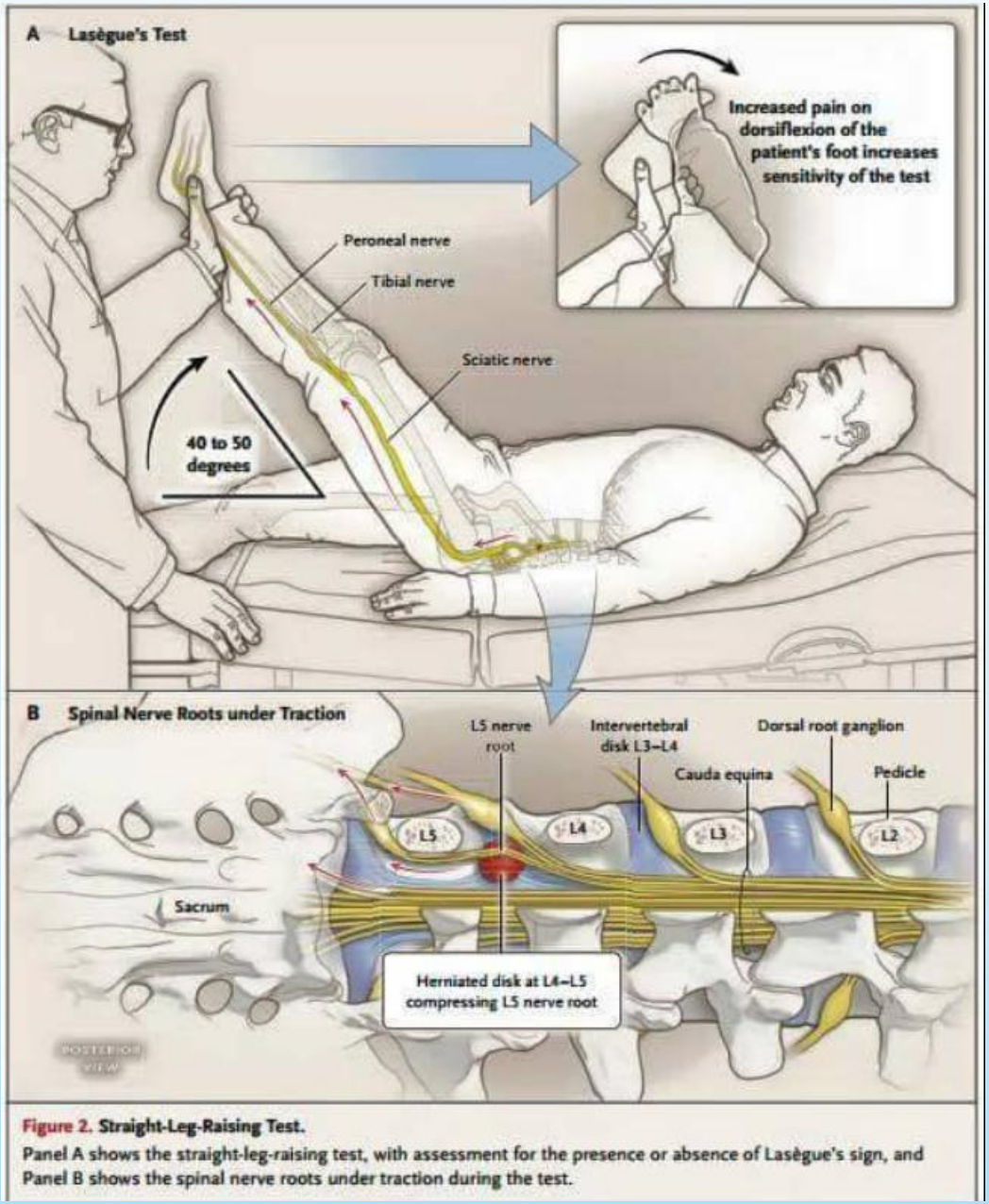


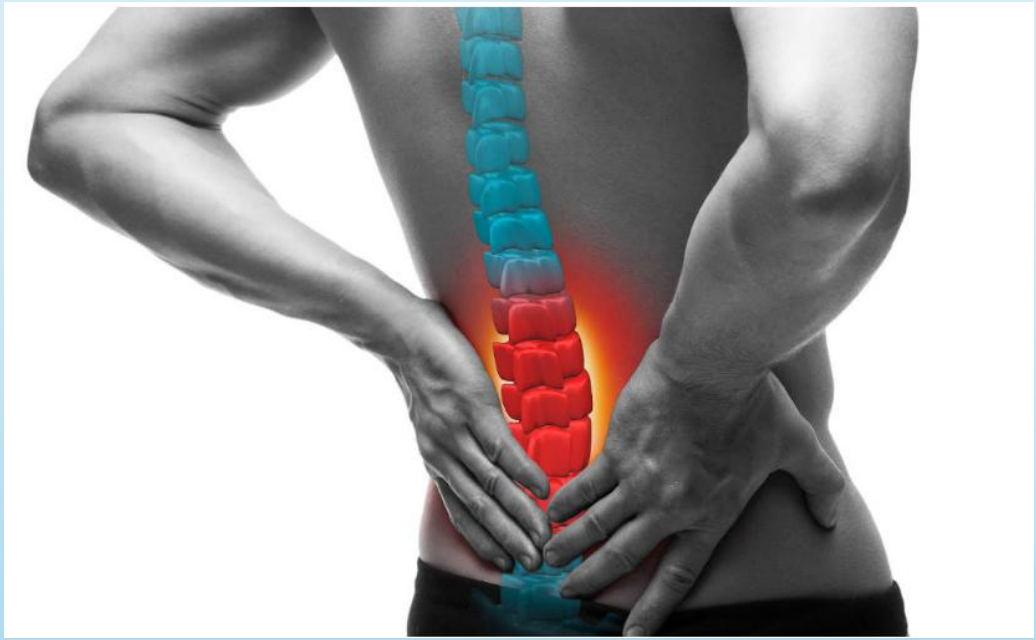
Figure 2. Straight-Leg-Raising Test.
Panel A shows the straight-leg-raising test, with assessment for the presence or absence of Lasègue's sign, and Panel B shows the spinal nerve roots under traction during the test.

TRATTAMENTO:

- L-Acetil-Carnitina 1 gr die per 3 mesi
- Celecoxib 200 mg die per 7 giorni
- Ciclobenzaprina 10 mg 1 cp la sera per 10 giorni
- CICLI DI DIAMAGNETOTERAPIA

PROTOCOLLO DI TRATTAMENTO

- 10’ MOVIMENTO LIQUIDI H/L
- 5’CARTILAGE/BONE
- 5’NERVE SLOW
- 5’NEUROPATIC PAIN
- 5’ NOCICEPTIVE PAIN
- DUE VOLTE A SETTIMANA X 5 SETTIMANE



RISULTATI

T0

- NRS 8
- DN4 6/10
- IPERTONO LOMBARE

T1

- NRS 3
- DN4 3/10
- NORMOTONO LOMBARE

PROTOCOLLO DI MANTENIMENTO
5’ MOVIMENTO LIQUIDI H/L
5’MUSCULAR TISSUE
5’NEUROPATHIC PAIN
2 VOLTE A SETTIMANA PER 5 SETTIMANE

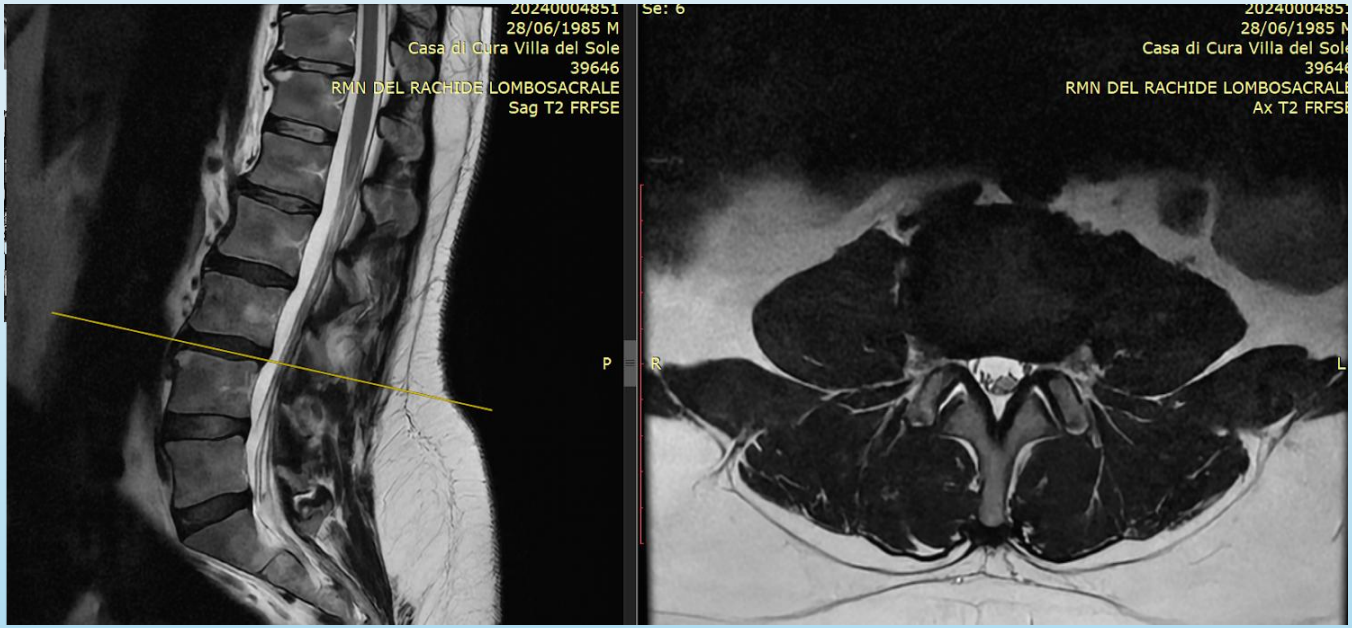
T2

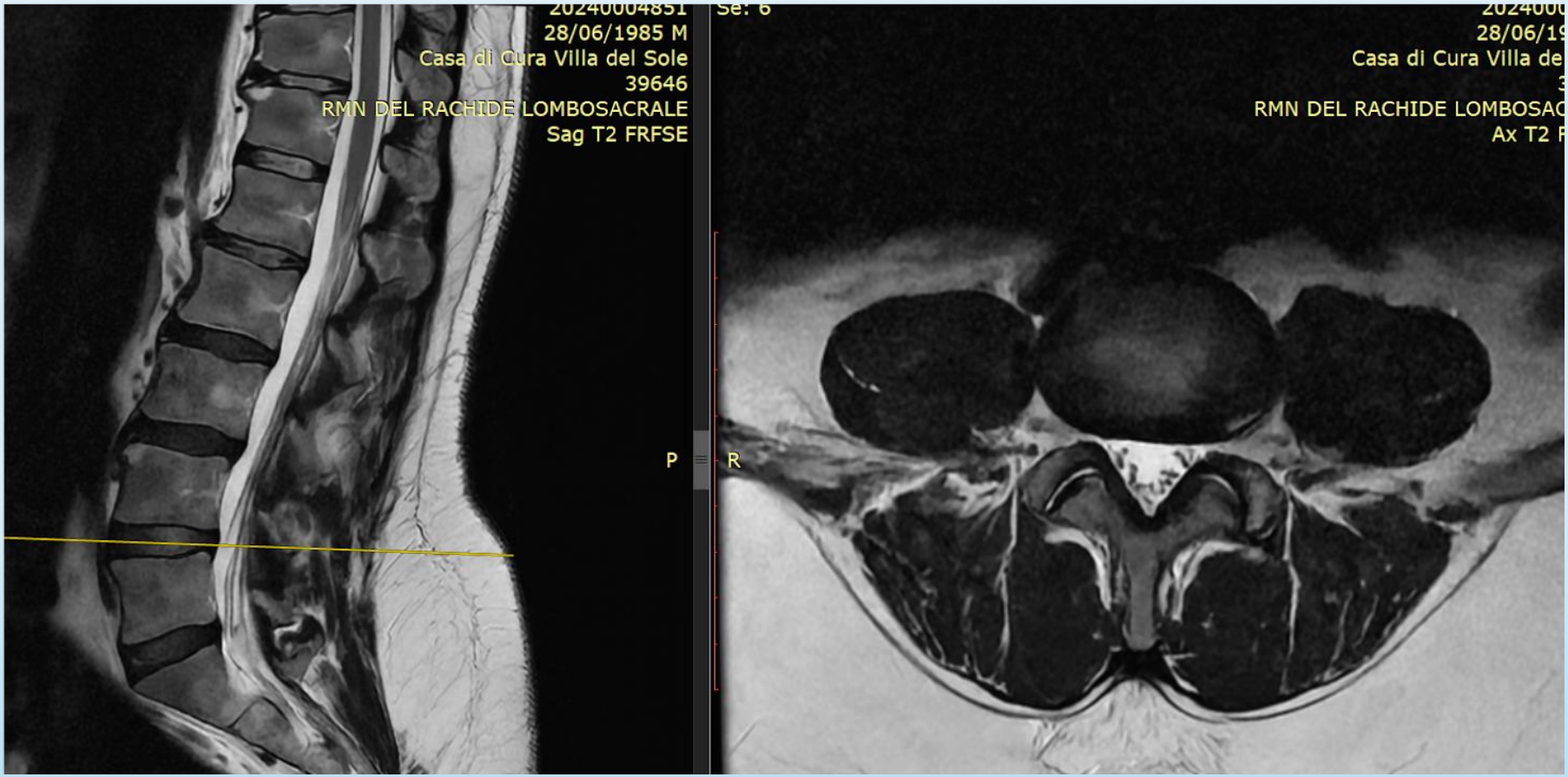
- NRS 3
- DN4 3/10
- NORMOTONO LOMBARE

T3

- NRS 2
- DN4 2/10
- NORMOTONO LOMBARE

RMN DI CONTROLLO




20240004851
28/06/1985 M
Casa di Cura Villa del Sole
39646
RMN DEL RACHIDE LOMBOSACRALE
Sag T2 FRFSE
P
Se: 6
28/06/19
Casa di Cura Villa de
RMN DEL RACHIDE LOMBOSAC
Ax T2
R

TAKE HOME MESSAGE

- LA TERAPIA DIAMAGNETICA E’ EFFICACE NEL CONTROLLO DEL LOW BACK PAIN
- HA POCHISSIME CONTROINDICAZIONI ASSOLUTE
- FAVORISCE IL DEPRESCRIBING FARMACOLOGICO
- CONSENTE DI AGIRE ATTRAVERSO LA MODULAZIONE DEI PARAMETRI SU TUTTI I TESSUTI MUSCOLOSCHELETRICI IN MANIERA SELETTIVA E SPECIFICA