Humor and Back Pain: Should Providers Tell a Few More Jokes to Their Back Patients?

The following marginally distasteful lawyer joke has been making the rounds in the spine community, courtesy of a prominent spine surgeon: *A British spine surgeon, a French spine surgeon, an American spine surgeon, and a malpractice lawyer went on a hunting expedition in the northern woods. In the evening, they sat around the campfire drinking heavily.*

When the fire burned down to embers, the British surgeon finished off his bottle of port, threw it in the air, and shot it to smithereens, shouting "Long live the Queen." The French surgeon stood up, drained his flask of cognac, and shot his bottle out of the air, declaring "Vive La France!" The American surgeon finally stood up, threw his bottle of beer into the air, and shot the malpractice lawyer, declaring "It doesn't get any better than this."

Anyone who chuckled at the preceding knows that laughter exercises the face, the torso, and the spirit. Vert Mooney pointed out at a recent McKenzie International Conference that babies smile and laugh hundreds of times each day, providing their growing bodies and minds with an important source of exercise and stimulation. So why are they so serious when they grow up to be doctors and back patients?

Researchers have only just started to investigate the role of humor in the management of pain syndromes, but it would appear to have potential at least as an adjunct to medical care.

Humor can relieve anxiety and allow control over an uncontrollable situation. It can restore optimism and allow pleasurable sensations in the midst of discomfort. Freud postulated that humor allowed the superego to fool the id into releasing sexual and aggressive drives.

But can humor relieve pain? Perhaps, says a new study from Israel. In a randomized trial, Matisyohu Weisenberg and colleagues from Bar Ilan University in Israel found that a group exposed to humor significantly increased its pain tolerance compared with a control group. Individuals exposed to a repulsive film showed comparable increases in pain tolerance (which might also lead to some interesting clinical strategies.) (See *Pain*, 1995; 63:207–212.)

Weisenberg et al. asked 80 subjects to insert their arms into a bucket of ice while the reseachers recorded how long they could tolerate the painful stimulus.

The subjects were then randomized to one of four treatments: watching a humorous film, a repulsive film, a neutral film, or doing nothing. They engaged in these treatments for 3 minutes and then inserted their arms into the ice water again. They were allowed to continue watching the film (or engage in the control treatment) for as long as they could tolerate.

The humorous and repulsive film groups showed equal increases in pain tolerance. "The effectiveness of humor as a means of increasing pain tolerance was apparently due to its capability as a distractor," Weisenberg et al noted. They believe that future trials should examine the effects of longer interventions. These researchers would also like to see more studies examine the impact of humor on mood and optimism.

Even if humor does not prove to be a panacea, it would not hurt back specialists to inject a little more frivolity and a few more smiles into the assessment and treatment of back pain. By many accounts, back patients are not particularly satisfied with back treatment in the medical system. One reason may be that health care professionals frequently raise the spector of serious disease and are overly somber about a condition that is overwhelmingly benign. A few jokes might leaven the search for tumors, fractures, and infections, and let the patient leave the office with a smile instead of a frown. ■

Sequestered and Extruded Discs Often Shrink Quickly, says Japanese Natural History Study

A Japanese study on the natural history of lumbar disc herniations and sciatica finds that resolution of clinical symptoms often precedes a change in the appearance of the disc herniation on imaging scans. (See *Spine* 1996; 21(2):225–229.)

But Hiromichi Komori, MD, and colleagues found that large extruded and sequestered disc herniations can disappear very quickly on magnetic resonance imaging (MRI) scans. The further the fragment migrates away from the disc, the quicker the resolution on MRI. They speculate that the rapid disappearance of migrated fragments occurs because of exposure to the body's defense systems in the epidural space.

"Migrating herniated nucleus pulposus might be exposed to the epidural vascular supply, so inflammatory response and neovascularization around the disc materials would lead to macrophage phagocytosis and herniated nucleus pulposus resorption."

Small bulges and protrusions, however, tend to resolve very slowly. "The cases apparently corresponding to 'protrusion' showed little or no change on follow-up MRI."

"Intriguingly," said Scott Boden, MD, recently, "the larger disc herniations, which many of us used to think were a reason to operate, are in fact the disc herniations that resorb more quickly. In extruded discs there is higher probability of resorption than in the contained disc."

Any decision to operate, however, should be based on the patient's clinical picture and not on the appearance of disc herniations on imaging scans.