

CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF

# PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187 http://doi.org/10.5281/zenodo.4393600

Avalable online at: http://www.iajps.com

Research Article

# PRESENCE, FREQUENCY AND CAUSES OF TWINGE IN INFERIOR BACK AREA IN PHYSICIAN OF MAYO HOSPITAL LAHORE PAKISTAN: A CROSSWISE STUDY

<sup>1</sup>Dr Wahab Nasir, <sup>2</sup>Dr. Farzeen Bakhtawar, <sup>3</sup>Dr Saima <sup>1</sup>Nishtar Hospital Multan, <sup>2</sup>Divisional Head Quarter Teaching Hospital Mirpur AJK, <sup>3</sup>House Officer, Jinnah Hospital Lahore.

**Article Received:** October 2020 **Accepted:** November 2020 **Published:** December 2020

#### **Abstract:**

Background: Twinge in lower area of back is the frequent issue related to muscles and skeleton. It is due to the situation of your job and physical workout. It is a complicated condition found in doctors. There are many factors that contribute to twinge in area

Methodology: A cross sectional study was arranged to assess its presence in various individuals and physicians. The individuals are chosen on the basis of some standards. The injury or disability due to back pain was assessed by giving a question paper to the participants. Then that question paper was returned back from the patients and information was analyzed. SPSS was utilized to identify the data. Frequency, age of the patients, record of back soreness in ascendants and injuries were calculated by the use of SPSS.

**Results:** Total 150 persons were added in the investigational study. Out of 150 individuals selected, 118 were men and remaining 322 were women. Doctors first of all physically analyze the individuals and then diagnose the situation of pain. Visual analog scale was used for the measurement of soreness in back area.

In almost 72% patient's non specialized pain in lower side of back was seen. The ages of the patients having non specialized back ache ranged from 20-30. This type of lower back ache was most commonly observed in youngsters. And the frequency of males affected due to non specialized back ache is greater as compared to females. The males suffering from this condition are almost 78%. Only 22% women were seen having non specialized back ache with the age limit of 20 to 30 years. In 48.2% patients it was observed that they were suffering from back ache from the last 2 years. 12% patients identified that they have been passing through this condition from last 5 years. While 10% patients identified the presence of back ache from the previous 10 years. 49 patients don't complain for any type of pain in their back area.

Conclusions: From the study we have find out that non specialized lower back ache is frequent in men as compare to men and the average age of the patients complaining back ache rage from 20 to 30 years. From the previous record we found that most of the patients were suffering from back ache from last 2 years. Patients who face severe back ache from the start may become disabling or injured with the passage of time. Back pain becomes more complicated and severe with the situation of condition of job or work. The persons having worked in which their posture of the body is mostly affected or they face unbalancing of body during the work may feel more severity in back ache. This may also cause disability in younger ages among patients of back

**Key words:** Non specialized back pain, Health Care Professionals, Postural Awareness.

## **Corresponding author:**

Dr. Wahab Nasir,

Nishtar Hospital Multan.



Please cite this article in press Wahab Nasir et al, Presence, Frequency And Causes Of Twinge In Inferior Back Area In Physician Of Mayo Hospital Lahore Pakistan: A Crosswise Study., Indo Am. J. P. Sci, 2020; 07(12).

### INTRODUCTION:

It is a disorder related to skeleton and muscles of the patients. It is caused due to the working for longer period of time. If anyone works for a longer duration with unbalanced body condition it may suffer from back ache. [1] The study of patients suffering from back pain was organized in Mayo hospital, Lahore, Pakistan. Doctors of the mayo hospitals suffering from back ache were added in the study. it may cause because of some internal or external changes in the surrounding environment. The ache in lower back area may exist for various times in different patients. It is not affected by the culture, standards of living or the efficiency of action. It is the most frequent cause of entering in the hospitals and consulting with the doctors. [2] It has been identified that in western countries about 30% patients become disable because of back ache due to their jobs situations. It is the most frequent reason of disability in individuals having age less than 45. About 40% individuals working in different areas suffer from back pain every year. In patients who are vulnerable to back ache May lasts this disorder throughout life. In about 90% patient of back ache this condition remains constant for larger time period. [3]

It is a complicated condition in which there are several factors that causes its appearance. Most information about the factors contributing the back pain comes from studies that are cross sectional in methodologies. By using all the information obtained we differentiate three major factors that commonly cause the pain in the lower area of back. The first thing that contributes to back ache in lower area are the personal issues like unbalance body mass and age. [4] The second factor that contributes towards the chances of lower back area is biomechanical. Biomechanical factors included greater weight lifting by the body, larger weights up lifts, wrong positions of body and tremor etc. [5] The third and most important factors contributing the lower back pain are factors related to psychology. Psychological factors included management of work and self contentment regarding the job or work. The persons who continuously work in various kilns and lift heavy weights of bricks and because of their incorrect body positions are at higher risks of lower back pain. [6]

Use of drugs and hospital to lower the back pain is extremely accelerated from the last 20 years. The persons who are at extremely chronic conditions of lower back pain are treated by the use of medications, by injecting the drugs in the spinal cord or by the use of therapies. It has been seen by the research of various investigations that the persons who are facing the minor lower ache go to the doctors, physicians

and therapists for their treatment o back pain most frequently because they are afraid of increasing the pain in the lower back area. So it has been identified that persons with minor back ache are well aware and want to get rid from the pain as compare to the patients of most chronic back ache. [7]

It has been stated in the study that there is a strong relationship present between pressure of job, weight lifting and back soreness. The doctors and their helpers can secure themselves from back ache by maintaining their mental and corporeal health and balancing their body posture. Better processes of transfer and perfect body balance can prevent the nurses and physicians from back ache. The indications of the lower back ache starts expressing themselves within 24 hours. The indications of lower back pain may starts from the compassion and end up with most severe pain in the mentioned area of the body. This pain may be more fatal by moving the specific parts of the body like movement of legs, sitting and standing again and again. Between the ages 20-30 the first session of the pain begins in most cases. [8] At younger age this is the initial cause for the individuals to visit hospitals. Once the back pain start in an individual more sessions of pain are expected to be followed for the next some years. In individuals living in Europe and other western countries are most vulnerable to lower back pain. There are only few investigations carried out in countries away from western countries.

### **METHODOLOGY:**

For the detection of lower back pain in individual a cross wise study was arranged. In this study the doctors working in the Mavo hospital Lahore were added that were facing the pain in lower back region. They don't have specific pain. By keeping the consideration of addition and prohibiting standards samples were chosen. 150 patients suffering from lower back ache were added in the study. Out of these 150 individuals 118 were men and remaining 32 were women patients. The previous record o lower back pain in family and specificity of the lower back pain were analyzed in each patient. Some of these patients are completely disable due to pain. First of all physical doctor identify the situation of the patient and then individuals were analyzed for specific identification. VAS scale was utilized for the identification of severity of pain. The condition of the disable persons was analyzed by keeping in view the question paper filled by the patients.

Information was assessed by using the SPSS. Various factors like speed of the prevalence of pain, ages of the patients, and record of lower back ache in

ancestors and chances of disability were analyzed completely.

#### **RESULTS:**

Information obtained from investigational survey and variables were assessed by SPSS. The version of SPSS 19 was used for identification. The frequency of back ache which is not specific was assessed by SPS S in mayo hospital Lahore Pakistan.

Variables of the study such as age, previous record of pain, frequency of pain, rate of disable persons and gender etc were analyzed in detail and are represented in following tables along with graphical depiction.

In the table 1 it has been illustrated that average study was higher in number as compare to standard changes. It has been shown in the following study that information obtained was authentic and can be used in further studies.

Table 1: Division on the basis of gender discrimination

		Frequency	Ratio	Realistic ratio	increasing ratio
Realistic	Men	117	77.7	77.7	777.7
	Women	33	22.4	22.4	100.0
	Overall numbers	150	100.0	100.0	

**Table 2: Distribution of age** 

		Frequency	Ratio	Realistic ratio	Increasing ratio
	20-30	108	71.5	71.5	71.5
	30-40	34	22.8	22.8	95.0
Realistic	40-50	5	3.7	3.7	97.8
	50-60	3	2.2	2.2	100.0
	Total	150	100.0	100.0	

It has been estimated from the investigation that the persons of age between 21 to 3 are at higher risks of lower back pain. The ratio of patients having lower back ache between the ages 20 to 30 is about 71.5 which is the higher percentage among all age groups. Pain in the lower back area without specificity has been seen in adults with more occurrence of pain in men as compared to women. The ratio of males affected by lower back pain is about 78.8.

Table 3: Record of back soreness

		Frequency	Ratio	Realistic ratio	Increasing ratio
	0	48	31.9	31.9	31.9
	2yr	74	49.1	49.1	49.9
Realistic	5yr	17	11.1	11.1	86.5
	10yr	11	7.5	7.5	97.9
	Sum	150	100.0	100.0	100.0

We can see from the table 3 that 74 individuals were facing back pain from last two years haqving the ratio of about 49%. There are 17 cases that are facing the pain from last 5 years and the ratio of their pain is about 11%. There are about 11 persons having the lower back issues from the last 10 years with ratio of about 7.5%.

Table 4: Soreness score

		Frequency	Ratio	Realistic ratio	Increasing ratio
	0	50	33.2	33.2	33.2
	20	27	17.9	17.9	50.6
	40	54	36.1	36.1	87.7
Realistic	60	16	10.8	10.8	97.9
	80	4	3.0	3.0	100
	Sum	150	100.0	100.0	

In table 4 it has been seen that there are 17.9% individuals facing lesser pain frequency, 36% facing normal pain and 10.8% are facing the intense pain in their lower back region.

**Table 5: Condition of pathology** 

		Frequency	Ratio	Realistic ratio	Increasing ratio
	Occurrence of	100	74.9	74.9	74.9
	soreness				
Realistic	Absence of	50	25.1	25.1	100.0
	soreness				
	Sum	150	100.0	100.0	

#### **DISCUSSION:**

It has been observed from the experimentation that the back ache is more commonly observed in individuals of common community as compare to doctors. The males having the physical jobs shows more clear indications as compare to non- physical males. There was no discrimination on the basis of class differences among the females. Threshold indications were different from on area to other area.

Pain in the lower region of back cannot cause death of the patient but it disturbs the normal and proper functioning of body. If the back pain is not identified and cured at an early sages it may causes many issues in the body of the patient and affect its existence of life. It can cause mental and physical unfitness. Communal life of a person may also badly affected by back ache. There are various causes of back pain including the duration of job, condition of job, body posture etc. age, gender and level of blood glucose also affect the situation. Use of different food and different living standards may not include in the risks of back ache. It has been concluded I our study that the lifting of high weights and wrong body posture causes the lower back soreness. [10]

#### **CONCLUSION:**

So from all the investigational study we carried out tells us that the lower back ache is more frequently found in the individuals of ages 20-30. The more commonly affected gender is the men as compare to women. There are many patients who are suffering from backache from the last two years. Pain was mostly seen in the baseline that is facing the pain from the last two years. Weight lifting and body posture are the most common causes of back ache.

### **REFERENCES:**

 Houben, R. M., Ostelo, R. W., Vlaeyen, J. W., Wolters, P. M., Peters, M., & Stomp-van Den Berg, S. G. (2005). Health care providers' orientations towards common low back pain predict perceived harmfulness of physical activities and recommendations regarding return to normal activity. European Journal of Pain, 9(2), 173-183.

- Ostelo, R. W., Stomp-van den Berg, S. G., Vlaeyen, J. W., Wolters, P. M., & De Vet, H. C. (2003). Health care provider's attitudes and beliefs towards chronic low back pain: the development of a questionnaire. *Manual* therapy, 8(4), 214-222.
- 3. Sikiru, L., & Shmaila, H. (2009). Prevalence and risk factors of low back pain among nurses in Africa: Nigerian and Ethiopian specialized hospitals survey study. *East African journal of public health*, 6(1).
- 4. Maciel, S. C., Jennings, F., Jones, A., & Natour, J. (2009). The development and validation of a low back pain knowledge questionnaire-LKQ. *Clinics*, 64(12), 1167-1175.
- 5. Paralyzed Veterans of America Consortium for Spinal Cord Medicine. (2005). Preservation of upper limb function following spinal cord injury: a clinical practice guideline for health-care professionals. *The journal of spinal cord medicine*, 28(5), 434.
- 6. Yamalik, N. (2007). Musculoskeletal disorders (MSDs) and dental practice Part 2. Risk factors for dentistry, magnitude of the problem, prevention, and dental ergonomics. *International dental journal*, *57*(1), 45-54.
- 7. Jones, S. L., Henry, S. M., Raasch, C. C., Hitt, J. R., & Bunn, J. Y. (2012). Individuals with non-specific low back pain use a trunk stiffening strategy to maintain upright posture. *Journal of Electromyography and Kinesiology*, 22(1), 13-20
- 8. Philadelphia Panel Members, Clinical Specialty Experts, Albright, J., Allman, R., Bonfiglio, R. P., Conill, A., ... & Shekelle, P. (2001). Philadelphia Panel evidence-based clinical practice guidelines on selected rehabilitation interventions for low back pain. *Physical Therapy*, 81(10), 1641-1674.
- 9. Karjalainen, K., Malmivaara, A., Mutanen, P., Roine, R., Hurri, H., & Pohjolainen, T. (2004). Mini-intervention for subacute low back pain: two-year follow-up and modifiers of effectiveness. *Spine*, 29(10), 1069-1076.
- Grady, K. L., Dracup, K., Kennedy, G., Moser, D. K., Piano, M., Stevenson, L. W., & Young, J. B. (2000). Team management of patients with heart failure: a statement for healthcare

professionals from the Cardiovascular Nursing Council of the American Heart Association. *Circulation*, 102(19), 2443-2456.