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Pain may be defined as an emotional response to afferent input. The word itself comes from the same root as penalty, something that must be paid. In setting out to develop an appreciation of the experience, it is helpful to begin with a consideration of the influence of language upon our comprehension.

It is likely that low back pain has played humanity since its beginning. In the Huang Ti Nei Ching Su Wen, or the Yellow Emperor's classic of Internal Medicine (written between the 16th & 5th centuries BC), which remains a standard work in traditional Chinese medicine, there is reference to the diagnosis and therapy with acupuncture and manipulation, for pain in the lumbar region (Feith, 1972). Chia (1977) reported that he treated back pain successfully by using acupuncture points, according to the compendium of Acupuncture and Manipulation written by Yend during the Chinese Han dynasty in 1901. Reference to the diagnosis and therapy of back pain is found in the papyri of ancient Egypt: the works of Hippocrates and Galen and through the Middle Ages and Renaissance. Hijack (1966) pointed out that in the Middle Ages, many of the pains ascribed to abnormality were considered to be referred from painful lesions of the spinal joints.
All too often the patient presenting to a physician with a complaint of low back pain, with or without radiation to the leg, is referred immediately for an X-ray of the lumbar spine as part of a "routine work-up". The inter-vertebral disc undoubtedly represents the major pivotal element of the spine, but it would be wrong to consider it purely in isolation. Schmorl and Junghans used the term 'motor segment' to embrace such structures as the annulus fibrosis, inter-vertebral ligaments, apophyseal joints, capsules, dura and paraspinal muscles. The purpose of radiology is to demonstrate in the most definitive manner abnormalities of structures and function in the motor segment with the minimum of radiation and upset to the patient.

The role of radiology in the evaluation of low back and leg pain needs to be accurately defined. Some workers found that only lumber myelography was more accurate than the clinical examination (Epstein et al. 1978). However, in the presence of a positive clinical examination, early plain film examination would appear to be indicated (van Emde, 1976).

From the foregoing it can be seen that the main function of plain X-ray is to exclude serious diseases such as infection, neoplasm or fracture. Evidence of disc degeneration radiologically does not necessarily
indicate that this is the cause of patients symptoms and
signs. Treatment should be determined primarily by
clinical assessment and not on the radiological findings.

The radiological examination is the most important
and basic tool of investigation in chronic back pain cases.
Most of the causative factors such as disc prolapse,
spondylolisthesis, arthritis, inflammatory conditions and
congenital anemic condition can very well diagnosed by
this investigation. In some cases, contrast visualisation
of subarachnoid space of spinal canal is necessary so that
exact localisation of cause can be confirmed by myelographic
technique. Principally two aspect radiological examination
shall be required. Antero-posterior, lateral and in few
cases oblique views for pars inter-articularis, neural
foramina.