Get Over It

How to mend an aching back and douse that dizzy feeling

October 1, 1999 By Greg Lugliani and Edited by Bob Lederer

Dear Nurse:
I think I've taken the "no pain, no gain" gym philosophy a little too literally. While I do sizzle in my new Raymond Dragon togs, my back is way out of whack. Any tips for someone whose exertions have him walking like a hunchback?
—Quasimodo

Dear Quasi,
Where do you get off bothering me with your gym-bunny ailments? Jesus, Mary and Joseph, I'm trying to tend to the terminally ill (excuse me, *chronically* ill), and you're wasting my time with the details of your disco rags. The nerve! But you've got me on a good day—I'm sipping a tasty Zinfandel—and it just so happens that many of Nurse's AIDSy acquaintances sacrifice big chunks of their waking hours grunting, groaning and gossiping in gymnasia.

Furthermore, chances are good that, whether or not we know the difference between squats and flys—and gym rule No. 1 is that you should check with a professional trainer or staff member to learn how to use the machines pro-perly and safely—back problems will strike us all at some point in life. So, just this once, I'll bend my somewhat rigid rules and try to get you back to vertical. But don't think I'll do this for every hangnail and hangover you have, sister. I'm a medical professional, and don't dispense the dolls lightly.

I must first warn you that all your iron-pumping has likely caused tearing of the massive muscles of your lower back, called—go ahead, girl, giggle—the *erector spinae* muscles. When these tense or cramp, they put more pressure on the spine, and guess what results? Pain, spasms, difficulty moving, driving or even standing. Activity can make matters worse, so stay the hell away from the Nautilus machines for a while.

Meanwhile, hobble over to the drugstore and check out the wide selection of over-the-counter anti-inflammatory medications including Motrin, Nuprin and Naprosyn. If your case is severe, pay doc a visit; physical therapy with ultrasound, targeted light exercises, heat or ice may be in order, or perhaps some low-grade prescription drugs such as Voltaren, Telectin, Lodine, Dolobid, Clinoril or Feldene. If weeks go by and the pain doesn't subside, disease of, or injury to, the spine—such as a ruptured or degenerated disc—may be the real problem, and doc may order an MRI to make a

diagnosis. In some of these cases, treatment comes in the form of surgery and/or visits to a chiropractor. Look, Quasi, one thing is certain: Where your back's concerned, an ounce of prevention is worth several stone of cure, so warm up with stretching exercises prior to prancing on to military presses. And for God's sake, bend at the knees, not at the waist, when picking up those barbells!

Nota bene: Protease paunch—or garden-variety couch-potato spread—got the spirit down and weight up? Big bellies are added weight for the spine and can cause chronic lower back spasms that lead to disc problems and spinal arthritis. Try, try, try to remain at your ideal body weight—and remember those back stretches.

A special aside to those longtime partakers of AZT: Your aching back may be the result of drug-induced myopathy (muscle weakness). So check with your doc, who may steer you toward the supplement L-carnitine.

Oh, Nurse:
I haven't hit the peroxide bottle in years, but recently I've been prone to dizzy spells. What to do?
—Which Way Is Up?

Dear Up,
Don't despair, dear. That dizzy feeling is not solely the province of blondes; in fact, it hits hairdos of all colors. Why, even moi, your favorite nurse, has been known to have the room dance around on her. Dizziness occurs when one's normal sense of balance—co-ordinated by the brain with input from the ears, eyes, neck and limbs—goes haywire. Its causes are legion: medications such as tranquilizers, ear disorders, diseases of the eye or brain, booze (I blush to say), anxiety and worse. But before making a beeline for Bellevue, dash to a doc's office where your blood pressure, heart rhythm and vision—problems that may contribute to that unsettling sensation—will be checked. Tests to pinpoint the source of the problem may follow, ranging from the straightforward (deliberately inducing dizziness through hyperventilation) to the bizarre (electronic monitoring of eye movements while the ears are rinsed with warm, then cold, water or air).

Treating dizziness means getting rid of the root problem, whatever it may be. Certain supplements like gingko biloba and high-potency vitamin B and B-complex can play a role in neurological health and may help to maintain a sense of balance. The best advice Nurse can offer is this: When dizziness strikes, sit your ass down to avoid tipping over.

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