



Getting Back in Control of Healing

An interview with Sachit Egan
on Back in Control Radio with Dr. David Hanscom

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Tom Masters: Hello everybody, and welcome to another episode of Back in Control Radio with Dr. David Hanscomb. I'm your host Tom Masters, and our guest today is Sat Egan. He is an avid outdoorsman, runner and weightlifter, and in his early twenties, he was diagnosed with spondylothesis and bulging discs that caused him severe, low back and sciatic pain.

Multiple doctors recommended he get immediate multi-level spinal fusion surgery, but a visit with Dr. David Hanscomb convinced him to reconsider the surgical route. Today he enjoys a pain-free life and he and his partner enjoy backpacking, rock climbing and cliff jumping in the beautiful Pacific Northwest Outdoors.

Welcome.

David Hanscom: Thank you, Tom. I'd like to welcome such Egan to the show, and I know such extremely well. We've been through a lot together. His story is one of these remarkable stories of healing that we intermittently present. And since I started this process really in 2006, we watched hundreds and hundreds of patients go to pain-free with minimal resources and literally no risk.

So such represents a classical reason why I quit my practice. What year do we meet such, it would've been 2013, maybe 14. Okay. So such is an avid outdoorsman runner, weightlifter. He was diagnosed with the Spondylothesis in his early twenties in a bulging disc. He developed back pain, sciatica that we'll talk about a little bit later.

There was a half a dozen doctors in the Bay Area that had recommended that such get surgery relatively urgently, and somehow we'll talk about this later. He found me in Seattle, came up and met me in Seattle. I still remember that first visit really well. I think he flipped one or two more times over, over about six months.

He went to pain free. And now we are, I guess 12 years later, still doing extremely well. So he still lives in Seattle, Washington, where he and his partner enjoy backpacking, rock climbing, cliff jumping. And we're gonna be going to his wedding in August. Is that right? Such

Sachit Egan: That's right. And

David Hanscom: We've been trying to get this interview together for a very long time and I think it's such is busier than I am, which is hard to believe.

Sos welcome to the show and I just wanna let people know that we're here to not get negative in the medical profession, but there's enough data out there that we actually know the right thing to do. I've been learning as I go. And so were you, and when I first met you in 2013, I'm just curious what your experience was.

How long had you been in back pain, by the way? You were, how old at the time when you

Sachit Egan: I would've been 23.

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David Hanscom: 23. And how long had you had back pain before that?

Sachit Egan: Oh, let's see. The the acute injury that led me to, come find you. I was probably six to eight months into the healing journey at that point.

David Hanscom: You were clearly in enough pain to consider surgery. Sounds like a pretty profound ordeal.

Sachit Egan: Sure, yeah.

David Hanscom: And what were you doing? Were you working, what work were you doing at time? Were you through school? In school? What phase of your life were you in at the time?

Sachit Egan: Yeah, so I graduated from university in 2012 and

David Hanscom: I'm sorry, which university?

Sachit Egan: Santa Clara University in the Bay Area, south Bay, and let's see, know college student. I was lifting weights, playing basketball, running, hiking, all that sort of stuff. But shortly after graduating, I took a very temporary job at REI while I was interviewing for other positions in tech. And while working at REI, I had the acute injury where I was leaning forward, bending forward to pick up a heavy, crate of something.

And I felt a snap in my back. Had a couple of days of spasms, intense pain. This was not uncommon for me. This would happen about twice, maybe three times a year throughout university weightlifting, accidents, injuries, things like that. But this time the pain didn't go away and it got worse. And it didn't respond to pt, didn't respond to cortisone shots, right?

It didn't respond to anything. And eventually sciatica developed where I have a memory of my 23rd birthday meeting my family. At a Mexican restaurant in the Bay Area and parking two blocks from the restaurant and not being able to walk those two blocks needing to stop every few seconds because of the sciatica.

And does that maybe ground you in where I was when we met.

David Hanscom: So you had seen multiple physicians before you got to me. I know you saw surgeons, I'm assuming you also saw non-surgeons.

Sachit Egan: I want to say that the first few months, after PT didn't work, after Cortisone didn't work, the first few visits were to non-surgeons.

We've talked about this so much where, what's the standard medical process, the procedure after the non-surgical interventions fail or seem to fail, then it's all surgeons. And so I think I saw about a half dozen, as you mentioned, that all recommended immediate fusion.

David Hanscom: I'm just gonna rant for a second.

I'm gonna try not to get too negative here, but the thing called spondylolysis or Spondylothesis, it's a little bony defect in the spine that actually is present in about 5% of the population, and unless it's grossly unstable, which grossly unstable, which means it moves too much. Back and forth. When you bend forward and backwards, it is simply not a source of pain.

So the elephant in the room is the spondylotic been there from at least age five. Nobody knows the exact cause of it. Your back pain has started if six or eight months ahead of the time that you started seeing doctors. So you have this old lesion, never caused pain. You have an acute injury, which doesn't change that lesion by the way.

We also know that degenerated disc do not cause back pain. That's been well documented. So you have seen a couple physical therapists, you've had pain for pretty bad pain to point, you're being disabled. And also could not forget many years ago why some of the most successful people have so much disability from pain.

My conclusion was, and correct me if I'm wrong on this, that when you have injury, an injury that limits your activity and you're used to being in active, that's incredibly frustrating.

Sachit Egan: Absolutely. And scary too at that young age, right? You're entering the prime of your life, looking for a partner, looking to start those next chapters and worrying, are you gonna be able to walk at your, at your wedding ceremony, you're gonna be able to pick up your kids one day.

I know it sounds ridiculous, but these are some of the frightened thoughts that you get at that age.

David Hanscom: Yeah. It's not ridiculous, by the way. It's universal. Everybody back pain hurts. Yeah. I may have had two back surgery myself. I was a heavy construction worker, back pain hurt.

So there's a lot of anxiety around back pain. Was this time of life before you hurt your back a particularly stressful time or just the usual stresses or anything unusual going on during that period of time?

Sachit Egan: I. I'm trying to remember. Certainly the transition from, being a student into the working world carries its stressors.

But I will say that I mentioned that a couple of times a year I would quote, unquote, throw the back out and be outta commission for a week or two weeks. I do think there was just a process of a recurring cycle, if you will, of this pain erupting during stressful times and things like that.

David Hanscom: And would you rate your overall anxiety levels back then as low, medium, or pretty high strung?

Sachit Egan: I don't think I would've answered well back then, and I think I would've probably, frankly felt that I didn't have any anxiety. I was then and still am somewhat type A and so probably medium to high strung on the scale.

David Hanscom: Okay. We'll talk about that in a second.

Sachit Egan: Yeah.

David Hanscom: Okay. So you had five surgeons.

Most of them were at university centers, major surgeons also junior defusion. Again, that lesion had been there for over 20 years because it usually starts around age five and generally been shown not to be cause of pain. But you had five surgeons said you needed surgery. Yeah. And the rehab had been a little phy.

Physical therapy. And how did you happen to find me in Seattle?

Sachit Egan: It's a part of the story that I reflect on frequently 'cause I'm, so many people are in back pain and at some point I'll share some of my background with them and I can't remember exactly. Who gave me your book, how I found your book, but I don't want to interrupt your flow.

I just wanna, maybe for the listeners, I wanna say one thing, five or six surgeons all recommending immediate spinal fusion. I just wanna leave viewers or listeners with two quick anecdotes. One being I won't even name names or hospitals, but one surgeon felt that surgery was so needed so vital that they were going to do it same week.

And they were gonna delay their family vacation to Hawaii at the end of that week to do surgery on me two or three days later. Okay. And another surgeon who came very highly recommended was rather aggressive in gruff and told me if I passed on surgery. Now he knew for a fact, a medical fact, that I would come back to him in a few months begging for surgery.

And so I think that maybe to answer your question as best I can, I think maybe. The sales pitch was pretty, pretty hard, pretty rough, pretty aggressive. And I, if I remember correctly, I think my parents gave me the wisdom I needed and said, look, such if you've been in pain for X number of months now, you could do surgery in two days, or you could wait two weeks.

And what, what's the harm in waiting two weeks? And it's during those two weeks that I found your book, read your book, poured through it, and then made the choice to come see you.

David Hanscom: Remember the first meeting we had Seattle, you were the last patient of the day and we actually spent, I think we like an hour and a half talking about all sorts of stuff.

Oh yeah. And you weren't particularly a believer when it all started.

Sachit Egan: Yep. Yep. In fact, you weren't at all. Not at all. And I can tell you, if you don't mind, I can tell you why. And you've been addressing this. You talk about the spondylolisthesis, right? For an a rational, analytical person you face a problem in life.

You want to try to solve that problem. So here the problem is pain. It the brain wants to find a scapegoat, a culprit. And you have five, six surgeons saying it's the spondylolisthesis, it's the degenerative disc disease, it's the herniated discs. All of these things. I remember coming to you fully expecting that you would tell me that the level of slippage of that spon was significant, right?

And so when you told me, Hey, you can see it on the x-ray, right? The, bending forward x-ray, it's not moving at all, dude, that was, that's what I didn't believe. Does that make sense?

David Hanscom: That's one of the things you didn't believe. What El what else? Didn't you believe

Sachit Egan: that? Oh, yes. That the things that, that I remember that changed, changed everything you told me.

You're never gonna be a candidate for surgery as long as your injury looks like this. You're not gonna hurt yourself further if you try to be active, if you try to move past this, that I really was shocked by. And that's the kind of solutions to healing, lied within that I had to do my own self work.

So those are some of the things I remember.

David Hanscom: There's a factor I wanna mention really quick. It's called the, you've all heard of the placebo effect, where the body does heal itself. And by the way, the placebo is a real deal. Your body really does heal. It's not imaginary. Your body actually regenerates, puts fuel back into the cells.

But the nocebo effect works the other way around, that if you're told that things are bad, then your body responds in kind because you're afraid. And what we now know that anxiety slash fear is actually a inflammatory state. I. So you actually feel the pain more. And I want you to segue just for a second, in the essence of all chronic disease, mental, physical, back pain.

Chronic disease is a chronic inflammatory metabolic process. This chronic, what we call threat physiology or fight or flight. When you get your body into safety, the opposite effect occurs is that healing occurs in a state of safety and it doesn't matter what doctors do or don't do is, and that's why it's still self-directed 'cause you're the one that has to induce that state safe, I'll call it, cues of safety.

And so just. A lot of the time, I had lots of patients over the years just say, look, degenerative disc disease is normal. You don't have the real limitations. Just that reassurance actually causes the pain to go away, but it's not psychological, it's physiological.

S So you had the classic no SIBO effect, which actually helps talk you into surgery, right? Absolutely. Okay. So we talked a while and I know we went back and forth and we had a few phone calls in between. I think I saw you maybe six weeks later and you did not get better right away, if I remember.

Sachit Egan: That's right. That's right.

David Hanscom: So what were some, and we'll talk about this a little bit more in the second podcast, but. Over what period of time did you start to feel better? Was it a week or two, a month or two, six months? You just started to feel better or what? What started to happen?

Sachit Egan: It's another, I'd say the two parts of the story that I wish I remember better were a, how I found your book and then eventually you, and then also the exact period of time that passed.

What I do remember is reading the book, starting to do some of the exercises and. Thinking about how is writing about my feelings and then throwing them into the waist bin, right? How is that gonna help feeling concerned about whether this was gonna be valuable or just hocus pocus?

The turning point for me, it was probably the last medical visit we had, probably the third one, so let's, we could probably look at the records, but it was probably a good six months later, as you said. And that's when you, I remember, I you, you were still so steadfast in telling me that there is no surgical intervention that's gonna help you and you need to get past that idea.

And my last question for you, that day was, okay, in that case, can I just go back to normal physical activity? Can I get back in the gym? Can I deadlift? And you told me just flat, very flatly. Of course, you are not gonna make this injury worse by being active. And so I think I shared with you when we spoke recently, I went home.

I remember it was about midnight one night and I said, let me just pick up the, the barbell, let me put some weight on it and what's the worst that can happen? I'm in pain right now. It's not gonna get any worse. Let me just try to resume the things that used to make me feel alive and happy.

And once I started doing that, I can't tell you what day I woke up and I was pain free, but it eventually came.

David Hanscom: It's amazing, isn't it? Yeah. It wasn't any. See, the thing about the whole healing journey is not formulaic. It's not a self-help process. I actually encourage people to not try to believe David Hanscomb.

Don't try to believe my book, engage with what's real. And what's real is that you had five surgeons tell you that you needed a surgery. You try a bunch of things, you still hurt. So what's real is a skepticism. So when you connect with everything positive and negative, it is that connection to who you are, including the skepticism.

You just start digging, working through the tools, just one step at a time. And so it's, I'm gonna say it's two things at once. It's not magic, but it's literally miraculous because life is a miracle, healing's a miracle. If we didn't heal. And as an orthopedic surgeon, I realized that if wounds didn't heal or bones didn't heal, we wouldn't survive.

So the Bo body's capacity to heal is way beyond me or any interventions I can do or not do. Yeah. And so I'm just, every time somebody gets better, I just, my jaw drops. 'cause I'm always amazed and I never can predict exactly when. I will say with you, I wasn't that optimistic. Really well, you were very cynical, which is good.

You still have a question in mind? I Sure. We've known each other for years now, we'd have different times. We'd meet in the restaurants, in the Bay Area and different stuff. You're always challenging things, which I think is incredibly healthy. Sure. And always helped me hone my communication about what was really going on or not.

So let's jump ahead, because in the second podcast I wanna jump into some of the things that actually made the difference as far as the details and a bigger picture concept. But again, what do you like now?

Sachit Egan: Pain-free. Absolutely. Pain-free.

David Hanscom: And how long have you been that way?

Sachit Egan: Since probably six to 12 months after we first met, so a dozen or more years.

And

David Hanscom: what are

Sachit Egan: your limitations? Trying to think. I don't perceive that I have any, I'm sure that I'm a little more focused on body mechanics when I am lifting a little more cautious just to avoid further reinjury or anything like that. But basically none.

David Hanscom: No. So this is, such is a. Pretty classic reason why I quit my practice because with the data addition, and I did not know this data when I was in practice.

But the data shows if you do surgery in the presence of untreated chronic pain and you had chronic pain more than three months, so by definition you had it that the nurse, and we now know that chronic pain is an inflammatory metabolic disorder. It's rarely structural. Even if it starts out as structural, the brain memorizes the pain in about three to six months anyway, so your whole body's on fire.

Your brain self is inflamed, your metabolism's up, your body's breaking down, and as you induce cues of safety, your body heals at a level that's way beyond what anybody can do. So once you hit the tipping point, then what happens? You start processing your entire life differently. So what I'm excited about

the project is that now do people heal, they continue to improve indefinitely, and that I would've put myself in that equation.

Is that a fair statement Such.

Sachit Egan: Absolutely. Absolutely. And I was just gonna add that it, trying to prepare for this conversation I did remember that it obviously doesn't happen overnight and it's unpredictable when you're gonna wake up and realize, oh, I haven't thought about my pain in a while.

But I remember in the early stages, once I started lifting again, started being active again. I remember checking in with myself regularly and I would notice little things like the first observation I made is that my back pain is still present, but it's not omnipresent. It's there positionally.

It's there in certain I. Ways that I'm sitting, moving, standing, right? And I thought, okay, I think that once I noticed that after you, and I admit, I stopped treating that as a problem, and more just an observation. I have positional pain. Hey, you know what? That's better than constant pain. A few months later, huh?

Sitting in this position no longer hurts. And then again, eventually the pain was just gone. And it's, you talk about the miraculousness of healing. You could probably sense this and just the emotion of how I'm gonna describe this, it almost feels like a bad dream. It was there, it was omnipresent.

It was it became me. It became a part of me, and now it just it was a bad dream, and that's the miracle of it.

David Hanscom: Interesting. I guess segued for a second here, but what the data shows that if you do surgery, any surgery, even a simple spinal injection in the presence of untreated chronic pain, you'll make the pain w.

Worse, 20 to 60% of the time. So for instance, if you or induce it in another area, in other words, if you had chronic back pain and if you'd had a simple hernia repair in the presence of untreated chronic pain, you'll induce pain at the hernia site, which is a very simple operation, 40 to 60% of the time, or having a gallbladder or chest biopsy or whatever procedure there is.

Because you have a fired up nervous system, you start plugging in body parts. Then about 10% of the time that pain becomes permanent. So if I had a neurological complication rate of 10%, I would not be in business. But a complication of chronic pain is a devastating injury.

Sachit Egan: Absolutely. I wanted to comment on this.

It's another thing I don't think I've shared with you before, but when I think about those early conversations that you and I had, you described the skepticism that I would approach those chats. I think there was two things at play. One thing is, you reminding me or encouraging me to understand

that the healing would come from within, that there was not an intervention out there that would make me better.

And you're right. I was skeptical of that. The other piece, which I was not skeptical of, this is the piece that I think really convinced me not to do it is the facts that you, some of the facts, like the ones you just shared. I remember reading in the book, it was, I think towards the end of the book, that first edition you explained in black and white.

What does surgical success mean? How is it defined for back surgery? For back pain? And if I remember, it's been a dozen years since I've read the book, it was not going from, 10 outta 10 pain to two out of 10 pain. It was more like going from, like a 20% improvement in pain. And I thought to myself, that's success is getting 20%.

Potentially better in pain, but it comes with such an increased risk of more pain or complication. I think that's, I just wanted to comment that this is another real value to the way that you teach about this is helping people get away from this idea that surgery is the magic pill.

There's so many it's fraught with complications and problems,

David Hanscom: Thank you. We'll gonna talk a lot more about some of the details of what's keeping moving forward now what life is like now. But such as a classic example of why I quit my practice because I'm, I was one of those surgeons, right?

If you see me in my first seven years in practice, I would've said the same thing. Let's do a fusion. 'cause I didn't know any better. And surgeons are I'm not trying to throw my IES under the bus because. If they weren't trained that way, I went through horrible chronic pain, pay myself to learn all this stuff, and I'm excited I can share it.

So anyway, such Thank you very much and we will talk to you in a few minutes.

Sachit Egan: Sounds good.

Tom Masters: I'd like to thank Sach Tegan for being on the show today and for sharing his healing journey through chronic pain. I'm your host, Tom Masters, reminding you to be back next week for another episode of Back in Control Radio with Dr. David Hanscomb. And in the meantime, be sure to visit the website at www.backincontrol.com.