



How might pain practitioners best offer patients relief without relying only on pharmacology?

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Recommended First Approaches

Pain comes in all forms, and yet, it remains subjective with variable tolerances, perceptions, and methods of management. Given physician shortages, rushed patient scheduling, and a desire among patients

to achieve instant results with little to no long-term lifestyle changes, pills are often the preferred choice for handling pain – fast-forward to the current drug epidemic.¹ This problem has grown to such an extreme that the US Surgeon General sent 23 million letters to physicians across the country warning of an opioid dependency in which 91 people a day are dying as the result of drug misuse and abuse.²

As physicians, one of our biggest calls to duty is to accurately diagnose the origin of the patient's pain so that measures may be taken to adequately and sufficiently address the root cause; otherwise, we are simply putting duct tape over a “check engine” light and ignoring the underlying problem. If the underlying cause is not addressed, chronic pain may become a life-long condition. Once the actual cause is found, however, I believe it is important when ever possible to try various non-pharmacologic therapies to treat the pain.

We need to take the time to listen and observe the patient. For example, fibromyalgia may flare following long durations of sustained poor posture from a sedentary job that fatigues muscles and causes aches and pains. The correction for this muscle tenderness may be improved posture and exercise, and for some, may eliminate tender points and fatigue. Massage, acupuncture, and trigger-point injections may, in many cases, eliminate tender points, while improved diet and nutrition may also prove beneficial.

In other cases, the practitioner might ask the patient about day-to-day activities. For instance, how heavy is the bag she is carrying; what is his position when he walks, sits, sleeps; and which outside activities does she do? What a patient does during the day with their body may help to

clarify the whole picture. If an ergonomic or lifestyle root cause is identified, the practitioner may choose to focus on preventing recurrence of pain.

Use Patient Education as Part of Treatment

Pain is real, whether mental, physical, emotional, or otherwise, and patients come to doctors for solutions. Patients should be educated, however, to understand that pain may be a signal—an indication that something is awry, or needs to be altered to prevent permanent damage. Once the patient



appreciates that the pain is a warning, they may start paying attention to it and work toward treatment.

With regard to prescribing, I try to explain to patients in my practice that, in certain cases, taking pain medications that “makes you feel good” may inadvertently mask the underlying problem. In turn, “living with the pain” but changing daily activities with regard to rest, posture, etc may allow the body to heal faster.

Advanced, nonpharmacologic treatment for pain may be innovative, creative, and provide results to patients with little to no side effects (see “Range of Pain Relief Approaches”).

Find the Right Therapeutic Balance

Clearly, there are many conditions for which lifestyle adjustments may not prove sufficient for long-term treatment. There remains a place for pain medication, particularly after surgery or accidents, for instance. Finding the right balance between pharmacological and nonpharmacological solutions, whenever and often as possible, is our responsibility as practitioners.



Consider Range of Pain Relief Approaches

The following methods may be used to relieve pain depending on the patient and condition.

- *Trigger-point injections* with lidocaine or marcaine with sarapin, derived from the Venus flytrap, that act as a natural pain reliever and anti-inflammatory agent may be effective in treating painful muscles, trigger points, headaches, and inflamed bursas or joints.³ To determine pain points of use, palpate for the trigger points and place the inject into the sites along the dermatomes.
- *Topical compound creams* may be applied as needed to an area directly instead of going through the entire system, thereby offering pain relief without side effects. Commonly recommended areas for use are the knees, wrists, elbow, back, and neck.
- *Prescriptive amino acids* involve a formulary of amino acids used to lower pain and help with neurotransmitters to modulate pain.⁴
- *An anti-inflammatory diet* may decrease inflammation, reduce pain, and promote healing.⁵⁻⁸ Such a diet includes:
 - Assuring sufficient water intake for hydration
 - Moderating intake of caffeine and alcohol
 - Avoiding refined sugars and processed foods, especially grains (ie, white flour)
 - Limiting animal-based foods.
- *Increasing fiber-rich fruits and vegetables* to promote cell and collagen health. Collagen rebuilding repairs areas that have been injured, strengthens and stabilizes ligaments, muscles, tendons, skin is needed for cellular function.⁹
- *Platelet rich plasma* has shown promising results for repairing rotator cuff injuries, meniscal injuries of the knee, and sacroiliac joint injuries.¹⁰
- *Osteopathic and chiropractic manipulation* may stimulate the nociceptors and proprioceptors, effectively decreasing pain from headaches and migraines, as well as neck, and back pain.^{11, 12} While chiropractors focus primarily on neuromusculoskeletal conditions, osteopaths further focus on internal organ disease (depending on their specialty). In most states, chiropractors do not prescribe medication or perform surgery, whereas osteopaths do. The manipulations, however, are similar in the intention to decrease pain, increase function and range of motion, and improve structural alignment.

Chiropractic adjustments tend to be quicker and high velocity, while osteopathy deals with cranial-sacral techniques that may be slower and require more sustained positioning of the body. One or both methods may be appropriate; it is therefore recommended that both approaches be evaluated to determine which provides the most pain relief.

- *Physical therapy* to strengthen and improve joint and muscle function is an extremely effective treatment for improving patients' strength and functionality. Many complex pain problems stem from a fear in the patient to move, which may lead to greater dysfunction and weakness. Lack of mobility may also create a scenario in which a patient becomes more prone to injury. Post-surgical knees and rotator cuff tears, as well as neck and back injuries, may be aided with physical therapy to strengthen and stabilize the affected areas.
- *Acupuncture* may block pain points and provide relief of pain, as well as assist in decreasing anxiety or depression attributed to pain suffering. Acupuncture may also provide pain relief from headaches, migraines, carpal tunnel syndrome, and sciatica.¹³

Overall, I champion a holistic, comprehensive approach to most effectively treating chronic pain conditions. Some physicians may be uncertain about or unfamiliar with the full range of alternative pain-relieving modalities. My suggestion, as is true for much of clinical medicine — research it, view it from different perspectives, and discover its benefits and risks. Practitioners may seek experts in the community to develop a reliable referral resource.¹⁴ Patients can be a useful source for other practitioners. Once tested, a new modality may be recommended as a possible solution for your patients. ■

Expert's Bio:

Stephanie Higashi, DC, is the founder and CEO of Health Atlast, a chiropractic and massage therapy clinic with locations in Los Angeles, Mar Vista, and Santa Monica, California. As a premed student in 1997 at the University of Colorado Boulder, she was dismayed to



find a national model of healthcare focused on prescribing medications and performing invasive surgeries without first exploring alternative solutions and therapies. She began a search to find different solutions for medical problems, incorporating alternative methods into one unique, all-encompassing practice model. Dr. Higashi earned her Doctorate of Chiropractic from Southern California University of Health Sciences' Los Angeles College of Chiropractic, where she graduated *summa cum laude*. She is a member of the California Chiropractic Association.

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