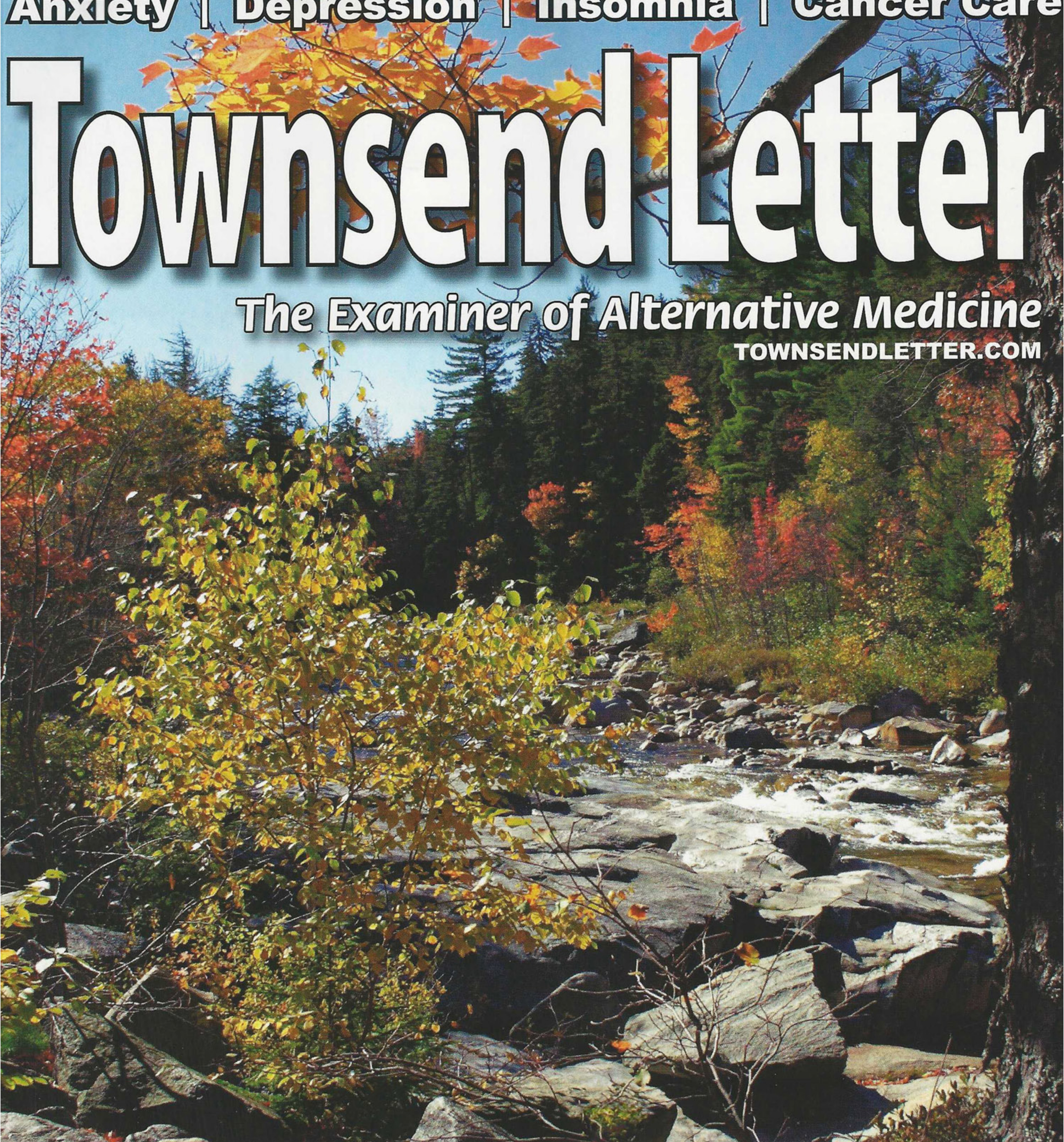


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# Townsend Letter

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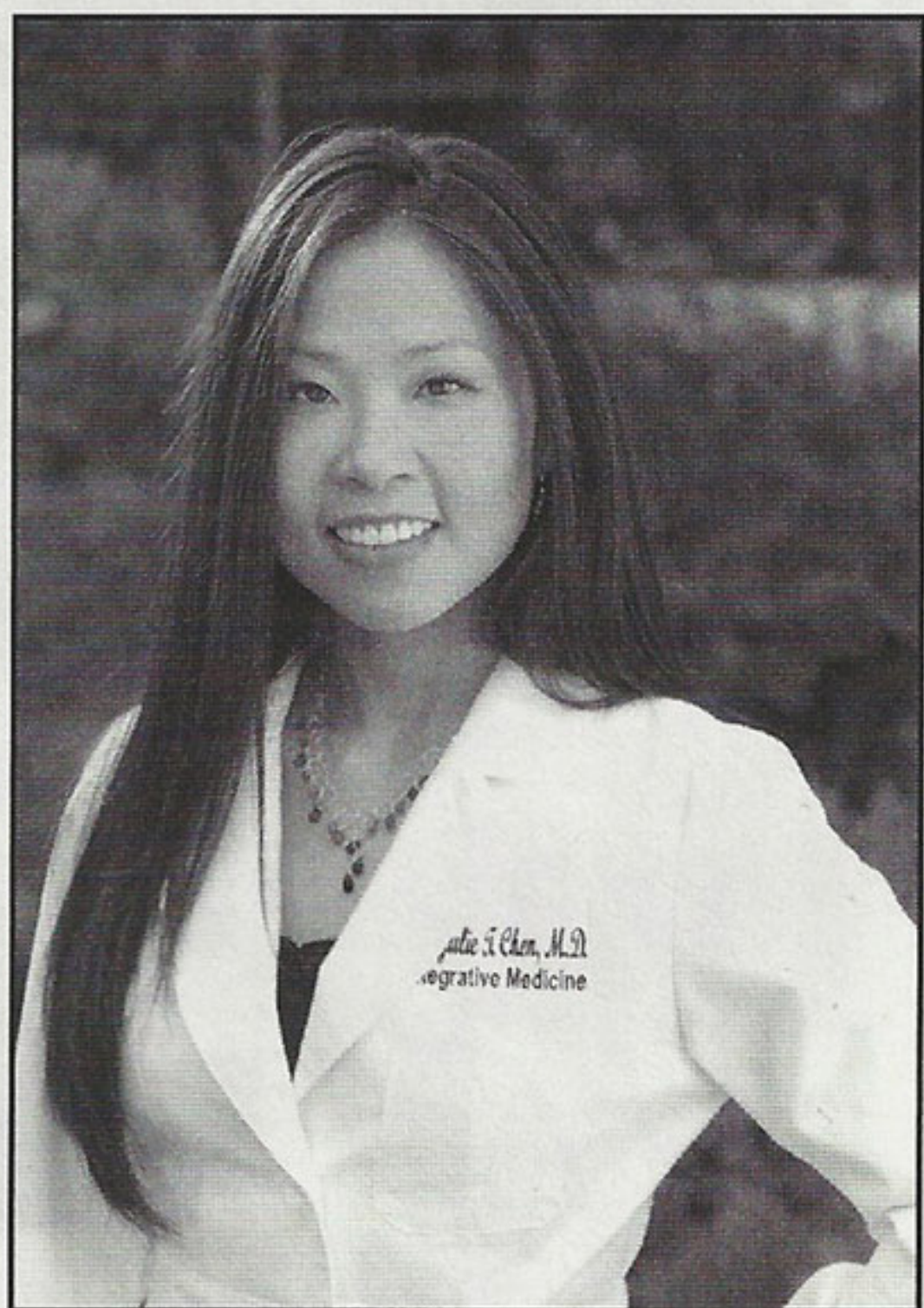
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# Integrative Medicine Perspective by Dr. Julie

by Julie T. Chen, MD  
[www.makinghealthyez.com](http://www.makinghealthyez.com)

## 'Do I Have to Live with This Pain Forever?'

Most of my chronic pain patients have lived with their pain symptoms for years, if not decades. They come to see me in the hopes that they might find a way to lessen the pain or make it go away altogether. But even with that goal in mind, as we discuss potential methods for pain treatment that targets the underlying physiology instead of the usual masking of symptoms, they still seem incredulous that it could happen: that they might in fact have found a way to make the pain that they've lived with for years disappear.

I usually spend an hour with my patients during the first visit. The reason that I need this much time is because the goal of pain treatment in my clinic is slightly different than that of conventional pain management. I take the time to explain that we are aiming to change the underlying physiologic shift that has occurred over time in a body that has dealt with chronic pain. That the goal is not just to make the pain symptoms go away, but to provide the body with its basic building blocks necessary to create a physiology that is calmer at baseline. In this way, patients can potentially look forward to a calmer, less inflamed physiology wherein they can recover faster from triggers and endure more activity before they flare.

As an example, a patient walked into my office 12 months after starting treatment and asked if what I do is "voodoo." She laughed and said that it's hard for her to believe that she no longer has pain after 30 years of dealing with it daily. She wanted to know why, if this was achievable, prior physicians had not been able to help her get to this level sooner. I explained that integrative medicine is a relatively young field and that the idea of integrative pain management also is just starting to become more pervasive in the medical arena.

Let's look at the course of this woman's treatment, and the importance of treating the chronic pain patient's body as a machine that has gone through a lot and requires a tune-up and refueling. L. T.\* is a 68-year-old female who has had chronic low back pain for 30 years without any precipitating trauma. She has myofascial pain in the low back that improves with heat and massage. She also has some sacroiliac joint arthropathy and intermittent "shooting back pain" when she extends her spine from facet arthropathy. She is overweight and has tried acupuncture and chiropractic therapy along with physical therapy and massage in the past. These modalities helped to lessen her symptoms, but the relief never lasted. She also has had epidural steroid injections that helped with her back pain, but the relief again did not last and she would still have myofascial pain despite the injections.

She was referred to me by her pain specialist to look for other options to help with chronic pain management. Her exam revealed tight muscle cords and spasms from thoracic spine musculature diffusely down to her piriformis/gluteal muscles. She was tender to palpation to the SI joint bilaterally and also to the facet joints in her lumbosacral spine. Her MRI had shown no significant disease except for degenerative joint disease and mild nonsignificant disc protrusions in L3-L4 without nerve involvement. I spoke with the patient about starting an anti-inflammatory diet to help decrease the inflammatory status of the body, so that her diet would work with us instead of against us. She had wanted to lose weight anyway, so she was happy to go along with the plan. She also was interested in learning about adipokines that are found in fat cells, and she wanted to "decrease housing for these chemicals" as much as she could.

We checked her labs for any basic vitamin and mineral deficiencies that would again exacerbate her chronic pain physiology. Keeping in mind that our bodies are machines, it makes sense that if we have deficiencies in basic physiological building blocks for optimal nerve and muscle functioning, it would be difficult for the body to go back to its prior calmer physiology. She began taking supplements that helped with inflammation as well as vitamins and minerals to replenish the deficiencies found on her labs.

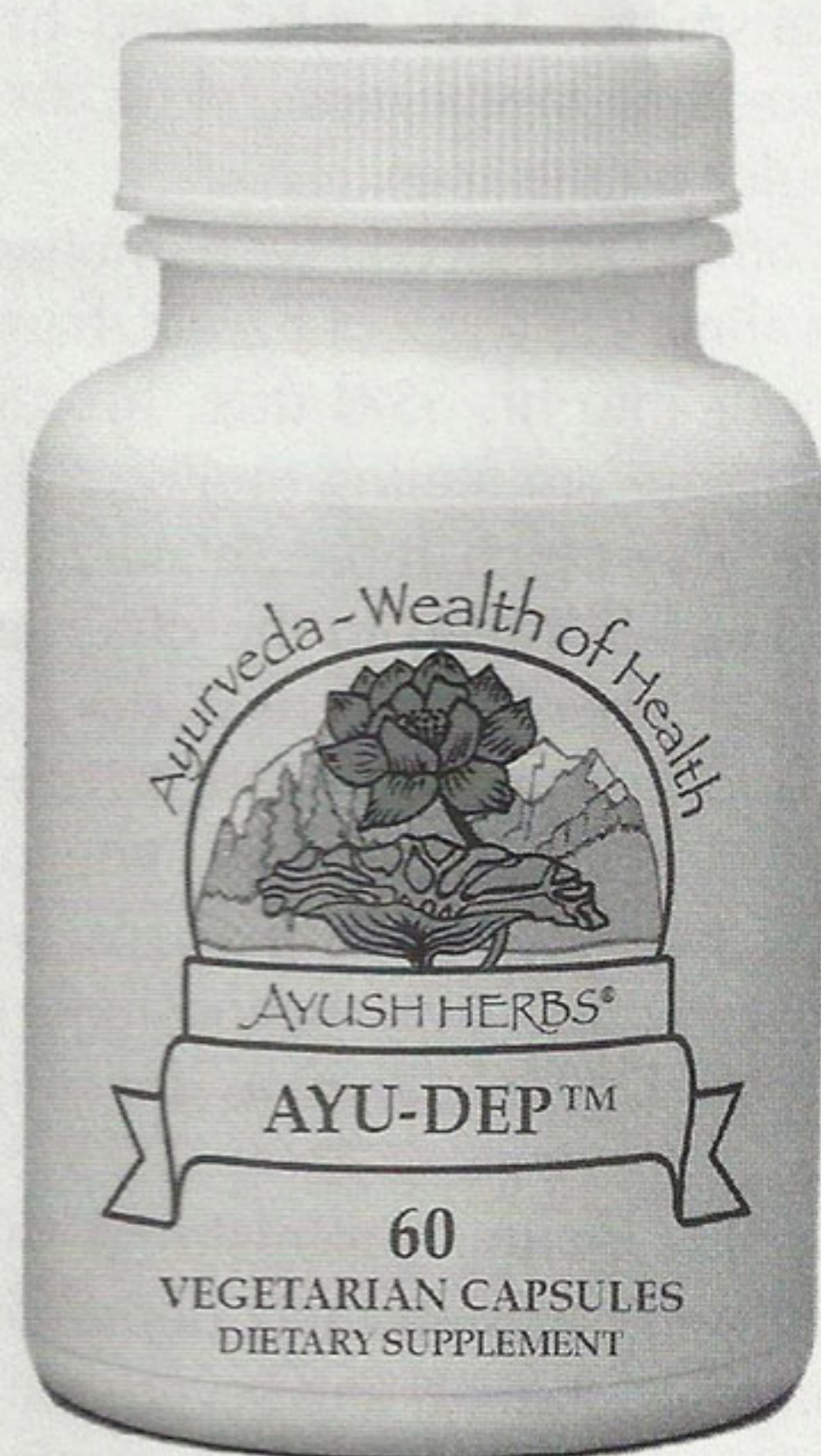
For the first 3 to 4 months, I worked with her on fine-tuning her anti-inflammatory diet, and she lost about 10 lbs. I checked her labs every 4 to 6 weeks to make sure that we were replenishing her with sufficient levels of minerals, vitamins, and herbs. Five months into treatment, once her body had had time to "brew" the nutrients that it needed to heal and "tune up," I started weekly hands-on treatment, which included strain-counterstrain therapy, acupuncture, cupping, hypnotherapy, and low level laser therapy to her joints. After 2 to 3 months of weekly hands-on therapy, she could sit on the ground and play with her grandchildren again, which she said she had not been able to do for years. She progressively improved to the point where, 10 months into treatment, she said that she no longer had any pain. Now, she sees me every few weeks for lab evaluation and maintenance hands-on treatments. L. T. is happy that she can now enjoy time with her family, and she is ecstatic that she has regained functionality again.

L. T. is like some of my patients, with whom I've been able to help the body recover its natural ability to heal and reestablish an equilibrium of "normal" physiological functioning. There are other patients whom we have not been able to get pain-free, but their pain levels are much less than they used to be. I always explain that I am a retriever of function. I cannot make the body do something that it is no longer able to do. If there is nerve impingement or if the patient have already had spinal fusion surgery, with what I do, I cannot make the body go back to the way that it was before. But, even with these patients, because pain is a result of many factors, if we can reclaim certain aspects of "normal" physiology, they may still be able to have much less pain simply by allowing the body to run on "full" rather than "empty."

Frequently, we underestimate the importance of how much our bodies are machines. However, miraculous as our bodies are, we need to remember that all machines need to be fed premium fuel, given replacement parts of deficient fundamental building blocks, and given time to rest. If we give the body the TLC that it needs to function optimally, then it can do what it naturally wants to do ... heal.

\*Identifying characteristics have been changed for patient's protection.

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