

PAIN MANAGEMENT

Smart strategies for chronic concerns

BY RACHEL RABKIN PEACHMAN
ILLUSTRATIONS BY BEN WISEMAN

FOR MOST OF MY ADULT LIFE I'VE suffered from near-daily backaches. Not to mention occasional tingling in my fingers that kept me awake at night, shoulder twinges that left me unable to lift my right arm, and muscle tension that stopped me from turning my neck. These afflictions—the result of scoliosis creating an S-shaped curvature in my spine—didn't just wear me down. They took their toll on my family too. As my back throbbed, I'd snap at my husband or disappoint my toddler when I couldn't pick her up—or both. My body's betrayal threatened a deeper impact as well. "When people are in pain, they have higher rates of depression and anxiety," warns Anna Wilson, PhD, a psychologist at the Pediatric Pain Management Center at Oregon Health & Science University in Portland. Studies also suggest that parents with chronic pain have kids who suffer from aches themselves and are more likely to develop behavioral issues.

Throughout my 20s and 30s, I was on a mission to nowhere as I saw physical therapist after physical therapist, tried acupuncture, sampled yoga classes, got massages and more. They alleviated some discomfort, but not enough. Finally, a treatment I'd heard about years earlier that was practiced only in Europe came to the United States. The Schroth method is a form of physical therapy for scoliosis tailored to each person's spinal curvature.



“The technique’s muscle activation and specific breathing exercises help elongate and stabilize the spine and de-rotate the curves,” explains Hagit Berdishevsky, DPT, a Schroth and BSPTS scoliosis therapist and teacher trainer at ColumbiaDoctors, affiliated with NewYork-Presbyterian in New York City. Studies show that it can halt curve progression, improve lung function and posture and reduce aches. After a week of intensive Schroth therapy, I felt a difference. Now I practice the technique at home and incorporate the postural corrections into my regular movements. At age 39, I am living without debilitating discomfort for the first time in years. I didn’t give up hope. And neither should you if you’re one of the 100 million people in this country with chronic pain. Reprieve is within reach, but you must be your own best advocate. For me, and the women who share their stories here, the road to relief was long and hard but the journey was worth it. Here’s how we took our first steps—and you can too.

REVERSING RHEUMATOID ARTHRITIS

When it’s functioning properly, your immune system helps you fight off diseases. When it’s not, it may attack *you* instead, damaging healthy parts of your physique, like the tissue lining your joints. Six years ago, at the age of 45, massage therapist Barbara Searles found her body under attack. Her hands became swollen, stiff and pink. Despite doses of ibuprofen, the aching, sizzling and shooting sensations exhausted her and soon infiltrated her back, hips and knees. “I went from being really energetic to so fatigued that all I could do was go straight home to rest after seeing clients,” says the Lancaster, PA, resident, who was determined to keep working even as simple tasks like standing in the shower became a struggle.

After five months of escalating suffering, Barbara went to her doctor, who ran tests that found she had rheumatoid arthritis (RA), a chronic inflammatory autoimmune disorder that affects 1.5 million adults. A specialist confirmed the diagnosis and eventually found that a combination of four meds eased her symptoms: Methotrexate and Plaquenil (anti-rheumatic medications), Humira (a biologic that targets the

immune system) and NSAIDs. Barbara considers herself lucky that her diagnosis was relatively swift. For some patients it can take years before RA is identified due to transient symptoms, diseases with similar warning signs and the need to take multiple tests. But persistence pays off. Though arthritis and other rheumatic conditions are the most common causes of disability among U.S. adults, early detection and treatment can keep them from worsening. “The medications that have become available for rheumatoid arthritis in the last 10 to 20 years have put many people in remission,” says Rochelle Rosian, MD, director of regional rheumatology at Cleveland Clinic in Ohio.

Wanting to take even greater control of her health, Barbara became a certified holistic health coach. In the process, she learned that certain foods can cause inflammation—and that giving up wheat, dairy and processed foods calmed her symptoms. She began eating only unprocessed meat, vegetables, fruits and omega-3-rich seeds, which reduce inflammation. Soon Barbara felt so good she was able to wean herself off two meds and drastically reduce her dose of another. “It’s so hard to live in pain,” says Barbara, who shares her nutrition strategies in her book, *Kick Pain in the Kitchen: Holistic Pain Relief You Can Eat*. “Patients gain a sense of empowerment when we take even small parts of the healing process into our own hands.”

MANAGING MIGRAINES

Laura VanSteenwyk, 44, had her first migraine in elementary school, though at the time she didn’t know what it was. “Back then, my head would hurt and I’d feel nauseous,” says the mental health therapist and mom of three in Sioux Falls, SD. “We used to call it a sick headache, and I’d go into a dark room and sleep.” By college, Laura’s migraines were more intense and frequent, happening once or twice a month. In her early 30s, they became daily and by 37 the condition had forced her to stop working. “It took a lot of energy to be fully present with clients while I was suffering,” explains Laura, who occasionally had to interrupt therapy sessions to run out of the room and vomit.

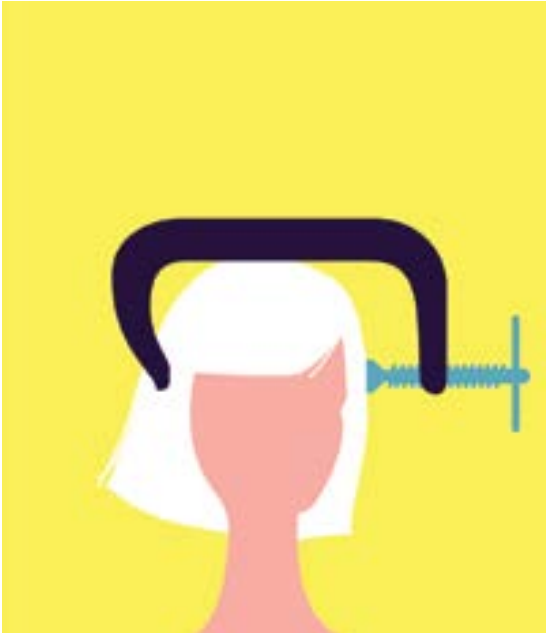
Diagnosing migraines (which usually cause an intense, pulsing sensation on one side of your head that lasts for more than four hours and can cause nausea,



MEDICATION DANGERS

Every three minutes, a woman ends up in the ER for painkiller misuse. Although opioids and narcotic pain relievers (including Vicodin and OxyContin) can relieve symptoms, they can also be addictive. Follow these tips to use them safely.

- **Try other proven relief methods first, like meditation and acupuncture.** “Relying on a single pill is not the best approach,” says Charles Kim, MD, a board-certified pain management specialist and certified acupuncturist at Rusk Rehabilitation at NYU Langone Medical Center.
- **If your doctor prescribes an opioid, ask about the risks and benefits, or see a pain specialist who has expertise in managing these meds and providing a variety of coping strategies.**
- **Avoid using opioids for more than three months.** A new report from the U.S. Department of Health and Human Services suggests that long-term use of painkillers may increase the likelihood of overdose and addiction. Talk to your physician about how to wean yourself off them.
- **Take your meds only as prescribed, avoid drinking alcohol, don’t combine prescription painkillers, and discuss all your Rx’s with your doctor.**
- **Do not hoard painkillers in the house “just in case,”** since this ups the chance of misuse by you or family members.
- **Store medications in a secure place.** An increasing number of teens are abusing prescription pain meds, so don’t make it easy for them to find yours. Dispose of unused pills in the garbage (preferably in cat litter or coffee grounds so that no one digs them out of the trash), or turn them in to a drug take-back program at a police precinct or pharmacy.



vomiting and light sensitivity) is relatively simple. Doing away with this neurological disease, however, can be much more complex. Laura pursued everything she could to alleviate her anguish: various neurologists, chiropractors and reiki therapists. She tried numerous meds, including triptans, anti-seizure drugs and beta-blockers. “You really have to do your own homework and research when it comes to pain,” says Laura, who ended up in the hospital several times.

Finally, Laura heard about neurostimulation systems—which block pain signals before they reach the brain—through some people she connected with in an online migraine support group. Although the devices are FDA-approved for sensations in the back, arms and legs, Laura found a center that had used them for migraines as well. She turned out to be an ideal candidate for the procedure, which involved surgically implanting a pacemaker-like instrument that connects to wires leading to nerves in her head. “Individuals turn to neurostimulation when all other treatments have failed,” explains Laura’s doctor, Ralph G. Menard, MD, a board-certified pain medicine specialist at Advanced Migraine Relief, in Houston. The device, which Laura had implanted in June of last year, helps bring her migraines closer to a manageable level. “This procedure has given me part of my life back,” says Laura.

FIGHTING AGAINST FIBROMYALGIA

“Pain can be so alienating and lonely,” says Charles Kim, MD, a board-certified pain management specialist and certified acupuncturist at Rusk Rehabilitation at NYU Langone Medical Center in

Manhattan. “Family and friends often don’t understand how a person can look ‘normal’ and be in terrible condition.” Sujata Tibrewala knows this all too well. At the age of 33, she spent almost an entire year in bed, unable to be an active part of her husband’s or 9-year-old daughter’s lives. “Just sitting was a chore,” reveals the software engineer, who resided in India at the time. She had to take a leave of absence from work due to unexplained severe aches consuming her back, neck and hands.

Sujata met with multiple doctors, including a specialist who through a process of elimination diagnosed her with fibromyalgia, a disorder characterized by widespread musculoskeletal pain and extreme fatigue. (It affects an estimated 5 million adults in this country alone.) “Unfortunately, there’s no absolute cause of fibromyalgia,” says Rosian. “But the current thought is that it’s an upregulated neurosensitivity.” When the neurological system is “upregulated,” the brain’s pain receptors become more sensitive and reactive to pain signals.

Although she was devastated by the diagnosis, Sujata was optimistic about her doctor’s multidisciplinary approach, which included the prescription drug Lyrica and complementary techniques such as daily meditative yoga, cognitive behavioral therapy and myotherapy (a combination of myofascial release and physical therapy). Sujata was also encouraged to pursue her passion for painting. “My therapist said that even though it would be hard for me physically, it would be good for me mentally,” she explains. “It took almost a month to finish one painting, but it gave me motivation to get better.” After just three months, she felt well enough to stop taking her medication. Instead, she started eating a diet packed with antioxidants from fresh fruits and vegetables. Two years ago, she moved to a wheat-free, dairy-free vegan diet, which helped her become completely pain-free. Now 39, Sujata has since moved with her family to Cupertino, CA, where she works—and plays—hard. The woman who struggled to get out of bed six years ago has added water aerobics, hot yoga, biking and even running half-marathons to her exercise routine. All that motion helps prevent muscle stiffness, so she’ll never miss out on anything life has to offer again.