

PAIN: THE FINAL FRONTIER

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There has been much progress in the nearly 40 years I have been in medicine, to understand and try to control the monster of pain. We have come to learn the profound differences between acute pain, a defensive alarm and protective mechanism that helps us to avoid and minimize injury, and chronic pain, which is such a deleterious scourge that it is now considered a disease in its own right.

Despite our great advances in these areas, pain, especially chronic pain states, remains the most daunting area of medical research and application. When I was in medical school and residency training in the 70's and early 80's, pain research was just taking off, but recognition of such baffling conditions as Fibromyalgia and Reflex Sympathetic Dystrophy was scanty, and too often sufferers were given the brush-off, labeled as the "worried well" or hypochondriacs, malingerers, or even a bit neurotic, more in need of psychiatric than physical treatment.

Although we have come a very long way in the last 30 years, the way ahead is long and far from clear, and the dismissive attitudes that add so much insult to the injury of chronic pain sufferers is still too prevalent in the medical community. A "48 Hours" segment about Fibromyalgia some years ago showed the moderator at an AAN meeting asking for a show of hands for how many of the attendees thought Fibro was a bogus diagnosis. Every doctor in the audience raised his/her hand. This shameful situation is changing, but at a glacial pace.

Because pain, and its shadowy partner, suffering, involve the deepest aspects of what makes us human - the mind and the soul - we will likely never fully comprehend everything about this profound mystery; as Aristotle said, "The eye cannot see itself". However, on a day-to-day basis, we must struggle to find our way as best we can through the dark and tangled forest of the human brain to bring order out of chaos, and relief to the suffering. Just as it takes a village to raise a child, it takes a whole team to properly address the complex and multi-faceted conundrum of chronic pain. Without the resources and unique skills of those who treat the body, mind and spirit, one person alone can have little hope of rescuing sufferers from the hell-on-earth that is life with unrelenting pain.

My own particular medical specialty, *Physiatry* (Physical Medicine & Rehabilitation), has the especial perspective and approach of emphasizing restoration of function, while attempting to alleviate pain and disability. However, my residency training had zero exposure to Fibromyalgia, except for a preceptorship I had with a community-based physiatrist, Dr. Norman Rosen, who had such a thriving practice that he alone employed 37 people, because so many other doctors saw his success in treating their "problem patients". What I learned from him I later put into practice, which led to other doctors referring their "problem patients" to me. When the word got out among patients and

doctors and therapists that there was a doctor who could accomplish something with these seemingly difficult cases, my office became very busy, and remained so up until my retirement from active practice.

My growth of knowledge and skill was truly “on the job training”, as the literature then was thin, and only a few books existed on the subject. Since then, there has been a veritable explosion of clinical and research, knowledge and experience in the understanding and treatment of Fibromyalgia and other chronic pain entities. Along with this has unfortunately come a parallel explosion in quackery and hucksterism, as there are always those looking to profit from the suffering of others, not always cynically, but whenever there is a buck to be made, the vultures will circle. Half of the job of a pain practitioner is to disabuse the patients of the misinformation gleaned from well-meaning friends and relations, or from the internet.

Fibromyalgia has been called “wrongitis” for the tendency of providers to misdiagnose it as other conditions, often leading to dangerous and wrong interventions, especially surgery. Conversely, once someone has the diagnosis of Fibromyalgia, there may be a tendency to ascribe every sign or symptom to it, and thus potentially miss a more serious diagnosis.

The approval by the FDA of various medications for the treatment of Fibromyalgia has been a mixed blessing. While helping to raise awareness and acceptance of Fibromyalgia as a valid, treatable clinical entity, it has at the same time generated skepticism among those who decry the “medicalization” of normal phenomena, especially if the motivation appears to come from big drug companies looking to milk a gigantic cash cow. It also, in my view, promotes the “pill for every ill” mentality too typical of the American “quick fix” approach to thorny and complex problems, such as giving millions of impulsive schoolchildren powerful drugs like Ritalin and Adderall in their growing, formative years.

In my approach to FMS (Fibromyalgia) treatment, drugs take a distant back seat to the cardinal principles of treatment:

1. Education, about what Fibromyalgia is, and most importantly, what it is not (that is, not a disease, but rather a condition to be managed).
2. Rest and relaxation, and particularly restoring proper sleep.
3. Postural reintegration and flexibility, through Yoga, Tai Chi, Physical Therapy, chiropractic, and massage therapy/body work.
4. Eschewing deleterious habits, particularly smoking, caffeine, alcohol, stress, anger, passive/aggressiveness (“taking the weight of the world on your shoulders”), sedentary habits, obesity, sugar/simple starches, processed foods/preservatives, etc.
5. Aquatherapy
6. Walking, stretching, endurance & strength /exercise training.
7. Joining support groups
8. Adopting a “can-do”, positive mental attitude; eschew passive, defeatist thoughts and behaviors.

I advocate using drugs principally as “training wheels”, that is to re-acquaint the sufferer with what it used to feel like to have less (maybe even no) pain; to have muscles that aren't stiff and sore all the time; to have a good night's refreshing, restorative sleep; and to glimpse the world again through rose-tinted glasses of youth and vitality, rather than the grey-blue shades of years-long pain, fatigue and depression,. To this end, a SHORT, structured course of simple, safe medications designed to take the edge off pain (it is usually too much to expect total abolition of pain early or late), relax tight and sore muscles, and normalize the sleep patterns, which are never good in chronic pain conditions, can help to get the sufferer “out of the ditch”, and back on the highway.

The approach to the patient must be individualized, tailored for the particular set of circumstances that have combined to cause the particular form of dysfunction present in THIS INDIVIDUAL PATIENT. To adopt a cookie-cutter, on-size-fits-all approach, as unfortunately is all too common, is highly unlikely to bring about long-term success.

How do we measure “success” in treating Fibromyalgia, or other chronic pain conditions? Of course, we would all like pain and suffering to go to zero; alas, this is rarely, if ever to be realized in this world. Almost no one over the age of 35 is without some long-standing injury or impairment that gives a constant background hum of discomfort and/or unease that is the inevitable consequence of being made out of flesh and blood, skin and bone, rather than titanium and plastic and microchips. A 30% reduction in baseline pain levels is generally acknowledged in the medical literature to constitute a successful intervention. How many patients would consider this modest improvement a “cure”? And looking at one number, though an important one, in such a multi-dimensional phenomenon as chronic pain, is truly “missing the forest for the tress”, or just looking at the tip of the proverbial iceberg. FMS, like the other chronic pain conditions, is a holistic impairment, meaning that the whole person – body, mind, and soul – is involved in the waking nightmare of pain, fatigue, lowered spirits, disturbed sleep, and loss of joy in living. To measure success in our attempts to redress all their problems we need more than a simple numerical scale, or a counting of tender points on the body.

The word “doctor” does not mean “healer”. It is from the Latin “docere”, to teach, as in doctrine. We are thus in the role of coaches, advisors, trainers. By empowering the patient, and breaking the cycle of dependency and passivity that is often part and parcel of the pathology of chronic pain, especially with Fibromyalgia, we do our greatest service to our patients. Treating them in a way that prolongs or fosters dependency, such as saying that taking a pill for the rest of your life, or needing constant ministrations of needling, back-cracking, or other passive interventions, is possibly doing more harm than good, if what is ultimately needed is someone showing the person how to get back on the high road to health, strength and vitality under their own power, with our encouragement and compassionate advice.

It used to be one of the truisms of medicine that “pain is invisible”, so you had to either assume the patient was telling the truth or trying to pull the wool over your eyes if they complained of a pain that could not be substantiated by an abnormal X-Ray, MRI, CAT scan, lab test, or other “objective” parameter that the legal profession must rely upon to validate a subjective claim. However, nowadays advanced techniques of imaging, such as PET scans, fMRI, and others are actually showing the alterations in brain chemistry and physiology associated with experienced pain. Dr. Rice and his team at Albany Medical Center are finding amazing evidence of damage and dysfunction of the nerve endings and processes that are ascribable to long-standing experienced pain. He will show some of the fascinating evidence he and his team have found to help in the fight to more effectively address the somatic aspects of chronic painful conditions.

However, ultimately the limitations of “modern” medicine’s approach to FMS (Fibromyalgia) and other similar perplexing conditions may relate to the limitations imposed by the very aspects that made “modern” medicine such a splendid success 100 years ago. The insistence on anatomical and mechanistic understanding and treatment of disease both led to an astounding century of brilliant advances in our fight against death and disease, yet also imposed a set of blinders that gives today’s doctors too often a kind of tunnel vision, such that if you can’t see something on a microscope slide, X-Ray, lab test, etc. it must not be real or important. The emerging medicine of the future is very different, and hopefully better, and will be “holistic” in the truest sense of treating the whole person – body, mind, and soul – rather than as an assemblage of pipes, wires, and machines in need of maintenance and repair. This new wave is called Psycho-Neuro-Immuno-Endocrinology, recognizing the necessity of integrating all the mind-body aspects involved in all but the very simplest and most straightforward of human diseases and dysfunctions. We have become very adept at diagnosing and treating disease, but are seriously lagging in the effort to define and promote wellness and normalcy.

Freud, when asked to define normal, stated “Lieben und arbeiten” (to love and to work). I hope we can do better than that in 2011. But unless the Healer (or Teacher) him or herself, is healed, we will continue to wander in darkness.