

Treating Chronic Pain—There Is A Better Way!

When it comes to the problem with healthcare in the U.S., I tend to agree with Dr. Andrew Weil that “what’s missing, tragically, is a diagnosis of the real, far more fundamental problem, which is that what’s even worse than its stratospheric cost is the fact that American health care doesn’t fulfill its prime directive — it does not help people become or stay healthy. It’s not a health care system at all; it’s a disease management system, and making the current system cheaper and more accessible will just spread the dysfunction more broadly.”

I wholeheartedly agree with Dr. Weil that we can’t just keep doing more of the same when it comes to healthcare. The most overlooked reason why Americans are seeking medical treatment in the first place is CHRONIC PAIN. According to the latest figures 50 million Americans — 17% of the population, suffer from chronic pain. Chronic pain is the #1 reason for missing work, the #1 reason for disability, and the #1 reason patients seek medical care in this country. Attempts to diagnose and treat chronic pain are costing us over 100 Billion dollars per year. Add to that figure, depression, which contributes to chronic pain, affects 30 million Americans (16%) of the population, and costs us \$80 Billion a year. (1) And so it seems to me that we must be willing to build a new paradigm when it comes to chronic pain.

So, what’s the answer? The answer already exists and it’s called TMS or tension myositis syndrome. The phrase was originally coined by Dr. John Sarno in the 1970’s to describe psychosomatic pain. Psychosomatic does NOT mean that “it’s all in your head” or that you are making it up. That is a common misconception among the medical community and lay people alike. What psychosomatic

does mean is a mind–body connection, specifically that there are disorders that appear to be purely physical (i.e. back pain), but which have their origin in unconscious emotions. In other words, how we feel emotionally affects how we feel physically.

Unfortunately, doctors aren't trained to recognize this in medical school as true, and are therefore not trained in how to treat it.

Fortunately, there are more and more fine doctors and healthcare practitioners who recognize the mind–body connection and have very effective means of treatment for their patients. It's not the purpose of this blog to go into explaining TMS as there are many fine books on the subject already in print. (2) My point is to drive home the fact that we cannot talk about reforming our healthcare system without taking into account the billions of dollars that are wasted by the American Medical Association's widespread refusal to recognize chronic pain as a mind–body disorder.

Here are some of the conditions that are often mistakenly treated with drugs and surgery only: back pain, neck pain, heartburn, acid reflux, irritable bowel syndrome, ulcers and stomach pains, eczema, migraine headaches, fibromyalgia, insomnia, carpal tunnel syndrome, chronic fatigue, TMJ, repetitive stress injury, shoulder pain, chest pain, pelvic pain, and depression.

In fact, there are people who are suffering so badly with chronic pain they are choosing medically induced comas as a treatment option. That's right, COMA! I couldn't believe what I was reading in this month's People magazine; "Suffering from a debilitating neuromuscular disorder called reflex sympathetic dystrophy (RSD), John, 50, is one of about 100 chronic pain patients resorting to a radical new treatment in search of relief– a medically induced coma using ketamine, a surgical anaesthetic and hallucinogen sold illegally as 'Special K.' " Since coma therapy is not FDA approved,

patients are sent to Mexico or Germany for the \$50,000 procedure which, you guessed it, is not covered by health insurance.

What I found most fascinating about the histories of the people profiled for this story is that all of them felt like they had tried everything and were out of options, but not one person mentioned having undergone intensive psychotherapy, or that their doctors had suggested a psychosomatic origin for the pain. The injuries they sustained that resulted in excruciating pain and years in a wheel chair were: falling down rotted stairs and tearing a rotator cuff, and a finger injury and ankle sprain. Now considering these two injuries by themselves does not lead one to think of pain so bad, inducing coma to “reboot” the nervous system is the answer.

As a psychotherapist and fellow human being, I sympathize with pain so bad that you want to kill yourself, so you’ll try anything... even a coma to find relief. But to try something so controversial and expensive without first trying to understand how emotions and life stressors play a role in your pain is something I have trouble getting my mind around. For \$50,000 you could afford to see a fairly high priced therapist or psychiatrist for over 6 years! Seems like it might be a good investment to just check it out before risking paralysis, as was the case with one poor soul.

My hope is that the healthcare market will respond to consumer demand. When a “tipping point” is reached of doctors and patients demanding better understanding of the mind–body connection, that’s when the way we treat chronic pain will change as well as the way we choose to spend our healthcare dollars.

To find out more about TMS and treatment options please visit one of the following websites:

www.yourpainisreal.com, www.stressillness.com, www.mindbodymedicine.com, www.tmswiki.wetpaint.com, www.colleenperry.com.

study by Richard Harris Ph.D. on The Neurophysiology of Mood and Chronic Pain.

(2)[The Mindbody Prescription](#), John Sarno MD

[The Divided Mind](#), John Sarno, MD

[They Can't Find Anything Wrong](#), David D. Clarke MD

[Molecules of Emotion](#), Candace Pert Ph.D.

[Pain Free for Life](#), Scott Brady MD

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