

Integrative Pain Management Up Close and Personal

BY DEBRA NELSON-HOGAN



“You get to know your patients and what is important to them. What gives value to their lives? Once you know what gives their lives joy and meaning, you can create a therapeutic plan to support their goals, something that connects with what motivates them.”

I visited with Bettina Herbert, MD, at the Jefferson-Myrna Brind Center of Integrative Medicine in Philadelphia to talk about her practice, and how other clinicians can incorporate at least some aspects of integrative care into their own practices. A relative newcomer to medicine, Dr. Herbert started her professional life in the financial services sector—she was a stockbroker and financial executive. Her recurring severe back problems not only led her to seek nontraditional treatment but, after learning so much about the topic from the patient’s point of view, attracted her to medicine. She graduated from Michigan State University College of Human Medicine while taking additional courses at the College of Osteopathic Medicine. Dr. Herbert completed her residency training four years ago at Thomas Jefferson University in the department of Rehabilitation Medicine, where she currently is a clinical instructor. She is a 2008 graduate of the Arizona Center for Integrative Medicine (AzCIM) Fellowship in Integrative Medicine as a Bravewell fellow, and is also an affiliated faculty member with the Center for Organizational Dynamics at the University of Pennsylvania.

The Myrna Brind Center has 14 staff members who combine modalities based in both Eastern and Western medical philosophies. I also

met Jingduan Yang, MD, another Bravewell fellow, who practices Traditional Chinese Medicine and Psychiatry. The Center offers mindfulness training along with other stress reduction programs, nutrition, yoga, functional medicine, a women’s health program, bioidentical hormone replacement, massage therapy, homeopathy, and acupuncture, in addition to care in family medicine, internal medicine, psychology, psychiatry, and geriatrics. The Center has also just launched a brand new, state-of-the-art executive wellness program called *The Great Life Program*. Although the Center does not accept insurance, it does work with patients to get the best possible reimbursement.

Dr. Herbert often sees patients who have failed standard care and provides and coordinates treatment plans combining individualized nutritional and lifestyle assessments with a variety of hands-on therapies, including osteopathic manipulation, cranial osteopathy, visceral manipulation, neural tissue release, and gait and posture analysis. These approaches often help patients achieve lower pain levels, greater mobility and flexibility, and increased strength as well as insight into the causes and exacerbations of their pain.

With the permission of one of her patients, Dr. Herbert allowed me to sit in on a visit, although she cautioned me, that watching

her subtle manipulation “is like watching someone else fish.” From the perspective of witnessing a slow, methodical examination and constant discussion without any “aha” moments, she was right. However, it was interesting watching her examine and treat June*, a 64-year-old woman who suffered shoulder, back (multiple bulging discs) and knee problems, using several modalities, including cranial osteopathy, dry needling, and neural tissue release, all while talking with her patient. It appeared casual and friendly, yet Dr. Herbert checked in on the patient’s exercise program and progress (“What would it take for you to be able to walk an additional 10 minutes a couple of times a week?”), nutrition (“Do you think you could drink one extra glass of water, eat one more vegetable each day?”), and willingness to take some additional supplements. The patient asked if the supplements were expensive and they discussed options, bringing to the surface the out-of-pocket costs involved here.

When Dr. Herbert left the room for acupuncture needles, I asked June about her previous pain management experience and she told me that nothing had really worked until she came to see Dr. Herbert, in no small part because she felt cared for and had developed a trusting relationship with her physician. This reminded me that the other important part of an integrative

program, after body and mind, is spirit, and I asked Dr. Herbert how she approaches spirituality. “You get to know your patients and what is important to them. What gives value to their lives? Once you know what gives their lives joy and meaning, you can create a therapeutic plan to support their goals, something that connects with what motivates them. Most patients have never been asked these things, and the fact that a physician is interested in their lives often increases their level of participation and commitment.

“Educating people about their bodies is also very important, and a well worn anatomy book is almost always used to explain the problem, the treatment and the somatic relationships. That way, over time, they often become their own diagnosticians and coaches, and more independent,” Dr. Herbert continued.

Nutrition and Stress

Although many pain management clinicians do not have access to such comprehensive care facilities, two major areas that can be addressed without additional comprehensive training are nutrition and stress management.

“I ask patients to look at what they eat and explain how that can affect inflammation, which may be a factor in perpetuating pain. The food we eat creates the internal

Developing a Trusting Relationship By Bettina Herbert, MD

1. Take a narrative history, especially when hearing the description of pain and the affect pain has had on a person’s life, work, intimate relations, and self image.
2. Listen, listen and when there is silence—listen again, through the silence if it’s appropriate and supportive. If you have the urge to talk to fill the silence, count to 10. The patient will almost always say something (usually important) if you can wait.
3. Ask clarifying questions if you don’t understand something. They indicate you are really interested and sometimes start the process of self-awareness for the patient.
4. Stay open in expression, body language, eye contact, and, most importantly, in attitude.
5. Ask what is important to the patient, immediate goals, functional losses that have hurt the most, long term goals, such as walking in a favorite grove of trees or being able to dance again.
6. Touch your patient in a non-medical way, if you are comfortable doing that. Touch is primal and can, in just a few seconds, convey caring, reassurance, and connection. It will also serve to give you information about things such as muscle tension and sympathetic tone (mild diaphoresis).
7. Share a story about yourself that makes a point relevant to the patient’s issues. People remember personal stories longer than just about anything else. Being a little bit vulnerable shows you are willing to share your common humanity.
8. Be predictive—tell the patient what to expect, eg, “you may not feel well for four to seven days after eliminating sugar from your diet, but then you’ll start feeling better,” or “you may feel a little dizzy after this treatment, but it’ll clear in a few seconds.” It helps the patient in dealing with adverse effects if they know ahead of time and, just as important, it builds your credibility.

**name changed for privacy*

milieu in which all body functions take place. So to lower pro-inflammatory food intake will, over time, create a less reactive environment. It makes more sense to stop inflammation upstream than to take NSAIDs to interrupt the process downstream. An integrative nutritionist can

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assist patients in seeing how the food they eat impacts their pain,” she says. In addition to the readily available pro-inflammatory foods in the American diet (see sidebar), dairy is one of the big culprits, in Dr. Herbert’s opinion. “We are not physically designed to drink cow’s milk. We are the only species that drinks milk after weaning, and it is not even our own,” she says. Every patient in her practice who has eliminated dairy has also experienced reduced pain levels, even if it is only a slight difference. There are many other good sources of calcium, such as leafy greens and legumes. She also stressed the value of eating whole grains rather than refined flour and sugar products, because abrupt spikes of insulin are pro-inflammatory.

It is also a good idea to avoid fried foods, especially using trans and saturated fats, as well as foods to which many people have an intolerance or allergy, such as wheat, corn, gluten, and soy. “If your patients cannot afford clinical allergy testing, a month-long elimination diet can give an idea what role these foods are playing in how they feel,” she adds.

“Addressing diet and nutrition gives people a sense of self-efficacy and empowerment because this is something they can do for themselves,” she says. Care must be exercised to encourage addition of foods, rather than taking away everything a patient is used to and which may be providing comfort. Adding one vegetable a day or changing to using extra virgin olive oil is a relatively easy change.

Botanicals and Supplements

Dr. Herbert also advocates using botanicals and supplements along with diet to reduce inflammation and improve overall health. She advises patients to work with a professional to determine not only the kind of supplement or botanical, but the brand, as this is an area that has no regulation. “Organizations, such as ConsumerLab.com, only tell you whether or not a product is contaminated and that the active ingredients are correctly documented. They don’t tell you the quality

Pro- and Anti-inflammatory Foods By Bettina Herbert, MD

Pro-Inflammatory Agents

High glycemic load foods including highly refined products (sugar, flour),
 High fat meats, especially processed meats
 Grain-fed meats (concentrated grains yield higher levels of omega-6 fatty acids)
 Saturated fat, tropical oils, margarine, vegetable shortening, all foods that contain trans-fatty acids (hydrogenated or partially hydrogenated oils)
 “Junk” or fast foods
 High sugar content foods such as sodas, soft drinks, pastries, pre-sweetened cereals, candy.

Anti-Inflammatory Foods

Fresh, seasonal vegetables and fruits, free from chemicals, preferably organic
 Cruciferous vegetables (broccoli, cauliflower, Brussel sprouts, cabbage, kale)
 Low glycemic load, high fiber foods such as whole grains and legumes
 Plant protein from legumes, soy, nuts and seeds
 Fat from monounsaturated fatty acids such as olive oil, olives, avocados, nuts and seeds
 Omega-3 polyunsaturated fatty acids, preferably from cold water fish such as wild caught salmon, sardines and herring or from plants such as flaxseed, walnuts, grasses and algae
 Turmeric (with pepper for 2000% better absorption)
 Ginger

of the ingredients or if they are well-absorbed,” she emphasizes.

“Multivitamins, fish oil, calcium, vitamin D, CoEnzyme Q 10, and many other supplements have wide variability in quality and absorbability as well as cost.” She commonly uses fish oil in higher doses for short periods of time as an anti-inflammatory, but explains to patients that the effect takes time as it doesn’t get into the cell membrane for about six weeks. “You have to adjust time frames and expectations. A good botanical for inflammatory pain is devil’s claw. It was shown in a randomized trial to be as effective as low-dose Vioxx® for treating low back pain. It has similar side effects, but milder. However, it may not work immediately, and can take days, or even weeks to get into the system. Zyflamend™, turmeric, and boswellia are other useful botanicals.”

Stress Management

Another area that lends itself to self-management is stress. “We live in a stressful world—you can’t just avoid it. The key is how we approach stressful situations. While the events cannot be changed, the perspective can,” she said. Relief can be found in art, music, strong social support and many things. One of the more widely recognized programs is the decades-old Mindfulness-based Stress Reduction, pioneered by Jon Kabat-Zinn, PhD. The basic eight-week course has been shown to have many benefits. Regular practice can improve concentration and focus, and increase energy and enthusiasm for life and has also been shown to be effective in helping people cope with a variety of conditions including anxiety and worry, depression, insomnia, chronic pain or illness, and demanding work and life situations.

The important part of the treatment that I saw was the awareness of treating the person, not the ache, and encouraging the patient to participate in her own healing. I commented on the gentle questioning of June and Dr. Herbert emphasized, “You have to find out what the patient is willing to do, what kinds of changes she might be willing to make otherwise you will never get anywhere. For most people, you cannot just tell them what and how to make lifestyle changes—it really needs to be an agreement.” ■

Pain, Psychologic Stress, and the Role of Childhood Abuse

By Bettina Herbert, MD

When clinicians take a patient’s history, they may overlook a history of abuse that can impact treatment and outcomes. Studies have suggested that about half of chronic pain patients have been abused. A history of abuse causes psychological stress that can affect many physiologic functions, including the body’s primary stress management system, the hypothalamic pituitary adrenal axis (HPAA).

While acute stress normally increases cortisol production, chronic stress, a sequella of childhood abuse and other adverse events, may manifest as hypervigilance and may result in hypocortisolism. A hypoactive HPAA has been described in posttraumatic stress disorder, fibromyalgia, chronic pelvic pain, low back pain, rheumatoid arthritis, autoimmune diseases, chronic fatigue syndrome, and irritable bowel syndrome.

In addition, abuse that occurs during vulnerable developmental stages may adversely impact other systems including fear (that may lead to facilitation of arousal) and reward responses that might affect self-care in later life, as well sleep brain centers and gastrointestinal, neuroendocrine and neuroimmunologic systems. These may lead to somatic and behavioral pathologies that may combine with possible genetic predispositions and set the stage for abnormal pain responses to illness, injury and stress in later life.

Animal models support the influence of early experience on lifelong stress hormone reactivity. The concept of allostatic load looks at the cumulative wear and tear that chronic stress costs in terms of the body’s work of homeostasis in response to new levels of adaptation and ties together the HPAA and sympathetic nervous system. This adaptive survival under chronic physical or psychological stress exacts payment from multiple systems and brain structures.

Taking a careful, sensitive history of adverse childhood events, including abuse, may uncover this important component in chronic pain patients. Only then can targeted therapy (i.e., cognitive therapy, eye movement desensitization and reprocessing [EMDR]) address these issues in the context of an integrative approach to chronic pain.

Dr. Herbert will be addressing this topic at the Annual Meeting in Phoenix on October 9, 2009.

To Trust the Touch: A Patient's Perspective

As Dr. Herbert describes, much of the success of integrative therapy, and particularly hands-on techniques, depends on strong clinician-patient trust. One of Dr. Herbert's patients writes about her experience with Dr. Herbert and the integrative program, and her perception of the role that trust plays.

My name is Pamela. I am 59 years old. For half of those years, unrelenting pain has been my companion. Despite a determined and largely successful battle to maintain a career, marriage, and lifestyle that were envied and respected, people did not see the devastating effects of pain on my confidence, self esteem, sense of worth, and overall enjoyment of life. Two years ago, disabled and with a spirit as broken as my body, sitting on the rim of suicide with hope a lone echo from the past, I saw a future, according to 20 years of neurologists' prognoses, consisting of dark, mean days trying to control the ferocious, merciless pain from a spinal disease for which there was no treatment, "only pain management." I did not want to die, but I could not live as I was—dependent on prescriptions for five antidepressants and increasing amounts of opioids, now at a high of 2700 mg Kadian® (morphine sulfate ER) (enough to bring an elephant or two to their knees). I had just one more try in me. This last try would be with integrative medicine and Dr. Herbert.

Right from the beginning, the difference was stunning. No 15-minute appointment, but, literally, hours of listening. Yes, she listened, really listened, for over two hours in our first meeting as well as in subsequent appointments. She never judged, and most importantly, all about her was the grace of trust. She trusted my words, the sincerity and violence of my pain, my desperation. And suddenly, almost magically, the doctor-patient relationship was important. I mattered, and Dr. Herbert brought in elements that made me feel like an active participant in my care—not just a vessel for prescriptions and perhaps a "hang in there."

She has a variety of diagrams, pictures, charts, models and she uses her years of study and experience to diminish some of the mystery behind the causes and continuation of pain. Whether it is the role of neurotransmitters, or how a twisted ankle can create severe pelvic pain, or why a hamstring pull can impact the mobility of your neck muscles, you begin to understand what is going on in your body.

She listens, never judging, as you share with her the things others do not want to hear. She will not give you condescending replies nor groundless hope—it is just listening, occasionally offering a question that turns into an insight for you that further enhances your healing journey.

Dr. Herbert explains that her 'manipulation' is just 'listening' with her hands, following where your body takes her—first to where the pain is evolving, and then, in totally still concentration, she moves her fingers ever so slightly seeking the path to healing. In time, I found the treatments to be a safe place for my soul, and a place for me to just 'let go.' There was never any pain, only an occasional "ooohh, we have a little knot we have to get over here." From my point of view, it was never about angry flesh, cracked bones, or ripped nerves, but perception, memory, fear, and ultimately the safety of the spirit. To trust the touch is to reach for freedom from pain and fear, and freedom to seek your own peace.

She told me that this journey towards healing would be the "hardest thing you have ever done," since I had to look carefully into not just the beginning of my pain, but also understand my psyche's role—conscious and unconscious—in its perpetuation. I had to have the guts to realize that I was a player in my pain, and dive deep for the truth and accept it. Even though she never actually said this, my understanding was that I might acquire the insight that could lead to true healing.

"I can promise you only one thing," she said. "I will make mistakes." I actually found her words comforting, her honesty refreshing as well as reassuring. It was a question of trust. I had to trust her, she had to trust me. Only in working together ("I cannot do this alone," she emphasized) could we genuinely control and diminish my pain. From there, we would use all tools available to seek a substantive renewal.

I would discover over the next year of treatment—which was often physically and emotionally brutal—that every word she spoke was true, and I would learn what it was like to trust someone unconditionally. Because of her wisdom, expertise, and knowledge, my pain is not only understood, and its intensity diminished, it is, along with my psyche, becalmed. The days of morphine, antidepressants, nerve blocks, and hospitalizations are past. I have learned that the opposite of pain is not just relief, but creation and energy. I am finally free of my demons and the pain they rode in on. I now have hope that is at once a promise and the beginning of fulfillment. ■