



# INTEGRATIVE APPROACHES TO PAIN MANAGEMENT

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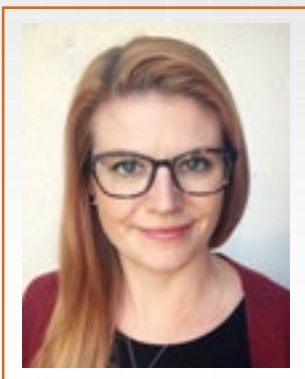


Integrative  
Practitioner

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# FOREWORD



The conversation regarding pain is very complicated, and for good reason. Pain is a complex alert system designed so that the body can signal that something is wrong. But what happens when this system goes haywire or the signal won't

turn off? What is the best treatment?

Acute pain is often quite straightforward. When it is a result of a recent injury or illness, it's easy to understand why it's there, and, if it's a routine injury, then pain will dissipate as the injury heals. Chronic pain, on the other hand, is much more convoluted and multifactorial in origin and expression. With chronic pain, you can get lost in trying to treat the pain. Sometimes you will get lucky with that approach, but ultimately the best direction to take is towards the root of the pain, rather than the manifestation.

On that note, a holistic approach is needed. Seeing the whole picture of what happened and exploring the factors that might be contributing is the ticket to a favorable outcome. Recovery is based on the willingness of the client, the skill of the practitioner, and the strength of referrals. One must truly be aware of their own skillset and the limitations of their practice.

As a registered massage therapist, patient-centered care is of foremost concern to me when considering a treatment plan for my chronic pain clients. Leaving ego at the door and going into each session with presence, curiosity, and

a clear understanding of the scope of my own modality is imperative for the patient's best care. In my practice, I use a combination of massage and osteopathic techniques, and a blend of my knowing and the wisdom of my client's body to treat pain. When limited by my scope, I refer to Traditional Chinese Medicine practitioners, naturopaths, chiropractors, counsellors, nutritionists, osteopaths, and both family medical doctors and doctors of functional medicine, just to name a few modalities, for further assessments and treatments.

Creating a strong referral network allows for each practitioner to have an extended reach of treatment skillsets. Knowing that you have people to refer to that you feel confident in and respect not only takes the full weight of success off your abilities but will also increase the likeliness of your modality's effectiveness by simultaneously approaching the causes of pain from other angles. The success of a patient's pain management is also a result of the strength of referrals.

This is why this guide to Integrative Approach to Pain Management is needed. While not exhaustive, it provides a great starting point for the options for any of your patients or clients that might be suffering from chronic pain. Read about the different modalities and treatment angles so that you can familiarize yourself with other ways to treat pain, incorporate some of them into your own practice, and then look to your community for those that you can have confidence in referring to for more specialized care. Your patients will thank you!

—Lisa Schneider, RMT



# FINDING THE ROOT CAUSE

Chronic or severe pain has become one of the most common health issues adults face. In the U.S., it is estimated that 25.3 million adults experience chronic pain—meaning that, for at least the past three months, they experienced pain every day. Nearly 40 million adults experience severe levels of pain, and those with severe pain are likely to have worse health status. Due to healthcare expenses and lost productivity, pain is estimated to cost the U.S. \$100 billion each year.

In some cases, chronic pain may arise from an initial injury, such as a sprain or, or there may be an ongoing cause, such as an illness. There may be no clear cause. Other health problems, such as fatigue, sleep disturbance, decreased appetite, and mood changes may accompany chronic pain. Pain may also limit a person's movements, which can reduce flexibility, strength, and stamina.

Though individuals who seek medical care for pain may be referred to medications or surgical procedures, many do not have adequate pain relief from these approaches alone. These treatment protocols aim to ease symptoms but do little to address the root cause of chronic and severe pain. In recent years, the epidemic of opioid abuse and overuse has added another layer to the innumerable challenges for clinicians treating pain.

Pain is one of the leading reasons why Americans turn to complementary and alternative therapies and practices, and the integrative healthcare community has been a tremendous player in ensuring non-pharmacologic approaches to pain management are readily available and included in national healthcare legislation and research initiatives. Through efforts by entities such as the National Center for Complementary and Integrative Health, a center within the National Institutes of Health, increasing evidence shows that integrative therapies such as nutrition, yoga, massage, acupuncture, and mindfulness-based stress reduction can decrease pain intensity, improve function, and promote better coping with chronic pain.

Integrative practitioners have a significant role to play when it comes to pain management in the healthcare setting. But how can we, as integrative professionals, ensure we are treating pain effectively?

**"Treating pain requires both an understanding of these interactions as well as designing appropriate treatments for the individual patient."**





The key is developing a thorough understanding of the root cause of a patient's pain, so we can not only ease symptoms but dramatically reduce or eliminate them altogether.

Today's most common health issues are caused by the interactions between genetics, lifestyle choices, and environmental factors, and chronic pain is no different. Treating pain requires both an understanding of these interactions as well as designing appropriate treatments for the individual patient.

Pain is a very personal and subjective experience. There is no test that can specifically locate or measure pain. When identifying the source of a patient's pain, the practitioner must look beyond the symptoms and ask specific questions about the patient's lifestyle, diet, medical history, stress level, and recent health challenges to get a full understanding of their overall health. In the conventional medicine setting, the patient may present and leave with a prescription. But in the integrative setting, it's up to the practitioner to work with the patient and investigate possible triggers for symptoms, diet, digestive and elimination patterns, sleep, stress, exercise, and lifestyle choices. Based on this health history, some practitioners can order tests to explore any issues that come up, such as saliva hormone testing, thyroid-stimulating hormone testing, organic acids testing, or a digestive stool analysis. These types of tests go beyond the basic blood and lipid panels and help to gain valuable insights in to how the body is working, and where it might be struggling. Other practitioners may focus on visual, auditory, and palpable cues to make a full assessment. For manual practitioners—like acupuncturists, massage therapists, chiropractors, physiotherapists, and osteopaths—feeling the tissue is key. Experienced hands will note the temperature, tone, tension, pulse, movement, and subtle cues of the body.

In integrative pain management, the goal is not only to reduce pain and improve function, but to help the patient manage their symptoms effectively and prevent pain in the future. Looking at the root of pain symptoms then requires the practitioner to understand non-pharmacological interventions that address these underlying causes. For pain management, this may include a

combination of nutrition, exercise, and other lifestyle approaches.

It's also worth noting that pain is not punishment. Pain is the body's way of communicating that we need to pay attention to a certain area. That's not to say that the signal communicated is always correct. Sometimes pain persists long after an injury is healed, and other times pain occurs at a location different from the site of damage. However, because pain causes many sufferers to lose trust in their own bodies, sometimes resulting in a full-on hate for painful body parts, one of the roles of health practitioners can be to help the patient rebuild a positive association with their bodies.

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Practitioners who do hands-on therapies can use treatment time to look for or feel for anomalies. For example, the Mayo Clinic documented case reports of incidents where acupuncturists and massage therapists provided vital health information that may otherwise have been missed.

Practitioners who see patients on a more regular basis may also note changes in patient demeanor or symptoms that are red flags for further medical attention. If the patient is not receiving hands-on treatment, referrals can be made to acupuncture, massage, chiropractor, osteopath, physiotherapist, kinesiologist, or others.

This guide is meant to serve as an overview for integrative practitioners in the patient care setting who may come across chronic pain cases. We overview the types of pain management techniques and best practices for each, as well as patient case studies to help you and your patients harness their unique ability to heal.

# NUTRITION

Proper nutrition is thought to be the backbone of good health and wellbeing, and it's no surprise that what we eat can influence chronic or severe pain. One of the main causes of pain is inflammation, so the practitioner may suggest a variety of anti-inflammatory techniques, starting with the patient's diet.

Eating alters the body's chemistry, and the foods we put in to our bodies can directly increase or decrease inflammation, according to Heather Tick, MD, Clinical Associate Professor in the Departments of Family Medicine and Anesthesiology and Pain Medicine at the University of Washington Medicine. In integrative medicine, it is widely known that the gut microbiome has a significant effect on inflammation, immunity, and mood. The bacteria that live in our gut are key to good health and we want to encourage beneficial microbes and crowd out the harmful ones. A healthy diet with minimal sugar and processed foods encourages good bacteria, as does a diet rich in insoluble fiber and probiotics. This means eating a diet high in plant-based foods.

As the saying goes, we are what we eat, or rather what we ingest, digest, and absorb, and a healthy microbiome supports optimal gut and immune system function. The average American diet consists of a caloric surplus and is high in processed foods, white sugar, and refined flours. This diet is also deficient in micronutrients, which have a host of healing properties.

Note that there are many contradictory dietary recommendations to ease pain and promote healing—from vegan to paleo, Mediterranean to ketogenic. Individual distinctions can help explain how opposing nutrition prescriptions work for different people. While there may be disagreement on the "ideal" diet, most would agree that a focus on real, whole foods is key.

## Fiber



**Fiber is usually defined as the parts of plant foods that can't be digested by the human digestive tract. It's usually broken down into two categories: soluble fiber and insoluble fiber.**

**Soluble fiber attracts water and turns into a soft gel during digestion. Soluble fiber is found in beans, lentils, peas, barley, oatmeal, nuts, seeds, and some fruits (apples and peaches, for example).**

**Insoluble fiber is made up mostly of tough plant cell walls that don't absorb water. It's found in whole grains, nuts, and fruits and vegetables. We generally think of insoluble fiber as the plant material that adds bulk to the stool and helps to keep food moving through the digestive tract. Because you don't digest it, insoluble fiber doesn't add any calories to your intake.**

**Insoluble fiber turns out to be more digestible than we thought. It still mostly passes through you unchanged, but it has another key role in your body: it's food for your beneficial bacteria.**



## Anti-Inflammatory Diet

When approaching an anti-inflammatory diet protocol, advise patients to avoid foods that damage the microbiome and opt for those that promote a healing response. Replace sugary, refined foods with whole, nutrient-rich foods. An anti-inflammatory diet also contains plenty of antioxidants, reactive molecules in food that reduce the number of harmful free radicals.

### Free Radicals



Free radicals are unstable molecules that can damage cells in the body. They often occur through normal metabolic processes. For example, when the body uses oxygen, it creates free radicals as a by-product and the damage caused by the free radicals is called “oxidative stress”. Free radicals can also come from environmental sources, such as pesticides, cigarette smoke, and other environmental pollutants.

While, for the most part, the body can handle free radicals on its own, over time a poor diet, smoking, or prolonged environmental exposures can increase risk for damage. Aging also plays a role, as free radicals damage cells over time.

**Eating healthy foods, especially colorful fruits and veggies that are high in antioxidants, may help combat some of the free radical damage.**

While there is no one-size-fits-all approach for pain and reducing inflammation, consider plenty of cold-water fish like salmon and sardines, whole grains, and healthy fats like nuts, seeds, and extra virgin olive oil, as well as dark leafy green vegetables, antioxidant-rich berries and cherries, nutrient-dense vegetables like broccoli and cauliflower, and beans and lentils.

The practitioner may also explore various herbs and spices that can be used to fight inflammation, like turmeric, cinnamon, and others. For example, turmeric has been shown to contain compounds with medicinal properties known as curcuminoids, the most important of which is curcumin. However, the curcumin content of turmeric is not that high, so the most effective dosage

### Foods to Avoid

- **Foods high in sugar and refined carbohydrates**
- **Processed foods and processed meats**
- **Refined carbohydrates**
- **Fried foods**
- **Aspartame**
- **Sucralose**
- **Carrageenan**

### Foods that Fight Inflammation

- **Green leafy vegetables, like spinach or kale**
- **Fatty fish, like salmon**
- **Olive oil**
- **Nuts, like almonds**
- **Fruits, like strawberries, blueberries, and cherries**

is a supplement containing significant amounts of curcumin. In addition, curcumin is poorly absorbed, so it helps to consume piperine-containing black pepper to enhance absorption.

Other anti-inflammatory herbs and spices include cayenne, ginger, cinnamon, cloves, sage, and rosemary. Vinegars and green tea can also help reduce inflammation if consumed regularly.

Keep in mind, lifestyle changes take time, so the practitioner should work with patients to slowly replace inflammatory foods with non-inflammatory counterparts. Avoid foods like processed meats, sugary drinks, trans fats and fried foods, white breads and pastas, and other processed and refined products. In addition, some patients may want to limit foods in the nightshades family, such as tomatoes, eggplants, peppers, and potatoes, which can trigger some inflammatory responses. There is limited evidence to support this, however, but a patient can try reducing nightshades in their diet to see if symptoms improve.



## Protein

In addition to addressing inflammation, a diet for chronic and severe pain should promote strength, movement, energy, and mental function. Forest Tennant, MD, DrPH, an internist and addictionologist who specializes in the research and treatment of intractable pain at the Veract Intractable Pain Clinics in West Covina, California, recommends a high-protein diet with minimal sugars and starches to prevent hypoglycemia and weight gain.

Chronic and severe pain causes excess adrenal secretion of cortisol and catecholamine, which makes glucose serum levels unstable. Uncontrolled pain often leads to changes in appetite, deficient protein intake and carbohydrate-dominant food intake, leading to weight loss or gain, muscle wasting, weakness, and poor mental activity. Prior to good pain control, many patients experience poor appetite, so they seldom eat except for occasional sweet or starch, the “comfort foods.” Further, patients who take opioids have been shown to prefer sweet foods, oftentimes leading to significant weight gain and fluctuating blood sugar levels.

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Tennant used a 72-hour Food and Drink Recall Diary to evaluate pain patient’s diets and almost always found a gross deficiency in protein. He defines “protein-rich” as foods with more than 50 percent protein by weight, such as fish, beef, poultry, lamb, eggs, and cottage cheese. Further, green vegetables such as beans, broccoli, or brussels sprouts, which contain about 30 percent protein, were also absent from his patients’ diets.

Protein is crucial for pain patients because amino acids, the building blocks of protein, help produce pain-controlling

compounds, including endorphins, dopamine, serotonin, and γ-aminobutyric acid (GABA). Insulin and thyroid hormones are also derived from amino acids.

A number of amino acids are required to build muscle. Amino acids are the basis of collagen, which is essential for development of cartilage and intervertebral discs. Protein also activates glucagon, which is secreted by the liver in response to protein ingestion. Consuming protein with every meal, and alongside any sugars and starches eaten, will prevent a rapid rise in insulin as well as possible pain flares.

Finally, protein also decreases inflammation. Fish and green vegetables, both protein-rich, contain anti-inflammatory agents.

The standard pain diet recommendation, according to Tennant, is to eat protein with each meal and not eat or drink carbohydrates without eating protein at the same time.

## Sample Pain Diet

Challenge patients to eat one or more proteins every time they eat, such as fish or other seafood, beef, poultry, eggs, pork, lamb, legumes, nuts, or seeds. Eat a green vegetable, such as spinach, broccoli, green beans, peas, lettuce, celery, brussels sprouts, at least once daily. Limit processed or refined starches and sugars.

Encourage patients to stay hydrated and drink plenty of water or tea while avoiding fruit juice, soda, energy drinks, or other drinks that contain sugar.

Supplements may also be helpful, including a high-quality multivitamin; calcium, magnesium, other minerals, and vitamin D to support bone health; vitamin B12 and other B vitamins to support the nerves; protein boosters in powder or other meal supplement form; and herbs and nutraceuticals like Boswellia, curcumin, glucosamine, and other to help decrease inflammation and heal damaged tissue.

# CHIROPRACTIC AND MASSAGE

## Chiropractic

Chiropractic treatment focuses on the relationship between the body's structure, mainly the spine, and its functioning. While practitioners use a variety of treatment approaches, the most well-known are adjustments, manipulations, to the spine or other parts of the body, with the goal of correcting alignment issues, alleviating pain, improving function, and supporting the body's natural ability to heal itself.

Spinal manipulation has been shown to benefit people with low back pain, and can also be helpful for treating chronic headaches, neck pain, joint conditions, and whiplash-associated disorders.

During the initial visit, chiropractors typically take a health history and perform a physical examination, paying close attention to the spine. X-rays may also be performed. If chiropractic treatment is considered appropriate, a treatment plan will be developed.

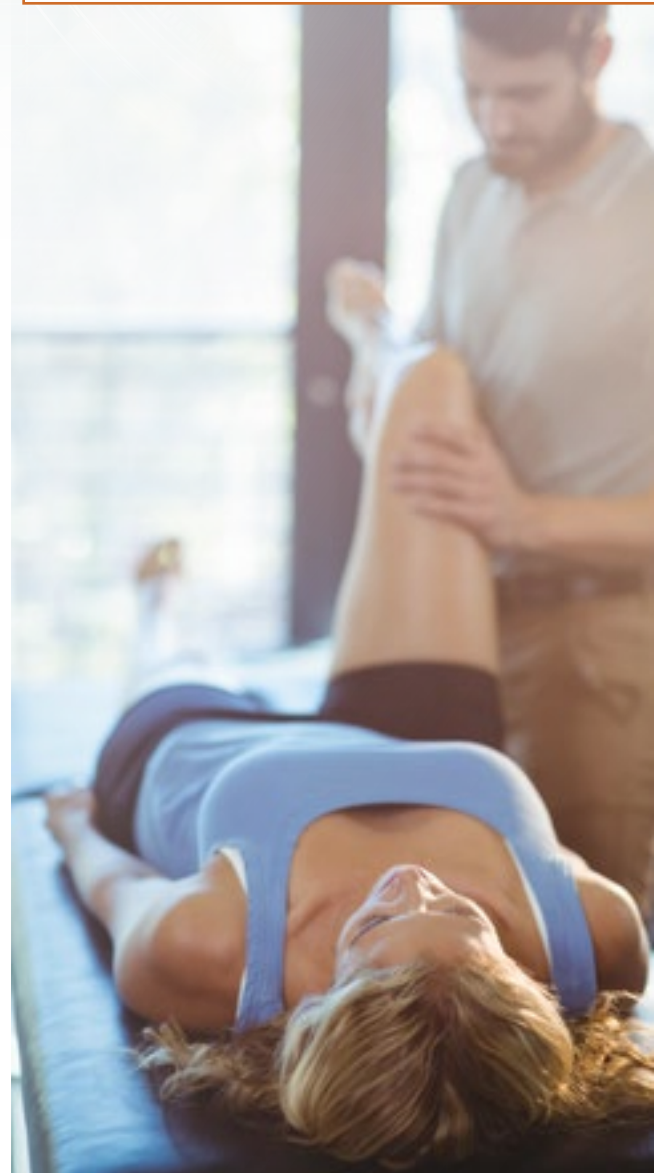
In follow-up visits, chiropractors may perform one or more of the different types of adjustments and manual therapies used in chiropractic care. Practitioners typically use their hands or a device to apply controlled, rapid force to a joint. Some patients experience a “cracking” sensation—thought to be the result of the release of gas bubbles from the joint—while others do not. The goal is to increase the range and quality of motion in the area being treated and to aid in restoring health.

Chiropractors may combine spinal adjustments with other manual therapies, treatments, and approaches, including electrical stimulation, relaxation techniques, and heat and ice. They may also recommend rehabilitative and general exercise or stretches and may offer counseling on nutrition and dietary supplements within their scope of practice.

Side effects from spinal manipulation may include temporary headaches, fatigue, and discomfort, and are perfectly normal.

Chiropractic therapy can relieve several chronic pain symptoms, and both research and recommendations from national healthcare associations advocate for the availability of this treatment option for pain patients.

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As one of the alternatives to pain-relieving drugs, the American College of Physicians' low back pain guideline recommends spinal manipulation along with heat, massage, and acupuncture.

## Massage

Therapeutic massage can relieve pain by way of several mechanisms, including improving circulation, relaxing painful muscles, tendons, and joints, relieving stress and anxiety, and stimulating competing nerve fibers and impeding pain messages.

A study published in *Complementary Therapies in Clinical Practice* showed a reduction in hand pain and an improvement in grip strength among people who had four weekly hand massage sessions and did self-massage at home. They also slept better and had less anxiety and depression than people in the control group who didn't receive hand massage.

Massage therapy can involve varying degrees of pressure and levels of discomfort. While some forms of treatment are meant to be deep, such as deep tissue massage, it shouldn't be unbearable. Most practitioners will work within the patient's pain tolerance to balance the amount of discomfort with the level of therapeutic outcome. Depending on the situation and cause of pain, different pressures or approaches might be indicated and therefore more beneficial. For example, people with certain pain conditions, such as fibromyalgia or chronic fatigue syndrome, may only be able to tolerate light pressure, whereas those that have contributing trigger points as part of the pain, will experience more discomfort with the treatment, however, still within tolerable limits. Massage must always be catered to the patient's condition and tolerance to be effective.

## Self-Massage

Practitioners may also teach patients self-massage techniques that they can use at home. A number of affordable do-it-yourself massage tools, from balls to rollers, exist, but this should be done in conjunction with a professional treatment plan, or as part of a physical therapy or massage protocol. Patients should not rely on self-massage alone to relieve pain, but learning a few techniques can be empowering..

**"While some forms of massage need to be deep and may be uncomfortable to receive, practitioners can balance the amount of discomfort with the level of therapeutic outcome."**





# TRADITIONAL CHINESE MEDICINE

In Traditional Chinese Medicine (TCM), practitioners incorporate herbs, acupuncture, tui na massage, cupping, gua sha scraping, moxibustion, electrostimulation, biopuncture, diet, lifestyle changes, and more to reduce and manage pain. In fact, one of the most common reasons why patients seek acupuncture and TCM care is for pain treatment.

TCM views pain as a condition where the energy of the body, or Qi, has become stuck or Qi flow has diminished, just as tight muscles, scar tissue, misalignment, and injury can all impair blood flow and nerve signal conduction. Though the wording they use—like Qi and meridians—may be distinctive, their approach to evaluating patients is not much different from other health professions. They may look at blood tests or imaging results, but if those aren't available they rely on their senses to take in information for diagnosis.

The principles of TCM for pain care challenge the practitioner to pay attention to the patient and their overall demeanor:

- **How strong or quiet, raspy, or clear is their voice?**
- **Do they stay standing when they come into the treatment room because sitting hurts?**
- **If they are seated, do they reposition their chair, so they don't have to turn their head?**
- **How is their posture?**
- **Do they shift their position frequently?**
- **Are they perspiring?**

Additionally, ask questions specific to their pain:

- **Where does it hurt?**
- **Does it radiate or move around?**
- **How long have they had it?**
- **What makes it worse or better?**
- **What have they done and are they doing now to address it?**
- **What is the intensity and quality of the pain?**



This information helps to categorize the pain into a TCM diagnostic pattern, which may sound unfamiliar to non-TCM practitioners.

Pain is always classified as stagnation—something is not moving well. There is a common quote in TCM that is translated as, “Where there is pain, there is no free flow. Where there is free flow, there is no pain.”

When pain is chronic, such as arthritis, TCM practitioners may classify it as a “Bi” syndrome, which translates as “obstruction” syndrome.



Then, the TCM practitioner must get more specific about the type of stagnation. For example, dull, aching pain that is worse upon arising, but improves with movement, is what we term “Qi stagnation.” Pain, like gout, that is red, swollen, and warm to the touch includes a TCM diagnostic of “heat.” Pain that moves around—one day in the neck, another day in a knee, and another in the fingers, for instance—is categorized as “wind.” Sharp stabbing pain that keeps the patient up at night qualifies as “blood stagnation,” though doesn’t necessarily mean a blood clot. Severe pain with stiffness and swelling in the joints, and is worse in winter, is “cold-dampness” pain.

It’s also likely that a patient will have a lot of these things going on simultaneously, leaving the practitioner with a diagnosis like “qi and blood stagnation with wind-cold-damp bi syndrome.”

Some patients can’t offer much information, so their pain is varied or hard to define. TCM also has the practitioner ask about the patient’s other health conditions, past medical history, family medical history, sleep, digestion, nutrition, habits and lifestyle, emotions, and a basic head-to-toe overview. In this, the TCM practitioner may discover that the patient hasn’t been eating because the pain makes it hard to cook or because of nausea. They may find out that anxiety for provoking more pain has left the patient avoiding exercise or movement. They may discover that the patient’s work requires them to do movements, or all day sitting, that makes the condition worse.

Two diagnostic tools that TCM uses differently from other health professions are pulse and tongue diagnosis. The practitioner feels for the speed, strength, and quality of the pulse at three locations and three depths on each wrist. They look at the color, shape, and size of the body of the tongue and the thickness, quality, and color of the coating of the tongue.

**“TCM’s assessment of pain as blockage can be applied by virtually anyone. The body is designed to heal.”**

Once a patient is on the table, they may do range of movement and strength tests. They may palpate the areas of pain and other possibly associated structures. They feel for tightness, laxity, knots, bumps, weakness, depressions, warmth, or cold, and ask the patient for feedback about their sensations. Sometimes the patient is surprised about pain caused by finger pressure on a point away from their usual pain area. Many practitioners know these as trigger points. They are often at acupuncture points that we can use to help in the diagnosis.

TCM's assessment of pain as blockage can be applied by virtually anyone. The body is designed to heal, but if blood flow is impeded by muscle tension, swelling, or scar tissue, consider what can be done to restore proper circulation:

- **Is there a problem upstream or downstream from the area of pain?**
- **Is someone's posture or habit impairing healing, though it may be temporarily relieving pain?**
- **Based on the assessment, what homework can be given to the patient to help counter the pain and speed recovery?**

If a thorough assessment has not been done, make sure that someone completes one, especially when the pain condition is chronic or complicated.

## Acupuncture

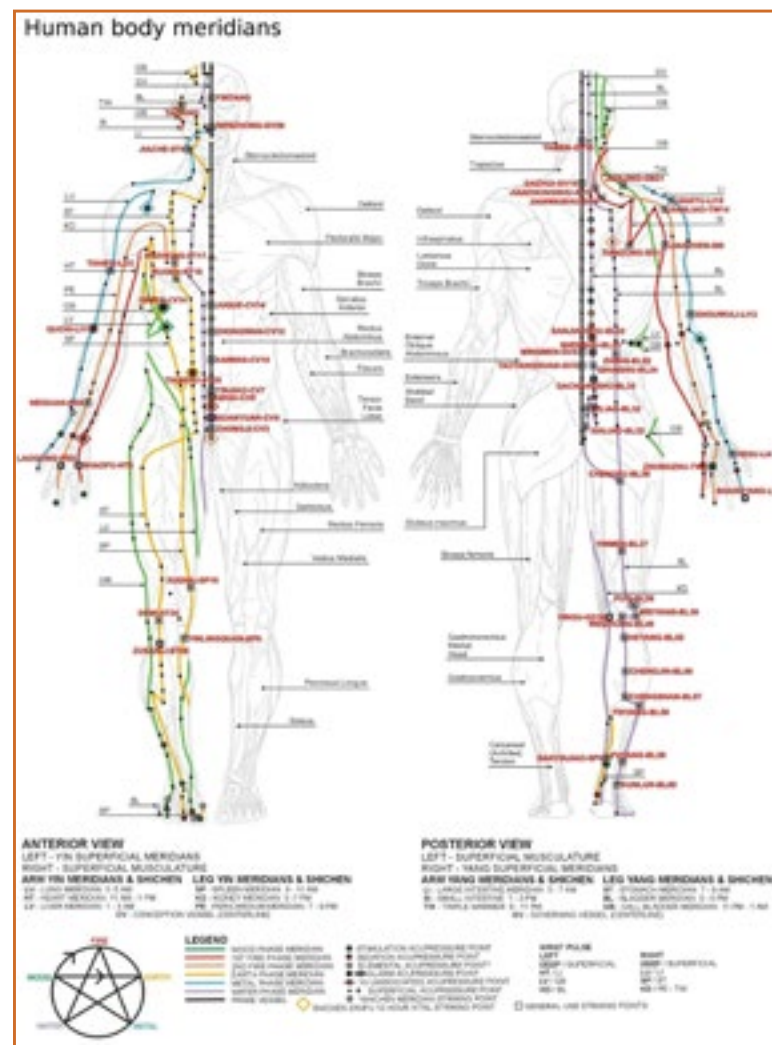
When people think of TCM, they usually think of acupuncture. In fact, conversely, many don't even think of TCM when they think of acupuncture because many non-TCM practitioners use it as part of their treatments.

Most of the research on acupuncture has been an assessment of its effect on the management of pain, from knee arthritis and low back pain to migraines and fibromyalgia. Media and regulatory associations have touted the benefits of acupuncture to address pain, even changing treatment guidelines, as the American College of Physicians did in recommending acupuncture as a first line treatment for low back pain.

When it comes to treating pain, acupuncture is usually the TCM practitioner's first recommendation. In selecting acupuncture points, TCM practitioners will consider acupoints both local and distal to the area of pain, based on the TCM diagnosis. Sometimes the practitioners don't put any needles directly at the pain location, especially when the pain is severe, and the patient is sensitive. Other times, they specifically select those pain points, even if they are not exactly at charted acupuncture

point locations. In that case, those points are called "ashi," which is translated as "ah, yes!" as in, that's exactly where the pain is.

For many, pain is at least somewhat diminished directly after treatment, particularly if the pain is acute or caused by muscle tension. For others, the practitioner should inform them that they may need three to eight sessions, depending on each case, to shift their pain. Some still feel sore when they leave the treatment but notice improvement each day after. Others feel better for a few hours, but then feel sore again. In that event, the goal is to lengthen the amount of time of pain relief following each session, so they feel better for longer periods until they have no pain, or their pain is manageable.





Furthermore, if an opioid addiction is already at play, acupuncture may help, and there are addiction protocols, such as standards set by the National Acupuncture Detoxification Association (NADA). The NADA Protocol is a non-verbal approach to healing. NADA involves the gentle placement of up to five small, sterilized disposable needles into specific sites on each ear. The recipients sit quietly in a group setting for 30-45 minutes allowing the treatment to take effect. The combined application of acupuncture with counseling, education, medical support and self-help groups such as Alcoholic Anonymous and Narcotic Anonymous aims to enhance opportunities for success.

## Herbs

For either acute or chronic pain conditions, a TCM herbal formula may be prescribed. While practitioners recognize that certain herbs do have a known biochemical action to decrease inflammation, buffer pain, or improve blood flow, there is no standard pain relief formula. If a person has wind-cold-damp bi syndrome as their diagnosis, the practitioner will prescribe different herbs than if they have damp-heat bi syndrome or blood stagnation.

Some herbs used in pain formulas, not suitable for every case, but frequently considered, based on the TCM diagnosis, include:

- **Jiang huang** (*Curcuma longa*)
- **Yu jin** (*Curcuma aromatica*)
- **Yan hu suo** (*Corydalis yanhusuo*,
- **Chuan lian zi** (*Melia toosendan*)
- **Di long** (earthworm)
- **Huo xiang** (*Agastaches rugosus*)
- **Du huo** (*Angelicae pubescentis*)
- **Bai shao** (*Albus paeoniae lactiflorae*)

This list is not all-inclusive. If a TCM practitioner deems that the patient's diagnosis is pain from body weakness, herbs like

ginseng and astragalus may be prescribed, and though those herbs are not usually considered for managing pain by Western herbalists, for the right condition, they can be an important part of a pain formula.

It's worth considering if a patient may benefit from a customized herbal formula for managing their pain and supporting their healing. While it's essential to be cautious of potential drug-herb interactions and make sure that a qualified practitioner prescribes herbs for the whole person, not just the symptom of pain, there are many herb options to draw from that have pain-relieving benefits.

Because patients with chronic pain often have many byproducts of their suffering, including addiction, depression, anxiety, insomnia, grief, digestive disorders, and more, a thorough whole-person approach, often as a team of integrative practitioners, is particularly valuable.



# YOGA AND MOVEMENT

Unlike acute pain which is caused by tissue damage, chronic or severe pain is more often connected to sensitivity of the nervous system and other non-tissue factors. Many pain patients experience muscle loss and weakness because of chronic pain and avoiding activity. However, research shows that lack of movement can increase pain, making joints sore and stiff. Keeping muscles and surrounding tissue strong is critical to maintaining support of bones. Not exercising weakens the supporting muscles and creates more stress on joints. Exercise can be an effective way of reversing deconditioning and worsening pain, and over time can help those with chronic pain engage in activities of daily living with greater ease.

Exercise is medicine and reminds patients of the importance of regular movement for managing pain conditions. Start slowly at the beginning of an exercise program and advise patients to rank pain levels on a 0-10 scale to monitor pain. Aim for short bursts of movement throughout the day.

There are multiple forms of exercise recommended for pain patients, including:

- **Stretching and range-of-motion exercises**
- **Strengthening exercises**
- **Cardiovascular and aerobic exercises**

Because pain is often associated with—either caused by or causing—maladaptive movement patterns, it's valuable to have a proper movement assessment. A kinesiologist, physiotherapist, exercise therapist, chiropractor, osteopath, personal trainer, or other health professional can offer specific exercises designed to improve movement and relieve pain.

## Benefits of Exercise for Pain

- **Strengthen the muscles around joints**
- **Help maintain bone strength**
- **Give more energy to get through the day**
- **Make it easier to get a good night's sleep**
- **Help control weight**
- **Enhance quality of life**
- **Improve balance**

## Stretching

Stretching daily can help increase flexibility, relieve tight or stiff muscles, and improve joint range of motion. Regular stretching can help relieve pain and make everyday movements much easier. However, for those who are hyper-mobile, stabilizing joint movement may be more suited.

## Strength Training

Strengthening exercises help build strong muscles to support and protect joints. Weight training is a common form of strengthening exercise and can help maintain or increase muscle strength.

Training different muscle groups two to three times per week can jump-start improvement. The practitioner should advise patients to ensure proper rest is taken between strength workouts, especially if joints are painful or swollen.

## Aerobic Exercise

Aerobic or endurance exercises, such as walking, swimming, or biking, offer a number of healing benefits and can help loosen stiff joints. They can improve cardiovascular health, help control weight, and improve energy and stamina.

Current American Heart Association guidelines recommend 150 minutes of moderate exercise or 75 minutes of vigorous exercise per week, but pain patients may opt for moderate intensity in 10-minute blocks if it's easier on their joints and other painful tissues.

## Yoga

Gentle forms of yoga and tai chi can help improve balance, posture, and coordination. It may also promote a feeling of relaxation, though it is not always relaxing—some forms of yoga involve vigorous movement. Yoga is a mind-body exercise that combines breath control, meditation, and movements that can stretch and strengthen muscles. It places great emphasis on mental fitness as well as physical fitness.

Yoga can help patients who experience a myriad of chronic pain conditions. A study published in the *Annals of Internal Medicine* found that among 313 people with chronic low back pain, a weekly yoga class increased mobility more than standard medical care. A meta-analysis of 17 studies that included more than 1,600 participants concluded that yoga can improve daily function. Practicing yoga also improved mood and psychological wellbeing.

Yoga sessions typically last 45 to 90 minutes, though at-home programs exist that take as little as 10 to 20 minutes. A session generally begins with breathing exercises to relax the body and calm the mind. The session then proceeds through a series of asanas, seated, standing, and prone yoga postures. Some asanas are held for a few seconds to a few minutes, and the session typically ends with breathing and meditation. Holding the body correctly in the posture and breathing in to the stretch is key. However, the individual should not push the body too far and should stop if they feel any pain (note that pain and discomfort are not one and the same; some yoga movements and postures are not comfortable, but they should not be painful).

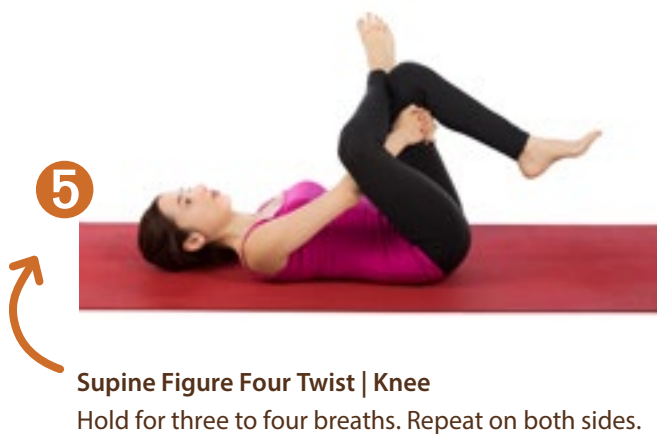
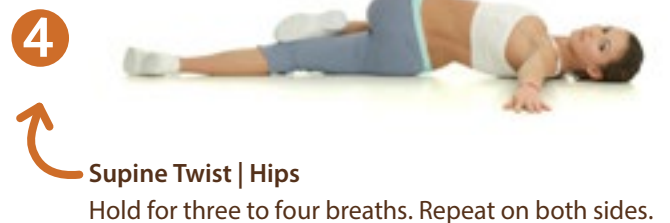
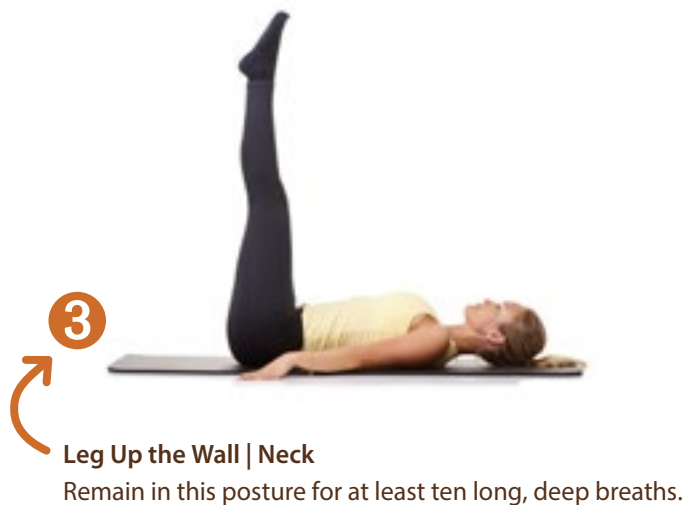
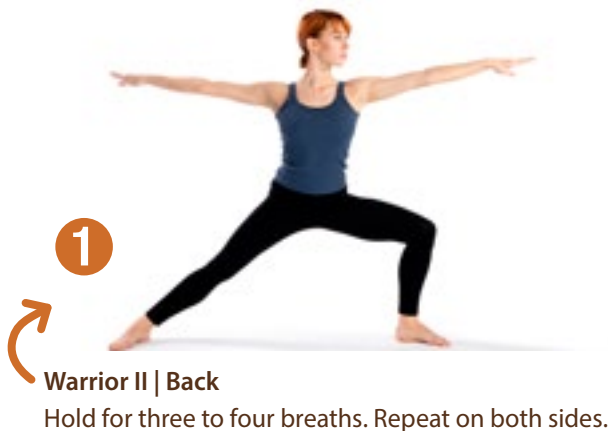
Asanas can be easily modified to accommodate the patient's strength and pain conditions. Some may prefer to do yoga on a chair, for example, rather than the floor as is traditional. Yoga instructors are also trained to warn against certain conditions that may aggravate pain and instruct in appropriate modifications.

Encourage patients to start slowly to ease their joints in to exercise, especially if they haven't been active for a while. Overworking muscles can worsen joint pain and lead to injury. Keep the impact low to start and suggest stationary or recumbent bicycles, elliptical trainers, and water exercises to keep joint stress low. Begin with five to 10 minutes of warm-up exercises before moving on to strength or aerobic training. Towards the beginning, exercise with slow and easy movements. If the patient feels pain, tell them to take a break. Slow down if swelling or redness occurs. It may be appropriate to apply ice to joints for up to 20 minutes after activity if there is swelling.

Practitioners can educate patients to be ready for the post-exercise muscle soreness they may experience after activity, especially if they've been inactive. Most people have felt the delayed onset muscle soreness (DOMS) that occurs for one to two days after exercise. This can be differentiated from the type of pain that the patient may already be experiencing, and from the type of pain that is associated with new injury.



## Five Yoga Poses for Pain



*These poses may not be suitable for everyone. Consult with a yoga practitioner for personalized recommendations.*

# RELAXATION AND STRESS MANAGEMENT

Stress has a profound impact on the body. Pain and stress result in a similar response, causing heart rate and blood pressure to rise, breathing to become fast and shallow, and muscles to tighten. Stress can take a big toll on the body, and studies have shown that with patients with chronic pain, simply thinking or talking about a stressful event dramatically increases muscle tension.

Relaxation exercises can help patients calm their mind, reduce stress hormones, relax muscles, and elevate their sense of wellbeing. Using these techniques regularly can lead to long-term changes to counteract the harmful effects of stress and help the patient better cope with their chronic pain.

Some examples of relaxation and stress management techniques include:

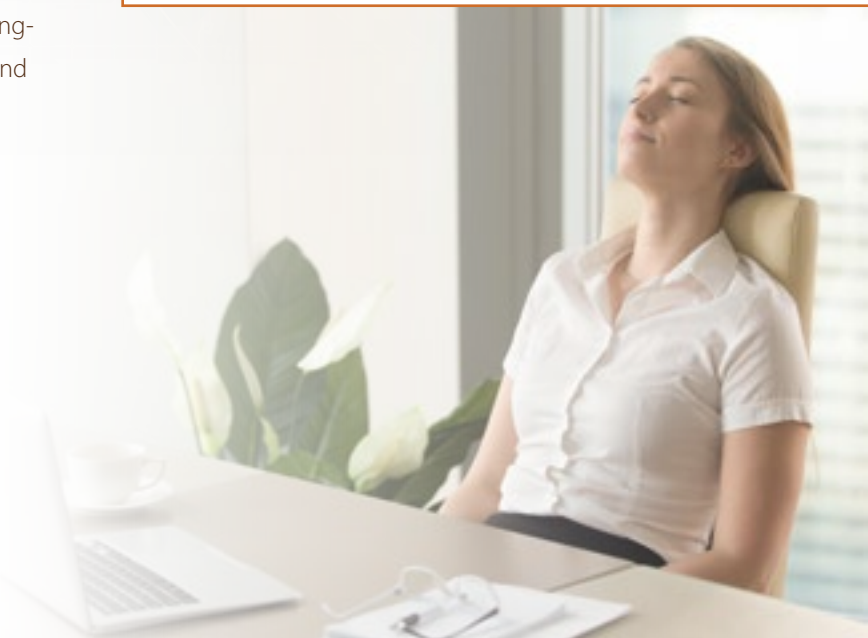
- **Deep breathing**
- **Guided imagery**
- **Self-talk**
- **Hypnosis**
- **Mindfulness meditation**

## Deep Breathing

Many of us don't breathe deeply enough and use only a small portion of the lungs. When we inhale, our diaphragm muscle moves downward, allowing the lungs to inflate. With exhalation, the abdominal muscles help the diaphragm move upward, emptying the lungs. Simply breathing deeply and slowly helps calm the nervous system.

There are many deep breathing exercises to choose from. Some focus on the sensation of breathing deeply and slowly; others on breathing into areas of the body; and still others on breath count.

**"Stress has a profound impact on the body. Pain and stress result in a similar response, causing heart rate and blood pressure to rise, breathing to become fast and shallow, and muscles to tighten."**



Belly breathing (also called diaphragmatic or abdominal breathing) is a natural breath that babies do. Later in life, many of us breathe only into our chests, so if you ask someone to take a deep breath, you'll often see their chest puff out. Instead, have the patient breathe deeply so their abdomen expands and contracts with each breath.

An easy example of a count-focused breath is to instruct the patient to inhale to a count of four, hold for a count of four, exhale to a count of four, hold for a count of four, and repeat for ten cycles.

## Guided Imagery

Guided imagery is a form of focused relaxation where the patient uses their imagination to create calm, peaceful images in their mind, providing a sort of mental escape. Though it may also be called visualization or mental imagery, guided imagery uses all the senses, not just the visual sense, so cues for sound, smell, and feel can also be used. Practitioners are trained to help the patient breathe deeply and imagine the pain leaving their body. This technique helps to not only relieve pain, but stress, anxiety, and depression.

This mind-body technique helps the patient harness the power of their thoughts to induce better health. It helps to lower cortisol and resulting inflammation levels and can help the patient both relax and better cope with pain.

## Self-Talk

It's important to work with patients to help them change how they think about both themselves and their pain. This requires facilitating a shift from negative self-talk about chronic pain ("this pain is terrible, I can't take it anymore) to positive self-talk about chronic pain ("I've had flare-ups before and it settled down again, there is nothing to worry about).

The practitioner may talk the patient through written or verbal exercises that help them understand their attitude towards their pain, as well as their current mindset. From there, they can teach them positive self-talk to help manage pain before, during, and after it occurs.

## Hypnosis

Hypnotherapists can induce hypnosis and implant suggestions. The patient can record the session to repeat at home before they experience pain symptoms. Patients may also learn self-hypnosis, whereby patients calm their minds and bodies and use affirmations, breath work, and relaxation to enter hypnosis.

## Mindfulness Meditation

Have the patient sit or lie down quietly and notice their breathing without controlling it. Have them acknowledge pain or thoughts that might interfere, but don't try to push them away. Think of the thoughts as passing clouds and return thought to the breath. Continue for 20 minutes.

Another form of this is Mindfulness-Based Stress Reduction, an eight-week outpatient program designed to help participants cultivate mindfulness through direct practice in meditation, mindful movement, instruction, and conversation. MBSR has been studied as an effective solution for chronic pain and can help individuals develop better pain management skills.



# SLEEP

People with chronic pain often find it difficult to sleep, or sleep is broken and unrestful. Even if the patient gets a good amount of sleep, if the quality of sleep is poor, they may still feel very tired day-to-day. Sleep and pain management, therefore, go hand-in-hand.

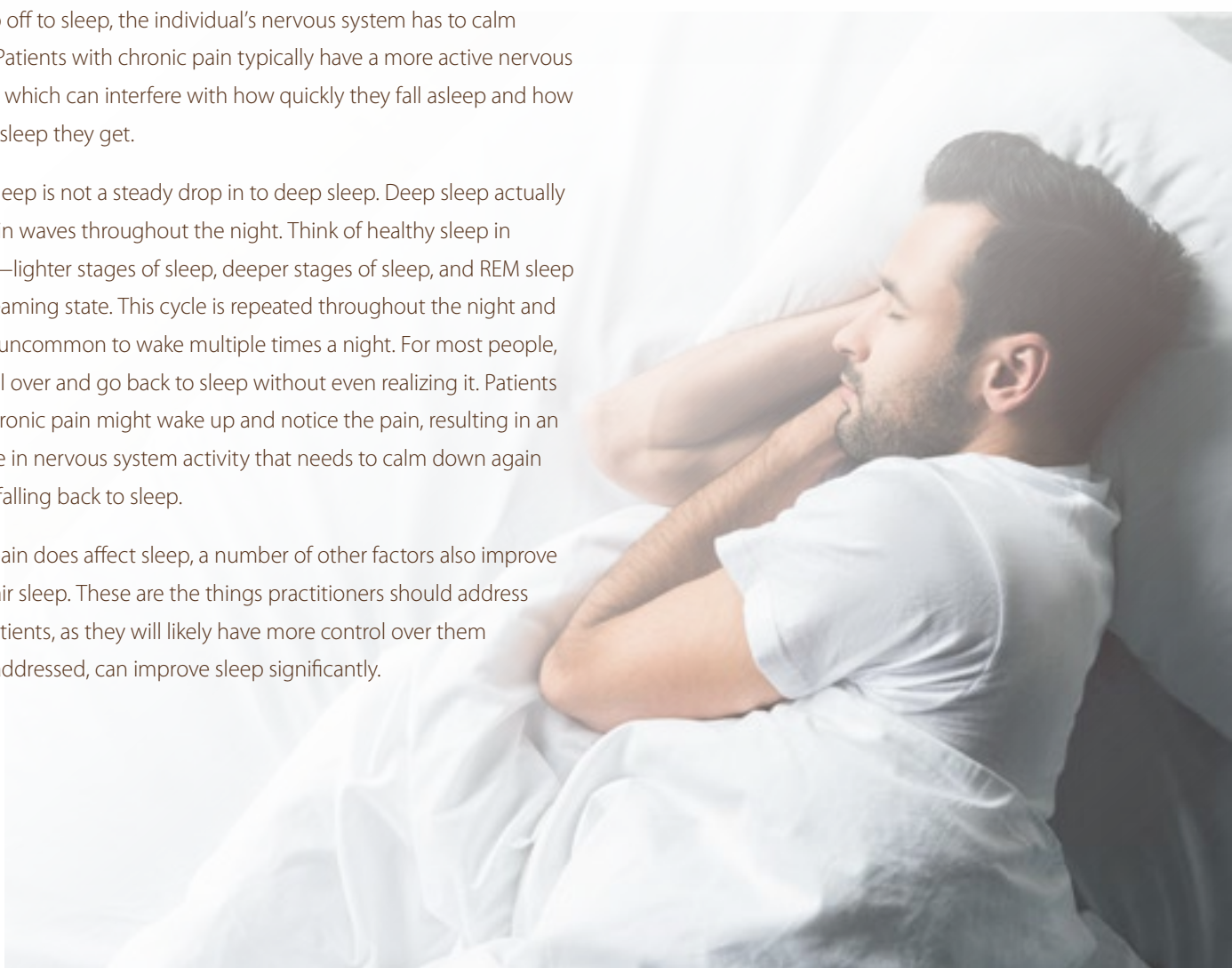
Poor sleep quality can also make individuals more sensitive to pain, a cycle that makes pain and sleep extremely challenging. It is important for practitioners to address sleep concerns and give patients the best chance of having a good night's sleep.

To drop off to sleep, the individual's nervous system has to calm down. Patients with chronic pain typically have a more active nervous system, which can interfere with how quickly they fall asleep and how deep a sleep they get.

Good sleep is not a steady drop in to deep sleep. Deep sleep actually comes in waves throughout the night. Think of healthy sleep in stages—lighter stages of sleep, deeper stages of sleep, and REM sleep or a dreaming state. This cycle is repeated throughout the night and it's not uncommon to wake multiple times a night. For most people, they roll over and go back to sleep without even realizing it. Patients with chronic pain might wake up and notice the pain, resulting in an increase in nervous system activity that needs to calm down again before falling back to sleep.

While pain does affect sleep, a number of other factors also improve or impair sleep. These are the things practitioners should address with patients, as they will likely have more control over them and, if addressed, can improve sleep significantly.

**"Good sleep is not a steady drop in to deep sleep. Deep sleep actually comes in waves throughout the night."**



## Establish A Routine

Help the patient establish both a regular wake up time and a bed time. Get up and go to bed at around the same time every night. Before bed, spend at least half an hour doing the same things in the same order—write in a journal, take a shower, brush teeth, get in to pajamas, read a book. This helps the body and the mind learn to expect sleep and prepare for it.

## Sleep Hygiene

Patients should avoid heavy, sugary foods in the evening and avoid caffeine or chocolate at least four hours before bed. For those who have problems falling asleep, it may be better to avoid exercise within a few hours before bedtime as it increases heart rate and adrenaline and cortisol levels. However, generally, those who do exercise sometime during the day sleep better than those who don't exercise at all, so it may be better late than never.

Our environment also plays a significant role in our body's ability to wind down. Patients should reduce light in the bedroom and increase sunlight exposure during the day, especially before noon. Ensure the bedroom is quiet and a cooler temperature. A warm shower in the evening is helpful as it will increase the body temperature initially then cool it off.

Because LCD backlit screens emit a blue-light wavelength that suppresses melatonin production, tell patients to shut off televisions, computers, smart phones, tablets, and other LCD screen devices at least an hour before bedtime. (Note that e-readers that do not have an LCD display do not have this impact.) If that seems unreasonable, patients can also use blue-light blocking glasses or screen filters on their devices. Many devices have an option to automatically turn on the filter feature at sunset and shut it off at sunrise. It's not just the screen itself that can be a problem, as texting and browsing can also be stimulating to the brain, so it's better to leave all devices outside

of the bedroom. If patients use their cell phone as an alarm, they can always set a "do not disturb" timer on their phone, so it will not ring, beep, or vibrate until the alarm goes off.

Avoid using the bed for watching television, doing work, browsing online, or other activities. This includes tossing and turning. If the patient wakes up in the night and cannot fall back asleep for 20 minutes, have them get out of bed and do a quiet non-stimulating activity, like journaling or reading, until they feel sleepy again.

## Relaxation

For the body to sleep, the nervous system must calm down. Relaxation techniques are particularly helpful when the patient is worried about not being able to sleep or worried about their pain. Encourage a regular practice of mindfulness and other relaxing activities.





## Meet Scott

**Scott is a 44-year old male with lower back pain, muscular spasms, and sciatic nerve symptoms. He is a businessman who spends a lot of time in front of the computer and traveling.**

**Scott is athletic and works out regularly in the gym and doing martial arts. Though he has had back pain on and off for more than a decade, about two years ago he “put his back out” when he was bending to pick up his phone from the floor at the same time as he happened to cough. An MRI indicated mild degenerative disc disease at L3/4 (disc between third and fourth lumbar vertebrae).**

**Since then, he has seen several health practitioners, including a physiotherapist, osteopath, chiropractor, massage therapist, kinesiologist, and naturopath. He does get pain relief with treatments, but the pain and numbness into his leg recurs occasionally.**

### Consultation

Scott entered the treatment room in obvious discomfort, though he stated that after recent treatment from the clinic’s physiotherapist, he had some improvement from a very “rough, painful week.” His pain can be relieved by over-the-counter anti-inflammatories or muscle relaxants, which he will take before long flights, before working out, and sometimes before bed. Though he is wary about taking these painkillers, he takes them when he felt it’s necessary.

Because he has two young children, works long hours, and frequently travels across time zones, he has irregular sleep patterns and insufficient sleep hours. He occasionally feels tired, but is able to push past the fatigue, though the pain affects his energy levels.

Upon palpation, it was obvious that many of his back and gluteal muscles were tight. The physiotherapist, osteopath, and kinesiologist had noted that when his back was not in spasm, he has excessive mobility. In other words, though he could get temporary relief from his spasms and pain with massage and chiropractic adjustments, the muscle tightness and pain would quickly return because his body was trying to protect him. As such, they had given him stabilization exercises.

Because his job requires a lot of sitting and long-distance travel, he was asked to use a sit/stand desk and get up and move around on long flights. His naturopath has prescribed supplements to help manage his stress and inflammation, while also making nutritional suggestions.

When he started his TCM/acupuncture treatments, a lot of the basics had already been covered. He had even had some acupuncture from his naturopath, though she had not completed a TCM diagnosis, instead focusing on needling just the tight muscles. It was explained to him that a full TCM assessment would help with the selection of acupuncture points that would help support his whole body.

Lower back pain, joint weakness, adrenal insufficiency, fatigue, and dark circles under his eyes indicated a TCM kidney deficiency. Ligament weakness, a tendency toward feeling irritability, pain in the glutes and lateral side of the lower leg, irregular schedule, and elevated liver enzymes indicated a TCM Liver Qi stagnation.

### Treatment

The treatment plan involved using acupuncture to support his adrenal glands and liver, calm his nervous system, and improve blood circulation to the painful tissue so he could do his prescribed exercises with less pain.

He was also instructed to include some stress management techniques, including deep breathing exercises, and to take a break from the martial arts practice while he was to work on building the muscles that would support joint stability. The importance of sufficient sleep was also discussed, though he didn’t feel he could change that because of his tight schedule.

The first acupuncture treatment involved local points at the low back, gluteal muscles, and down the affected leg, as well as distal points at the mid back and lower legs. The day after that treatment, he reported feeling a bit sore, but better able to do his prescribed exercises. The next week, his pain was much improved, and he was able to walk more normally, though he felt a bit unstable in the low back.

After four more weekly acupuncture sessions and continuation of his exercises, Scott no longer had numbness in his leg or pain in his back. He occasionally feels stiffness building in his back, so he has been instructed to continue with his exercises, get periodic reassessment for acupuncture and new exercises.

### Take-Away

While many pain patients do have tight muscles that feel better when released through acupuncture, massage, chiropractic manipulations, or other manual therapy, they will have to continue with frequent treatments if they do not address the underlying causes. In his case, too frequent releasing of tight muscles was making him less stable and causing him to have more muscle spasms.

Often, patients must be encouraged to do homework—exercises, stress management, eating healthy, and lifestyle changes—and if they don’t do them, treatment can take longer to achieve results. However, with a concerted team approach, this patient’s symptoms are improving. While pain may have been his main motivator for treatment, the changes he makes will ultimately support his overall health.





## Meet Laura

**Laura is a 53-year old woman who listed a number of health issues on her intake form's line for "chief complaint"—fibromyalgia, neck and low back pain, Hashimoto's thyroiditis, bad seasonal allergies, asthma, and digestive sensitivities. She enjoys her job as a therapist, but can find the work stressful, as she deals with high risk individuals.**

**When Laura went through menopause eight years prior, she developed Hashimoto's thyroiditis, and has since been taking Levothyroxine, a thyroid medication for underactive thyroid function. She does not tolerate heat well and she has had night sweats for more than ten years. She has been struggling with fibromyalgia with pain in her neck and back for about fifteen years, though she's unclear if it was perhaps present long before it was diagnosed.**

The neck pain may also come from a slight scoliosis in her neck. In addition, she has always felt that her ankles are weak, and six years ago she tripped and broke her ankle. It was a significant fracture that needed surgical repair with screws and plates that are still in place and cause her limited mobility of that ankle. Since that time, she finds that many of her pain problems focus on that same side of her body. The pain feels like a sharp stabbing and is worse at night and better with movement during the daytime.

She has had allergies since childhood, when she had her tonsils and adenoids removed. Spring and summer bring significant seasonal allergies that aggravate her asthma and cause her to stay indoors more. Because outdoor walks are her main activity, during those months she suffers more stiffness and pain, as well as some aggravation of her stress, because the exercise helps her manage her stress.

She has been treated by a functional medicine physician who is monitoring her thyroid function and altering her thyroid medication as needed, though she hasn't seen him for a while. She has also been prescribed bioidentical hormones, B vitamins, vitamin D, a calcium/magnesium combination, multivitamin, digestive enzymes, and a turmeric and bromelain combination to use as needed.

A previous naturopath had done food allergy testing on her years prior and had noted a long list of food sensitivities. She continues to avoid gluten and dairy, and when she does eat those, she experiences flares in her pain, as well as bloating and abdominal discomfort.

Her dietary choices can vary, depending on the level of her stress and pain. When those are not well managed, she tends to reach for salty foods like potato chips. She does generally try to eat healthy however. She starts the day with half a banana before her morning walk. Then she has a smoothie that includes berries and almond milk. Lunch may include fruit and gluten-free crackers. She doesn't eat much red meat, generally choosing instead chicken or tofu with rice pasta or noodles, and potatoes, peas, or stir-fried mixed vegetables.

She often wakes feeling overheated and agitated, as if her adrenals are fired up, and she sometimes needs to change her night clothes because she has sweated so much, though that has improved with the bioidentical hormones.

Despite all her health challenges, she usually feels she's a positive person, able to look at the brighter side of life. However, she also feels sensitive to her surroundings, easily influenced by the behavior and attitude of those around her. She also has strong responses to new treatments and remedies, often finding they aggravate her body for a while until she gets used to them. Additionally, she noted that she was born prematurely, that it was a difficult birthing, and that she has ongoing interpersonal challenges with her mother.

### Consultation

From a TCM perspective, the lungs and the large intestines are connected, both as organs of elimination ("letting go") and defense. Digestive sensitivities, allergies, and asthma are commonly seen together in patients, and now we understand that an imbalanced microbiome may be implicated. Patients with a TCM Lung weakness are also often sensitive to others' moods and energies, as well as to treatments. TCM terms the Lungs a "delicate organ," easily affected by the external and by changes. Furthermore, Hashimoto's thyroiditis is an autoimmune disease, as are allergies, and the TCM Lungs are associated with the immune system.

Other parts of her TCM pattern included some kidney Yin deficiency signs with the menopausal night sweats, premature birth, ankle weakness, scoliosis, and low back pain, blood stagnation with the pain that is stabbing and worse at night, as well as the fact that she has had a few surgeries.

Laura's pain issues were deeply rooted in immune and nervous system imbalances, in addition to an injury and structural imbalances, so the first plan of action was to strengthen her resiliency by calming her nervous system and supporting healthy immune function.

### Treatment

It was recommended that Laura update her thyroid testing with her physician, as perhaps her feeling overheated and sometimes waking with anxiety might be a sign of her medication needing to be lowered.

Because Laura is sensitive to changes in her treatments—especially with the addition of new remedies or treatments—only one or two small changes were made at a time. The first session she was prescribed probiotics and she received a mild form of acupuncture using tiny needles, called press needles, that are left in place with stickers. At less than 1 mm long, they do not even cross the skin barrier, but gently stimulate the point as they are left on for a few days.

When she returned for the second visit, Laura was pleased to announce that her neck pain was significantly reduced. At that time, the diet could be revisited, with recommendations to increase her protein intake and include probiotic-rich fermented foods. The potential for a redo of food allergy testing, microbiome testing, or other tests was discussed, but for budget reasons, she chose to wait.

After a few gentle press needle sessions, regular acupuncture was done for another six sessions, and Laura's pain continues to reduce. Her physician has lowered her thyroid medication and her heat and anxiety symptoms have lessened, and she is seeking counseling for managing her family relationships.

### Take Away

Many patients are sensitive but come in with numerous symptoms and complex health issues, so finding a gentle way to initiate changes is key.

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# ABOUT



## Melissa Carr, B.Sc., Dr.TCM

Melissa Carr is a registered Dr. of Traditional Chinese Medicine (TCM), lecturer, and health writer. She has a degree in kinesiology and worked in medical research in Japan prior to her Traditional Chinese Medicine studies in both Canada and China. As a result, she loves to blend Eastern and Western natural health knowledge and therapies.

In practice since 2001, Dr. Carr enjoys working at integrative medicine clinics because she believes that coordinating health professionals can provide the best patient experience and outcomes. Having worked with some of the top names in sports and entertainment, Dr. Carr was chosen as one of the few acupuncturists for Vancouver's 2010 Olympics and Paralympics, and also volunteered at the World Police and Fire Games.

As a passionate educator, Dr. Carr has been a teaching assistant for anatomy and an instructor for nutrition at the West Coast College of Massage Therapy. She now continues educating the public about natural health matters via lectures, including to Blue Cross, David Suzuki Foundation, Fraser Health Authority, and the University of British Columbia.

She is an advisory board member of Alive magazine, writes for several publications, and was a columnist for a Vancouver newspaper. She is now in the process of writing a book on nutrition from a TCM perspective.



## Lisa Schneider, RMT

Lisa Schneider is a Registered Massage Therapist, professional writer, and integrative medicine advisor in Vancouver, BC. Working collaboratively in the field to further integrative medicine since 2007, she is a strong advocate for all things integrative and firmly believes that an Integrative approach to treatment is the future of healthcare. She affirms that we all need to work together (practitioners as well as clients) to create solutions and is a fierce proponent of client-centered care.

Lisa's practice is influenced by further studies in CranioSacral Therapy with the Upledger Institute, Visceral Manipulation with the Barral Institute, as well as other osteopathic techniques. She also has special interest and additional studies in the energetics of the body (i.e. chakras, acupuncture meridians etc.), ontology and spirituality, and how they relate to health, holistic wellness and disease. In addition to formal study, she expands her knowledge through communication, and pioneering combined treatments with colleagues of other disciplines, and truly values a collaborative approach to treatment.

Lisa's commitment to continuing education, acceptance of challenging referrals, and general curiosity has helped her develop insight into the complexities of chronic pain, trauma, and dysfunction on the human body. Whether the problem is acute or chronic pain, digestive issues, fertility challenges, PTSD and mood disorders, or more complex than one condition, she truly wants to get to the root of the problem, and not just treat the symptoms.