

Complementary and Alternative Therapies Come of Age



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Chronic pain, whether it is from metastatic cancer, diabetic neuropathy, spinal stenosis, or any other chronic disease, is a multifaceted phenomenon. Not only is pain caused by neuro-anatomical insult, studies document that there are significant psychosocial and spiritual dimensions to the experience of pain. In clinical studies, it has been observed that depressed or anxious patients experience more severe pain. And certain pain disorders are primarily psychogenic. Low-income urban residents may under-report pain for many reasons, including the fear of burdening others, a cultural expectation of stoicism, the fear of narcotic addiction, or a distrust of healthcare professionals presumed to have much greater socioeconomic advantages.

Diseases that affect the quality or quantity of life may also have a strong impact on spirituality. The suffering engendered by facing death every day may well produce intense spiritual pain that may be interpreted as physical pain. The way the meaning of pain is interpreted also can depend on a patient's religious beliefs. For example, some may believe suffering is required in this life to get to a better place after death. Because chronic pain involves all of these aspects of human experience, treating a person in pain with purely analgesic medication may not work. A multifaceted approach that includes psychosocial and spiritual support will relieve pain more effectively.

In 1990 when the World Health Organization (WHO) tried to simplify the management of chronic pain with the WHO step ladder to pain control, the first and largest step was adjuvant treatment. This entails using adjuvants to target the patient's specific type of pain before choosing to prescribe opioids. This step includes medications such as anti-epileptics for neuropathic pain, NSAIDs for somatic pain, anti-cholinergics for visceral colicky pain. Largely because of the multifaceted nature of chronic pain, many complementary and alternative

medicine (CAM) therapies also have a strong role to play in helping to control chronic pain.

Many CAM therapies have been used successfully for centuries. Today, studies show that 30 to 50 percent of the population uses at least one form of CAM therapy. However, these treatments remain largely outside the realm of mainstream professional medicine, mainly because it is difficult to do randomized controlled trials to prove their efficacy. But a few have been studied and are now more widely accepted. Examples include capsaicin cream (chile pepper extract) for neuropathic pain and glucosamine for osteoarthritis. Some other categories of CAM that are used effectively include physical modalities, local topical measures, mind-focusing techniques and energy work therapies.

Physical Modalities

Most healthcare professionals are familiar with the use of physical therapy and exercise to treat a range of chronic somatic and neuropathic conditions. But recent studies show that therapies such as yoga, massage therapy, chiropractic and osteopathic manipulations work just as well for conditions like low back pain. Yoga has been used for thousands of years and focuses not only on stretching the spine, but also on relaxation and breathing techniques that are valuable in treating pain. Hospice practice shows that a massage can work wonders for pain and even decrease narcotic use for cancer pain. Although chiropractic and osteopathic manipulations must be avoided with nerve impingement or cervical osteoarthritis, manipulations done by well-trained, experienced practitioners can reduce somatic back pain in many cases.

Another physical modality that's been available for thousands of years is acupuncture. When it was first described, it was thought to improve the flow of energy in the body along three main lines, the meridians. But modern science has shown that it modulates the gated pain reflex by

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affecting pain neurotransmitters like endogenous endorphins, cortisol, substance p and others. Acupuncture has been used in animals to induce anesthesia for surgical procedures and also in children to help them tolerate painful procedures. Similar effects are seen with electrical stimulation with TENS units, percutaneous PENS units, and now direct spinal cord electrical stimulators.

Topical Medications

Localized topical measures for pain control are commonplace. Ice for initial trauma can reduce the inflammatory response. Warmth/heat/hot wax/whirlpool are also used, especially if there is a lot of muscle tightness. How many times do physicians suspect painful conditions when patients come in smelling of “Ben Gay”? This and similar agents like “Icy Hot” use combinations of menthol, salicylates, and alcohol to induce local warmth, increase vascularity, and modulate

the local inflammatory response. As mentioned above, one of the recent additions from herbal tribal medicine is capsaicin — the ingredient isolated from hot chile peppers. This has been shown to inhibit substance p at pain nerve endings, which decreases local somatic or neuropathic pains. As long as patients can tolerate a few days of burning, it may be a useful adjuvant.

Mind-Focusing Techniques

A group of CAM therapies that might be categorized as “mind-focusing techniques” can help alleviate 10 to 20 percent of chronic pain. In recent decades, oncology wards have stocked their waiting rooms and libraries with videos of comedies, in keeping with the old adage, “It’s hard to laugh and be in pain at the same time.” Additionally, some hospital units and nursing homes hire harpists and other musicians to ease patients’ minds. These modalities distract the mind and provide patients with a focus other than pain. Art and music therapy, meditation, guided imagery, yoga and pet therapy are all useful adjuvants to ease emotional and spiritual tensions and improve pain control. Sometimes biofeedback monitors are used in conjunction with these techniques to help individuals use them more efficiently to relax muscles and to lower both heart and respiratory rates.

The ultimate form of mind-focusing therapy is hypnosis. For the last 40 years, this has been recognized as a medical treatment, and it is used by psychologists to induce a very focused, suggestible state. In many studies it has shown to help control pain, and it is being used on many pediatric wards to help children through painful procedures like blood draws or even bone marrow aspirates.

Energy Work

There are many different forms of energy work therapies. Reflexology, rooted in ancient China, uses different pressure points to change energy flow in the body. Reiki, founded in ancient Tibet, uses pressure no less than that of a penny on the skin to affect the energy fields. More modern methods include healing touch or therapeutic touch, which has become a popular practice among registered nurses in the U.S. Energy work therapies are based on our knowledge that the human body emits thermal, electrical and magnetic energy. The foundational belief of these methods is that, with training, therapists can detect “defects” in energy fields. They can then

use their own energy fields to interact with and diminish defects, thereby alleviating emotional and physical pain. Controlled trials of this work are fraught with challenges, so proving this scientifically has been difficult. But, intuitively and experientially, we all know the power of human touch. Studies show human contact can lower heart rate, reduce stress and tension, and improve well-being. In our hospice practice, healing touch improved one patient’s pain so much that she was able to get off of high-dose Fentanyl patches. At the very least, this approach can comfort patients through very difficult emotional and spiritual challenges.

CAM Proves Effective

Horizon Hospice has created a multidisciplinary CAM approach to help us keep our patients comfortable. Results over the last year have been extremely positive. Massage and a chiropractic method called neuro-emotional technique have improved pain ratings on a 0 to 10 scale more than 50%, though benefits may only last a day or so. Many patients have reduced their narcotic use with these treatments, and many more experienced a dramatic decrease in anxiety. None of the patients reported any CAM treatment making a symptom worse.

Although a large percentage of people in the U.S. use CAM therapies, patients report usage to their physicians less than 20% of the time. Yet, besides the cost, there is very little risk in trying these alternative therapies — and research suggests that when a patient believes a particular method will work, it usually does. Physicians who are well-informed about the more commonly used CAM treatments can invite open communication with their patients about the potential benefits and risks. Familiarizing ourselves with these treatments and learning to use them as adjuvant tools along with other treatments greatly improves compliance with treatment regimens and control of pain. Most importantly, those of us working as chronic pain specialists get daily affirmations that we need to treat the whole individual — body, mind and spirit. Alternative therapies help us do just that. ■

This edition of “On The Horizon” is made possible by a generous grant from The Otho S.A. Sprague Memorial Institute.

Timely Hospice Referrals

Referring patients to hospice as soon as they become hospice-appropriate ensures the most beneficial, comprehensive end-of-life care for the patient and family.

Benefits include:

- A potentially longer period of being both alert and comfortable with excellent pain and symptom control.
- Assistance with crucial decisions and advance directives.
- Emotional and practical support from specially trained professionals and volunteers.
- Time to address unresolved family problems or spiritual concerns.

Did you know?

A center at the National Institutes of Health is specifically dedicated to research on Complementary and Alternative Medicine.

To find out more about the latest CAM discoveries, check out this website:

www.nccam.nih.gov

Horizon Hospice Hosts 2004 AMSA End-of-Life Education Fellowship Program

This summer, the American Medical Student Association’s six-week, Chicago-based End-of-Life Education Fellowship Program will feature weekly seminars at Horizon Hospice and field placements at local hospices, nursing homes and in-patient units. Dr. Michael Marschke will serve as Program Director and lead instructor. About 15 medical students from all over the country will participate. For more information, see www.amsa.org.

Horizon Hospice's Palliative Care Program

- **What is the goal of Palliative Care?**

To achieve the best possible quality of life for seriously ill patients by relieving their pain and providing supportive comfort care when a cure is unlikely.

- **When is Palliative Care helpful?**

When patients have advanced incurable illnesses, such as metastatic cancer, heart disease, advanced emphysema or dementia, or liver or kidney failure. Palliative care patients can continue to receive chemotherapy, radiation therapy or other aggressive, curative treatments for their disease. They may have longer than six months to live.

- **Who provides Palliative Care?**

The core Palliative Care Team consists of physicians and advanced practice nurses who specialize in palliative care, as well as licensed clinical social workers. Care is delivered in the patient's home or residential facility and visits are billed to insurance on a fee-per-visit basis.

Call the Admissions Coordinator at [312.733.8900](tel:312.733.8900) for more information.

On the horizon

Summer 2004

A Physicians Newsletter on End-of-Life Care

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