Chronic Pain: Relieving Suffering Through Alternative Medical Therapy

By Anna Martin
Introduction

-Chronic Pain affects > 100 million adults and annually costs $560-$635 billion

-Doesn't fit the traditional biomedical model: prescription medicine, nerve blocks, and surgeries often do not eliminate chronic pain

-Over 50% of chronic pain patients report using some form of alternative medical treatment

-My research review examines why an integral medicine approach is effective for relieving suffering with emphasis on meditation
Medical research recognizes that chronic pain is influenced by psychosocial factors such as emotional state, stress, coping skills, and support system.

Anecdotal patient experiences illustrate that the relationship between pain and suffering is not linear. The degree of suffering is affected by interpretation and understanding. Example: Childbirth may be "uplifting".

Some obstacles to treating pain include: increase # of "difficult" patients (increase incidence of psychiatric disorders), unrealistic patient expectations, opioid drug abuse, strict adherence to biomedical model.
Integral medicine acknowledges complex interaction between social, psychological, and biological factors.

- Dr. John Bonica, an anesthesiologist, recognized the need for a multidisciplinary approach to pain when treating WWII amputees. He established first multidisciplinary pain center in 1960 and founded the International Association and Study of Pain.

- Congress created the National Center for Complementary and Alternative Medicine in 1990s to study efficacy of alternative medical treatments.
Meditation

- Jon Kabat-Zinn, a biologist, who was trained in the Vipassana tradition of Buddhism pioneered the first research studies on treating chronic pain with meditation in 1979.

- Right mindfulness (achieved through meditation) is a Buddhist principle that aims to address suffering.

- Meditation helps to prevent catastrophizing by teaching practitioners (1) to be in the present moment (2) that every mental/physical state is in flux and (3) no one has no control over these states.

- Meditation will not change the amount of pain a patient experiences but it can affect how a patient views, process, and reacts to the pain.

- 2003 study showed meditation changed frontal brain activity of chronic pain patients; laboratory studies reveal meditators report less pain from a fixed stimulus compared with non-meditators.
Psychiatrists have developed techniques that address suffering and catastrophizing in a similar manner to meditation.

These techniques include: Progressive Relaxation, Cognitive Behavior Therapy, and biofeedback.

Serves to teach patients appropriate and effective coping skills. Patients learn how to live with chronic pain.
Works Cited


