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Chronic Pain Syndromes or CPS!

I can assume that none of us are strangers to pain, but it seems to be a growing problem in this country. In a recent article in The New York Times, by Tara Parker-Pope, stated that 116 million American suffer with chronic pain. The question is how does this pain get started? In some instances it is due to injuries to the body due to accidents or even surgery. When patients go to their doctor who will usually view pain as a symptoms of an underlying problem-treat this disease or injury and voila the pain goes away. But what if it doesn't go away then what? Do you have to live with it or can you find another solution that is not traditional therapy. The answer to this question is you find another system that works.

The problem with chronic pain is most people think in terms of painkillers such as over the counter drug aspirin, ibuprofen (Advil), acetaminophen (Tylenol). The next step is prescription drugs some are combination of aspirin or Tylenol such as Percocet and finally on to the major league drugs of Oxycodone and Vicodin and morphine. The problem with the over the counter drugs are not strong enough for severe pain. Aspirin can cause bleeding in the stomach and the intestine, whereas ibuprofen and acetaminophen can cause kidney and liver failure when used in excess for a prolonged period of time. Some other drugs that will be tried are steroids cortisone and prednisone, which in the long run will destroy your body. We are now seeing off label use of anti depressant (S.S.R.I.) drugs like Cymbalta and some anti-seizure for the treatment of severe chronic pain.

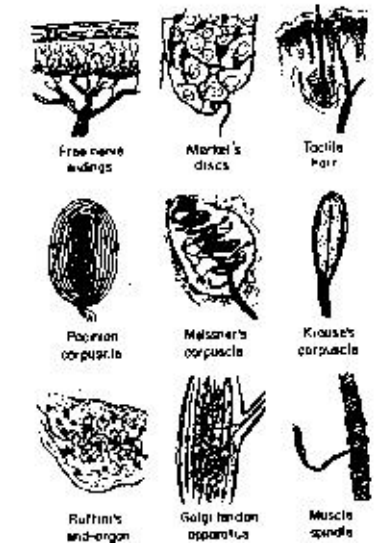
What current research has shown in animal experimentation is that by injury of the sciatic nerve showed actual anatomic and physiologic changes within the dorsal horn of the spine. In the brain changes in the sensory input to the thalamus and cerebral cortex which sustain the neural overflow. This creates the chronic pain patterns by causing increases in neural sensitivity, excitation and receptive field size. These changes cause a "physiological wind-up" showing elevated levels of glutamate in the central nervous system, and this causes emotional changes and other factors that affect human perception of pain.

Nociceptors are nerve cells known to respond to pain, which will respond to potentially damaging stimuli by sending nerve signals to the spinal cord and brain. These receptors are located in the skin, cornea and mucosa. Internal nociceptors are in a variety of organs, such as the muscle, joint, bladder, gut and continuing along the digestive tract.

About 10 percent will have a chronic pain after surgery and 1 in 4 have frequent debilitating low back pain in the US. There is a risk of suicide is high among chronic pain patients this especially true in chronic abdominal pain which is about 14 percent. So it is important to get to the source and stop the pain if possible.

A customized program of treatment will be designed for your specific pain needs, by using a system of multidiscipline of Chiropractic/AK, Massage, Meridian Therapy, and Nutrition. Medical as well as psychological services will be incorporated to correct your chronic pain disorder.

Various Types of Proprioceptors



The proprioceptors that are shown in the above illustrations are found in various locations within your body. Microscopic examination of the skin will show many of these types of specialized nerve endings. To give you an idea what these do, Ruffini end organ detect sudden movement, Golgi tendon organs found in muscle tendons and ligament around joint and detect tension applied to muscle and tendon on contraction and stretch. Pacinian corpuscles are found in tissues around joint and detect rotation, and the Spindle cells detect changes in length of muscles. The free nerve ending can detect pain but many of the other receptors if stimulated strongly will cause pain.

The importance of all this information is that pain (nociceptors) when turned on due to disease or injury frequently will not turn off. However, the other proprioceptors that are shown in the above chart will turn off after stimulation so it is safe to say the touch turns off but pain does not. Touch turns off all the time you can check this out for yourself by just trying to feel your clothing, or jewelry that you are wearing, but after a while you become unaware of these items. This fact is how the T.E.N.S or (transcutaneous electrical nerve stimulation), work to block pain. By treating yourself to chiropractic spinal and extremity manipulation when necessary you can cause your body to turn off pain in distant area by using the proprioceptors systems and nerve ending to close the spinal gate or pathway to the brain and thereby blocking pain. This will give your body time to heal itself through Chiropractic care and Applied Kinesiology Techniques. Other service available at our office is massage, which can activate these proprioceptors nerves and improve blood and lymph flow which in turn will help chronic pain. Zoë Putnam and Fred Dones both provide a variety of different types of message services. All chronic pain will have an emotional and psychological component that we can use (TFT, NET, EFT), as well as referral to a psychologist or psychiatrist if needed.

I have had many patients over the years that have been disabled due to chronic pain. Some of them have been through injury, accidents and others by disease condition. The type of chronic pain disorders that I have successfully treated range from Fibromyalgia, Complex Regional Pain Syndrome CRPS type # 1, formerly known as Reflex Sympathetic Dystrophy (RSD), Trigeminal Neuritis or Tic douloureux, Temporomandibular Joint Dysfunction (TMJD), and all forms of headaches (migraines, cluster) as long as they are not due to tumor or pathologies.