



Fighting a Forest Fire – Your Pain

Research has shown that the impact of chronic pain on your quality of life is more severe than heart failure, renal failure, or major depression and **comparable to suffering from terminal cancer** (2,3). Failing to adequately treat and solve chronic pain has major consequences, which include: (1,5,6)

- Cardiovascular
 - High blood pressure
 - Heart attack
- Physiologic
 - Loss of appetite
 - Failure to thrive
 - Immune system dysfunction
 - Endocrine system failure
- Suppression of physical activity
 - Chronic sleep disturbance
 - Dementia
 - Joint and muscle deterioration
 - Premature death

Chronic pain cuts through your entire life and takes a toll on your family. It's a complex situation and there's never a single solution. Many factors have to be addressed to contain its impact and solve it. It can be compared to fighting a forest fire. Every possible resource is necessary to extinguish one and they all count.

Someone has to be in charge

If a wildfire becomes too large a general call for help is sent out. The first fire chief to arrive on the scene is the one in charge and sets up the base of operations. He or she has to coordinate the operation. The person that must take charge of your chronic pain is you. You are unique and even if your doctor could spend hours with you assessing your situation, he or she could not really know your life in enough detail to solve your problems. You are the only one who is experiencing your life through your eyes.

The essence of fighting a forest fire is assessing the situation, containing it and taking away its fuel. Extinguishing the blaze requires multiple strategies depending on the height of the flames, local terrain, weather and many other factors determine the choice of resources and strategy. For example, fire travels more quickly up a steep hillside, especially when it is dry and fanned by a strong wind. Compare that to a brush fire on flat land without wind and it's raining.



Fueling the flames

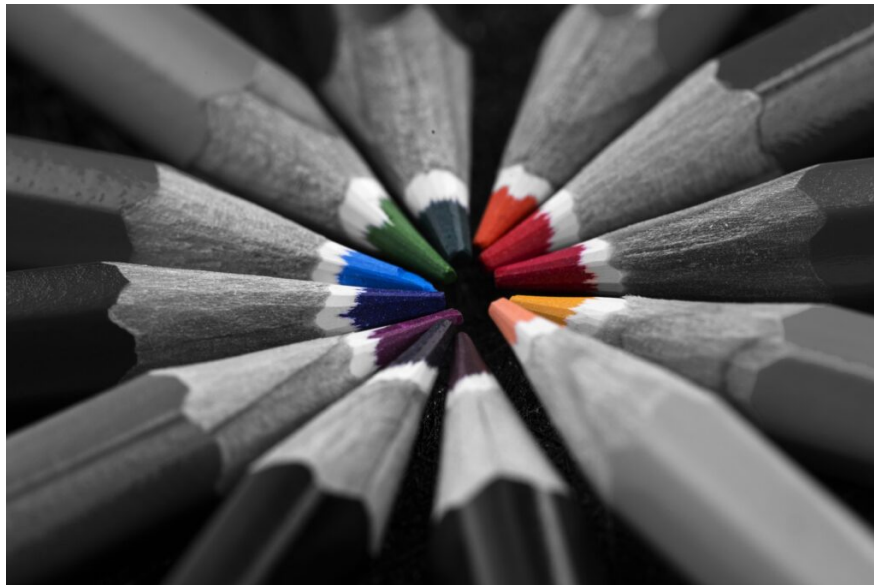
Lack of sleep, anxiety, anger, inflammation, stiff tissues, lack of conditioning, high narcotic doses, and staying focused on every detail of your pain, amongst other factors, add fuel to the fire. It's illogical to think that there would be one answer that could resolve your pain. That includes surgery.

In fact, there is ample data that shows that performing simple surgery in the presence of untreated chronic pain, such as a hernia repair, can induce chronic pain at the new surgical site lasting up to a year 30-40% of the time. There is a 5-10% chance of it becoming permanent. Chronic pain is seldom mentioned as a complication of surgery. Operating in the presence of a fired up nervous system is risky. It's adding even more fuel to the blaze.

Patients underestimate the terrible impact of living in chronic pain and also that surgery could even cause it. If I told you that I had a 5-10% chance of cutting the nerve to your foot so you could not lift it up, you would probably opt out of the surgery. However, a foot drop is painless and much better tolerated than ongoing burning sensations down your leg.

Put the odds in your favor

I routinely see patients who have been referred for surgery, haven't slept well for over a couple of years, are experiencing severe anxiety and are understandably angry. How do you think surgery is going to work in this scenario? It's possible to have a successful outcome but it is much lower than when these other issues are dealt with and the nervous system is calmed down. Once a patient immerses him or herself in an organized self-directed program, he or she will improve or go to pain-free the vast majority of the time. Your energy levels will rise and creativity re-enters your life. Some people have dramatic shifts within weeks and others don't hit that point for a year or two. I would estimate that most people experience significant improvements within three to six months.



Deb's journey out of pain

Deb is a social worker with a lot of energy. On a given week she has at least three or four projects going and she has over 40 employees. About six years ago she developed neck pain during a period when she was under a lot of work stress. It began as tightness in her neck. She had also been in several car accidents over the years and she had some pre-existing pain circuits. It persisted and evolved into a full-blown chronic pain problem. She's

quite focused and was so determined to find an answer that she did her Ph.D. thesis on chronic pain. She still couldn't solve it.

She attended the first Omega workshop in 2013 that I put on with Dr. Fred Luskin, author of *Forgive for Good* (4), and my wife Babs, who is skilled in rhythm and movement. It was a five-day course that incorporated all of the principles of the DOC project including play. We had 11 participants that year and most of them experienced a significant improvement in their pain during the week. She wasn't one of them.

We kept in touch and she emailed me about 10 months later to let me know that she was pain-free. The combination that worked for her was the expressive writing, restful sleep, discontinuing physical therapy, taking glucosamine and eating an anti-inflammatory diet. She was already aware of the role of forgiveness. I've kept in close touch with her and she's continuing to do well.

Solve your chronic pain

Step back and look at your situation. Living in chronic pain is devastating. Being under a sustained chemical assault has severe physical and emotional consequences.

Your life is unique with many variables that can and will increase your pain. Understand your situation, address all the relevant issues, and take charge of your care. Remove the fuel feeding the fire.

1. Rose, Mark, et al. Optimizing Opioid Safety and Efficacy. NetCE • November 3, 2017. Course 95140. The overview of the effect of pain is from the NetCE article.
2. O'Connor AB. Neuropathic pain: quality-of-life impact, costs and cost effectiveness of therapy. *Pharmacoeconomics*. 2009;27(2):95-112.
3. Fredheim OM, Kaasa S, Fayers P, Saltnes T, Jordhøy M, Borchgrevink PC. Chronic non-malignant pain patients report as poor health related quality of life as palliative cancer patients. *Acta Anaesthesiol Scand*. 2008;52(1):143-148.
4. Luskin, Fred. *Forgive for Good*. Harper Collins, New York, NY, 2003.
5. Institute of Medicine. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, DC: National Academies Press; 2011.
6. Tennant F. The physiologic effects of pain on the endocrine system. *Pain Ther*. 2013;2(2):75-86.