

## **Chronic pain as a multidimensional phenomenon**

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People suffering from chronic pain form one of the major patient groups who turn to acupuncture as the last hope in their long trajectory of often-multidisciplinary treatments. In this context it is interesting to notice how different people deal differently with their "pain". Some people feel uncomfortable when talking about their pain as they consider pain a sign of "weakness". There are also people who talk constantly about their pain as if it dominates their mental space. One way or the other, "pain" is an expressive body language which signals that something is wrong and that the body cannot do its work the way it must. Pain is also often divided into 2 categories: physical or psychosomatic. Whether it is psychosomatic or not, an enduring pain indicates an uncomfortable and unacceptable physical and emotional state. Pain is a desperate cry from our bodies for help. That is why, psychosomatic or not, it must be taken seriously.

Chronic pain is a "multidimensional" phenomenon. Those who suffer from chronic pain often have more than one single issue to treat. A pain which starts on the physical level but lasts for a long time will often move over to other physical problems, and then progress to the mental/emotional level in the form of lack of motivation, anger, frustration. This then frequently leads to depression. These people have usually tried many avenues searching for relief. The long trajectory of trial and error, hope and disappointment very often results in frustration and desperation.

On the other hand, pain is also very tiring. The functions of the body in one or another part are constantly disturbed and this consumes energy. According to Traditional Chinese Medicine, pain signifies Qi stagnation. Constant Qi stagnation in the body consumes the healthy Qi which is supposed to circulate throughout and innervate the whole body. As a result, people with chronic pain can also have very low energy and consequently also suffer from chronic tiredness.

Whereas this might sound evident, what we see in practice is that these patients fail to see the connection between their initial pain and their other complaints, such as low energy, anger, lack of motivation or, in more severe cases, depression. The reason is that the time lapse between the beginning of their pain, its persistence, and the development of other physical or emotional symptoms has been too long. Hence, it is our task as therapists not to miss the relationship between different symptoms which at first glance might not seem to be related. That is why I consider chronic pain a "multidimensional" phenomena.

Taking these facts into the consideration, we must not treat a patient with chronic pain uniquely for this pain. In the same way that chronic pain has a multidimensional face, its treatment must also be multidimensional, focusing on the pain but also on the other related symptoms in the patient.

Knowing that these patients turn to us in desperation and almost as their last resort, I find it very important to make them believe in their bodies again and their capacities to heal. The easiest way to achieve this goal is to treat the pain but also the other related symptoms. Considering and treating the body as a completely integrated entity makes

different symptoms diminish. Also, it is important to tonify the healthy Qi from the beginning. Patients with chronic pain do need healthy Qi to make the treatment work and to sustain themselves. It will accelerate the patient's belief in his or her recovery and affects his or her emotional state positively.

Case story:

Patient: 37-year-old male

Complaint: lots of pain in both kidneys and lower abdomen for almost a year.

History: Tumour in the left kidney.

First session: The patient explained that his complaints had started a year ago with erectile dysfunction. According to the urologist, the erectile dysfunction was most probably due to weak pelvic muscles. He had been prescribed Viagra and physiotherapy. Physiotherapy had not helped and the Viagra had caused him pain without any positive influence on the erection. Some months later, the patient had started developing pain in the region of the bladder and the kidneys plus enuresis. At that stage, a CT scan was made and they had found a tumour in the left kidney. By this time, the pain had spread to both kidneys. According to the specialist, only the pain in the left kidney could be due to the tumour and there was no connection between the tumour and his other complaints. The doctor had suggested a biopsy of the tumour to ascertain whether or not it was malignant. In the case of it being malignant, he proposed the operative removal of the tumour with 70% risk of losing the left kidney during the operation. The patient had refused to have a biopsy done and had opted for an MRI in order to check the malignity of the tumour. It is at this stage that I met him.

From the TCM perspective, all the symptoms of the patient were logically related. Weak and disturbed kidney energy had influenced and weakened the liver energy. The liver meridian circulates around the genitals and having become weak could easily explain the erectile dysfunction. On the other hand, weak kidney energy had disturbed the bladder channel and that could explain the pain in the bladder, and also the enuresis. The simplest way to confirm this was to feel the pulse.

Pulse: weak and thin with both kidney positions empty; liver position empty plus tension on the Bladder and Triple warmer positions. As I had only thought about a disturbance in kidney yin, I was surprised to also discover a weak kidney yang position. To my question "what reduces the pain", the patient confirmed that warmth was the only thing which relieved his pain. Furthermore, during the last few months he had started to feel very cold, whereas before this problem started he had always felt quite warm.

Palpation: dampness along Kidney and liver channel.

Treatment: Since the patient explained that warmth helped him and I had found a weak kidney yang position; I chose for the following points: Du Mai Extra Meridian, Ki 7, Cv 3 to strengthen the bladder, and Ki 8, Li 8 according to the pattern found in the pulse and the erectile dysfunction.

Since the pulse was thin, I started the treatment with moxibustion to boost the healthy Qi. I then applied 5 cones of rice-size golden moxa on Sj 4 + Rn 6. This made the pulse a bit fuller and the artery a bit more consolidated. Then I needled the points given above.

Though the patient did not know what I had done, after 5 minutes he said that he felt something moving upwards inside his legs and travelling into his kidneys. I asked him to describe the trajectory, and he precisely described the trajectory of the kidney meridian. Some minutes later he asked me to remove the blanket I had put on him because he felt warm all over his body. This he experienced as pleasant. I then retained the needles for 20 minutes. When the treatment was finished, he said that he still felt warm and that he felt less pain in both kidneys.

Second session: In the second session, it was a happy man who walked into the practice. He explained that he had been much warmer during the whole week, that he had had less pain, but that he had also had more energy. I asked him whether he had noticed any change in the erectile dysfunction and enuresis and he confirmed with surprise that the erection had indeed improved by 30%, and that he had gone less frequently to the toilet. The following treatments were basically the same with the addition of extra points such as Bl 23, Dm 4 (with Moxa), Bl 32 and Ki 3, Li 3 according to the findings in the pulse. Interestingly enough, there was never a moment I had to sedate a point. The whole time I balanced the meridians and did tonification.

A month and a half later, all the symptoms had diminished. The pain in both kidneys was gone, the enuresis healed and the erectile dysfunction recovered. During all this time, what was very interesting for both of us was the change in the patient's energy and humour. It is then that he said he was realizing how his health issue had made him nervous in his daily life, and how he was re-discovering his "old self" again. This positive change had also motivated him to opt for a different life style: he had started eating healthier, had taken up sports and was busy with a good life hygiene which I believe supported the treatments.

It was then that the MRI was made. To our immense joy, the MRI showed that the tumour was not malign and also that in the past two months, its size had diminished by 0.4mm. The operation was ruled out and the doctor suggested another MRI in a year to keep an eye on the development of the tumour. The doctor could not relate the disappearance of the symptoms to the diminishing of the size of the tumour; nor could I. What I know with certainty is that making a link between all the patient's symptoms and giving treatments as networks which dealt with all the related symptoms, helped the patient in his recovery.