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CHRONIC PAIN

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Chronic Pain Be kind to yourself

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Chronic pain (term used in the biomedical world) can also be described as persistent pain and is defined by a “pain that carries on for longer than 12 weeks despite medication or treatment.” (1). It may be more helpful to define persistent pain as pain that lasts longer than the estimated healing time of the initial injury or condition.

But why if the initial soft tissue damage has healed does the pain continue? This is a highly complex answer with numerous possibilities but for non-laboratory research types it is best explained by accepting that pain is your friend!

Pain is a protective mechanism but like any loving parent or friend can become a tad overprotective! Persistent pain becomes a self-fulfilling prophecy.

Let's take the example from my acute injury blog...whilst jogging I slightly strained the muscle belly of one of my calf muscles. It was a sharp pain that caused me to stop, and I was unable to even walk due to the pain. The pain therefore forced me to stop and rest. This short-term pain is protective. Thank you clever brain!

BUT, if I hadn't listened to my body and had either continued to run through the pain or immobilised my leg for far too long, then it is very likely that due to being in pain for longer, that even after the initial tissue damage had been healed by my amazing body, that the pain would have remained. It is also very likely that I would have been mightily p*ssed off that I couldn't walk or run without pain and that this anger would move me towards a low or depressed emotional state.

Central sensitisation is where the central nervous system (brain and spinal cord) becomes increasingly sensitive to pain but with less cause! The longer we feel pain for and even the anticipation of a particular movement causing pain, the stronger and deeper the ruts of pain are etched on to our brain, this is referred to as 'pain windup'. It's not that one is imagining pain, or that one is enjoying creating an elaborate pain story, it's simply that pain needs to be considered as neural rather than tissue or biological.

A neural pain pathway, just like walking the same path through an untrodden wheat field, the more you walk back and forth, the more chiselled the path becomes. A neural pain pathway just like the clear and now easily accessible path through the wheat field, is stronger, so that even the anticipation of movement will cause the brain to let you know you are in pain! “Pain has developed an afterlife” (Lyman 2021).

So, what the heck can me do about this paranormal persistent pain? TAKE A MULTI-PRONGED ATTACK IS WHAT ONE SHOULD DO! A few suggestions for you...

- **Look after your mental health**

You are a human, first and foremost, a human that is a moving biological structure with emotions, senses, and thoughts. Therefore, take a biopsychosocial model approach.

If you are caught in a negative mental spiral loop of doom and gloom regarding your pain, which is completely understandable, as often pain stops you from participating in the activities that you enjoy doing and the domestic tasks that are essential but may not spark joy in your life! If you are incapacitated and unable to work, then clearly this may have serious consequences for your security.

All these life limitations that pain has thrust upon you can cause negative mental chatter to persist, felt pain to be increased and anxiety and depression to manifest. Talking therapies like 'Cognitive Behavioural Therapy', counselling services, meditation/mindfulness and breathing practices are possible avenues to explore.

· **It's not as simple as 'Just Breathe'...**

Image yourself in the starting blocks of a 100m sprint... the gun fires and you're off! Full pelt! How is your breath? Laboured. Fast. Loud. Through the mouth.

High in the chest. Classic hyperventilation. Many of us are in subtle states of hyperventilation all the time, even in our sleep! The breath mantra, coined from breathing expert and my teacher, Patrick McKeown, to adopt is 'breathe light, slow and low'. The simplest thing you can do to enhance your breathing is to breathe through your nose all the time. Even when in that 100m sprint!

· **And to sleep...which like breathing isn't so simple either!**

Pain disturbs sleep. Pain causes us to be in a subtle state of hyperventilation. Pain causes us to become anxious and depressed.

A good place to start is to consider adopting a good bedtime routine.

Turning off 'blue light' devices, such as phones and computer 3 hours before sleep or if this is impossible for you then wear blue-light-blocking glasses, because "the brain stops secreting the relaxation hormone melatonin, which is responsible for creating feelings of sleepiness." (McKeown 2021 pg.207)

More controversially, but with sound evidence of its effectiveness, tape your mouth when you go to sleep! Look at my YouTube recording for more information and it's funny too!

<https://youtu.be/bpWQhKLhy4U>

Also. try this breathing practice before you go to sleep or if you wake up during the night.

<https://youtu.be/axUkSSaPXtM>

· **Enjoy your movement but move within a pain free range and pace yourself**

Your pain may have stopped you from participating in your sporting activity of choice, which is frustrating and upsetting but having it as your goal to get back to once your pain is more manageable is an excellent and uplifting goal to have.

You must continue to move!

Move within a pain free range, and this will take some experimenting and patience to find. Say you enjoy cycling twice a week, 30 kilometres a time, but now due to your pain condition you are not getting on your bike at all. Start with a small goal, either a time or distance goal and maybe start on a static bike. But whatever your goal, be kind to yourself and realistic. If you over do it in the first instance, then your pain will increase as your brain continues to overprotect you. If pain is produced, then reduce the time or distance spent cycling until you find a time or distance that brings you only pleasure and no pain. Once you've found your 'benchmark' then gradually add on time or distance, adapting by decreasing or increasing time or distance until, perhaps, overtime you find that you are back to cycling twice a week, 30 kilometres a piece.

Consider activities that put less strain on your body like swimming as the buoyancy of the water supports this cardiovascular sport. Swimming is also meditative as this repetitive movement that requires mental concentration stops your negative mental chatter in its tracks. Gentle mat-based classes that focus on multi-dimensional movement and core stability, like yoga, Pilates and Slings Myofascial Training are all worthy considerations, and many teachers of these modalities include meditation and breathing practices in their classes.

You can try my Yoga with Slings Myofascial Movement Live-streamed class for free! Contact me for more information.

· Clinical Massage Therapy!

So, we know that pain has more to do with the nervous system than the physical body. One way of balancing the nervous system, so that the 'running away from a tiger' part of the nervous system is not active all the time, and when we are exposed to a stressful situation, we can bring our nervous system back down to a relaxed but responsive state. We neither want to be on red alert or zoned out, we want to be in the middle and able to move in and out of alertly responsive and chilled. Massage therapy (which is one of the things that I do as my day job) relaxes people. There is much evidence, clinical and anecdotal, to support the importance of touch. One such study states that:

“Massage therapy is one of the non-pharmacological treatment method leading positive impact on pain intensity (16,18-23). Therapeutic massage plays important role to activate enkephalin and beta endorphins in the treatment of human blood by binding to opiate receptors. It is also known that the massage increases the level of serotonin (15,16).” (Elibol & Cavlak 2019, pp.3071)

As a Jing Advanced Clinical Massage Therapist, I treat the whole person rather than just the physical pathology because as humans we are much more complex and deserve way more respect than just treating pain as a structural problem. Therefore, a multidimensional approach is employed, or as stated earlier, a multipronged attack!

I listen, collating a client history and use assessment techniques such as active, passive, and resisted range-of-movement, postural analysis, and orthopaedic assessment to best come up with a 6-treatment plan which is goal orientated, be it to reduce pain or to increase running distance.

Using techniques such as myofascial release, trigger point therapy, hot & cold therapy, mobilisation techniques such as soft tissue release and muscle energy techniques and acupressure points.

I follow up after each treatment and offer tailor-made advise, in the form of, for example, a stretching or strengthening exercise or a breathing technique. We walk together through your pain journey to meet the unicorn at the end of the rainbow! Pain free movement and a brighter life!

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