



Lifestyle Therapies

Solutions for Chronic, Complex & Repetitive Pain Sufferers

**Medico's
Lifestyle
News**

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The focus of the services at Lifestyle Therapies is to eliminate pain and restore function, hence it is not a multidisciplinary program to help patients cope with pain. This Medico newsletter is one way to help communicate how we are able to care for your patients suffering from chronic, complex or repetitive pain.

LATEST RESEARCH

Evidence and Complementary and Alternative Therapies

For the complex cases such as medically unexplained symptoms (MUS) it is very difficult to standardise treatment due to the highly individualised circumstances and the enormous variation in responses. This variation is highly dependent on many personal psychological traits, perhaps most importantly resilience which is a very difficult trait to quantify. The re-engagement of the MUS patient in the workforce or back to normal activities of daily living is the strongest statement that can be made regarding the quality of the treatment modality.

A treatment might fail to show significant priority against a placebo control, hence be termed "ineffective", but it might be much more effective than another treatment that has itself been proven to be effective against a placebo or sham control. Research has shown that a sham control in one study might be more therapeutic than a well established active intervention.

Evidence is not as clear as practitioners suggest. If something fits our worldview and our prior probabilities, concepts and agenda, we are very happy to accept some reasoning as evidence. If something does not fit into our way of thinking, then even the best experimental evidence can easily be dismissed. To pretend that evidence consists of some statistics regarding real versus sham is similarly naive as believing that enacting new laws will change human behaviour.

The reality is that patients come to health care professionals with more and more complex problems than they can solve. Where no proven modality exists, it may be legitimate for a professional to offer something unproven. As long as the practitioner can see the intervention will do no harm and they disclose to the patient both the lack of evidence and their reason for believing there may be some use in trying something untested (anecdotal evidence, logic, reason) and obtain the patient's consent on that basis. The truth is that much of what is offered to patients seeking mainstream medical care lacks robust evidence.

The Chair of the Physiotherapy Board explained that experimenting around the edges, with a rational and sound explanation, would not be of concern.

References: Physiotherapy InMotion August 2010. The parachute problem: exploring the space between evidence and experience.

A Novel and Effective Treatment Modality for Medically Unexplained Symptoms. Journal of Pain Management, Vol 1, No 4, 2009: pp 401-412. Steele, R et al.

The Campaign Against CAM and the Notion of "Evidence Based". The Journal of Alternative and Complementary Medicine. 15: 20, 2009 pp 1130-1142. Walach, H.





Case Studies:

A Novel & Effective Treatment for Trigeminal Neuralgia.

1. Darren presented to his GP in June, 2010 with severe sharp facial pain and was treated with a course of antibiotics for an ear infection. After two weeks the pain attacks had increased from once per day to every two hours and he was prescribed another course of antibiotics. A week later he presented to the emergency department with severe facial pain and an MRI was scheduled. Darren presented again to his GP who this time suspected trigeminal neuralgia (TN sufferers wait on average 6.3 years for a correct diagnosis) and prescribed Tegretol and his pain reduced dramatically in 15 minutes although it was still painful to eat and he still experienced painful twinges. The side effects of Tegretol were very painful gout and of sleeping 14 hours per day.

Three days after commencing Tegretol, Darren presented at Lifestyle Therapies to try Q magnet therapy. After 36 hours of wearing a ProQ Q magnet at C1 and on the TMJ joint Darren's pain twinges and triggers such as wind ceased and he could eat normally for the first time in 2 months. He wore the Q magnets for three days and reduced his medication from 400 to 300mg/day. After wearing the Q magnets on and off for two weeks Darren no longer feels the effects of TN, he has ceased his medication and is beginning to feel normal again.

2. Bob had been diagnosed with MS induced TN two years previously and was referred to Lifestyle Therapies by the MS Society physiotherapy department. He had suffered severe sharp shooting suicidal pain episodes intermittently for 4 years. Bob had spent \$8,000 in removing amalgam fillings and tried at least six medications all with little or no effect.

On presentation, Bob was fitted with a ProQ Q magnet on each TMJ joint and after 36 hours noticed a dramatic improvement in pain levels. He continued to wear them for a week and after removal the pain did not return for 12 months upon which he repeated the treatment with the same outcome.

Now four years later Bob can sense a TN pain episode, usually as a twinge of pain when yawning or sneezing. This occurs around 4 times per year. If Bob applies his Q magnet devices immediately, the pain does not become aggressively acute and he has been able to manage his condition without pharmaceuticals.

Over the past four years we have now treated a total of twelve patients with trigeminal or facial neuralgia with Q magnet therapy. Eight out of the twelve experienced complete cessation of pain or were able to reduce most of their medication within a week. Based on this anecdotal evidence, the therapeutic effect becomes noticeable after around 36 hours and the patient then removes the devices for a time and replaces as necessary. In one case counted as a non-responder, a long term facial neuralgia sufferer had complete cessation of pain after 36 hours, then wore the devices continually for 3 weeks as she was very apprehensive that the pain might return. In fact, after three weeks her pain did return and now after four months she is almost ready to trial the Q magnets again.

It appears that the field gradient of the Q magnet applied peripherally at the TMJ and centrally over C1 modulates the perception of pain. Best results are achieved when the devices are removed after 2-5 days, allowing the nervous system time to adapt to the pain free sensation and if the pain returns apply again immediately until the symptoms have abated.

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Lifestyle Therapies

Eliminate Pain ↔ Restore Function.



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