In the early 1980s Cynthia Toussaint was a promising young dancer, close to snagging a role in the hit TV series *Fame*. But then she tore a hamstring in ballet class. Usually such tears heal on their own, but in Toussaint's case the injury led to the development of complex regional pain syndrome—a little-understood disease characterized by chronic pain that spreads throughout the body and can be so excruciating that even the touch of clothing hurts.

“It felt like I had been doused with gasoline and lit on fire,” recalls Toussaint, now 48, who was a student at the University of California, Irvine. “I can’t imagine surviving something more devastating.”

Toussaint had become one of the many Americans suffering from chronic pain—as many as 76 million, according to the American Pain Foundation—who are dealing with everything from arthritis to cancer. And like many pain patients, she struggled to convince doctors her symptoms were real. Toussaint says she was refused X-rays, misdiagnosed, and dismissed as crazy. “One doctor patted me on the head, saying, ‘You’re making a mountain out of a molehill, darling. You need to see a psychologist,’” she recalls. Meanwhile her disease—often reversible if treated early—only got worse.

Bedridden and folded up in a fetal position, she was unable to brush her hair, shower, or use the bathroom unaided. She teetered on the verge of suicide. Finally, after 15 years, a switch in medical plans introduced her to doctors who believed her. But by that point, the pain medications they prescribed could not reverse her condition. Worse, the drugs left her with a slew of side effects.

Toussaint wanted to try physical therapy for pelvic pain, and a movement therapy called Feldenkrais, ideas her doctor initially dismissed. “He rolled his eyes and said, ‘It’ll never help,’” she remembers. Ultimately, however, the move led her into the world of alternative therapies—and saved Toussaint’s life.

When she first began working with a physical therapist, Toussaint was so sensitive that the slightest touch caused her intense pain. So the therapist, sitting at Toussaint’s bedside, used guided imagery, a deep-relaxation method scientifically proven to reduce pain levels.

In guided imagery, a therapist helps a patient imagine herself in a calming place. Many patients visualize going to the beach or the mountains. Toussaint conjured up a make-believe ballet class, where week after week the therapist followed Toussaint’s verbal cues to guide her through elaborate combinations that she “danced” in her head.

Her body quickly began unfolding. Within one month of starting the three-times-a-week guided-imagery sessions, she could sit up, walk around her condominium, and shower without help. Perhaps most significantly, she was...
able to receive hands-on physical therapy, which further reduced her pain. She later cofounded For Grace, a nonprofit that helps women with chronic pain.

How is it possible that simply by engaging her imagination, Toussaint began healing her pain? New advances in neuroscience shed light on the process, says Martin Rossman, M.D., author of Guided Imagery for Self-Healing (New World Library, 2000). “While acute pain appears in areas of the brain that are connected to tissue damage, chronic pain lives in other areas of the brain—the prefrontal cortex and limbic system, which the brain uses for memories, especially emotional ones,” Rossman says. In some cases “the pain lives on long past the time when the body tissues have healed.”

Repeated thoughts and emotions create nerve pathways in the brain. Chronic pain impulses travel along well-worn pathways. By using techniques such as guided imagery to build new nerve pathways, “the pain pathways can become less active,” Rossman says.

Guided imagery and Feldenkrais, the therapies that helped Toussaint, are only two out of more than a dozen alternative therapies that have been scientifically documented to ease chronic pain when drugs can’t. And they frequently can’t, says James Dillard, M.D., D.C., coauthor of The Chronic Pain Solution (Bantam, 2003). “Even if we prescribe medication as well as we can, on average we are still only going to take away between 50 and 60 percent of your pain.”

This is not to say that drugs have no place in pain treatment. Experts agree that medication is a necessary and sometimes lifesaving part of the pain-management equation. “People need to function in their lives,” says David Simon, M.D., cofounder, CEO, and medical director of the Chopra Center for Wellbeing in Carlsbad, California. “There’s clearly a role for appropriate pharmaceuticals.”

The latest trend, says Steven Stanos, D.O., medical director of the Rehabilitation Institute of Chicago Center for Pain Management, is to take a more comprehensive approach to treating chronic pain, a “bio-psycho-social approach.” The “bio,” or biological, part means treating the physical or underlying pathology—and, where possible, its root cause. The “psycho,” or psychological, part addresses the depression, fear, and anxiety that can accompany and even exacerbate the experience of chronic pain. The “social” part pertains to a patient’s ability to function, work, sustain friendships, and maintain status in society.

If a clinician ignores any of the biological, psychological, or social impacts of chronic pain, Stanos says, “it may become a struggle to successfully treat patients.”

Very few doctors have specialized training in pain management. In fact, only 3 percent of U.S. medical schools offer a separate course in it. So if you suffer from chronic pain, you’re probably going to have to become an expert yourself. “I think the person with pain should see it as a journey,” advises Simon. “They have to be the captain of that ship.”

That proposition can feel daunting enough when you’re well and helping a family member through a difficult diagnosis. But when you are the one in pain, managing your case yourself may be an overwhelming challenge. That’s why Mary Pat Aardrup, senior vice president of the National Pain Foundation, recommends enlisting a friend or family member as an advocate—someone setting standards of care, and advocacy”; the site offers a directory of specialists, a list of accredited programs, and information on coping with pain.

American Academy of Pain Medicine A medical association, it focuses on education, advocacy, and research to promote the best care for patients; it helps locate specialists in your area and provides general information about pain (847-375-4731).

American Chronic Pain Association Do you want to join or start a support group? The ACPA has plenty of them in the United States, as well as Canada, Great Britain, and other countries (800-533-3231).

American Holistic Health Association This nonprofit serves as “a neutral clearing house” for pain patients, providing guidance through the maze of conventional and alternative medicine. Resources on its website include self-help tools; free health-book catalogs; and health-related books, CDs, and DVDs (714-779-6152).

American Pain Society A multidisciplinary organization for practicing physicians and other scientific professionals, APS also offers resources and publications for pain sufferers (847-375-4715).

ChronicBabe This website is primarily targeted to young women with chronic illnesses, but its articles and resources are relevant to anyone with chronic pain.

For Grace Cynthia
who can help research treatment options and interview both conventional and alternative health care practitioners.

Make sure the practitioners you find are willing to work together. When everybody shares information, you’re more likely to get the most accurate diagnosis and best care. Curing the root cause may resolve the problem—as in the case of Lyme disease. But “assuming that you have a disorder for which there’s no easy medical fix,” advises Simon, “begin a process of trying to relieve yourself of that pain, starting with the most noninvasive and then gradually working your way into more invasive approaches.” If a therapy doesn’t offer relief within a few weeks, experts say, try something else.

When choosing therapies to try, “it’s important to think critically,” says journalist Paula Kamen, who wrote All in My Head (Da Capo Press, 2006), about her quest for relief from chronic daily headache. “There is so much desperation that makes us vulnerable as chronic-pain patients.” Be wary of anyone who promises to cure any problem, she says. Also, understand any risks before you participate. And remember, you can quit at any time—even in the middle of a session—if something doesn’t feel right.

Check out the chart below to learn about alternative therapies that have been shown to help relieve chronic pain. Informing yourself could be your first step on the path to a pain-free life.


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**Alternative Treatments That Work on Pain**

*Research shows these therapies can ease discomfort. For more information visit the website of the National Center for Complementary and Alternative Medicine.*

<table>
<thead>
<tr>
<th>TYPE</th>
<th>WHAT THEY HELP</th>
<th>HOW THEY WORK</th>
<th>EXAMPLES</th>
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</table>
| **Movement-Based Therapies:**     | Musculoskeletal pain, joint pain, and lower-back pain                         | By strengthening muscles supporting joints, improving alignment, and releasing endorphins               | • Physical therapy: Specialized movements to strengthen weak areas of the body, often through resistance training  
• Yoga: An Indian practice of meditative stretching and posing  
• Pilates: A resistance regimen that strengthens core muscles  
• Tai chi: A slow, flowing Chinese practice that improves balance  
• Feldenkrais: A therapy that builds efficiency of movement |
| Physical exercises and practices   |                                                                                |                                                                                                       |                                                                                               |
| Nutritional and Herbal Remedies:  | All chronic pain but especially abdominal discomfort, headaches, and inflammatory conditions such as rheumatoid arthritis | By boosting the body’s natural immunity, reducing pain-causing inflammation, soothing pain, and decreasing insomnia | • Anti-inflammatory diet: A Mediterranean eating pattern high in whole grains, fresh fruits, leafy vegetables, fish, and olive oil  
• Omega-3 fatty acids: Nutrients abundant in fish oil and flaxseed that reduce inflammation in the body |
| Food choices and dietary supplements (ask your doc before using supplements) |                                                                                |                                                                                                       |                                                                                               |
| Mind-Body Medicine: Using the powers of the mind to produce changes in the body | All types of chronic pain | By reducing stressful (and, hence, pain-inducing) emotions such as panic and fear, and by refocusing attention on subjects other than pain | • Meditation: Focusing the mind on something specific (such as breathing or repeating a word or phrase) to quiet it  
• Guided imagery: Visualizing a particular outcome or scenario with the goal of mentally changing one’s physical reality  
• Biofeedback: With a special machine, becoming alert to body processes, such as muscle tightening, to learn to control them  
• Relaxation: Releasing tension in the body through exercises such as controlled breathing |
| --- | --- | --- | --- |
| Energy Healing: Manipulating the electrical energy—called chi in Chinese medicine—emitted by the body’s nervous system | Pain that lingers after an injury heals, as well as pain complicated by trauma, anxiety, or depression | By relaxing the body and the mind, distracting the nervous system, producing natural painkillers, activating natural pleasure centers, and manipulating chi | • Acupuncture: The insertion of hair-thin needles into points along the body’s meridians, or energetic pathways, to stimulate the flow of energy throughout the body; proven helpful for post-surgical pain and dental pain, among other types  
• Acupressure: Finger pressure applied to points along the meridians, to balance and increase the flow of energy  
• Chigong: Very slow, gentle physical movements, similar to tai chi, that cleanse the body and circulate chi  
• Reiki: Moving a practitioner’s hands over the energy fields of the client’s body to increase energy flow and restore balance |
| Physical Manipulation: Hands-on massage or movement of painful areas | Musculoskeletal pain, especially lower-back and neck pain; pain from muscle underuse or overuse; and pain from adhesions or scars | By restoring mobility, improving circulation, decreasing blood pressure, and relieving stress | • Massage: The manipulation of tissue to relax clumps of knotted muscle fiber, increase circulation, and release patterns of chronic tension  
• Chiropractic: Physically moving vertebrae or other joints into proper alignment, to relieve stress  
• Osteopathy: Realigning vertebrae, ribs, and other joints, as with chiropractic; osteopaths have training equivalent to that of medical doctors |
| Lifestyle Changes: Developing healthy habits at home and work | All types of chronic pain | By strengthening the immune system and enhancing wellbeing, and by reframing one’s relationship to (and, thus, experience of) chronic pain | • Sleep hygiene: Creating an optimal sleep environment to get deep, restorative rest; strategies include establishing a regular sleep-and-wake schedule and minimizing light and noise  
• Positive work environment: Having a comfortable workspace and control over one’s activities to |
| reduce stress and contribute to the sense of mastery over pain.  
| **Healthy relationships:** Nurturing honest and supportive friendships and family ties to ease anxiety that exacerbate pain.  
| **Exercise:** Regular activity to build strength and lower stress |