

Treatment Points Toward an End to Chronic Pain

After she was rear-ended in a car accident 10 years ago, Patricia Powick tried everything to alleviate the constant pain that seared her back: massage, chiropractic care, exercise, and yoga, to name a few strategies. Although these helped the Port Coquitlam woman temporarily, her aches always returned. That all changed this past January, though, after a trip to the Institute for the Study and Treatment of Pain in Vancouver. Directed by Dr. Chan Gunn, the centre treats chronic pain through a technique he developed called intramuscular stimulation. For Powick, the treatment had a dramatic effect.

"I had a bad back for years, and grew up with scoliosis," Powick, 70, told the *Straight* in a phone interview. "It was so bad I was as tight as a fiddle string. I was like an addict looking for a fix. I heard about Dr. Gunn's clinic, and I was desperate. I thought, 'I'd like a release before I die.' When I was treated at the clinic, I could have melted like a puddle on the floor."

She said that before her three visits, a day or two working in her garden or even sleeping on her stomach would leave her in pain. Now, she's able to function fully and hasn't been back to the clinic since. "I had been doing all the right things, but I always had this pain. Now I feel as if I've been given my life back."

IMS can be described as an advanced form of acupuncture, though Gunn says it is much more complex than that. It differs from acupuncture in that it requires a medical examination and diagnosis, and a knowledge of anatomy and neurophysiology on the part of the practitioner. The treatment involves using needles to target injured muscles that have become shortened from distress. Pain can arise not only in the affected muscle itself but also, because of the resulting stress, in surround-

ing tendons and joints. IMS treatment causes the muscle to grasp the needle, which forces the shortened muscle to release, providing relief from pain.

"The bad news is these people with chronic pain are in trouble," Gunn said during an interview in his clinic at Cambie Street and 41st Avenue, which sees about 1,000 people a year. "The good news is we can help them."

Gunn, who's a clinical professor at the University of Washington school of medicine's pain centre and an honorary fellow at Cambridge University, added that IMS has received support from some doctors in North America but other medical practitioners are reluctant to embrace the technique. Even the least critical feel there is no one treatment

that can help all sufferers of chronic pain. "Many people don't acknowledge this," Gunn said. "When someone has a pain, people keep investigating superficial pain. But we have to get down to the root of it."

Gunn developed intramuscular stimulation over many years of study and practice, 15 of which he spent working for the Workers' Compensation Board of B.C. as a clinical physician. He was hired to examine the cases of those who were suspected of falsely claiming compensation because their pain was difficult to diagnose or treat. Doctors usually have no problem treating pain caused by injury (like a fracture) or inflammation (such as rheumatoid arthritis), Chan explained, but they are often perplexed by pain that is not accompanied by tissue damage or inflammation. A person may complain of pain when medical tests show there is "nothing wrong". A soft-tissue injury, for example, won't appear on an X-ray.

He found that true malingerers were rare and that some patients had developed chronic pain. They usually suffered from tender points on the body, many of which were located where nerves entered



muscles. Frustrated by the generally unsatisfactory results he was seeing in patients using conventional physical therapies for chronic pain, he began studying those who had back pain but no obvious signs of injury. He then studied people with tennis elbow and found that pain relief came from treating the neck, not the elbow. A pattern began to emerge: people who had pain had subtle signs of peripheral nerve involvement. Instead of presuming pain to be a signal of tissue damage, he said, IMS blames pain on irritable nerves where there is a disturbed function and supersensitivity in the peripheral nervous system. This category of pain is called neuropathic pain.

His theories were based on the research of Walter Cannon, a doctor in the '30s and '40s who proposed a law of supersensitivity whereby the body's structures, including muscles, can become hyperactive when deprived of stimulating impulses delivered via the nerves. The most common cause of nerve irritation and neuropathic pain is spondylosis, or degeneration in the spine, which can be the result of normal wear and tear.

Around the time that he began exploring chronic pain, Gunn also became interested in acupuncture. What especially intrigued him was that most acupuncture points correspond to what he calls "neuroanatomic entities", such as muscle motor points. So he tested "dry needling", the injection of a thin needle at muscle motor points, to positive effect. (In some cases, he also uses a low-intensity electric current.) The needling causes the abnormal muscle shortening to intensify and then release. When the muscle grasps the needle, it might feel like a muscle cramp or charley horse. But he said patients call it a "good" pain because it doesn't last long and is followed by a feeling of relief and relaxation.

He said the intramuscular-stimulation technique helps many unrelated pain syndromes, from headaches and lower-back pain to tennis elbow, fibromyalgia, and whiplash. The effects of IMS are cumulative, he added. Treatments are usually once a week, and the number of treatments depends on the extent of the condition. More information is on the clinic's Web site at www.istop.org/. ■

Health
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