

HEALTH FEATURES

Alternative treatment may tame chronic pain

by [Travis Lupick](#) on August 1st, 2007 at 10:50 AM

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Mart "Atomos" Pilon illustration

Getting out of bed one morning, Stephen Botek fell and hit his elbow on the nightstand. Ever since that slip, two of Botek's fingers have been stiff and incapable of moving properly. A psychiatrist by profession but a musician by passion, he felt this was a devastating injury. The pain was persistent and seemingly untreatable.

Later injuries made things worse. Botek damaged his lower back while improperly lifting a locker out of a truck. That accident left him unable to drive a manual-shift car or complete similar tasks that relied on his left leg. As he grew older, the arthritis he had inherited from his mother kicked in.

"You put it all together," Botek told the Straight from his home in New York City, "and even though I look healthy" my muscles and bones ache."

Botek has suffered from chronic pain for almost three decades now. Eighteen percent of Canadians suffer with him, and the national cost of chronic pain exceeds \$10 billion annually, according to the Chronic Pain Association of Canada.

In order to function normally, Botek flies to Vancouver to undergo intensive therapy for pain four times a year. He relies on an alternative form of treatment called intramuscular stimulation therapy, for which he sees Dr. Chan Gunn, president of the Vancouver Institute for the Study and Treatment of Pain and pioneer of IMS treatment. Now 77 and a patient of Gunn's since he was 48, Botek claims no one else performs the therapy as well as Gunn does.

IMS can be described as an updated, more advanced form of acupuncture, Gunn told the Straight at his office in Vancouver. But it differs from traditional acupuncture in that it requires a medical examination and diagnosis before treatment can begin.

The therapy involves using very small needles to target injured muscles that have become shortened as a result of distress. "What happens," Gunn explained, "is when you stick a needle into a normal muscle, you don't feel it, apart from the little prick. But if it is abnormal, you will feel it grabbing [the needle]." By targeting very specific points, IMS causes the abnormal, shortened muscle to clench the needle, which triggers its release and provides relief from pain.

Botek met Gunn in 1978 at a conference of the New York Society of Acupuncture for Physicians and Dentists, of which he was a member. "He [Gunn] was scheduled to speak at 10 a.m. and I was scheduled to speak at 11 a.m.," Botek said. "He went on before me, and after I heard him talk, I said, 'My God, what an act to follow.'"

After the conference, Botek told Gunn about the pain he suffered and asked Gunn if he would perform the IMS therapy he had just spoken about. "We went into a private room and he put two needles into my forearm and did his intramuscular stimulation," Botek said. "And lo and behold" it all went away."

That was how Botek discovered Gunn and IMS. Now, three decades later, so have thousands of others suffering from seemingly incurable chronic pain.

IMS has received some support from doctors in North America, but many general practitioners and pain specialists remain reluctant to embrace or even explore Gunn's technique.

"The established medical fraternity here, some of them are not too prone to try it. But they should," former B.C. lieutenant-governor Garde Gardom told the Straight.

Gardom suffers from a condition called spinal stenosis. "A dreadful thing," he said in a phone interview. Gardom underwent surgery for the injury, the result of a tennis mishap, in 1975. The procedure left him with chronic back pain. "I couldn't walk, sit, or stand," he said.

Gardom's physician recommended Gunn's IMS therapy as a treatment because it had worked on his own injuries. "He said, 'It worked with me; it might work with you.' And, I'll tell you, it really did."

Gunn has been practising and teaching intramuscular stimulation therapy in Vancouver for 35 years, and although there are other practitioners, he worries that it is in danger of disappearing.

"Now that I have to retire," Gunn told the Straight, "I don't want to lose it."

He has intensified his efforts to have IMS accepted by the medical community as a legitimate form of pain treatment, even offering privately raised funds for research and clinical trials in Vancouver.

Representatives of pain-treatment centres at St. Paul's Hospital and Vancouver General Hospital declined to discuss IMS. Both said they knew little of the alternative treatment and that it was not practised at their hospitals.

Gunn argued the result of a proliferation of IMS treatment centres could be significant. "We could save billions of dollars in Canada from unnecessary surgery," he said.

"[Surgery] will act to block the pain, but it is not really a pain that needs to be blocked. It is a pain that needs to be straightened out," Gunn argued. "The irritability needs to be brought down to normal."

In Gunn's opinion, one of the reasons IMS has not been picked up by the mainstream medical establishment is the advanced level of skill required for its successful administration. "It is only by my work and looking at thousands of patients that I came up with this neuropathic pain theory," he explained. Gunn believes it is the unusual coincidences of his life that led to his experimentation and mastering of IMS. For example, he acquired an appreciation for acupuncture as a student of traditional Chinese medicine, but he also attended Cambridge University in the U.K. The result was an understanding of modern medicine that drew from both the East and the West.

"I don't want this combination to be lost," he said.

Gunn is 76 years old, and the time he once spent practising IMS has now largely been taken over by teaching responsibilities. He holds classes in Vancouver for IMS therapy twice a year and leads annual seminars in Calgary, London, and Israel.

Gunn hopes that doctors in B.C. open their minds to techniques of treatment they may not be able to learn easily or quickly. "I am willing to raise funds to set up a clinic or something. And I will be very happy if St. Paul's or VGH or someone will take over when I have to stop," Gunn said. "It seems a shame to let the whole thing die."

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