AN INDEPENDENT SUPPLEMENT BY MEDIAPLANET TO CHICAGO TRIBUNE

Chronic migraine Early diagnosis is paramount Pelvic pain An ailment often misdiagnosed Infrared energy A natural pain relief remedy



December 2011

FEMALE CHRONIC PAIN

HOTO: PRIVATE

Despite living with chronic pain, Lynne Matallana

is determined to help others like herself

The attitude at Rheumatology Associates, S.C. is focused on caring for the patient. Dr. Robert Katz is among only 96 rheumatologists in the nation (and only 1 of 5 in Chicago) named to the highly selective 2011 US News and World Report America's Top Doctors list, ranking him among the top 1% of US rheumatologists.

Contributor to 250 original investigator initiated research papers over the years that have been published in scientific journals.

Dr. Katz is investigating new therapies for rheumatoid arthritis, fibromyalgia and lupus.

Robert S. Katz, MD Professor of Medicino, Rush Medical College Adjunct Professor of Medicine, Northwestern University Feinberg School of Medicine



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CHALLENGES

The perception of pain

• o suffer from chronic pain is mentally and physically draining. To not have it properly managed or treated is unnecessary. Pain is

the body's built-in protective mechanism to alert you when something is wrong. But what happens when that mechanism short circuits? What happens when the mechanism's "off" switch stays in the "on" position? In many cases, that's called chronic pain. Chronic pain is not only a description of symptoms, it is a disease state. It can fundamentally change the way nerves in the body and the brain perceive pain and it can even make minimally painful signals feel very painful.

Numbers don't lie

Chronic pain, which is defined as pain that lasts for more than 3 months, is not as rare as many people think. It affects an estimated 116 million people, or more than one in three people in America. In other words, on average, one member of each household in America has chronic pain. If that's not troubling enough, chronic pain costs America a staggering \$635 bil-

lion a year in medical treatments and lost productivity.

To many, it seems straightforward: If there is pain, do something to stop it. If it was that simple, we would not see the staggering numbers of patients or dollars spent. If we can appropriately educate society to identify real experts in pain and educate healthcare providers to identify diagnoses and treatments more rapidly, we can improve patient care, quality, and outcomes, while reducing costs and waste.

Conditions such as fibromyalgia, rheumatoid arthritis, migraine headaches, pelvic pain and interstitial cystitis affect women many times more than men. Due to a lack of understanding, it was not too long ago that some members of the medical establishment thought that most female patients with chronic pain had "psychological issues". Fortunately, that stereotype is disappearing.

In the last five to ten years, we have made some great strides in awareness and treatments for all chronic pain patients. But we still have a long way to go. We do not have any test that objectively tells us where pain exists. All medical and non-medical



Jay Joshi, MD CEO/Medical Director, National Pain Centers LLC, ABA Board Certified Interventional Pain Physician

"In the last five to ten years, we have made some great strides in awareness and treatments for all chronic pain patients." providers still do not have a comprehensive understanding of chronic pain and that is a major problem. As a result, there is variability in the treatment of chronic pain. Thus, patients still get underdiagnosed, over-diagnosed, or misdiagnosed.

The treatment of chronic pain can be multimodal and complex. In many cases, it involves the combination of diet, exercise, nutrition, physical therapy, massage, mobilization, acupuncture, counseling, vitamins, supplements, medications, interventional spine and pain injections, and surgery. This is in addition to a strong support system such as family, friends, and a considerate work environment.

It is important for chronic pain patients not to lose hope. They are not alone and there are safe and affective options available. The following articles are meant to expose readers to some common female chronic pain problems. We think the information presented here is informative, enlightening, but most of all, starts a good dialogue amongst family, friends, and providers.

> JAY JOSHI, MD editorial@mediaplanet.com



WE RECOMMEND



Dr. Sandra Pinilla addresses why it is important to speak to your doctor, keep records of your headaches and other questions.



FEMALE CHRONIC PAIN, 1ST EDITION, DECEMBER 2011

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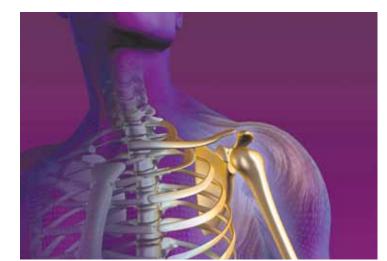
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Jeffrey A. Rabin Attorney at Law PLANET







Know the facts about rheumatoid arthritis and fibromyalgia

Rheumatoid arthritis causes chronic pain, joint swelling and inflammation. It can also lead to permanent damage to the joints, which can necessitate joint surgery or joint replacement.

While there is no cure for rheumatoid arthritis, an early diagnosis and aggressive early treatment can yield big quality-of-life improvements for patients.

New medications called biologics have improved treatment of rheumatoid arthritis enormously, and they are now started sooner rather than later. These treatments relieve inflammation and pain and help stop joint damage.

What is fibromyalgia?

Fibromyalgia is a condition in which there is chronic, widespread pain, including subjectively intense pain. When I ask fibromyalgia patients how bad the pain is on a 0 to 10 scale, they will frequently choose a number like 8. This is quite bad. Pain fluctuates, and is associated with sleep disturbance, fatigue, and such neurocognitive symptoms as memory loss and mental fogginess. Researchers have developed new, easier-to-use criteria for the diagnosis.

The treatment of fibromyalgia is

sometimes challenging because we do not understand its cause, but we think that a sensitization to pain of the brain is an important component. Addressing a sleep disorder with medications, while using specific medicines for the neuropathic side of pain, has had good outcomes. Additionally, medicines that affect serotonin and norepinephrine help suppress pain sig-

"Identifying the illness early and treating it rather aggressively from the start is the right approach." nals coming from the brain.

Muscle relaxants and pain medications (preferably nonnarcotic), along with the other medicines, can also be useful. To help calm the pain center of the brain, such nonmedical treatments as massage, meditation, yoga, exercise and physical therapy are very beneficial.

Most patients with fibromyalgia learn to live with the symptoms and can manage the intensity of their pain despite periodic flareups. For those who are really challenged, a multidisciplinary pain program is recommended.

> **ROBERT S. KATZ, M.D.** editorial@mediaplanet.com

Pain in the pelvis

Imagine waking up with pain that burns like a flame and is as sharp as a knife in your bladder and groin. To some people, this scenario is real.

The condition described may be pudendal neuralgia (PN). PN is best defined as an irritation of the pudendal nerve and is more common in females than in males. The pudendal nerve is a cluster of nerves that runs from the sacrum throughout the pelvis and transmits pain from the bladder, vagina/penis, and rectum.

It is often confused with or misdiagnosed as Interstitial Cystitis (IC). IC is a condition that consists of bladder or pelvic pain and pressure. It is associated with urinary frequency and urgency. The exact cause is unknown, but is thought to be associated with inflammation of the bladder wall. Like many other pain conditions, there is no single test for PN or IC. As a result, delayed diagnosis, misdiagnosis, or under diagnosis can occur.

PN is manageable and treatable in many cases. One method to diagnose PN is an accurately placed selective pudendal nerve block under X-ray guidance. If the pain resolves with the nerve block, it helps confirm PN. The procedure is not widely performed, but there are a few Interventional Pain physicians that have been trained on the various approaches to safely and perform the procedure.

It is important to have a proper workup to rule out other conditions. As with many chronic pain conditions, diagnosis is the key to an appropriate treatment.

JAY JOSHI, MD editorial@mediaplanet.com

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Interstitial Cystitis Association

The Interstitial Cystitis Association (ICA) promotes research, raises awareness, and supports patients with interstitial cystitis (IC). IC (also known as painful bladder syndrome or bladder pain syndrome) causes extraordinary urinary frequency, urgency, and pelvic pain and affects more than 4 to 12 million US women, men, and children. But helpful treatments are available, and research is progressing. Patients, doctors, and researchers stay informed and get help through the ICA's advocacy and award-winning publications and website.

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INSIGHT

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QUESTION & ANSWER

Why should female sufferers of chronic migraines discuss their condition with family and peers?

In the United States, it is thought that about 14 million people are underdiagnosed with migraines and are currently self-medicating. This self-medication or undertreatment of disease may lead to a chronic disease state.Many times, women carry significant responsibility, whether at home or work, and when productivity in any area fails, it can lead to long term effects on stability as a whole. Therefore, it is important to find a good support network. The best people are those which you are constantly surrounded by, including your friends, family and peers.

Are there any lifestyle changes one should consider to diminish the effects of chronic migraines?

There are many lifestyle changes that can decrease the prevalence of migraines:

Avoid skipping meals, which causes low blood sugar and can lead to the precipitation of a migraine attack.

Develop a consistent sleeping pattern, such as six to eight hours per night, as any alteration in schedule can precipitate a migraine attack.

Exercise regularly, as recent studies show that women with a body mass index of 30 or more (or whose waists are larger than 35 inches in circumference) are at an increased risk for chronic migraines.

Reduce stress by practicing relaxation techniques, such as meditation, yoga or biofeedback, especially when facing stressful life events.



What are some important questions to ask your doctor during initial visits?

- What are the possible causes for my headaches?
- What kind of tests do I need?
- What sort of steps should I take to gain control of my headaches?
- When should I see a specialist?
- What is the best course of action?How should I keep track of my headaches?
- Are any of my current medications making my headaches worse?
 Should I be using daily medications for my headaches?

What are the side effects I should be looking for with these medica-tions?

Since women suffer from chronic migraines more so than men, is there any direct action that can improve their conditions?

It is important they speak to their doctor if they experience an increasing number of headaches. Secondly, research your family history, and see if others have had similar complaints. Also, given that migraines can have a relationship to hormones, keep calendar records of your headaches in order to help your doctor identify the best therapy. Finally, educate young children about lifestyle changes, as good habits early on lead to better outcomes.

SANDRA PINILLA, M.D.

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Lost time and productivity for employees with migraine costs well over **\$30 billion annually for US employers,** and data shows that the higher the frequency of migraine, the lower the individual's income will fall.



Is chronic migraine one of the most disrespected diseases?

Migraine is a terrible disease in its most basic form. It is one of the top 20 causes of disability in the world, and is a risk factor for stroke and suicide, as well as being closely linked to a multitude of other diseases that affect our physical and mental health.

It ruins careers, relationships, and lives; yet, it remains a grossly under-diagnosed, under-treated, and under-supported disease. What could be worse?

A chronic issue

Chronic migraine is the diagnosis for those who are afflicted with migraine attacks on 15 or more days per month. Bear in mind that there are over 30 million adults in America suffering from migraine and about four million will qualify as chronic. So, at least every other day—and sometimes every day—these individuals must contend with a headache so severe that it can only be controlled with prescription medications. Common side-effects of migraine are nausea and extreme sensitivity to light and sound.

These troubling symptoms prompted the World Health Organization to rate chronic migraine, along with quadriplegia, psychosis, and dementia, as one of the most disabling chronic disorders. So how does chronic migraine slip under the radar for so many people?

An invisible disease

We have no easy answer to this mystery, but it is most likely related to the fact that migraine is rarely fatal (although, as author Joan Didion so famously commented, "That no one dies of migraine seems, to someone deep into an attack, an

"Chronic migraine is the diagnosis for those people who are afflicted with migraine attacks on 15 or more days per month." ambiguous blessing.") Moreover, migraine is not generally a "visible" disease, and it affects women far more often than men. This invisibility and gender dominance results in a pattern of those who have never experienced migraine to fail to understand the depth of the problem.

The National Headache Foundation is trying to change this omission. Through education, research, and advocacy, we are striving to increase awareness that migraine is a serious disease worthy of the funding, empathy, and priority given to dozens of other diseases which affect fewer people less severely. To learn more about chronic migraine, please visit our website, www.headaches.org. You can help us in the fight of this debilitating disease by joining us as a member or donor. The only way migraine will be defeated is by making the world aware of its presence and the impact it has on the individual's life.

NATIONAL HEADACHE FOUNDATION

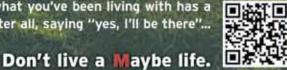
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When you have migraines with 15 or more headache days a month,

maybe you can really be there, maybe you can't.

Well, Maybe it's time you changed that.

Start today by finding out if you have Chronic Migraine. Knowing that what you've been living with has a name, means knowing you can find treatments that are right for you. After all, saying "yes, I'll be there"... and really being there...shouldn't be a luxury.



TO FIND A HEADACHE SPECIALIST TODAY AND FOR MORE INFORMATION, SCAN THE CODE OR GO TO



INSPIRATION

Question: How has Lynne Matallana improved the quality of life for chronic pain patients? **Answer:** By dedicating her life to seeking out answers and raising awareness on the issue of chronic pain.

Yes, I am a fibromyalgia "patient"

et more importantly, I am a human being. And though my fibromyalgia (FM) forces me on a daily basis to deal with a con-

stellation of chronic symptoms that causes both physical and mental anguish, like millions of others with FM, I have to live with the fact that

PROFILE

Lynne Matallana

Lynne Matallana can't even remember a time when she wasn't in pain. However, after spending almost two years in bed from 1995 to 1997, Lynne's attitude changed when she realized that it was time for her to make a difference by helping improve FM patients' quality of life by bringing their needs to the forefront. In 1997, Lynne established the National Fibromyalgia Association, the leading international non-profit organization addressing the needs of the 10 million+ women, men and children in the US suffering from FM. As Founder and President, Lynne became



there are many people who give no

credence to my condition, dismiss-

ing my suffering because they don't

understand it. So, after spending two

years in bed not knowing what to do,

I realized that I had to create a life

that would mean learning to live well

Pain is not new, so how could the

despite my chronic pain.

Taking charge

involved in every sector of society that dealt with FM and chronic pain. Today, Lynne is working to establish a model for an interactive platform known as Health Focus, Inc., which will provide pain patients with support, motivation, resources, referrals, and evidencedbased multidiscipline treatment both nationally and then worldwide. medical community not accept my pain as real or help treat it as something that truly existed? I couldn't imagine a life where I was supposed to just quietly disappear. Like the women of my grandmother's generation, whose complaints were dismissed as one of those "middle-aged women's things," I valued life too much not to fight for a life of quality. And while most patients with FM do not have the opportunity to keep searching for answers, I had the emotional and financial support that allowed me to continue to seek out help.

Though there were times when I began to lose faith, my pain urged me on, a constant reminder that there was no room for self-doubt. My pain was real, and it was something that could not be ignored. This was an illness, not a punishment, so there had to be answers and people out there who did care. I just had to find them.

The long journey

Two years and thirty-seven doctors later, I found my compassionate,



"When asked, most individuals with fibromyalgia express above all else the need to feel 'normal' and understood."

Lynne Matallana

open-minded, knowledgeable doctor, and I came to understand that my quality of life was going to be influenced by our doctor-patient relationship. I realized that it was going to take time to build this relationship and that we both had to make a commitment to working hard and doing our part as a team. I couldn't have expectations that my doctor was going to cure me, and my doctor couldn't expect me to not share my suffering with him. Pain that is not validated causes one to feel guilt, fear, and hopelessness, which in turn can even become disillusionment and depression.

Fibromyalgia is not just a problem that affects a specific group of people. It is a health condition that touches the lives of millions of people every day. As a patient, I can live with an illness that causes pain, but I can't live with the knowledge that others have dismissed this pain, and find it unworthy of their concern and acceptance.

> LYNNE MATALLANA editorial@mediaplanet.com

> > MyFi



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NEWS

Healing with heat: A natural pain remedy

 Question: Are there any natural ways of relieving pain?
 Answer: Through continued clinical research, infrared energy has proven effective in pain relief.

Millions of Americans endure the daily aches, pains and discomforts of chronic health conditions like arthritis, fibromyalgia, muscle strains and hypertension. Prescription and over the counter pain remedies can offer some temporary relief, but carry a high risk of side effects. Today's patients are looking to address their health needs with safe, proactive home health products and remedies that not only treat chronic conditions naturally and effectively, but also maintain long term overall health.

Infrared heat as an alternative

For centuries, scientists have understood that the sun's energy is a dynamic and integral part of all life on earth. Without sufficient exposure to this energy, we cannot properly absorb certain nutrients, contributing to suppressed immune function, fatigue, depression, sleep disorders, chronic pain, "SADS" and other ailments.

Today we know, from extensive research done at NASA and other renowned institutions, that energy from the Sun's ray's control vital processes for human health and well being. Respected publications, including the Journal of American Medical Association and the New England Journal of Medicine, affirm that energy from the sun serves to stimulate the endocrine system, enzyme activities, various brain functions, metabolic processes, the production of Vitamin D, and the acceleration of human cell production. The safest, most beneficial part of the sun's energy, the warmth you feel when you are in the sun, is the infrared segment of the spectrum.

More than 70 years of research

has found convincing evidence that infrared energy is helpful for enhancing blood circulation, reducing pain, strengthening the cardiovascular system, easing joint stiffness, reducing inflammation, and revitalizing skin cells. Recent studies tested the effects of infrared rays on chronic pain-specifically patients suffering from fibromyalgia. All of the patients experienced a significant reduction in pain after the first session, and continued reduction in pain after ten sessions. Another recent study found that infrared therapy presents promising anti-inflammatory effects.

Infrared heat in the public eye

Many readers may remember the March 24, 2009 Oprah show when Dr. Oz showcased an infrared sauna. Dr. Oz touted the infrared sauna as the best natural detox, and explained that infrared energy helps to lower blood pressure and increase circulation. While Oprah experienced the sauna, Dr. Oz said, "It gets your heart to beat faster, and it burns calories." A positive side effect to the infrared sauna is an increase in metabolism and the ability to burn calories while you relax and sweat out toxins.

All in all, a growing body of clinical evidence supports the use of infrared heat as a safe, non-invasive, pain relieving, health promoting, anti-aging therapy. The list of health, wellness and beauty enhancements through the use of infrared therapy is impressive and includes: relief from arthritis pain, relief from muscle spasms and joint stiffness, increased blood flow, anti-inflammatory benefits, weight control, controlling hypertension, improved cardiovascular and upper-respiratory health, enhanced immune function, increase collagen production, and provides many anti-aging benefits.

> DR. BARRETT WEINBERGER AND MELODY ALVIN editorial@mediaplanet.com



DID YOU KNOW?

Outdoor walking in winter air has many benefits

Keeps bones strong. Going for a winter walk and getting 15 minutes of sun on your face and hands two to three times per week should suffice for getting enough sun for vitamin D production.

■ Improves mood. Spending time with friends while walking can have positive effects on mood and decrease pain.

Motivates. You are more likely to complete a workout on a walking route if you walk outdoors, simply because you need to return home or to your car.

Burns calories. Outdoor walking through the park or around the neighborhood on a cold day won't burn any more calories than walking on a warm summer day, but walking in the snow will!

ARTHRITIS FOUNDATION editorial@mediaplanet.com



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NEWS

Question: What is strain-counterstrain?

Answer: It is both an evaluation and a treatment technique, making it easy for a clinician to assess the entire body for areas of pain and dysfunction.

No drugs, no surgery, no pain

Physical therapists are finding that a gentle, manual therapy technique, originally developed by an osteopathic physician, is providing long lasting relief for many different painful conditions.

Strain-Counterstrain, sometimes referred to as "positional release technique," is both an evaluation and a treatment technique, making it easy for a clinician to assess the entire body for areas of pain and dysfunction.This allows clinicians to apply the specific treatment needed to correct the dysfunction and alleviate the pain.

How exactly does strain-counterstrain work?

Strain-Counterstrain is a manual therapy technique. This means the physical therapist uses only their hands to place the painful body part in a comfortable, relaxed position that reduces underlying mus-

"By reducing the spasm, muscle pain is relieved and normal joint function is restored." cle spasm. By reducing the spasm, muscle pain is relieved and normal joint function is restored.

Who can benefit from strain-counterstrain?

For those experiencing any pain, from acute to chronic, strain-counterstrain can prove beneficial. This technique has helped improve the quality of life for people with fibromyalgia, chronic pelvic pain, neck and back pain, sports injuries, arthritis, headaches, and other chronic pain conditions.

Where can I find a trained practitioner?

Not all physical therapists are trained in strain-counterstrain. In Illinois, there are currently only three practitioners certified in this technique, and there are several more who have had advanced training in the technique. For contact information on strain-counterstrain practitioners anywhere in the United States, go to: www.jiscs.com and click on "Search For Practitioner".

FAC

KEVIN CRONIN, PT, ATC, JSCC editorial@mediaplanet.com



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