

Health Insights Today

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Integrative Pain Management

Interview with James Dillard, DC, MD, CAC

By Daniel Redwood, DC

H *Health Insights Today* editorial board member James Dillard is an integrative pain management specialist uniquely trained as a chiropractor, acupuncturist, and medical doctor. A graduate of Cleveland Chiropractic College—Los Angeles and Rush Medical College, Dr. Dillard is the author of *The Chronic Pain Solution: Your Personal Path to Pain Relief* (Bantam, 2004) and was the author and moderator for the national PBS television special, *Chronic Pain Relief*.

He served as an Assistant Clinical Professor at Columbia University College of Physicians and Surgeons for 12 years, and was the Medical Director of Columbia's Rosenthal Center for Complementary and Alternative Medicine during his years at the Columbia University Medical Center. He left Columbia in 2006 to go into full-time private practice in Manhattan and Stamford, Connecticut. His media appearances have included The Oprah Winfrey Show, Good Morning America, and the CBS Evening News. Dr. Dillard's website is www.drdillard.com.

In this interview with Dr. Daniel Redwood, Dr. Dillard discusses the growing collaboration among medical doctors, chiropractors and other health professionals, emphasizing the need for cooperation, coordination and making well-informed choices. He explains that while many chronic pain patients need medication in order to function, it is possible to limit the need for such medication through approaches including chiropractic, massage, yoga, meditation and a whole foods diet.

You're the only doctor I know about who has degrees in chiropractic, acupuncture and medicine. In what order did you study these disciplines and what led you from one to the next?

There was no grand plan to do something like this. Somebody who would create a grand plan to go through all of that would probably be mentally ill. I think people evolve and their thinking evolves. Experience teaches you things if you stay awake. Experience will lead into your next challenge, your next framework. A problem that many of us have is that it's not that hard to get stuck where you are, where you've been, and how you think about things.

The disciplines that originally interested me were primarily the hands-on disciplines. The first one I studied was Jin Shin Do acupressure, which involved putting my hands on people in a therapeutic way, which is certainly something that a lot of chiropractors do. Chiropractic and acupuncture training were an extension of that original interest from Jin Shin Do acupressure.

After I practiced for a couple of years, it was clear that many of my patients were taking medication and many were having surgery. I was curious about these stronger therapeutics and particularly surgery. How do you cut somebody open and sew him up without killing him? I think it's a lifelong pattern of being curious about how these things are done. Not that it's good or bad, important or unimportant, or superior or inferior. Just, "How does that work?"

You mentioned that the hands-on healing arts attracted you first. Do you feel that palpation has become something of a lost art in medicine?

Oh, absolutely. It's become a lost art because medical doctors rely inordinately on fancy scans, fancy tests, a lot of lab work, and the art of physical diagnosis is not as strong as it used to be. The older MDs who trained me were phenomenal with their physical exam skills. They could find all kinds of things by listening and touching. The palpatory

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skills that one learns as a chiropractor, and to some extent as an acupuncturist, are definitely lost from conventional medicine.

You are a pain management specialist. To what extent are patients who come to you dependent on pain medications? And of these, how many could manage their pain with less medication, with no medication, or with different medications?

It's an important question. Very often I see people after they've been round and round. I'm sure that chiropractors and other practitioners often end up seeing people after everything else has failed or has not served the patient that well. While this is true of some of my patients, I also get a lot of referrals from primary care physicians. Many of these patients are early in the course of their pain syndromes, which makes it much easier.

On the other hand, I get a lot of what we call "train wrecks," people who've been through a lot. They're depressed either moderately or severely and they live with a fair amount of anxiety. These people are often on multiple medications, sometimes the strong opioids, and very often they've had multiple trials of combinations of the different poisons that we put people on. So part of the challenge is trying to unravel that nasty ball of yarn that's tied up in a huge knot. These patients can get so desperate and sad and confused, which makes it even more of a challenge. Most of these patients are also horribly unorganized. In many cases, they don't even know what medications they've taken or what other treatments they've had.

One of the things that I argue for in *The Chronic Pain Solution* is that a pain patient has to get organized. You've got to write down your story. What happened, what did you try, what were the responses? How much did you try? If you were put on amitriptyline, what was the dosage? If they started you on 25 milligrams a night and then you slept for two straight days, that's important for me to know. Unless I have information like that, there's no way for me to know *whether or not it was an adequate trial*. In the book and also on the PBS television show that I did, I emphasized the notion of the adequate trial. Very often people get into terrible situations because they haven't had an adequate trial.

What's an adequate trial of chiropractic? Let's say the patient went to a Network practitioner for a couple of visits and they say, "Well, it didn't do anything for me." Or they had one session of DNFT [a very low-force chiropractic method] and then they say, "It didn't do anything for me, so forget about chiropractic." Now, with the backgrounds that you and I have, we would say, "*That's not an adequate trial of chiropractic treatment!*" So the question becomes, what *is* an adequate trial? It's the same with medications. Very often people come in and they're on a lot of different medications that aren't working very well. I'll ask them, "You're on 300 milligrams of Lyrica a day. Is that making you feel any better?" And they say, "I don't know."

If they don't know, how can you know?

I can't. These are very complex knots created in the strain of the person's life and teasing it apart is very complicated. Many patients do have severe enough pain that they will need to be on one or more medications. The question is, how do you select those? And that means you have to know these meds really well and know what effects they may have. Number two, you have to be willing to do the work of teasing this all apart. What did they try? What's been an adequate trial? What are the adverse reactions? What are the side effects?

Let's say a doctor started them on a high dose of Levo-Dromoran and they vomited their guts out. Well, it doesn't necessarily mean that that medication is not going to be helpful. It means that it was a horrible trial. So my number one premise (which I described in detail in my book and on the PBS show) is that by sensibly weaving in non-pharmacological, complementary and alternative therapies, and finding the ones that actually make a difference for the

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person, you can significantly reduce the dependency on pharmaceuticals *or the need to use them at all*. I do this every day in my office. I do a little of this and a little of that, I get them doing breathwork and relaxation work, and by a month or two down the road, their medication list is completely different and it's one half or one third as long. That's what the book and the TV show were all about. Stories of my patients being able to do that successfully.

Because of your unique training, you can personally provide chiropractic adjustments, acupuncture needling, and/or prescribe medication to your patients. You're able to provide a kind of one-stop shop, but that's quite rare. What do you see happening, both currently and in terms of future trends and possibilities, regarding collaborative relationships among chiropractors, acupuncturists, massage therapists and medical pain specialists? How can they best serve their common patients?

Great question. The first thing I'd say is that it's happening now, but it's either being driven by the patient floundering around from one practitioner to another and getting uncoordinated care and different pieces of advice, or in rare circumstances you have practitioners who are actually talking to each other. It's a startling concept! Imagine that medical pain specialists and non-MD specialists could actually work together. I joke about this because everything we do is supposed to be about the patient, not about us and our inability to communicate or our little pet territories or our pet theories about what fixes everybody. *It's about the patient*. So if we're truly going to be patient-centric, then we need to talk to each other, we need to respect each other. And I think increasingly more and more medical doctors are getting off their high horses.

There are three categories of medical doctors and pain specialists relative to the whole complementary medicine world. I'm going to loosely include chiropractic although chiropractic in many ways is more mainstream than the rest of the complementary medicine world. There's a small group way out on the right fringe of MD pain specialists who hate anything other than their drugs and their injections and their surgery. They won't cooperate. There's another small group on the left side of the scale that actively works with chiropractors, acupuncturists, mindfulness-based stress reduction programs, understanding the value of those kinds of things. Then in the middle (I'd say it's between 70 and 75 percent) are the agnostics. These are pain docs who have seen a lot of patients have good results with non-pharmacological and nonconventional therapies. But they don't know that much about it and they're kind of busy. Some are interested while others are not so interested. When we launched the integrative pain medical conference at Columbia six years ago, we had no way to gauge how many people would attend. Often at a place like Columbia or Harvard or Stanford, you'll launch a CME [continuing medical education] course and you'll have 12 people show up to do a review of the diseases of the pineal gland, or whatever. But our conference was standing room only. My conclusion is that medical doctors, nurses and pain psychologists are very hungry to understand how to integrate these approaches.

It's a very heartening development.

They don't want to live in a world of either/or. Many of them want to be able to work together for the benefit of the patient. It's a clear trend. The American Pain Society annual meetings often have a session on complementary and alternative therapies. I've done those presentations for APS and for other big conventional pain courses. So I think it's there, I think it's growing. But the mainstream media misrepresents this area, misrepresents chiropractic, and misrepresents many of the natural healing technologies.

They always want some kind of nuclear weapon, because that will really sell a lot of copies. But that that's not actually how you help people. For example, there's a new medication, pregabalin, a drug that Merck spent over \$700 million developing and bringing to market.

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\$700 million! It would seem that they have something of a stake in its success.

Correct, they've got a lot of skin in the game. Let's just say that a new chiropractic technique usually doesn't require \$700 million to develop. Like many other new drugs, this is sold to us as being the cat's meow. For all these medications, some people respond to it well, some people hate it, for some people it won't do anything at all, and some will feel like a zombie and say, "My God, why did you ever want me to take that." Everybody's going to respond a little differently.

Unfortunately, the real work of helping people is a long, slow, tedious process of establishing the doctor-patient relationship, working through everything that's going on with the person including a real focus on who they are, what's going on in their life. Ultimately, we have to take stock of that individual. The drug companies and the injection manufacturers would love to have us believe that there's a way to bypass that long, slow, tedious procedure. In chiropractic as well, some would have us believe that there's one simple answer that can bypass this work.

Something I particularly enjoyed about your book is that while you do an excellent job translating scientific information into plain English, you also look beyond the scientific facts, searching for broader life applications. You wrote at one point that many great historical figures, including Florence Nightingale and Charles Darwin, appeared to develop illness in order to cordon off enough quiet, isolated time to create their great works. Do we doctors sometimes suffer from tunnel vision and lose sight of the broader picture, the wider meaning? How can we do better?

Oh God, yes. Marcel Proust is another one who was ill his entire life. He wrote all his great literature either from bed or else standing at a slant table because those were the only positions he could tolerate. Many creative people have had tremendous headaches which drive them away from the society of others. Would Emily Dickinson have written such extraordinary, mysterious poetry if she had not been a cloistered spinster in New England? Who knows? There is a framework of genius that looks that way and yet we always have to keep our eyes open. Speaking of Proust, the quote from him that comes to mind is, "The true voyage of discovery lies not in finding new horizons but in having new eyes."

I think each of us has to be humble with what it is we think we know. We have to be sensitive to what we've learned in the process of taking care of others. And we always have to look outside ourselves to see if there are things that we are missing, if there are other ways to go. We have to be willing to doubt, to ask, "What am I missing here?" Is there an emotional comorbidity [other illness or symptom in the same patient] that I've missed? Do you have an elevated c-reactive protein and sed rate [blood tests that indicate inflammation]? Could this be a low grade rheumatologic illness? Is there a Lyme test on the chart? Is there a slow-growing hormone-elaborating tumor that may be clouding this whole picture?

It's not that you constantly look for the million dollar workup (which is a compulsion with medical doctors), but you have to keep your mind open to other possibilities. This is why I love the fraternity of practitioners, of my other buddies. I've got chiropractors that I work with now that have better hands than I do and who can do certain things that some of my patients really need. Maybe it's Nimmo [a muscular release technique] or something else that I don't do. To serve the patient properly, I need to send him or her over to this other practitioner and let him or her take a look, to give me a new set of eyes and hands on this person. It's a matter of staying humble and working with your colleagues, your buddies.

Regarding the importance of staying humble, the most tragic situations I've seen in my years in practice have been ones where an overconfident doctor was unaware of his or her own blind spots. Then every once in a while a patient arrives whose problem coincides perfectly with the doctor's blind spot. The doctor keeps treating, thinking that he or

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she is addressing the source of the problem, and it turns out to be some disastrous diagnosis that they missed. This could be a medical doctor, a chiropractor, or any other kind of practitioner. It's so important for all of us to realize that no one—whatever the letters after their names, whatever discipline they're in—no one has all the answers. That is the essence of professional humility and it's incredibly important.

Just getting a new set of eyes on somebody that may not be doing so well can be crucial. Obviously, depending on how complex somebody is, they may need three or four practitioners all working on them at once. They may need a psychopharmacologist, they may need a talk therapist, they may need a Reiki master. There are all sorts of different combinations. We all benefit from giving our respected colleagues a chance to do a good job as part of a team. The name of my book is *The Chronic Pain Solution*. The solution is finding those practitioners and those therapies that need to be on your pain team. If this one therapy or practitioner can bring down your pain 15 or 20 percent and another can bring it down another 20 percent, then when you all work together, that is that person's pain solution. It's not *my* pain solution or your pain solution, but it will be that individual's pain solution.

It's a willingness to appreciate the value that others bring to the care of the patient.

Absolutely. Also, Hippocrates said it's more important to know the person that has the illness than to know what illness the person has. After I try to get to know that person, sometimes I'll find that there's a spiritual crisis that they've never dealt with. I had a patient the other day who had tremendous issues around the death of his mother. It wasn't so much emotional; this was someone who had been a spiritual person and after his mother got sick and died, he lost his faith.

I sat and talked with him about this loss of faith, which was a *tremendous* thing that had been totally buried. And he started to weep like a baby. I asked him who was the last figure in your religion (this was a Jew), who was the last rabbi you were able to talk to where you felt a personal connection? He said that there was a rabbi at the shule over in Jersey who was just a wonderful guy but that when his mother got sick, he stopped going to that synagogue. I wrote on my prescription pad, "Go and talk to Rabbi Berkowitz at least once a week for six weeks, and then come back and see me." And he did it. It didn't solve all of his problems, but it made a tremendous difference. So sometimes it's something like that, something you wouldn't necessarily think of off the top of your head. He had lost his whole sense of meaning and it was having a devastating effect on many aspects of his life.

Across all the health care disciplines that treat pain, there's been a paradigm shift emerging over the past decade or two, that involves moving away from a primary focus on eliminating pain and toward a focus on restoring full function, even if some pain remains. This includes a shift away from passive care (doctor treatments such as medication or manipulation) once the acute phase has passed, and a move toward active care such as exercise. How deeply has this change penetrated at this point, and where do you think we're headed?

My sense from the conventional MD community is that most people are on that page, at least the academics are. There are a lot of practitioners out there in the field who don't necessarily attend all the meetings and who may end up just sticking needles in people over and over again, the "block shots" performed by anesthesiologists. Other than that rather large and unfortunate phenomenon in the pain field, I think most of the academic and thoughtful pain docs have a better rounded view of this. I see a general paradigm shift progressing slowly.

We are taught now at the pain meetings to document both pain and function, and it's not adequate just to get a brief pain inventory, a McGill or whatever. You *must* use measures that look at the patient's function. You can't just do a 10-point pain scale. The other thing that's really interesting is that it looks like *the 10-point pain scale may actually*

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measure depression and anxiety more than it measures somatic pain. This is the work of Clifford Clark at Columbia, who is a senior psychological researcher there.

Because the more depressed you are, the more likely you are to call a certain amount of pain a 9 or 10 (a more severe rating) rather than a 6 or 7?

Exactly. The 10-point VAS [Visual Analog Scale] may measure distress and anxiety particularly, and to some degree depression, or as Michael Sullivan from Dalhousie University refers to it, "catastrophization." I think it's important to document the somatic suffering and the symptoms but it's really important to write down what the person is doing, what they're able to do, how far they can walk, or whether they are able to clean up the kitchen. Are they able to go up and down stairs? How much difficulty do they have going up and down stairs?

I know that here at Cleveland Chiropractic College, there has been a major shift in that direction in recent years.

The other thing is that the focus on function allows you to some degree to get out of your head and into the physical world. I have four pillars that I talked about on my PBS special. The four pillars for any pain patient are always the same, they're simple and they aren't radical. Number one, a decent diet. Number two, stress management. How stressed out are you and what are you doing to deal with it? Number three is exercise. Are you in motion? What are you able to do? Number four is spiritual engagement or social engagement. Those are critical for everyone in chronic pain.

You've got to start a person moving and showing that they can use their body without being destroyed by their symptoms. An extension of this is the concept of work hardening programs and back to work programs, where the person is going to have a certain amount of pain but you're going to try to get them back on track anyway. The reality is that lots of people function in pain and it's okay with them. On some level they end up making the bargain, "Yes, I still have 3 or 4 over 10 pain, but I'm much better than I was. I'm not 6 or 7 over 10 and I promise you that I will get down to the bridge game on Thursday night because I want to see Gladys and I haven't seen her in three weeks." With a patient in that situation, I push them to get down to the bridge game and see Gladys, even though they may be in a 4 of 10 level of pain.

You've written that "for day-to-day treatment of back pain, most people find more relief from yoga than from any other source." What's so helpful about yoga?

What's unusual about yoga is that it is a physical discipline and also a mind-body discipline if it's done correctly. You are positioning your body, which makes you conscious of your body. You're also stretching the body which is often very helpful, even just doing the sun salutation every morning. Yoga also involves controlling your breath, breathing through the stretching and strengthening postures in a conscious way, so it's a combination of a physical and a mind-body therapy at the same time. Is it the only one? No. Tai chi can certainly be that as well. Using the breath, you can bring that kind of consciousness into anything that you do. There are a lot of professional athletes who tell you that they practice yoga and that consciousness and the use of the breath actually help them to excel at a sport.

But what is particularly good about yoga is that it makes you stop. You have to stop watching television, stop fighting with your wife and stop eating coffee fudge ice cream, because right now you're doing yoga. So it makes your life stop for a second, which is a challenge for lots of people, whether in pain or not in pain. You're getting multiple things going on at once. There are other ways, but I like getting people into yoga because it stretches and strengthens your frame while also getting you out of your head and out of the refrigerator.

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You wrote in The Chronic Pain Solution that you recommend meditation for everyone with chronic pain? How does that help?

I don't think everyone has to wear saffron robes and drink wheat grass juice. But think about it: what do we teach every woman, in all of the industrialized countries, to do when she's delivering a baby? Breath control.

Lamaze breathing.

Yes, which is something that looks a lot like the "breath of fire" in yoga. I think they stole a lot of the yoga breathing methods for the Lamaze courses. Every woman, even in the big industrialized hospitals, is taught to do breathwork to help her push the baby out. Does it take all the pain away? No. Does it help? Absolutely, or it wouldn't be taught by every nurse midwife and OB-GYN in the world.

So my premise is that you can at least use something as simple as controlled breathwork for painful conditions, and even for anxiety and depression. It is the most fundamental technique and I teach *every single patient* how to do a simple breathwork technique. That alone can often take the edge off their pain flares, take the edge off their anxiety, take the edge off their insomnia, take the edge off many things. And if they do it twice a day, just sit and do some breathwork—they don't have to do anything fancy, they don't have to chant, don't have to visualize the Buddha—just sit and stop your life for a second and do some breathing and let everything flow past you.

Now, if you want to do Jon Kabat-Zinn's 8-week or 12-week program in mindfulness-based stress reduction, beautiful. If you want to do Transcendental Meditation, or any of a number of other practices, that's beautiful, too. It's a kind of mental hygiene. People who don't brush their teeth have bad hygiene, right? I propose that you also brush your mind twice a day, because it gets cluttered. Brush your mind twice a day, take 5 or 10 or 15 minutes, five at a minimum, and don't do anything else during that time. Just breathe, like you're the rock in the river and the river is flowing past you and through you and around you. And you're seeing it, observing it all. This is mindfulness. Let it flow through and return your focus to the breath. That's brushing your mind. It's really simple.

What role do diet and nutritional supplements play in integrative pain management? And what dietary approaches do you find best for overall health?

Let's say you have chronic pain, a neuropathy, a nerve-based pain condition or any one of a number of painful conditions. If you're getting your meals handed to you through a window and then you're driving off, or lunch is a bag that you pop open and it goes "crinkle, crinkle, pop," your pain is going to stay ramped up. If you're eating a highly inflammatory diet, your nerves will stay sensitive, your c-reactive protein will be higher than it needs to be, you'll be inflamed, with inflammatory cytokines floating around in your system.

I look at pain as a failure to heal. Resetting the nervous system, getting this ramped-up pain with central sensitization [a state in which the brain and spine become more sensitive to particular stimuli] reset to normal, is just healing. And to heal you have to be eating a good diet. So you've got to get all the pro-inflammatory foods out. We know the list: trans fats, substantial amounts of sugar, heavy saturated fats, preservatives. I'm not saying everyone needs to become a vegan, but unless you are eating lots of fruits and vegetables, the natural Paleolithic or Mediterranean diet, the anti-inflammatory diet, you're just not going to heal. That's the fundamental concept.

There are other things you can add on top of that, such as certain supplements or anti-inflammatory herbs. I would prefer to have people get most of that in the regular diet. I want people to cook with turmeric, ginger and other natural anti-inflammatory compounds. You can eat your medications, in many ways. That's perhaps hyperbole, but food has

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to be the foundation. Neurontin and Oxycontin and Pamelor, or even spinal manipulation and acupuncture, cannot fully override being on a horrible, pro-inflammatory diet. It's just not going to do it. When I get somebody on a pretty healthy diet, and maybe some fish oil or other anti-inflammatory compounds or herbs, their psycho-emotional picture often gets much better. They're less anxious, they're less depressed. You have to be off the pro-inflammatory diet and on the anti-inflammatory diet as much as possible, with a focus on the fruits and vegetables.

Also, look at where you get your food. I'm a big fan of getting to know your growers, I love farmer's markets. You've got to have high quality food. My wife and I pretty much eat only organically grown food. We look for chard and kale, beets and beet greens. And leeks, I love leeks. You can prepare them with garlic and ginger. It's beautiful, beautiful food.

Is there anything else you'd like to add that we haven't covered yet?

Many people who suffer with chronic pain problems lose heart and lose hope for getting better. They bounce around from practitioner to practitioner. They're desperately looking for the magic bullet, one big single thing. They're hoping against hope that somebody's going to do a test that nobody else has done and discover that they really have humpty-dump disease and there's a perfect cure for this. That there's this one thing that everybody else missed.

What I want them to know is that you have to keep working at it, you have to have hope that you can get better, you have to keep your mind flexible, look for other therapies, be willing to try something that you haven't tried before. Be willing to get the Reiki treatment, be willing to do the biofeedback work, be willing to get hypnotized, be willing to see that chiropractor on the other side of town that's got a great reputation. And always believe that you can be better than you are.

I sit down with a patient and I say, "Okay, you're clearly doing better. How much better are you than when you first came to see me?" and they'll say, "Thirty percent." I'll say, "That's great, but for me it's still not good enough. We're going for 40 percent, we're going for 50 percent better. Let's think about other possibilities. How else can we optimize this?" Keeping your mind open, when it comes to the conventional medical field, the conventional chiropractic field, the conventional acupuncture field, massage, mind-body medicine, diet and nutrition. You can keep your mind open to all the possibilities for how you can get that 30 percent better to 40 percent better.

You have to believe that that's possible, and by mobilizing yourself, starting to move, starting to use your body, get strong again and feel less fragile, you can come back to your life. That is the basic message I try to give people. Not unrealistic hope. For many people, we can't take all the pain away. But we can get them back at least part of the way to their lives. And I think that's what they really want.

Daniel Redwood, DC, the interviewer, is editor-in-chief of *Health Insights Today*.