

Commentary

CAM and the Phenomenology of Pain

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Many CAM modalities afford relief from pain, each in its own way, or according to its own terminology. Comparison of different CAM modalities results in a simple phenomenology of pain centered around the idea that pain may be associated with blockages of the flow of energy in the system of *nadis/acupuncture* meridians.

Keywords: pain – TCM – ayurveda – EAP – acumeridians

The paper on Complementary and Alternative Medicine Approaches for Pediatric Pain in your April (1) issue gave an admirable review of published papers, but more is needed for it to live up to its intention of being a full ‘Review of the State-of-the-Science’. Complementary medicine contains many more modalities, which can be used against pain. Even more importantly, some of them shed considerable light on the nature of pain itself, and in a way which neuroscience does not.

The article reviewed studies from a wide range of disciplines within CAM: Acupuncture, Biofeedback, Creative Arts, Herbal Medicine, Homeopathy, Hypnosis and Massage. Even within these well known remedies might have been mentioned, for example, under herbal medicine, the analgesic effects of willow (*salix*) extracts or clove oil. Other modalities of CAM are also effective against pain. For muscle spasm and associated pain, Shiatsu provides amazing relief. For abdominal pain, particularly when associated with irritable bowel syndrome, detection of food sensitivities and elimination of indicated foodstuffs is often of great benefit. Stimulating research required to evaluate the efficacy of these would be valuable.

In general, the modalities of CAM most effective against pain seem to be those acting directly or indirectly on acupuncture meridians for reasons which will become clear below. These include not only acupuncture (for which the application to analgesia during surgery deserves a more than passing mention), but cranial osteopathy, various forms of healing and meditation. The first mentioned is effective, as far as this

author can tell, because cranial osteopaths are trained in a heightened sensitivity to levels of activation or depression of energies in the acupuncture meridian system (2) [this applies to both their own bodies and those of their patient(s)]. Such sensitivity enables cranial osteopaths to participate in the kind of processes I describe next.

In healing, two kinds of pain relief appear to be possible. One in which the pain is moved or removed using the healer’s (heightened) sense of touch, and the other in which it is moved mentally. The former occurs in hands-on healing such as that described in Barbara Anne Brennan’s classic text, *Hands-of-Light* (3). The healer may simply channel or transmit healing energy through their hands to the patient, and this may have a curative or analgesic effect. Otherwise, at a more advanced level, they may become aware (through an expanded level of their awareness, to which they usually have to be trained) of areas of dysfunction, problem and pain in the patient (4) (M. Pascoe and T. Marris, personal communication). To these they may allow or encourage healing energy to be directed, often through choice of the patient’s physiology [it is this latter kind I have encountered in Cranial Osteopathy (M. Pascoe and T. Marris, private communication)].

In more advanced, distance healing, such as that practiced at the advanced level of Reiki, the contact is not physical, but mental, and can result, for example, in pain being moved from its first area of sensitivity to another location and/or all the way out of the patient’s system, affording complete relief (J. Hodges and D. Fontana, private communication; P. Hartley, personal communication). I personally experienced an example of this latter, when away from home, the week of 4–11 September 2005, unable to see my dentist, and a molar

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Summary Table A phenomenology of pain from different systems of CAM

1a. Pain (a subjective experience) originates in imbalances of <i>Vata dosha</i> .	1b. <i>Vata dosha</i> is closely related to active intelligence and thus subjectivity.
2a. <i>Vata dosha</i> has a component from <i>Vayu</i> , the objective aspect of <i>Sparsha</i> or touch.	2b. The action of touch, or mental influence on its <i>Indriya Vayu</i> , may therefore alleviate pain. Hence the use of both the mind and the sense of touch in healing pain.
3a. Pain may be due to a ‘blockage in the flow’ of the <i>Vata sub-dosha, prana</i> dosha	3b. Anything which re-establishes the correct flow of <i>prana</i> may alleviate pain.
4a. Prana (<i>yang-qi</i>) flows through the <i>nadis</i> (acumeridians)	4b. Blockages in the <i>nadis</i> may cause, or establish conditions for experience of pain.
5a. Acupuncture insertions which stimulate the flow of <i>qi</i> (<i>prana</i>) through the <i>nadis</i> (acumeridians) will alleviate pain	5b. This may help explain acupuncture anaesthesia
6a. When <i>qi/prana</i> is enlivened in a person’s body by practice of <i>Tai chi/Yoga</i> they can learn to ‘channel healing’ to another person, removing blockages in their <i>nadis</i> .	6b. Hence the value of Contact healing, Reiki I, Cranial Osteopathy etc.
7a. When <i>qi/prana</i> is further enlivened in a person’s mind and body by meditation practices, they may begin to learn to heal themselves	7b. Hence the value of Ayurveda self-pulse reading, Transcendental Meditation etc.
8a. A person may learn to direct the flow of <i>qi</i> in another person’s body	8b. Hence, distance healing, Reiki II, healing by prayer.
9a. Enlivened <i>prana/qi</i> ‘expands awareness’, conferring on it field-like qualities.	9b. Hence, the statement that both ‘mind and <i>prana</i> flow through the <i>nadis</i> ’.

tooth developed an abscess. I called an excellent healer I know (P. Hartley, personal communication). As a result of his application, I felt the pain move from the lower left jaw to my left temple, and then after a second period of his ‘healing attention’, out of the top of my head.

The fact that pain can move in this way during healing is probably only an extension of the well known, but no less mystifying, phenomenon of pain transfer. The key point is that it appears possible to subjectively move the sensation of pain through those aspects of the body such as the acupuncture meridians, which are closer to the subjective aspect of human nature. Phenomena of this kind are well known in China, and many practicing Chinese traditional doctors can detect areas of pain simply by passing their hand over the areas concerned (D. Russell, personal communication). Certain schools of martial arts e.g. that run by the hypnotherapist Dan Russell F.R.S.M. in Carlisle, UK, even hold courses to teach their *Tai Chi* students the rudiments of such abilities (D. Russell, personal communication).

Traditional Chinese Medicine is not alone in this. The Ayurvedic system of medicine from ancient India shares very similar insights. In Ayurveda, acupuncture meridians are named ‘*nadis*'; the energy flowing through them being termed ‘*prana*’ (5,6). One text states that, ‘the mind and prana flow through the *nadis*’ (7), acknowledging the connection between the awareness of the expanded (and purified) mind, and its sensitivity to *nadi* energies (*prana*). Blockage of energy flow is known to cause physical, mental or emotional discomfort i.e. pain, confusion or emotional instability. In health the flow of *prana* in the *nadis* is smooth (7). Seemingly innocent practices like yoga postures (*asanas*) or *Tai Chi* (such as the short and long forms) are said to have the ability to remove blockages and restore the smooth flow of *prana/qi*. That may be why

they have a settling and invigorating influence on the whole person.

A similar explanation may explain why deep meditation, for example Transcendental Meditation (TM), can assist in pain relief (8). Practice of the technique heightens awareness and sensitivity to blockages in the *nadis*. When the awareness is innocently allowed to rest on the blockage detected, then, because the meditator’s *prana* has been enlivened, ‘*prana*’ energy is automatically stimulated to flow there, and healing takes place. Thus a simple explanation emerges for the remarkable improvements in health as a result of TM regular practice both short-term (9), and long-term (10).

A healer is a person whose *nadis* are clear, and in whom *prana* energy is more lively. Healers are aware of a *felt sense* within them (5,11). They are thus able to extend their awareness, at first through contact, and then mentally, to their patients, and let nature apply what correction may be possible.

Further insight into the nature of pain comes from the Ayurvedic doshas, and their relation to electroacupuncture. Ayurveda states that pain is related to *Vata dosha*, and that it results from ‘imbalance’ in that dosha. In agreement with this, ‘*Prana dosha*’ is one of the five *sub-doshas* of *Vata*. Also, *Vata dosha* has been identified with input/output processes (12,13), so it relates to transmembrane potentials such as the action potentials of the central nervous system (12). Electroacupuncturists say (A. Scott-Morley, personal communication) that the electric potentials they detect in the acupuncture meridians/*nadis*, originate in standard transmembrane potentials of body cells—in other words, they are a *Vata* phenomenon. Finally, of the three *doshas*, *Vata* is the closest to being active intelligence (it is the ‘intelligence’ aspect of systemic medicine), and thus to subjective awareness (15–18).

In this way, comparative study of different disciplines of CAM can contribute to our understanding of the subjective awareness of pain. From Ayurveda (*Vata, prana, nadis*). Traditional Chinese medicine (acumeridians, *qi*, pain diagnosis, acupuncture), electroacupuncture, and modern practices of hands-on and distance healing, Cranial Osteopathy, and TM, a consistent picture begins to emerge: the insights of one CAM modality are confirmed by other modalities (see Summary Table). We are not dealing with a multitude of phenomena, but different aspects of closely related phenomena or even a single phenomenon. Such an economy of description represents a *phenomenology of pain*, and of the ways different CAM modalities deal with it. It may also represent the beginning of an economic theory, the power of the underlying assumptions of which may give it genuine scientific value.

That would be in accord with Cooper's suggestion to elucidate the underlying biology of each discipline of CAM (13), and the insight that CAM can stimulate advances in scientific understanding (14).

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