

PreventionGuide.



Smarter Pain Relief

*Natural Fixes
to Ease Your Aches*

The
Healing Power
of Herbs

Can
Yoga
Help?

**EAT THESE,
FEEL BETTER,**

P. 38

HOW TO

**Stock Your
Medicine Cabinet**

PreventionGuide.

Smarter Pain Relief

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It's no secret that women are tough, but studies suggest we might be more sensitive to pain than men.



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Searching *for* Solutions

Health editor—and chronic pain sufferer—**Tracy Middleton** shares how her pain relief journey could help other women ease their discomfort.

Sometimes, it wakes me in the middle of the night: a punishing throb in my lower back. The pain has been my near-constant companion for half of my 40+ years. I don't know its origins. With no injury to point to, I suspect DNA may play a role—studies have shown a genetic link, and I come from a long line of bad backs. Regardless, over time it's become more tenacious. Insistent. For the past four years, it's been joined by a gnawing, steady thrum that radiates down my left leg from hip to knee, the by-product of a herniated disk pressing on a nerve in my spine. Some days, it whispers. Others, it roars.



My Distress is Just a Drop in The Bucket.

Chronic pain—the kind that lasts longer than three months and torpedoes people’s sleep, moods, relationships, and careers—affects roughly 100 million Americans.

The majority are women, in part because we’re more likely to be plagued by conditions like fibromyalgia, migraines, and low-back pain. Sixty percent of sufferers seek help from their family doctor; 40% will see a specialist (e.g.,

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a gastroenterologist for Crohn’s disease). Many of them—roughly 10 million annually—will, at some point, be given a prescription narcotic, an opioid to numb the pain. I’m one of them. At times I can go days or weeks without the meds;

but when even standing without pain becomes a struggle, I swallow them every six hours, per the label. I know the dangers: Up to 29% of patients given opioids for chronic pain misuse them; between 8% and 12% develop an opioid

use disorder; and roughly 5% transition to heroin. I'm not represented in any of those statistics, but they linger in my mind, which is one reason I'd like to stop taking the drugs. The other? Research shows that, for many people, opioids become less effective the longer you take them.

Medication isn't the only way I've tried to appease my pain. I've tried physical therapy, acupuncture, chiropractic sessions, regular massages, and steroid injections. The last time I saw my pain-med doctor for the latter (I get shots every six months or so), he suggested the one thing he'd previously believed I could avoid: seeing a neurosurgeon to discuss removing the part of the disk that's pressing on the nerve. I was crushed. In essence, he was telling me—just as my chiropractor had before him—that he'd reached the limit of his ability to help.

I've watched my dad lose functionality with

each of his four spinal surgeries (told you I came from a line of bad backs), and research shows up to 40% of people who have surgery for low-back pain don't get relief. Desperate to avoid that fate, I started researching other options and came across a surprising alternative, one that doesn't rely on addictive drugs or lackluster surgeries: pain rehabilitation programs that focus primarily on the mind to heal the body, decades old but gaining buzz again in the face of the nation's opioid epidemic.

Missed Connections

As women, we're often told our hurt is all in our heads. Even doctors



**WOMEN
ARE OFTEN
TOLD OUR HURT
IS ALL IN
OUR HEADS.**

are quick to dismiss it, according to some studies. The idea that pain is a figment of the imagination is pure BS, but there are deep connections—both emotional and biological—between chronic pain and the mind. That's why the goal of these rigorous outpatient programs isn't to eliminate pain (though in many cases it's significantly reduced); it's to change patients' relationship to pain so that it doesn't have such a stranglehold on their lives, says psychiatrist Xavier Jimenez, M.D., medical director of the Chronic Pain Rehabilitation Program (CPRP) at the Cleveland Clinic. At the heart of the treatment are counseling sessions and psychoeducational classes—the “psycho” side of the program's biopsychosocial approach. “Bio” is meds, such as antidepressants and nonaddictive pain pills, plus physical and occupational therapy;

and “social” looks at external factors, like family or work, that can enable pain.

These interdisciplinary programs were the “gold standard in the ‘60s,” says Jeannie Sperry, Ph.D., a psychologist at the Mayo Clinic’s Pain Rehabilitation Center in Rochester, Minnesota. But changes to the health-care system in the ‘90s saw patients sent to individual practitioners instead of pricey comprehensive programs. Jimenez says the Cleveland Clinic’s CPRP is usually a last-ditch effort for the roughly 300 people who attend annually. “Most have spent years going from doctor to doctor, collecting diagnoses,” he says. Most swallow multiple medications and have had at least one surgery but are still so debilitated they’re often unable to work or carry out everyday tasks. I’m not there yet. But I can’t play with my kids or go to a barre class without feeling a twinge, and



RESEARCH SHOWS THE WAY WE TALK ABOUT OUR PAIN CAN ACTUALLY CONTRIBUTE TO IT

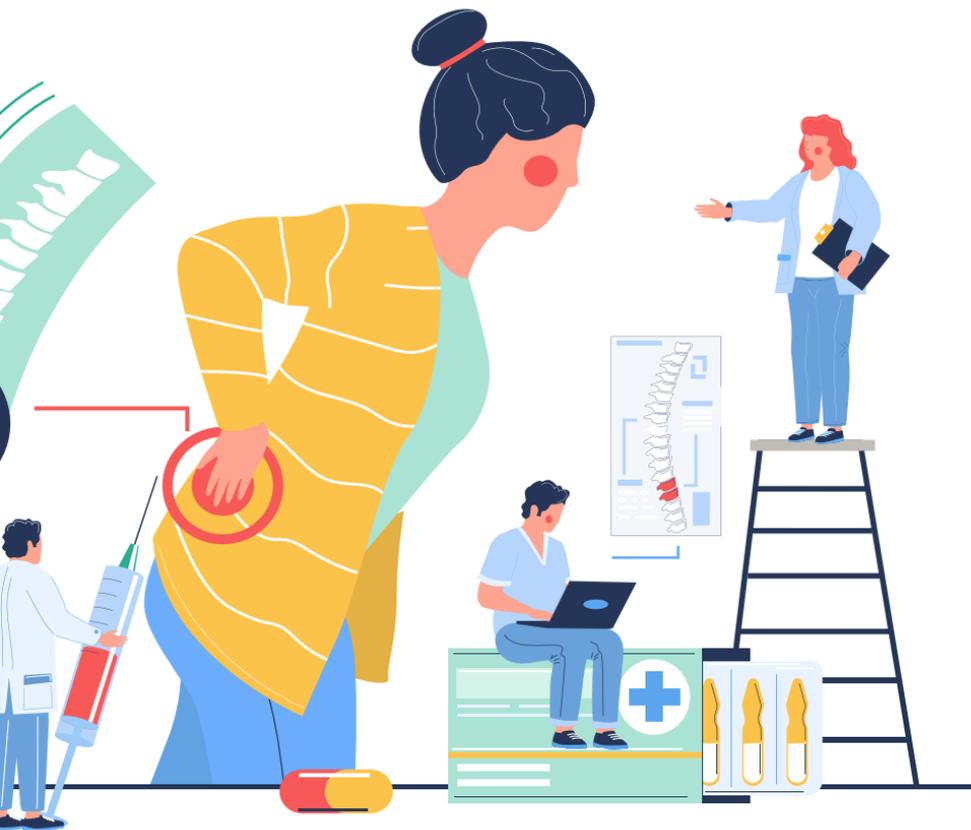
that’s frustrating and disheartening. So I traveled to Cleveland to see if I could glean something from the CPRP’s methods that could help.

“It’s Hell Week”

That’s how Eugene Elbert, a friendly nurse at the Cleveland Clinic’s CPRP, describes the program’s initial days to a gathering of new patients. He’s only half-joking. The treatment is intense (three to four weeks of eight-hour days, Monday through Friday), and patients have to adhere to some strict rules—the first being that they can’t talk about the very pain that brought them



here. (The exceptions: emergencies and discussions in therapy of pain’s emotional impact.) Even though the patients were told this beforehand, it sounds harsh. After all, they’re at a pain treatment center. What else would they discuss? But there’s good reason for the tough love. Research shows the way



Searching for Help

Not everyone can put their life on hold for weeks to attend a pain rehab clinic. But you may be able to locate a physician who can shape an individual treatment plan using a similar

integrative approach. **Here's how:** Find a local pain-medicine doctor—the American Academy of Pain Medicine (painmed.org) and the American Board of Pain Medicine

(abpm.org) both have online directories—and ask which combination of treatments (e.g., cognitive behavioral therapy, yoga, medication) may be right for you. Penney

Cowan, founder of the American Chronic Pain Association, suggests peer support groups to further improve well-being (search for one at theacpa.org).

we talk about pain can actually contribute to it.

People who catastrophize pain (“my life is ruined”) or feel helpless about it (“things will never get better”) feel it more severely, says Sperry. One theory why: When the body is in a constant state of high alert, your muscles tense, your heart rate goes up, and your breathing becomes more rapid—all of which can increase pain. And there’s a gender connection: One study found that among chronic pain sufferers who catastrophize, females reported greater pain intensity and were more likely to take opioids than men with the same condition.

Talking about pain isn’t the only thing participants give up. Those who take opioids (about 40% of people entering the program) know in advance that they have to taper off the meds. That’s because while the drugs are effective at curbing short-term hurt, over time they can hijack

signals in the central nervous system, actually making the body more sensitive to pain, says Jimenez. This nervous system meltdown, called hyperalgesia, is why some patients find their pain worsens despite their taking increasing amounts of opioids.



PAIN IS FELT IN THE BODY BUT IS AN EXPERIENCE OF THE MIND.

Head Hurt

“Pain is felt in the body, but it’s an experience of the mind,” says Darcy Mandell, Ph.D., a former attending psychologist at the Cleveland Clinic’s CPRP. Say you twist your ankle. Receptors in the joint shoot signals to your brain that say: Hey, there’s a threat down here. If you’re walking in the woods when you stumble, the brain might immediately produce a

sensation so sharp you’d have to limp home. But if you tripped because there was a poisonous snake in your path, your brain would determine the reptile is the greater danger. You’d hightail it out of there, not giving your ankle much thought until you were safely home. Same injury, different brain response.

Snake or no snake, you’ve damaged the ankle joint, so you feel acute pain—the type that’s a direct result of harm to tissues, joints, or bones. You’d probably take it easy for a few days or pop OTC painkillers until the injury heals (typically three to six months, depending on severity) and the ache goes away. But in chronic pain sufferers, for reasons that aren’t entirely understood, the danger signals keep getting sent, even after an injury has healed. These ongoing messages eventually rewire the nerves, making them extra sensitive. In this heightened state, ordinary sensations



What's Causing Your Pain?

Dozens of conditions can make you hurt. For the most common ones, here's how mindful therapies can help.

Fibromyalgia

Four million people experience all-over aches and pain, extreme fatigue, and cognitive difficulties. One study found patients who reflected on their emotional experiences with fibro had less pain and depression and higher functioning than those who had cognitive behavioral therapy. Psychodynamic therapy, which examines unconscious thoughts and feelings, can help patients with this; find a therapist at apsa.org.

Chronic Pelvic Pain

The umbrella term for any non-menstrual-cycle-related hurt in the pelvic area (such as endometriosis or pain during sex) that lasts six months or longer, CPP affects about 25% of women. One study showed that 20 minutes of daily meditation significantly reduced patients' pain.

Low-Back Pain

Roughly 80% of people experience acute low-back pain; for 20% the pain becomes chronic. The

American College of Physicians issued guidelines that advise practicing yoga and guided relaxation instead of opioids. Nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants are also suggested treatments.

Headaches

Women are more likely than men to suffer more intense and longer-lasting skull crushers and migraines. In one new study, headache patients had less pain and depression after three weeks of being

treated at an interdisciplinary pain rehabilitation program.

Autoimmune Diseases

Conditions like celiac disease, multiple sclerosis, and rheumatoid arthritis occur when the body's immune system attacks healthy cells by mistake. One study discovered MS patients who had mindfulness training were less depressed and anxious; biofeedback was also helpful.

become blown out of proportion by the time they reach the brain. This neurological glitch is called central sensitization, and it can be triggered by anything that activates the central nervous system—“injury, muscle strain, accident, medication, or emotional stressor,” says Jimenez.

The number of people with central sensitization is likely “in the millions, if not more, because it’s linked to so many conditions, including fibromyalgia, multiple sclerosis, and irritable bowel syndrome,” says Jimenez. With chronic back pain, there can be an underlying physical problem—like my compressed nerve—with or without central sensitization, says Jimenez. Doctors don’t know why some people develop the glitch and others don’t, though they suspect genetics, mood disorders, and past mental traumas (for example, physical, sexual, or emotional abuse as a child; surviving a natural

Relax Your Brain

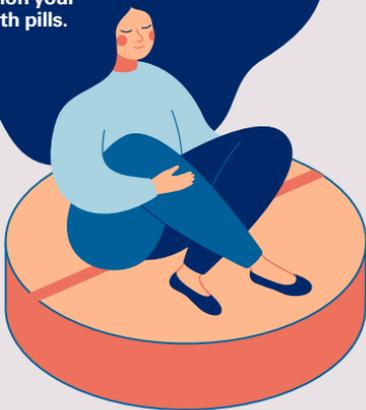
The more stressed you are, the more pain you feel. Mindfulness techniques can help dial down that tension and prevent hurt. You can mix and match the techniques below; just aim for two or three five-minute sessions a day. (Need more direction? Download Curable, an app that teaches chronic pain sufferers about the brain-body connection and guides them through relaxation exercises.)

Conduct a Body Scan Lying down, bring attention to your toes. Acknowledge all sensations, painful or pleasant, without judgment, then breathe into them. Continue to work up to the top of your head.

Breathe Deeply Sitting or lying down, place one hand on your abdomen and the other on your chest. Inhale slowly through your nose and into your belly. Pause a few seconds, then exhale slowly through your mouth. Repeat until you feel calmer.

Meditate Sit comfortably and bring your awareness to the present moment. Notice what’s happening, physically and emotionally right now—not the future or the past. Mind strays? Gently bring it back.

You don’t need to cushion your pain with pills.



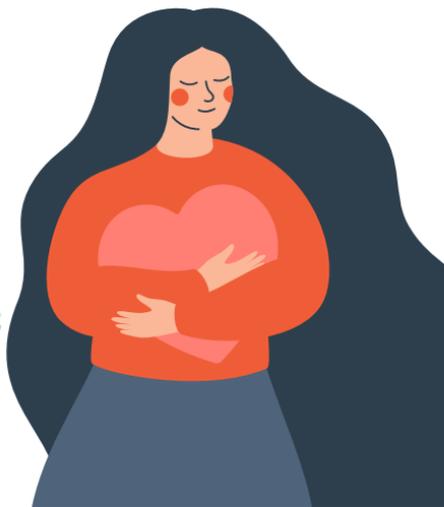
disaster; being in combat) are involved. These events may seem unrelated to physical pain, but experts believe past ordeals may prime the nervous system so that it's already in a state of überreactivity by the time an illness or injury strikes.

Power in Knowledge

A little over a year ago, a therapist I was seeing for a bout of depression kept bringing up my back pain, convinced it was contributing to my low mood. At the time, I thought she was barking up the wrong tree. Yes, my pain was annoying, but it wasn't debilitating. But she may have been on to something. Turns out, depression and pain often exist in a vicious cycle. When everything aches, depressed sufferers may cut back on activity to avoid reinjury, which makes them more susceptible to getting hurt and lowers their mood; or they may lose sleep and become hopeless about their situation, which can



**30-50%
OF PEOPLE
WITH CHRONIC
PAIN ALSO
STRUGGLE
WITH
DEPRESSION
OR ANXIETY.**



lead to depression...which can then provoke more pain. Research suggests that 30 to 50% of people with chronic pain also struggle with depression or anxiety.

This mind-body connection is why a full 70% of the Cleveland Clinic's CPRP is psychological. Patients attend individual and group cognitive behavioral therapy and go to classes that tackle topics like anger management, self-esteem, mindfulness, resilience, and acceptance. Once a week, a family member is required to join the patient in therapy and classes—a nonnegotiable

that Mandell says is critical. "Well-meaning loved ones may do certain things out of love or lack of understanding that can contribute to an individual's disability," she says. "For example, one woman with fibromyalgia who came to the program felt judged by, and distant from, her husband, who periodically made indirect, snide comments because he was frustrated by her disease. This made her feel ashamed and depressed, so she ended up doing less, exacerbating the cycle." At the CPRP, the couple learned to communicate more effectively. "The wife was able to tell her spouse



Take Charge of Your Care

These tips help ensure you're heard and cared for in a meaningful way.

Be Specific.

Write things down: "I took 1,000 milligrams of Tylenol every six hours today without improvement" or "I iced my pain for three hours with no relief." This helps your physician make the most accurate treatment call, says Adaira Landry, M.D., an assistant professor at Harvard Medical School.

Track Everything.

Take notes when a treatment plan is shared. "Health professionals tell you a whole bunch of stuff," says Lisa

A. Cooper, M.D., M.P.H., director at Johns Hopkins Center for Health Equity. "But once you leave, you'll think, *Wait, what did they say?*" Write down what your docs and nurses say, so you can refer back, ask questions, and watch for anything that doesn't sync with the healing process they described.

Call on a Witness.

Dr. Landry suggests asking another person to come along who can speak on your

behalf, like a family member or a close friend. "Having someone who is familiar with medicine is most ideal, but even someone at your bedside who can say, 'I know my mom' or 'I know my brother. They're never in pain like this. This is unusual,'" will help frame the story that this person is off their baseline," says Dr. Landry. Another advocate who might make a call on your behalf is your primary care physician, who can describe your pain and recommended

treatments up until this point.

Ask for Someone Else.

If you're stuck in a situation alone, you can request a different physician or nurse, or a second opinion, says Onyeka Otugo, M.D., M.P.H., an emergency medicine physician and health policy research and translation fellow at Brigham and Women's Hospital. You could even ask if there's a person of color available to treat you. It doesn't hurt to ask, even if the answer is ultimately no.

she prefers to hear his frustration directly, and he found she could listen without getting angry,” says Mandell.

Patients also learn biofeedback, a therapy I experienced firsthand. Mandell wired me up to a monitor with sensors that measured my heart rate, temperature, sweat production, and muscle tension. Then she grilled me with math equations (not my forte). My body temp and heart rate immediately soared. I became sweaty and tense. After a few minutes, she told me to try to relax. I tapped into the deep breathing I learned in yoga; within 30 seconds, my vitals dropped, which is the goal.

Giving In, Not Giving Up

The mind-body approach works. Studies show the programs improve patients' quality of life. And although they're not cheap (including a hotel for three weeks, the Cleveland Clinic's program costs around \$17,000 but

is covered by most insurance plans), research shows they save money in healthcare costs in the long term. Best of all: They reduce pain. After three to four weeks of treatment at the Cleveland Clinic, more than 60% of patients said this was the case for them.

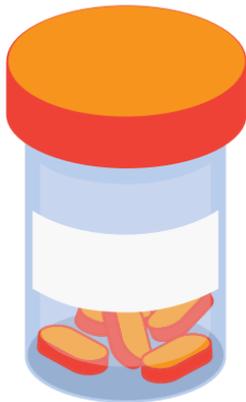
As for me, I'm struggling to accept that I'll probably always have some hurt. Like everyone else, I want a quick fix—a pill or treatment that will

instantly mend my jacked-up back. Still, I recognize my strategy of nonacceptance only makes my pain worse. I don't want to face my body's limitations, so I overdo it, going on long runs, even though the impact is notoriously hard on the back (my doctor would prefer I swim). My pain ratchets up for days. In the pain-management world, this kind of behavior is called “push-crash-burn.”

It's time to try something else. Jimenez says you have to tackle all three branches of the program—that bio, psycho, and social mix—to see improvement. For me, that's discussing alternatives to my opioid prescription with my doctor, making more time for meditation, and maybe going back to that therapist. Redefining my relationship with pain is a work in progress. But with each step toward acceptance, I feel less of a need to try to control my pain—and it has less control over me.



**RX MEDS
DON'T NEED
TO BE YOUR ONLY
SOLUTION.**



HERBAL FIXES FOR PAIN

Natural remedies have helped soothe aches and pains for centuries.



Back Pain

Back pain is the second most common reason Americans see their doctors (after colds and the flu). In fact, research shows that up to 90% of adults have back pain at some time in their lives. Both back and neck pain can be eased and prevented with a few time-tested methods, ditching bad habits, and exercising your back and neck regularly.

EASY MOVES

...FOR A BAD BACK

IF YOUR DOCTOR GIVES THE OK, TRY THESE EXERCISES TO STRETCH AND STRENGTHEN YOUR BACK.

STRETCH

• Half Lunge

Stand with your feet staggered and your left leg in front. Bend your front knee about 90 degrees and your back knee a few inches from floor. Press your right hip forward, feeling a stretch along the front of your hip. Hold that position for 20 to 30 seconds. Switch sides.

PILATES

• Bridge

Lie on your back with knees bent and feet flat on the floor, hip width apart, and arms at your sides, palms down. Inhale, press your feet into the floor, and lift your hips. Use your legs to raise the abdomen higher, and press your shoulders into the floor to lift your chest. Hold for 4 to 8

breaths, then lower hips to the floor. Repeat 3 to 5 times, pausing for 1 to 2 breaths between reps.

YOGA

• Child's Pose

Sit on your heels with your knees hip distance apart. Exhale, and lower your torso between your thighs. Reach your arms forward. Hold for 30 to 60 seconds.



TURN TO

Spices

Turmeric and ginger help reduce production of leukotrienes, substances that can trigger inflammation. Take 1 to 2 g of each spice a day in supplement form until your pain is eased.

TRY

Chamomile Tea

The superpowers of the chamomile flower go far beyond lulling you to sleep. Compounds in this daisy-like plant can also lower inflammation and calm your entire nervous system.

Ease back pain by filling a clean sock with 1 cup dried chamomile. Tie up the end, and immerse the sock in warm bathwater; add 1 qt Epsom salts and 5 drops lavender essential oil. "Your

skin will absorb the chamomile, which works with the salt and oil to help relax muscles and relieve back pain," says Laura Neville, a naturopathic physician based in Portland, OR.





Flaxseed

Add Flaxseed Oil to Your Juice

Flaxseed oil contains alpha-linolenic acid, a substance similar to the omega-3 fatty acids found in fish that can prevent joint swelling. Take 2 tsp a day. Keep it refrigerated because flaxseed oil spoils quickly.



White willow

TRY

White Willow

Available as a supplement, white willow is sometimes considered an alternative to aspirin because it contains salicin, a natural form of the drug's pain-relieving component. It's often used to enhance other anti-inflammatory treatments.

—Ellen Kamhi, author of *The Natural Medicine Chest*

Knee Pain

It affects people of all ages and can be caused by injury, arthritis, or an infection.

5 MOVES

...FOR STRONGER KNEES

THESE EXERCISES STRENGTHEN AND TONE LEGS WITHOUT WREAKING HAVOC ON KNEE JOINTS.

1 Hamstring Curl

Lie on your back, legs extended and heels on a stability ball. Press into your heels, lifting your hips off the floor. Bend your knees, and roll the ball until it's under your knees. Roll out. Do 3 sets of 8 to 12 reps 3 times a week.

2 Wobble Lunge

Stand with a cushion or a pillow under your right foot, your left foot 3 feet behind you. Bend your knees, and lower, keeping your right knee over your heel. Straighten your legs. Do 10 lunges. Switch legs, and repeat.

Do 3 sets on each side 3 times a week.

3 Butt Builder

Stand facing a wall, far enough away so that your back will be flat when you hinge forward at the hips, and put your hands on the wall. Then lift your left leg back without moving your hips. Hold for 1 minute. Switch legs. Do 3 to 5 times with each leg.

4 Double Calf Stretch

Facing the seat of a chair, place the balls of your feet on a rolled towel or yoga mat. Bend at the

hips, lift your tailbone, and rest your hands on a chair or your thighs. Hold 1 minute. Repeat after each strength move.

5 Step-Up

Stand facing a sturdy box or a bench that's just below knee height. Hold dumbbells (5 pounds or heavier) at sides. Step onto the top of the box with your right foot, then your left foot. Step back down with your right foot, then your left. Do 8 to 10 reps. Repeat, starting with your left foot; that's 1 set. Do 4 to 6 sets.



TURN TO

Capsaicin

OTC creams that contain capsaicin, an extract from chiles, may tone down knee pain. A study found that nearly 40% of arthritis patients reduced their pain by half after using capsaicin cream for a month. These

creams, such as Zostrix and Capzasin-P, may be irritating to your skin, so try using one on a small spot for a few days before applying it to your entire knee, and don't apply it to cuts, scrapes, or broken skin.

*Arnica*

Go Homeopathic

Arnica, an herb that comes from a European flower, has natural anti-inflammatory properties. German scientists found it reduces knee swelling after surgery. Use it along with ice or meds you may use for knee pain, says Jane Gultinan, a retired dean of naturopathic medicine at Bastyr University in Kenmore, WA. Rub the ointment on bruises or strained muscles, or place three pellets under your tongue up to six times a day.

TRY

Curcumin

Curcumin, the active ingredient in turmeric, can help reduce joint pain and swelling in people with osteoarthritis. It's available as an extract, and some studies have found taking 1,000 to 1,200 mg a day can be effective.

—Chris D'Adamo, Ph.D., epidemiologist
at the University of Maryland School of
Medicine in Baltimore

*Curcumin*

TRY

Vitamin C

Australian scientists discovered that vitamin C, found in produce like bell peppers, kiwifruit, tomatoes, and oranges, reduces knee pain by protecting your knees against arthritis. Lutein in red peppers can help

protect joints, and those eating high amounts of vitamin C in their diets were less likely to have the type of bone degeneration that leads to knee pain and the development of knee osteoarthritis.

Citrus fruits may help keep your joints functioning and healthy.



Arthritis

Americans spend \$140 billion on arthritis treatments each year. So it should come as no surprise that physicians, researchers, and the rest of us are always on the lookout for the latest ways to ease its pain. While home remedies can play a significant role in reducing it, there's a lot of misinformation out there. Learn what you can do to feel better.

3 EDIBLE REMEDIES

...FOR PAIN MANAGEMENT

BEFORE HEADING TO THE PHARMACY,
YOU CAN FIND ALL THESE HERBAL TREATMENTS AT HOME.

• Fish Oil

One of the most popular nutritional supplements. Studies show that the fatty acids in fish oil helped people with morning stiffness, painful joints, and lack of strength in the hands and also reduced the need for anti-inflammatory drugs.

• Turmeric

This herb that's grown throughout India has been used in Ayurvedic medicine for centuries. Curcumin, the yellow compound that's found in turmeric, is being studied as a potential way to prevent or help treat arthritis pain.

• Ginger

This tasty wonder spice not only perks up your stir-fries, it also aids with joint health. Brew a mild tea by putting three or four slices of fresh ginger in a cup of boiling water, says Charles Lo, M.D., an internist and an acupuncturist in Chicago.

Some studies suggest that oral collagen supplements may ease symptoms of osteoarthritis.



TRY

Gelatin

Natural gelatin has collagen, which is made from pig skin or cow bone and may relieve inflammation and joint pain. Add

natural gelatin to fruit and fruit juice for a tasty dessert, or take collagen supplements. One study found that people who

regularly took collagen reported less knee pain.
— *Mark Moyad, author of The Supplement Handbook*



the
HEALING
POWERS
of
YOGA

Pain-relieving medication can have serious side effects, doesn't work for everyone, and some people just prefer to go a more natural route. Finding the right poses may help.

BY MARYGRACE TAYLOR

RECENTLY, I came across an online course by Spirit Voyage that claims to help heal chronic pain through Kundalini yoga (a dynamic form of yoga) and the power of the mind, and I was a bit skeptical. I knew that a regular yoga practice can

help you touch your toes (or at least, get a little closer) and help keep your cool in stressful situations. But could any kind of yoga really make a difference for people with serious pain issues?

My initial reaction was a big, fat no. So I started



OUR 7-DAY GET-STARTED GUIDE

Stretch time is one of the best ways to ease joint pain, improve blood flow, and even relieve stress. To get you going, certified personal trainer Kymberly Nolden created this challenge: Do just one every day for a week—you'll be hooked on how great you feel.

HELPS
stretch your
quads and open
up your hips

1

KNEELING HIP FLEXOR STRETCH

● Kneel on the floor with one knee up at 90 degrees and the other flat on the ground. Place your hands on your hips for balance. Squeeze your butt, then gradually shift your weight forward as you keep your torso upright. Once you feel a stretch in your hips, hold the position at your end range of motion. Never force yourself to go farther. To intensify the stretch, lengthen your arms toward the ceiling and lift your chest upward.



GENTLE MOVES

to do some digging, and it turns out, I was wrong. A growing body of evidence shows that yoga really can help ease chronic pain, not to mention play a role in preventing a myriad of other serious health problems.

More and more, research suggests that yoga can play a role in relieving chronic pain. Among people with lower

back issues, for instance, those who practiced yoga for six months reported significantly less disability, pain, and depression compared to patients who only underwent standard treatment.

Other studies have shown that yoga is effective for fibromyalgia pain. Meanwhile, the practice has been shown to ease joint pain and

improve functioning in those with arthritis. One study even suggests that yoga could be helpful for headaches.

Granted, many of these studies have been small or considered preliminary, but there certainly seems to be good reason to believe that yoga can make a difference for people in pain. That's not to say that hanging out in

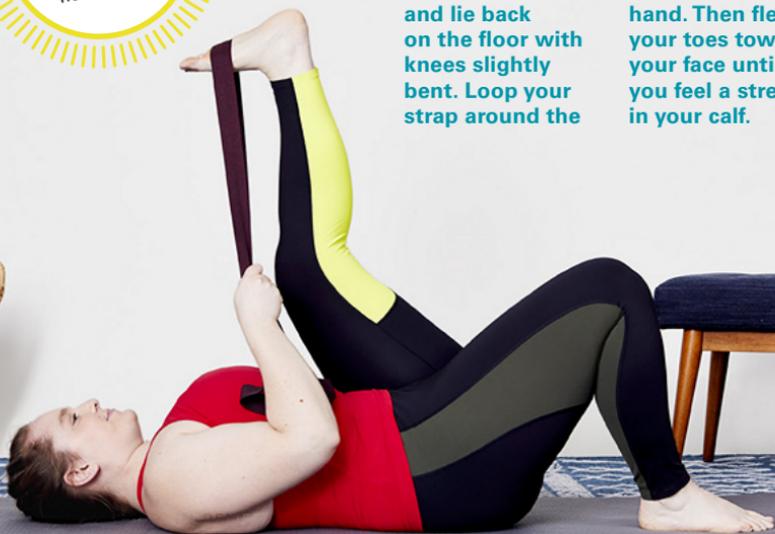


2

LYING CALF STRETCH

● Grab a yoga strap, a resistance band, or a towel and lie back on the floor with knees slightly bent. Loop your strap around the

ball of one foot while holding one end in each hand. Then flex your toes toward your face until you feel a stretch in your calf.



warrior 2 or tree pose alone will make all your aches instantly disappear. Just as spending time on the mat can't substitute the antibiotics your doctor prescribes to treat an infection, "yoga shouldn't be viewed as a replacement for conventional medical treatment," says Chris Gilbert, M.D., integrative physician and author of *The Listening Cure*. But adopting a regular practice might enable you to take lower doses of pain medication or get off of it sooner than expected. And for people who find that no medication seems to touch their pain, adding yoga to the mix might help them finally get relief.

How Yoga Helps

What is it about hanging out in downward-facing dog or savasana that seems to be so powerful? In large part, it comes down to yoga's ability to reduce stress. "This strengthens the immune system, making it better able to fight infection and

reduce inflammation," says Gilbert. And since pain and inflammation often go hand-in-hand, less inflammation usually means you'll feel better, whether it's your knees, back, or hips that have been aching. Another important factor is that people who are less stressed are less apt to overeat, which can help with weight maintenance or loss. That's especially important if you have a painful condition like arthritis, since being overweight puts excess



3

STANDING FORWARD FOLD

● Stand tall with your feet directly beneath your hips. Then bend forward and reach your hands as far as you can. You can touch the floor or your toes or grab the backs of your calves, whatever feels good. Keep your neck in line with your spine, relax, and let gravity do the work. If you're feeling particularly tight, bend those knees and place your hands on blocks or a chair.



4

PIGEON POSE

● **Start with your hands and knees on the floor, keeping your knees beneath your hips. Bring your left leg behind you, then bring your right as close as possible to parallel with the front of your mat. Begin to sit onto your right hip as you lengthen your left leg and hold for some incredible hip-opening action. If the stretch feels too intense, support your right hip with a pillow or a folded blanket. Breathe. Make sure to stretch both sides.**

stress on weight-bearing joints like your knees.

Also key: Yoga keeps you moving. One of the biggest factors determining whether a person with back or joint pain will regain their functioning is whether they remain physically active, says Roger Allen, Ph.D., distinguished professor of physical therapy at the University of Puget Sound. Even though it might be uncomfortable, movement can actually help injuries heal. “In physical therapy, we try to restore and normalize physical activity once it’s safe to do so, so

someone isn’t favoring one limb,” he says. “Yoga can serve a really useful role with this.”

It can also make discomfort seem like less of a big deal, too. Though it might sound a little woo-woo, pain has an emotional component. “The awareness of the sensation of pain and the suffering we experience are separate neurological events,” Allen says. “But in our conscious mind, we wrap those things together as a singular experience.” By emphasizing mindfulness, yoga is one way that people with chronic pain can learn to dissociate physical pain from its emotional counterpart—and as a result, experience less suffering, explains Anne Novak, RYT, a KRI-certified Kundalini yoga instructor and the teacher of Spirit Voyage’s online course. In fact, findings published in *Cerebral Cortex* suggest that yoga actually leads to structural changes in the brain related to pain processing and regulation.

A Few Caveats

All of this sounds impressive, but some caution is still in order. Yes, yoga helps a lot of people, but it's not for everyone, and it might not be a suitable replacement for physical therapy. And if you have an active lesion or wound, spinal instability, or a joint that could be harmed by excessive movement, yoga could end up making the problem worse, says Allen.

If you're thinking about starting a yoga practice, treat it like any other form of exercise and get your

doctor's OK first, recommend Allen and Gilbert. Your doctor should confirm that you're fit enough to try a class without putting yourself at risk. And if you're dealing with an injury, she can let you know whether the problem has healed to the point where yoga would be safe.

You should also make an effort to find the right teacher. "There are a lot of really skilled yoga instructors, but it's a rare one who has the knowledge to avoid potential harm," says

5

THREAD THE NEEDLE

● Begin from the tabletop position with your hands and knees on the floor. Extend your right arm to the ceiling. Thread the same arm through the space between your left wrist and right knee. Extend your left arm straight in front of you. Rest your weight on your right arm until you feel a stretch at the back of your right shoulder. Hold, then switch over to the other side.

HELPS
open the
shoulders and
stretches the
spine



6

KNEELING WRIST STRETCHES

● **Begin on the floor with your hands under your shoulders and your knees beneath your hips. With palms down, lean forward as your palms remain glued to the ground. Reach a challenging point in your range of motion and hold. To stretch your wrists from a different angle, point your fingers toward your body and sit back toward your heels as your palms remain on the ground. Hold again for your chosen length of time.**

Allen. It might help to seek out a class that's designed to meet your specific needs, such as yoga for back pain. Or, says Tiffany Cruikshank, a yoga, meditation, and wellness expert and founder of Yoga Medicine, consider hiring a private instructor. "If you have injuries or medical issues that need to be addressed, it's best to work one-on-one with a teacher who understands your needs," she says.

HELPS
release
tension in wrist
and forearms

Chronic inflammation—the villain at the root of many modern ills, from chronic pain to heart disease to cancer to Alzheimer's disease—may be controlled with easy, gentle yoga. In one trial, two months of a twice-weekly practice reduced inflammation markers in heart failure patients by as much as 25%. In another, two 90-minute sessions a week for three months lowered several inflammatory markers in the blood of breast cancer patients by up to 20%. Study author Janice Kiecolt-Glaser, Ph.D., director of the Institute for Behavioral Medicine Research at Ohio State University, explains that yoga reduces stress, a notorious contributor to inflammation, and changes the way we deal with stressful situations off the mat. In an earlier study, she and her colleagues found that in response to a stressor (sticking their feet in cold water for one minute, followed by five minutes of mental arithmetic),





HELPS
open the
chest and releases
tension in
the neck and
shoulders

experienced yogis produced 41% lower levels of interleukin-6, an inflammatory marker, than novices did. “Yoga also improves sleep,” says Kiecolt-Glaser. “Fatigue and poor sleep throw off your biological rhythms, which then affects hormones that play a role in inflammation.”

7

STANDING BACK ARCH

● Stand tall with feet flat on the floor; clasp hands behind your back. Look upward and raise your chest as you pinch your shoulder blades together. Feel the stretch in your pecs and the fronts of your shoulders.



For the Best Stretch

1 MEET OR BEAT YOUR TIME.

To get better at holding stretches, make the clock your partner. If you can comfortably hold a stretch for 30 seconds, try for five more seconds the next time you try it.

2 USE YOUR BREATH TO RELAX.

At the start, inhale for eight seconds, and as you deepen into the stretch, exhale for eight. This will help you move through the body's stretch reflex. A little discomfort is probably OK, but if you feel pain, stop.

3 DON'T LOCK YOUR JOINTS.

If you can't straighten your knees in certain poses, bend your knees in order to flex your hips for a better stretch. That's not cheating—it's maximizing the stretch in your hamstrings.

EAT THESE, FEEL BETTER

Many health experts suggest healing foods before prescribing drugs. Find out which aches you can naturally cure with healthful ingredients.

Chronic pain affects more than a third of the U.S. population. And while some medications can help reduce suffering, there is a different kind of alternative, and you can find it right in your kitchen. Certain foods can help ease aches by fighting inflammation, blocking pain signals, and healing underlying diseases that can trigger the problem. But before you can reap these rewards, you may have to quit eating the junk food that riles up your body's pain system. The typical Western-style diet is heavy on foods that promote inflammation, including highly processed foods and refined carbs like white flour and added sugars. No fruit, vegetable, or herb by itself can alleviate your pain if you don't change the pattern of your diet to reduce processed food and increase whole foods. "If you stay committed to a good nutrition plan, you may be able to say good-bye to pain," says Peter Abaci, M.D., the medical director of the Bay Area Pain and Wellness Center in Los Gatos, CA.

THE PROBLEM

Sore Muscles

THE RX

Ginger

This spicy root is a traditional stomach soother, but its gingerols, antioxidants that have pain-relieving properties, can offer relief from muscle aches. In one study, people who lifted weights experienced 25% less post-workout pain 24 hours after consuming ginger (about half a tsp a day for 11 days) than those taking a placebo.

**Did
You Know?**

...
Ginger is loaded with
nutrients that decrease
inflammation,
swelling, and pain.



Chicken with Peaches
and Ginger, p.40

Chicken With Peaches And Ginger

ACTIVE TIME 15 MINUTES

TOTAL TIME 20 MINUTES

SERVES 4

1 Tbsp extra-virgin olive oil

4 (6-oz) boneless, skinless chicken breasts

Kosher salt

Freshly ground black pepper

12 oz frozen peaches (no need to defrost)

1 Tbsp packed light brown sugar

1 tsp fresh thyme leaves

1 tsp freshly grated ginger

$\frac{3}{4}$ cup dry white wine

1 cup couscous

Fresh chopped basil or parsley, for serving

1. Heat the oil in a large skillet over medium-high heat. Season the chicken with $\frac{1}{2}$ tsp each salt and pepper and cook on one side until golden brown, 4 to 6 min.

2. Flip, cook for 1 min., then scatter the peaches, sugar, thyme, and ginger

over and around the chicken. Add the white wine, bring to a boil, then reduce heat and simmer until the chicken is cooked through and the peaches are warm and starting to break down at the edges, 6 to 7 min.

3. Meanwhile, cook the couscous according to package directions. Serve the chicken, peaches and sauce over the couscous and sprinkle with basil or parsley, if desired.

Per Serving 449 cal, 44 g pro, 47 g carbs, 8 g fat (1.5 g sat fat), 3 g fiber, 324 mg sodium

THE PROBLEM

Achy Back, Neck & Joints

THE RX

Salmon, Herring & Sardines

Eating fish low in mercury and high in omega-3 fatty acids can help relieve back pain. In a healthy back, blood vessels at the edges of spinal disks transport crucial nutrients to those disks. If blood flow is diminished, the disks lose their source of oxygen and other nutrients, and they begin to degenerate, says Neal D. Barnard, M.D.,

author of *Foods That Fight Pain*. Omega-3s help by improving blood flow and tamping down inflammation in blood vessels and nerves.

Almond-Crusted Creole Salmon

ACTIVE TIME 10 MINUTES

TOTAL TIME 30 MINUTES

SERVES 4

1 lb green beans, trimmed

1 Tbsp olive oil

$\frac{1}{4}$ tsp salt

$\frac{1}{4}$ tsp pepper

$\frac{1}{3}$ cup nonfat Greek yogurt

2 tsp Creole seasoning

1 tsp grated lemon peel

$\frac{1}{4}$ cup almonds, coarsely chopped

4 skinless salmon fillets (6 oz each)

1. Heat oven to 450°F.

2. Line large rimmed baking sheet with foil.

3. In large bowl, toss green beans, olive oil, salt, and pepper. Arrange on pan and bake 10 min.

4. In bowl, stir together yogurt, Creole seasoning, →



**Did
You Know?**



Salmon is rich in omega-3 fatty acids, which have been shown to reduce inflammation and also lower blood pressure.



Almond-Crusted
Creole Salmon

IF YOU STAY COMMITTED TO A GOOD NUTRITION PLAN, YOU MAY BE ABLE TO SAY GOODBYE TO PAIN.”

and grated lemon peel. Spread onto 4 salmon fillets; top with almonds.

5. Push beans to one side of pan; place salmon on other side. Spray salmon with cooking spray. Bake 12 min. or until salmon is cooked through and beans are tender.

Per Serving About 310 cal, 23 g pro, 9 g carbs, 13 g fat (2 g sat), 4 g fiber, 540 mg sodium

THE PROBLEM

IBS

THE RX

Yogurt

For the roughly 20% of Americans who have irritable bowel syndrome, stomach pain is a given. But help may come in the form of a bug—billions of bugs, actually. Several bacterial strains that are often in yogurt (especially *B. infantis* and *L. acidophilus*) can reduce pain, inflammation, and bloating. One study found similar results with *B. lactis*. But shop smart.

Not every yogurt or frozen yogurt contains probiotics. Look for a brand with live and active cultures. Vegans can get their daily dose from probiotic-enriched soy yogurt.

Greek Yogurt Pancakes

ACTIVE TIME 25 MINUTES

TOTAL TIME 25 MINUTES

SERVES 4

$\frac{1}{2}$ cup vanilla Greek yogurt

$\frac{1}{3}$ cup milk

2 large eggs

2 Tbsp maple syrup

1 tsp pure vanilla extract

1 cup all-purpose flour

$\frac{3}{4}$ tsp baking soda

$\frac{1}{2}$ tsp baking powder

$\frac{1}{4}$ tsp kosher salt

Yogurt, strawberries, blueberries and syrup, for serving

1. In a large bowl, whisk together yogurt, milk, eggs, syrup, and vanilla.

2. In a second bowl, whisk together flour, baking soda, baking powder, and salt.

3. Combine flour and yogurt mixtures (batter should be like thick papier-mâché).

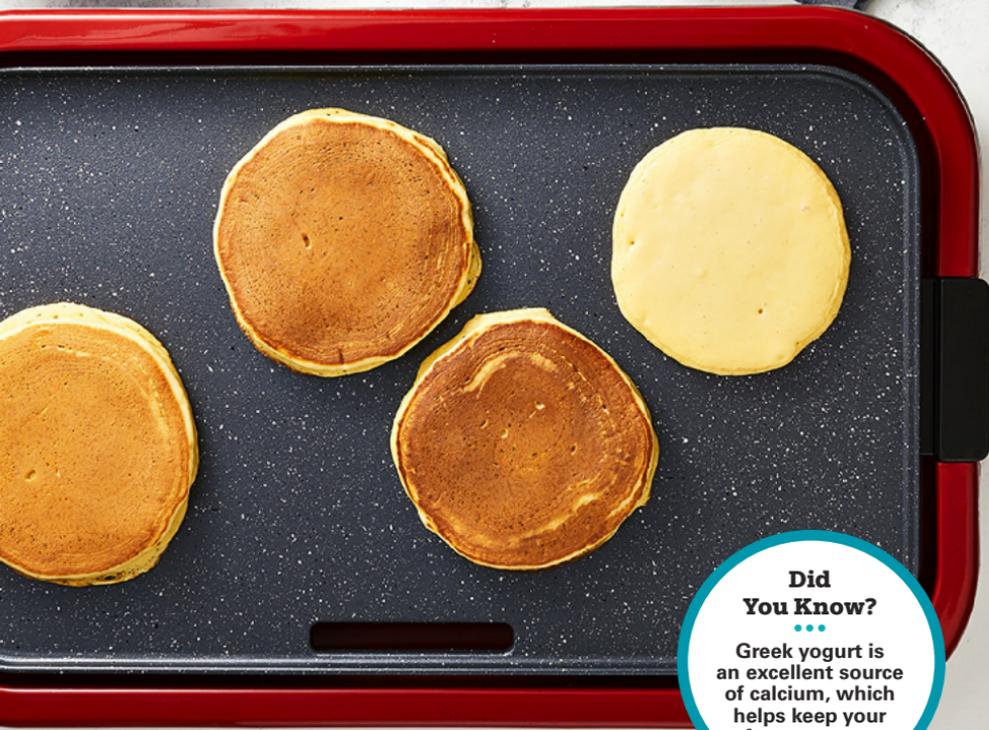
4. Heat a large nonstick skillet on medium. Sprinkle with water—when it bubbles and evaporates immediately, pan is ready.

5. Spoon about 2 Tbsp batter to make 3 to 4 medium pancakes and cook until bubbles appear around edges and in centers. Using a spatula, gently flip pancakes when the undersides are golden brown. Cook about 1 min. more depending on size. Transfer to wire rack and cover loosely with foil to keep warm or serve immediately, topped with yogurt, strawberries, blueberries and syrup.

Per Serving About 225 cal, 7 g pro, 5 g carbs, 8.5 g fat (2 g sat), 1 g fiber, 165 mg sodium



Greek
Yogurt
Pancakes



**Did
You Know?**



Greek yogurt is an excellent source of calcium, which helps keep your frame strong.

**Did
You Know?**



Edamame and other soy-based foods may help ease joint pain.





Peanutty
Edamame &
Noodle Salad

THE PROBLEM

Arthritis

THE RX

Edamame

When it comes to culinary fixes for pain, osteoarthritis poses a challenge. Wear and tear on the joints—the kind that leaves cartilage tattered and bones grinding against one another—is not reversible. Still, there's some hope for relief. Researchers from Oklahoma State University gave participants either 40 g of soy protein (about $\frac{1}{4}$ cup of shelled edamame) or milk-based protein for three months. At the study's end, pain was reduced for those who ate soy protein but not for the milk protein group.

Peanutty Edamame & Noodle Salad

ACTIVE TIME 10 MINUTES

TOTAL TIME 20 MINUTES

SERVES 4

**3 bags (8 oz each)
shirataki noodles,
rinsed and drained**

**3 cups frozen shelled
edamame**

2 cups frozen corn

$\frac{1}{2}$ cup peanut butter

$\frac{1}{2}$ cup rice vinegar

**1 Tbsp Sriracha
hot sauce, plus
more for serving**

2 Tbsp water

$\frac{1}{2}$ tsp salt

3 cups shredded carrots

**1 pt. grape tomatoes,
halved**

**1 medium Granny
Smith apple,
quartered and
thinly sliced**

**$\frac{1}{2}$ cup fresh cilantro,
chopped**

1. Heat large saucepot water to boiling on high. Add shirataki noodles, edamame, and corn; boil 2 min. Rinse and drain well.

2. In large bowl, whisk peanut butter, rice vinegar, Sriracha hot sauce, water, and salt. Add shredded carrots, tomatoes, apple, cilantro, and noodle mixture. Toss until well coated. Serve with Sriracha.

Per Serving About 455 cal,
22 g pro, 50 g carbs, 22 g fat (3 g
sat), 13 g fiber, 540 mg sodium.

10

**WHO-KNEW
WAYS
TO FIGHT
PAIN
NATURALLY**

If herbs and exercise weren't enough, try adding these solutions to your feel-better arsenal.



1 | Heal With Sleep

Not only can pain keep you awake, but research shows that lack of sleep has a big impact on how much you hurt. Dozens of studies have shown the negative effect of sleep deprivation on people who suffer from migraines, fibromyalgia, rheumatoid arthritis, and other conditions. “Lack of

sleep can increase inflammation in your body, and that can boost how much pain you feel,” explains sleep expert Thomas Roth, Ph.D. Sleep quality is as important as quantity, he adds: “You can sleep for 10 hours, but if you wake up dozens of times a night, you might

not be getting eight hours of quality sleep.” If behavioral changes, such as maintaining a consistent sleep schedule and powering down devices at least an hour before bed, don’t improve your sleep quality, it may be time to seek help from a sleep specialist.

2 | Check Your Pillows

You wake up, sit up—and ouch! Your cricked neck will feel tight, you may not be able to rotate it, and you may get shooting pains when you try. “This often happens when you hit the snooze button on the bedside table and go back to sleep lying awkwardly,” says physiotherapist and sleep specialist Sammy Margo. “Or it may be that you’ve gone to bed dog tired, and haven’t got the deep restorative sleep you need.”

WHAT TO DO: “You may need to switch from lying on your side to your back. If your pillows are more than six months old or your mattress is more than eight years old, it may be time to invest. Also, make sure you don’t sleep in a draft which can stiffen your neck. And try not to fall asleep on the sofa!





3

Train Your Body to Relax

It's normal to brace yourself when you're being hurt, but that can make the pain worse. "Pain often causes a stress response in the body—muscle tension, elevated heart rate, anxiety, and a surge of adrenaline," says Stanford University pain psychologist Beth Darnall, Ph.D. "This physiological cascade can make the pain worse."

What to Do:

Biofeedback therapy targets the physiological signs of stress so you can ID them and dial them back down, along with the pain. A practitioner puts electrodes on your body, then connects them to a computer that measures signs of stress such as muscle tension, certain brain waves, fast breathing and a high heart rate. As you learn what these

feel like, a therapist teaches you physical techniques, such as deep breathing, that help you relax. "When you apply these new skills, your nervous system calms down and your respiratory rate and heart rate slow. You practice on your own and see how your pain changes over time," says Darnall. Mindfulness-based stress reduction (MBSR) is also useful for short-circuiting stress responses. This group training uses meditation and relaxation techniques to help you disengage from your thoughts. "You learn how to respond to stress in a calmer way," Darnall says. Search bcia.org with your zip code to find a biofeedback practitioner, or ask your doctor where to find an MBSR class.

4 | Up Endorphins with Exercise

People in pain often want to withdraw to the sofa—especially if moving hurts. But if the pain isn't intolerable (and your doc isn't advising rest), getting out and doing heart-pumping aerobic exercise is an effective, well-studied way to lessen your suffering.

AHA! RELIEF "Aerobic exercise releases the body's internal painkillers. It also lowers inflammation, increases pain tolerance, and inhibits pain signaling by nerves," says Xavier Jimenez, M.D., director of the chronic pain rehabilitation program at Cleveland Clinic. Walking and biking in particular may reduce pain and improve range of motion. Or try water aerobics, which is easy on the joints. A minimum of 30 minutes of exercise, five times a week, is best. Yoga is even gentler. It's especially helpful for back pain, migraines, irritable bowel syndrome, and fibromyalgia.



→ **REGULAR
EXERCISE CAN
MAKE YOUR
WHOLE BODY FEEL
BETTER.**



5 **Tweak Your Work Routines**

Whether your office is in a high-rise or your dining room, your body could benefit from some workday adjustments. First off: Keep a bottle of water on your desk. Not drinking enough H₂O leads to headaches, says general practitioner Ellie Cannon, M.D. “Busy workers get dehydrated, drink too much coffee, skip meals, and may work in an office with no fresh air,” all which can also lead to a hurting head and other aches. Also don’t let deadlines force you to skip meals, and steer clear of sugary snacks: Blood sugar peaks and dips lead to headaches. And if your back is constantly killing you, there’s a good chance it’s time to replace your aging (and overworked) office chair.

6

Reframe the Pain

When your big toe hurts, do you keep thinking about it? Have you told everyone who'll listen how much you're dreading an upcoming root canal? If so, you're prone to "catastrophizing"—and that's a prime risk for pain sticking around for the long term. "Catastrophizing means you react to actual or anticipated pain with a cascade of distressing thoughts and emotions," says Beth Darnall, author of *The Opioid-Free Pain Relief Kit*. "Think of it as a negative pain mindset. You remain focused on your pain, magnify it with your thoughts, and feel helpless to get rid of it."

Catastrophizing interferes with your body's ability to suppress pain signals by heightening anxiety and attention to pain, she adds. People who do this are more likely to suffer chronically, and also feel intense pain and respond poorly to painkillers. One study reported that catastrophizing accounted for 47% of the difference between people who developed chronic back pain

after an injury and those who did not.

Darnall says you can learn to stop amplifying your pain with your thoughts. Cognitive behavioral therapy (CBT), where you practice reframing your experience, is one of the best nondrug treatments available. One key element: flipping thoughts and experiences from negative to positive. For instance, you might think, *I feel a migraine starting, and it's going to be bad*. Darnall suggests a reframing such as *I'm going to do what I can, right now, to help my pain stay as low as possible*. Thinking differently helps you act differently so you begin self-soothing.

Used regularly, these skills can lead to lasting pain relief. CBT usually takes around eight weeks, and you can often find CBT focused on pain management at a university-affiliated pain clinic, Darnall says. If you can't find a local practitioner, look for a workbook like *The Pain Survival Guide* by Dennis W. Turk, Ph.D., and Frits Winter, Ph.D.





7

Strengthen Your Core

Assuming you don't have an acute injury, the cause is probably a lack of core strength, as well as prolonged seating, and quite possibly a combination.

WHAT TO DO: Shift positions or move your body at least every hour.

STRENGTHEN YOUR CORE WITH THE SIDE PLANK:

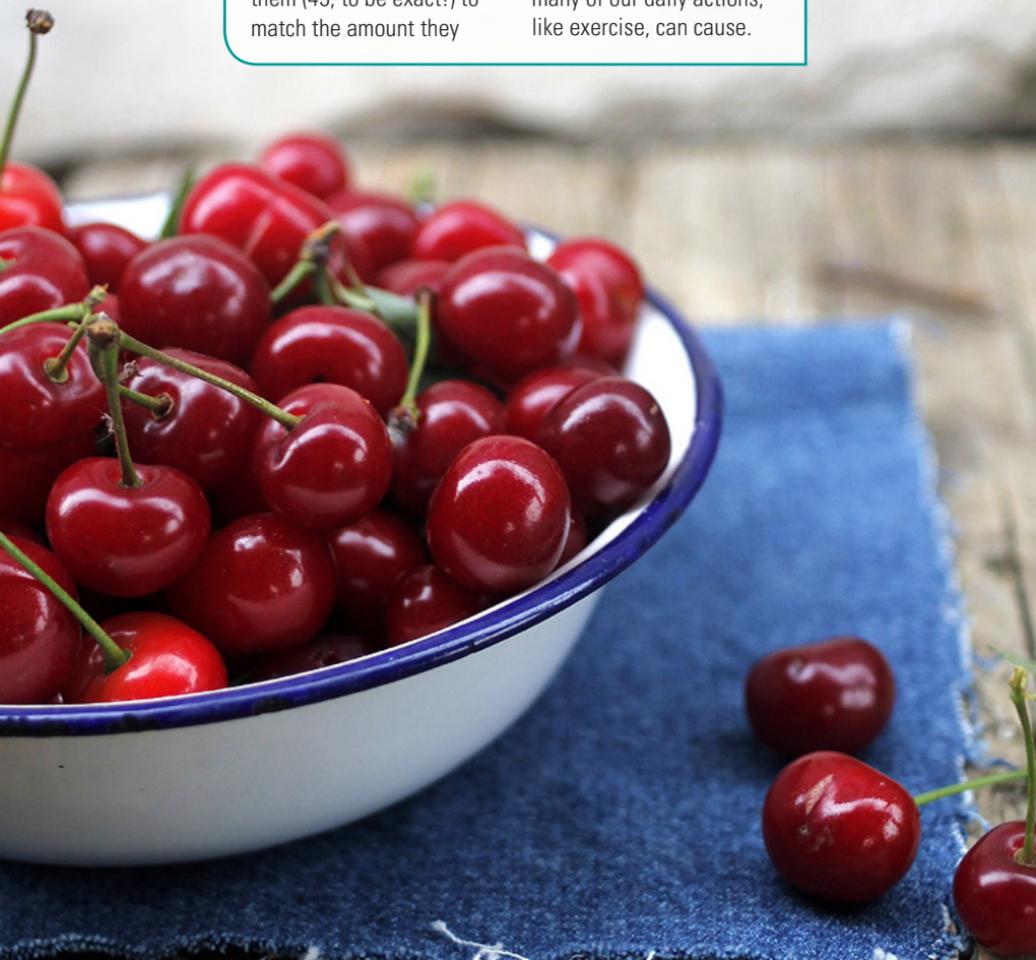
Lie on your side on your elbow, ankles in line with your bottom. Push your body up so your weight is supported by your feet and forearm.

HELPS
WITH
LOWER-BACK
PAIN

8 | Eat More Cherries

Compounds in this fruit may be a tasty solution to your muscle aches. Research shows that antioxidant-rich cherries may improve sleep, boost immunity, and reduce joint and muscle pain—but you'd have to eat a lot of them (45, to be exact!) to match the amount they

used in the studies. Since that's more than most of us can stomach, sipping some tart cherry concentrate may also do the trick, say some experts. Cherry concentrate may help reduce inflammation that many of our daily actions, like exercise, can cause.



9

Sit on the Floor

Next time you're in the mood for a bingewatch, you may want to try moving off the couch. When you're seated on the floor, you can realign your body, says physical therapist Kelly Starrett. "Sitting on the floor helps the hips stay open, and the spine protects itself and resets," he says. "Plus, it engages muscles we don't use when sitting in a chair." No need to be in perfect lotus position—you can pop a squat, kneel, or sit with legs stretched out. Each targets different muscles. For extra credit, regularly getting up from the floor without leaning on anything improves your balance, which studies suggest may help reduce the risk of falls that rises with aging.

→ **FLOOR STRETCHES CAN HELP YOU WORK OUT THE KINKS IN YOUR HIPS AND BACK.**



10

Try Out CBD Products

CBD, a compound derived from hemp and marijuana plants, is one of the most medicinal parts of the cannabis plant, and early studies offer a reason to think it could help a range of hard-to-treat conditions, including chronic pain. Many pain sufferers are already giving it a try: In a 2019 *Prevention* survey, CBD users were asked to share their reasons and were given a variety of options to choose from. Of more than 800 responses, 56% cited pain, 48% said anxiety; 32%

reported inflammation, and one in four said insomnia. And growing research is getting behind CBD as an effective treatment for arthritis. "Transdermal administration of CBD has long-lasting therapeutic effects without psychoactive side effects," say researchers who studied lab animals with the symptoms of arthritis in a report in the *European Journal of Pain*. "Thus, use of topical CBD has potential as effective treatment of arthritic symptomatology."



WHAT TO TAKE FOR EVERY ACHE

Non-pharmaceutical treatments may be preferable, but sometimes over-the-counter meds do the trick. Take this tour through the drugstore, and you'll find clarity, confidence, and relief.

BY KRISTEN DOLD

Americans drop billions on over-the-counter pain medications every year—yet we often wing it in the pharmacy, grabbing a bottle we hope will work without really understanding what's inside. The main types aren't interchangeable; they treat separate issues. Here's how to get what your body needs.

PAIN MEDS 101

Despite all the blister packs, capsules, caplets, and liquids, these drugs fall into two general camps:

Acetaminophen This medication targets pain, not inflammation.

Ibuprofen It's the most common drug in a category called NSAIDs (pronounced "EN-saids"), which stands for nonsteroidal anti-inflammatory drugs. As the name suggests, they're designed to target inflammation. NSAIDs include naproxen, a stronger form of ibuprofen, and aspirin, which, surprisingly, docs don't really recommend for pain. Discover the superpowers—and some downsides—that these options can bring.

ACETAMINOPHEN

(Common brand name: Tylenol)

Best For

Fever, general aches from the common cold or the flu.

How It Works

Blocks pain receptors in the brain.

Safe Limit

Up to 4,000 mg a day (eight extra-strength pills; about 12 regular ones). See right for the hazards of taking even a little too much.

Caution

It's got nearly zero anti-inflammatory properties, so you're better off with ibuprofen for a sprained and swollen wrist or an aching back.



● **Don't Pop Extra**

When taken appropriately, acetaminophen is safe and has fewer side effects than NSAIDs (and it's the only one recommended for pregnant women). Yet it's one of the most common culprits of poisonings, sending up to 80,000 people to the ER each year. Overdosing can lead to liver failure within a few hours. It's not that hard to end up with too much: The average dose related to liver injury is 5 to 75 grams a day, which isn't far above the recommended cap of 4 grams. You can easily double dose on acetaminophen accidentally because it's already mixed into hundreds of other drugs, including multisymptom cough and cold meds. If you think you've taken too much (signs of liver failure include nausea, vomiting, and abdominal pain), head to the ER immediately. They'll likely pump your stomach and give you activated charcoal

to blot up what's still in your system. If liver damage is suspected, docs administer an antidote called N-acetylcysteine.

● **That Hangover Trick Is a "Skip It"**

Tempted to pop acetaminophen before bed after drinking so you wake up pain-free? Super risky. "Having even small amounts of booze with this drug can damage your liver," says Anthony Busti, M.D., formerly of the department of emergency medicine at University of Texas Southwestern Medical Center.

● **It Could Dull Your Emotions—Maybe**

You may have heard how scientists recently found that acetaminophen could blunt people's emotional reactions. Don't let this info mess with your head just yet—it was a small study with pretty modest findings, and the authors say more research is needed before you should

bother worrying about this.

● **Keep It Around**

Acetaminophen pills stay effective for a really long time. In fact, research on bottles of Tylenol that were up to 40 years out of date showed the meds still had 99.7% of their original potency. As long as it hasn't been in excessive heat or moisture—yes, bathroom cabinets are a bad idea, even if container lids are snapped on—there's probably nothing wrong with taking a pill a year or so past the expiration date, says Jack Fincham, Ph.D., a professor of pharmacy at Presbyterian College School of Pharmacy in Clinton, SC.



SCIENCE SAYS

Acetaminophen, like other OTC painkillers, can be a real hero at the right dose—but but troublesome if you disregard the label's fine print.

IBUPROFEN

(Common brand names: Advil, Motrin)

Best For

Common aches and pains such as headaches, menstrual cramps, toothaches, back pain, joint pain, and muscle strains.

How It Works

Inhibits prostaglandins, chemicals that trigger inflammation and pain.

Safe Limit

No more than 3,200 mg a day (16 regular strength pills—but you'd usually only take that much with a doc's OK).

Caution

Ibuprofen can bring on gastric distress, like stomach upset or gastroesophageal reflux disease (GERD), so you may want to use sparingly (or not at all) if you have stomach issues.



● Sidestep a Cranky Stomach

Take ibuprofen with a snack or meal, says Fincham. You'll create a barrier that prevents the tablet from sitting on your stomach lining, which can cause a nauseous feeling.

● Skip Before or After the Gym

Some exercise buffs pop ibuprofen before a workout to stay a step ahead of muscle pain, but research reveals that the pill does nothing to boost performance or diminish how sore people feel. Worse, it delays the production of prostaglandins, which are crucial for healing achy muscles. Try coffee pre-workout instead: Studies show it may block pain signals that



SCIENCE SAYS

Ibuprofen can be a game-changer, but you have to watch how often you take it. It can lead to kidney problems if you take the maximum daily dose for chronic pain.

your muscles send to the brain.

● Consider It Your Period's BFF

To fend off cramps, timing is key: Take a dose when your period's due (before cramps kick in) to block some of the chemicals that cause inflammation and bloating.

● Time It Right

If you're already taking an aspirin for heart benefits, wait at least 30 minutes to pop an ibuprofen. It can cancel out aspirin's ability to fight clots if swallowed close together. Taking ibuprofen first? Then you need to wait even longer. Let the painkiller clear out of your system for eight hours before downing aspirin.

● It Might Work as Well as the Scary Stuff

When a *JAMA* study compared prescription opioids with ibuprofen's stronger relative, naproxen, it found that naproxen was as effective for back pain as the heavier drugs. Neither erased pain entirely, but naproxen did the job without the risk of dependence.



What About Aspirin?

It's a distant second choice for aches and pains. Like ibuprofen, aspirin lessens inflammation, but it's not as effective and can increase your risk of gastrointestinal bleeding and ulcers. Major reason to still use it: It fights blood clots. So if you think someone's having a heart attack, dial 911 and have them chew and swallow a regular aspirin or four low-dose (81 mg) ones.

OUR PAIN IS *Invisible* BUT WE'RE NOT.

Apart from physical and emotional aches, the most draining thing about living with chronic pain is feeling unheard. It's time to reframe how we think about, talk about, and treat this debilitating health issue.

BY KRISTEN MASCIA





Consider for a moment the women in your life who regularly grit their teeth through pain. Your old college roommate who was knocked flat by migraines. The friend who cancels plans because of her nightmarish cramps from fibroids. The running buddy whose relentless backaches have sidelined her from your weekly jogs.

Women are taught that suffering (periods, childbirth, sore joints) is just part of the deal, the crappy door prize we're born with by virtue of our two X chromosomes. In a way, it is. Chronic pain—the kind that drags on for months or years and throws a wrench into relationships, careers, workouts, and everything in between—affects women in greater numbers than it does men, and often more severely. Around 56% of the 50 million sufferers in America are women.

Yet our medical system is woefully ill-equipped to handle what hurts us. Most of the research has been on men, so many doctors aren't trained to adequately treat the

pain-causing disorders that disproportionately touch women, says Maya Dusenbery, author of *Doing Harm: The Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick*. Beyond that, there is the entrenched myth that women's discomfort is all in our heads, says Dusenbery. Yes, even in 2021.

Lump all this together and it's no wonder that women wait longer in emergency rooms than men and are less likely to be given effective painkillers. For women of color—who contend with racial bias on top of sexism—relief is even tougher to come by. Compared with whites, people of color are more frequently not given a

pain prescription, according to research.

Left under- or untreated, many women develop ache-amplifying conditions such as anxiety and depression, says Marianne Legato, M.D., Ph.D., founder and director of the Foundation for Gender-Specific Medicine at Columbia University. It's understandable: Being dismissed can make you feel down, so you might not sleep enough or eat well, which can intensify pain.

Attempting to break this vicious cycle is a grassroots crusade of women raising their voices. Hashtags like #PainWarriors and #SpoonieLife (“spoons” are the finite units of energy that people with chronic illnesses must budget throughout the day) are blowing up on social media.

These six women are saying “no more” to the stigma and the stereotypes. They're taking full command of their care and finding what works for them, on their terms—a lesson for us all.

KATHLEEN BAKER | 24

Team USA Backstroke Swimmer

Managing Crohn's disease (she was diagnosed with the inflammatory bowel condition at 13) while swimming competitively is a massive challenge. But backstroker Baker has mastered it, nabbing two medals at the Rio Olympic Games in 2016 and turning pro last year. The elite athlete's secret: pushing her body smarter, not harder.

"Dealing with this condition, I've had to

learn my limits. It's taken a long time. My freshman year of college, I pushed too hard, doing too many practices, and got 14th at the NCAA national championships in the 100-meter backstroke. That was a huge lesson: My ability to swim totally hinges on my health. During a flare, it feels as if I'm being stabbed in the stomach. I can barely move through the water. It's difficult mentally, too,

when I know I'm putting in the effort but can't keep the pace in practice. Sometimes I have to lie down in the fetal position. My rule is that if the pain lasts for more than 30 minutes, I'll take myself to the hospital.

I cut down my number of races at a meet when I was just getting back into training. Little sacrifices like that help me stay healthy. So does asking for help. When I'm able to tell people what I can and can't do, I feel better, and I swim better.

Whenever I stand on the blocks, I remind myself of all the challenges I've pushed through to get there. I tell myself that nothing will be as hard as what I've already done, and that I and deserve to win.

Knowing the thing you love could be taken away from you is hard to come to terms with. I try to appreciate what I can do and go into every practice with a smile on my face. Everyone's overcoming something, but how you do it is what defines your character."



POROCHISTA KHAKPOUR

**POROCHISTA
KHAKPOUR | 43**
Author Of Sick

Dating with chronic pain is complicated, says Khakpour. She would know. The writer, whose Lyme disease relapses include bone-deep fatigue and muscle aches, has had to break up with men who couldn't handle her reality. Here, why she hasn't given up on love—and her feelings about white-knight complexes.

● What's different about being in a relationship when you have chronic pain?

When you're with someone who isn't well, you need patience, a certain bandwidth. I'm needier when I'm ill. I literally need things—rides to appointments, help making meals. But that doesn't mean I'm looking for someone to save me. I've also had the experience where, when ill, my DMs are filled with guys who

want to fix broken birds. I think they find it titillating, or a challenge: How can I solve this problem?

● **But some of your exes struggled to cope when your symptoms flared...**

Right. My theory is that my illness made them think of the inevitability of their own life—that eventually, everyone’s body breaks down. I was in a relationship, and when I went to the ER, my boyfriend entered a place of fear and broke up with me. It’s not just men—I had a close friend tell me that she almost felt as if she were going to get sick if she spent too much time thinking about me.

● **What has your illness taught you about being a partner?**

I think I am empathetic, caring, and want to be with someone who also has a chronic illness. My friends think it’s a terrible idea. “Who’s going to take care of you guys?” they say. But that doesn’t worry me. I like sharing things—like healing together! And taking care of things. I’ve never killed a plant in my life!

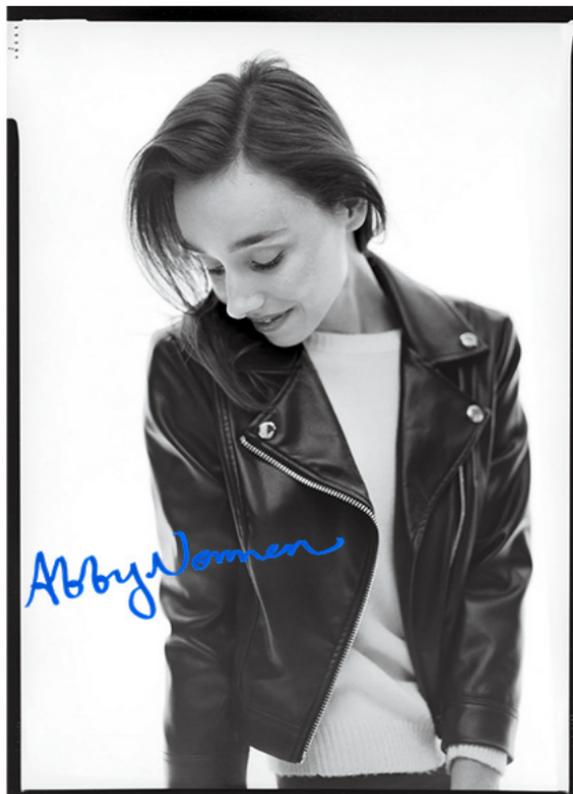


KERRI VERNA | 45 | Yoga Instructor

About 15 years ago, Verna took her first yoga class. The pain from her fibromyalgia, a disorder that causes her “muscles and joints to feel bruised and too sensitive to be touched,” was at an all-time high. But after one class, she was hooked. Today, she’s an instructor with a million followers watching her every move on her Instagram, @Beachyogagirl. Her goals: to show that change is possible and that relief from chronic pain is not elusive.

“I started sharing on Instagram more than seven years ago. Over time I began mentioning my fibromyalgia, though it’s not always easy. I inevitably receive unwanted ‘advice.’ Some commenters argue with me about my symptoms or tell me fibro is not a disease at all.

Still, I keep posting because I know that for every person who dismisses my condition, there’s another who discovers support in my openness. Many of us with fibro find it’s easier to smile than explain why we’re not feeling good. But it’s toxic to allow others’ opinions to make you feel guilty or ashamed for living with a chronic illness.”



ABBY NORMAN | 29 | Author of *Ask Me About My Uterus*

That dismissed-by-doctors feeling? Norman knows it well. She was 19 when she doubled over in the shower with lacerating abdominal cramps. Since learning she has endometriosis, the writer has had more than one run-in with a dubious MD. What she's learned: These strategies to help get them to listen.

● **PRACTICE**

Rehearse articulating your symptoms clearly and succinctly. Bring notes to the appointment—or a trusted plus-one who can offer support and keep you focused. If a loved one can't fulfill this role, consider finding a health advocate through your hospital or health-care system.

● **BRING RECORDS**

Request physical copies of test results, doctors' notes, imaging scans, and surgery write-ups and keep them with you (or make sure you can access them on your phone).

● **BE SPECIFIC**

The more details you can give about your pain—where it is, how it feels (burning? aching?), positions or activities that make it better or worse, how long it's lasted, how it impairs your function or interferes with daily tasks—the better a doctor will be able to assess it and pinpoint its cause. "I have abdominal pain" is vague. "I have pelvic pain that's worse when I have sex or a bowel movement" will help them narrow it down.

● **LEAVE ON FIRM FOOTING**

Before you walk out the door, rehash with your doctor, out loud, what you've discussed. Explain what you heard and your understanding of what was discussed. You aren't just repeating what they said like a parrot; you're giving them a chance to clarify, ensuring you're on the same page.

GAYLYN HENDERSON | 35 | Founder of Gutless and Glamorous (Gutlessandglamorous.org)

At 14, Henderson was diagnosed with Crohn's disease, which can cause devastating abdominal pain. After a few years of failed treatments and medications, her doctor suggested she have an ostomy, an opening connected to a plastic pouch worn outside the body that collects waste directly from the

intestines. She wept, imagining how it would limit her life. In a letter to her younger self, Henderson—who writes about her illness on her website and on Instagram (@Gutlessandglamorous)—shares the greatest lesson she's drawn from her years-long struggle with self-image.

*Dear Gaylyn,
So it's done. It's in. The surgery is over. You can look down now. As a matter of fact, take a long, hard look, because this is going to change your life for the better.*

I know you were hesitant about receiving an ostomy. You're afraid you'll be an outcast; that you'll never be able to wear a bikini again; that you'll never find love, or even love yourself again.

I promise, you will have all those things. But it will be a process. So don't let society's views of beauty dictate how you view yourself. Your scars make you victorious. Unique. More than beautiful.

Feel the hurt, feel the pain, feel the fear. They will help mold you into the woman you're meant to be. Every day, let your ostomy remind you of how strong you are. Use this strength to acknowledge the light within you. Hold your head up high. It will get better.





TANIKA GRAY VALBRUN | 43

Founder, The White Dress Project (thewhitedressproject.org)

Fibroids sufferer Valbrun was 34 and eager to discuss her fertility options when an older white male doctor took a quick glance at scans of her uterus and brusquely told her that motherhood wasn't in the cards. Valbrun was stunned at his bedside manner and later wondered if his approach had something to do with implicit bias, an unconscious set of racial stereotypes doctors sometimes hold without even realizing it. This form of prejudice is why people of color are often undertreated for pain, according to studies. Her experience was one of the reasons Valbrun founded the advocacy group The White Dress Project (the garment is an empowering symbol for fibroids sufferers, who avoid the color because of excessive bleeding). Valbrun transformed from passive patient into proactive power

player—and she wants others to know that they can achieve this same mindset shift with these steps.

● VALUE YOUR HEALTH

“Make it as important as your job, your family, and your relationships. In my 20s, I was just focused on career, career, career. I didn't want to take time off for surgery and miss out on opportunities. If I could do it all over again, I would've done more research on fibroids and asked how they might impact my fertility.”

“
Health
is as
important
as your
job and
family.”

● LEAN ON OTHERS

“Build a team of health champions who can support you in different ways. Two of my close friends are doctors who sorted through options with me before my second surgery, which one of them performed. My husband is an attorney who helps me make health decisions logically. My mom is just my mom; she prays with me and takes away some of the burden.”

● BELIEVE YOU ARE WORTHY

“As patients, we have the right to choose the doctors who best respond to our needs. Over the past few years, I've primarily selected physicians who are women of color and who've had experience working with patients whose cases are complex like mine. I know finding a new provider is hard—calling insurance, filling out new paperwork, getting new scans. But if you're not being heard, it's necessary.”

HIS VS. HER

PAIN

We know women are tough, but studies suggest we might be more sensitive to pain than men.

MEN

● His threshold is higher.

Even when they have the same ailments as women, guys report their pain levels to be about 20% lower. That's not just macho talk; scientists think sex hormones play a part. Some women with chronic pain say their symptoms get worse during certain phases of their menstrual cycles.

● Guys freak out more about it.

When they know pain is coming, they may be at a loss as to what to do about it, says pain expert Roger Fillingim, Ph.D. Men who know they're in for a wallop have greater activity in the part of the brain that experiences fear, which could make twinges worse.

● His doctor doesn't think he'll speak up.

Lots of guys play it strong and silent at the doc. (And that's if they even go—they're 24% less likely than we are to have seen an M.D. in the past year.) So when a man admits to feeling pain, the problem may be seen as urgent and more time is spent trying to treat it, says pain expert Jeffrey Mogil, Ph.D.

WOMEN

● She gets more than her share.

Our pain threshold increases during childbirth, but that protective effect is temporary: We're more likely to suffer from persistent conditions like irritable bowel syndrome and osteoarthritis. Then there's also menstrual cramps and endometriosis.

● Women start coping before they feel a thing.

When we think about a potentially ouch-y experience, we show more activity in the part of the brain that has to do with planning. Women often use more approaches for managing the pain, such as seeking social support, talking themselves through it, and taking steps to avoid it.

● Her doctor thinks she's exaggerating.

In a study of ER patients with abdominal pain, women were 25% less likely to be given prescription painkillers and waited longer for the drugs. Some docs think we're being drama queens; others assume we can handle it because we tolerate childbirth.