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## In a new book, Los Gatos doctor Peter Abaci writes about fresh approaches for relieving chronic pain

By Deborah Petersen Swift  
[dpetersen@mercurynews.com](mailto:dpetersen@mercurynews.com)

Posted: 02/11/2010 12:00:00 AM PST

Updated: 02/12/2010 06:11:14 PM PST

As adults, few of us expect to sit down to a table of crayons and drawing paper when we go to the doctor. But then again, few of us have met Peter Abaci, who runs the Bay Area Pain & Wellness Center in Los Gatos with his business partner John E. Massey. A chronic pain specialist whose knee injury left him with his own dose of chronic pain, Abaci, 44, combines traditional medicine and physical therapy with less traditional practices such as art therapy, yoga and tai chi. Yoga, he says, reduces not only his stress, but his pain (and makes him a much more pleasant person when he comes home to his wife and children).

California's workers' compensation system authorizes coverage for what his clinic offers even as many insurers are slow to recognize nontraditional methods, which include helping patients accept that chronic pain may be a permanent part of their lives. Many of them slowly, and painfully, realize that their endless pursuit of a cure actually makes the pain even worse.

Still patients will not demand this more holistic approach to pain unless they know it is available. That is why Abaci published "Take Charge of Your

Chronic Pain" (GPP Life/Globe Pequot Press) last month. This practical guide for sufferers of chronic pain also gives a compelling look at the medical establishment's less-than-adequate response to a problem that, Abaci says, affects every American family at some point. He hopes the book will provide help for some of the estimated 50 million Americans with chronic pain.

We sat down with Abaci recently in his second-floor office in Los Gatos to find out more.

Q Who comes to your clinic?

A One of the biggest reasons people come here is because the health care system doesn't work well for people with pain. They often have gone through trials and tribulations of treatments, and for a lot of them it has not only not helped — it's made the situation worse. The most common complaints are spine related, nerve injury or repetitive strain injury.

Q Tell me more about how their pain does not fit into our health care system.

A When you are first injured, acute pain is a symptom, and treating pain that way is often done where you use the right medications, and a little ice to bring the swelling down. Chronic pain is not really the symptom of an injury, it is more its own disease.

Q What are you trying to do at your clinic?

A The approach that we take is to treat the whole person because, when they have chronic pain, everything is affected: Their relationships with their spouse and their family is impacted, how they sleep at night, what activities they do.

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Q It sounds like it goes beyond a physical examination.

A Besides medical doctors like me, we have psychologists, physical therapists. We teach some of the mind-body stuff like tai chi, yoga, meditation. If you are just working with someone physically or just working with someone psychologically, you can only do so much.

Q I don't want people to misunderstand that because you treat the psychological side too, there's a message here that it's all in someone's head.

A When I started practicing and I would meet doctors, one of the first questions they would always ask me was: "So, pain specialist, how do you know if the pain is real or not?" I would always look at them like, "are you serious, you're really asking me that?"

Q You gave an example in the book, I think it was a construction worker who ran into the bathroom during art therapy (because it felt so overwhelming).

A Art therapy and yoga are usually thought of as being used by a more liberal-minded, tree-hugger person. If you have a truck driver, or a cook or a dishwasher or even an engineer who is very mechanically focused — and we have a lot of engineers in the valley that have a hard time of seeing the body as anything other than a machine — how do you get them to buy into these types of things? It's not easy, and sometimes they do want to run away and hide.

Q Talk to me more about stress because stress can really worsen pain.

A If we've been injured, if our back hurts, or our

shoulders hurt, we channel our emotions, our stress into those areas, and they start to hurt more. So the more stress we're under, and the more trouble we are having managing it, the worse the pain gets. As we learn to manage the stress better, we are able to get our pain levels down.

There are many different ways to manage stress. Some people are very physically oriented. We also tap into a lot of breathing work to calm the mind, and there is a lot of scientific stuff to back up those kinds of things.

Q Breathing and yoga, do you find these being incorporated more in today's medical model, or are you still unusual in this?

A I think we are still unusual.

Q You were pretty hard on the medical establishment in talking about how much medicine is being prescribed to people with chronic pain. I wonder if there has been a backlash?

A You know, five years ago, if I had published that chapter I think I would have been more ostracized. I think (however) the pharmaceutical industry really does manipulate the treatments that the patients ultimately get. They sponsor the lion's share of the education. So when you go to a conference, and when you read a journal, there's a good chance that the person who is presenting that information has been sponsored by some pharmaceutical company. You know Wall Street is very heavily into pain, and they need to be profitable, and they will do what they need to do to sell their products. But if you don't hear anything else, it is going to skew the medical care.

Q The flip side of that is that one of the things people tend to hear about nontraditional

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approaches maybe is that they do not work.

A A lot of things we (doctors) do are not founded on evidence-based medicine, and that includes nontraditional treatments as well as traditional treatments.

Q Is there a good example of that?

A Intuitively, you would believe that the strongest painkillers are going to work better than anything else for somebody who is pain, and when they're in acute pain that is usually the case. But once the pain becomes chronic, there are a lot of new studies that show continuing patients on strong narcotic painkillers can start to make things worse, the tolerance can come in, the levels of pain may start to go up. And in some of the research, they start to see changes in the brain. Another example would be theories about how to use spine surgery. When you look at what's recommended in the evidence-based medicine world, you see that there's a lot of other stuff that maybe folks should do, as opposed to having major surgery.

Q Give me an example of nontraditional things that seem to work well.

A One modality I have felt is helpful for people who need spine rehabilitation is Pilates. Yoga can be a great resource. And I think it is very valuable for men, the typical guy who has a hard time talking about things.

Q One chapter is titled acceptance, and it talks about accepting your pain, which to me would seem a very difficult thing for patients to do.

A It is counterintuitive. It is like giving up, and it seems like it's the wrong thing to do. There are a

few reasons why it is not. One is if a person is looking for something that they're not going to get: a magic cure, a diagnosis that everyone's missed, or a treatment that nobody's got right. I have seen people who have had seven spine surgeries trying to get it fixed, and yet they are ready for the next one. And you know, that sort of mindset becomes counterproductive. I think wanting to be without pain is natural, but I think when it's not feasible, holding onto that keeps people stuck, and they are not happy. When people go from there to the acceptance phase, they feel better. It doesn't go away, magically disappear, but they feel better in many different ways.

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