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Riordan Clinic is a world-renowned, academic medical center that has led the world in integrative oncology and complex chronic illness care since 1975. The Riordan Clinic was established as a 501 (c)(3) non-profit organization with missions in research, provider education, and patient education. The Health Hunter newsletter has been published since 1986 as an educational resource to providers and patients.

Options Exist for Treating Chronic Pain



AUTHOR

Dr. Dustin Moffitt, ND



Chronic pain can be a significant issue for individuals and can reduce quality of life. A study published in 2021 by the International Association for the Study of Pain cited chronic pain as one of the most common chronic conditions in the United States, with approximately 20% of American adults, or more than 50 million people, who reported feeling pain on most days or every day. [1]

What is Chronic Pain?

Many different kinds of pain can fall under the definition of chronic pain. I generally define chronic pain as pain that doesn't go away and is persistent for three months or longer. Pain can be dramatic enough to affect daily activities and work, or it can be the kind of pain people ignore and live with. It is the latter kind of pain that is not paid attention to often enough. Pain calls attention to something that is out of balance or in disrepair.

Other common causes of chronic pain include overuse, injuries, and arthritis. At the Riordan Clinic, I see a lot of low back and knee pain, which is often caused by jumping, lifting items that are too heavy, and age-related causes. For example, farmers can experience pain as a result of using older equipment, lifting, and working with animals. Other conditions such as cancer and chronic infections – i.e., Lyme disease and tension migraines – can also contribute to chronic pain.

Another cause of chronic pain that can often be overlooked is hormonal imbalance or decline. With men, I have found that adjusting their testosterone levels can often ease the pain. However, women are less straightforward, with an imbalance of estrogen, progesterone, or testosterone – or some combination – having an impact on pain.

In treating chronic pain, I check in with my patients at each visit. Pain is subjective, and the best way I find to measure it is to view it from the patient's perspective. I don't use the Visual Analog Scale (VAS) for pain reporting, which features green, yellow, and red colored drawings of faces expressing different levels of discomfort. *(as shown on next page)*

I prefer to use a percentage indicator with the patient expressing at what percent of their functioning the pain is affecting. In addition to rating the pain, I also ask how they determined the rating, what the pain feels like – i.e., is it pressure, sharp, cramping, stiffness, throbbing, or other sensations – and how does the pain move in the body. I ask patients at every visit to best evaluate the progress of their treatments.

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VAS Pain Scale



Types of Regenerative Therapy Treatments

In traditional medicine, pain is often addressed with pain killers, steroid injections, or surgery, which can have mixed results.

I favor a naturopathic approach with Regenerative Injection Therapies (RIT). A variety of conditions are listed on the Riordan Clinic's website that may be improved with injection therapies. These include arthritis, back pain, carpal tunnel syndrome, chronic tendonitis, degenerated discs, herniated discs, fibromyalgia, neck pain, scars, sciatic pain, sports injuries, trigger/tender points, unresolved whiplash injuries, and partially torn tendons, ligaments, and cartilage.

RIT is a minimally-invasive injection that stimulates the body's natural healing process to repair and strengthen chronically impaired ligaments and tendons damaged from overuse or injury. We offer three primary types of Regenerative Injection Therapies at the Riordan Clinic.

Prolotherapy: Also known more broadly as regenerative therapy, this has been used for more than 40 years as an injection technique to stimulate the body's natural healing response. Proliferant (growth-promoting) and irritant solutions are injected in multiple areas in and around the injured joint or body part to stimulate the body to respond through inflammation. This inflammation brings new blood cells and nutrients to the affected areas. [2]

Prolozone Therapy: This involves the injection of ozonated oxygen into painful areas to stimulate the body's natural healing response. It is like prolotherapy, but it is less painful and less comprehensive. A prolozone injection contains ozone and nutrients, which are believed to bypass the inflammatory response and directly stimulate a healing response without triggering inflammation. [3]

Platelet-Rich Plasma (PRP): This is a technique where a solution derived from the patient's own blood sample is injected into an area to stimulate healing and repair. PRP is derived from a normal blood sample spun in a centrifuge. This concentrated plasma contains powerful healing properties and is rich in growth factors. [4]

My recommendation for which therapy is used depends on the patient, the patient's lifestyle, and the pain itself. If the patient either can't or won't slow down during treatment, such as an athlete or a farmer, I frequently recommend PRP, which can yield results more quickly in some cases. Prolotherapy is superior for ligament and tendon pain or for breaking up scar tissue, among other things. In my experience, most patients receiving prolotherapy or prolozone improve after 4 to 6 sessions. PRP usually requires fewer sessions, approximately 2 to 4, although every patient may differ.

At times, surgery is the best option, such as in cases where there is a known tear of more than 80% or a fracture.

I try to meet patients where they are. Not everyone is comfortable with injection therapies. In those cases, I will refer the patient to physical therapy and massage therapy. Class 4 Laser Therapy is also an option, which may improve blood flow in soft tissues. [5] Yoga is another activity I highly recommend to patients, regardless of how they treat pain.

I wish more people realized that corticosteroids and medications aren't the only ways to treat pain. There are natural ways to help your body do what it does best, heal itself.

Chronic Pain and Mental Health

Chronic pain can cause issues for patients and their families beyond the pain itself. Chronic pain and mental health are often interconnected. The American Psychiatric Association reports that people with chronic pain are at heightened risk for mental health problems, including depression, anxiety, and substance abuse disorders. It estimates that 35% to 45% of people with chronic pain experience depression. [6]

A study by the Mayo Clinic shows that imaging studies suggest a relationship exists between chronic pain and mental health disorders, possibly because pain and mental health disorders may share some neural mechanisms. [7]

Additionally, other studies show some evidence to suggest that depression – like pain – is linked to inflammation. [8]

Other effects of chronic pain can include anger, outbursts, short temper, and forgetfulness. If you see these qualities in a loved one, the individual may be dealing with chronic pain.

You do not have to live with chronic pain. It can be managed, and you have options.

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We have answers. Just scan the QR code to visit our frequently asked questions webpage for answers to our most common questions.

Nurses Enjoy Watching Patients Find Pain Relief



AUTHOR

Melody Spurney



Sarah Rudman, RN, BSN; Jennifer Tutak, RN; Debbie Augustine, LPN; Dustin Moffitt, ND

The Riordan Clinic's nursing staff in Hays sees rewards almost daily as they watch patients find relief from chronic pain that, in some cases, has limited them for years.

Debbie Augustine, LPN; Jennifer Tutak, RN; and Sarah Rudman, RN, BSN; have assisted Dr. Dustin Moffitt, ND, with care for hundreds of individuals suffering from chronic pain at the Riordan Clinic in Hays. All three said they have seen dramatic results from Regenerative Injection Therapy (RIT), which is also available at the other two Riordan Clinic locations.

They said that many patients are fairly well educated about the Riordan Clinic and the injection therapy approach to treating pain. Jennifer said that patients tend to find Riordan Clinic because they know what they are looking for and have often been referred to the clinic by a friend or family member. When they have questions, Sarah said that patients ask if the treatments will work. Debbie added that another common question is how many times a patient will need to return.

Debbie said in her experience, more than 80% of the patients who seek pain relief at the clinic get results. She said sometimes the pain isn't completely eliminated, but patients still find relief. She added that some who don't find relief sometimes give up too soon.

Sarah said that at the initial appointment, patients receive a thorough visit with Dr. Moffitt, including a discussion of patient history and symptoms, followed by the initial therapy agreed upon by Dr. Moffitt and the patient.

Jennifer has undergone injection therapy herself, having had prolotherapy on her knee following an injury. She said it can help some patients when they learn she has experienced the therapy and can share her personal experience and her own outcome.

She said that when she was injured, she limped so badly that she could barely make it around the office. However, her pain improved dramatically after even the first treatment. Jennifer was treated a second time on her injured leg and once on her opposite leg, which she had been using to overcompensate through the initial injury.

"It's an incredible feeling to go from being in pain every day to nothing. No pill can do that," she said.

The nurses said the Riordan Clinic is often the last hope for a patient to avoid surgery. Sarah, who came to the clinic from a long-term care facility, said the pain treatments offered by the Riordan Clinic yield faster results and are much less invasive than surgery.

"Many patients see this as their last hope to avoid surgery," Sarah said.

Other times, patients will seek relief from the Riordan Clinic following a surgery from which they did not heal well.

Because RIT involves needles, some patients experience temporary discomfort caused by the therapy itself. However, that is short-lived, and the inflammation created by the treatments is key to encouraging the body's healing process.

"Most people are very excited. They know it will hurt, but they are glad to come back," Debbie said, adding that the importance of inflammation to the healing process is why patients are told not to take anti-inflammatory medications during treatment. She also said that listening to Dr. Moffitt's instructions and following an exercise routine are things she wishes patients would do.

The nurses said that the most rewarding thing about their job is seeing the patients' transformation. Jennifer said they see a lot of change in patients. When they are at their worst, sometimes they cannot even walk into the clinic on their own – despite taking heavy doses of narcotics to get any relief. However, many find the relief they seek without additional medication in a relatively short time.

"When you see someone so broken and helpless to start out, and after treatments, they are almost unrecognizable. They have their life back and don't have to take a pill. It's so rewarding to see people come off opiates and live a normal life, pain-free, and do things they didn't think they could," Jennifer said.



Regenerative Injection Therapy Gives Patient Back Pain Relief



AUTHOR

Melody Spurney



For nine years, Shelly Berry was sidelined from life by debilitating back pain. Unable to do much more than work and sleep, she knew she was missing out on experiences with her family. Today, she celebrates the opportunity to have been on the actual sidelines for her younger son's last few years of high school, thanks to treatments she received at the Riordan Clinic in Hays.

Shelly, 52, of Scott City, Kansas, began having back pain in 2010. She was diagnosed with degenerative disc disease throughout her spine, spinal stenosis, and bulging discs in her thoracic spine. Her pain eventually became so bad that she said she would sleep as long as possible before going to work and come home at lunchtime and sleep instead of eating because she was so exhausted from the pain. After work, she would sleep, wake up for about an hour each night to be with her family, and return to bed.

"That was my life for about three years," she said.

Shelly went to three neurosurgeons who refused to operate on the thoracic region because of the risk of paralysis. She tried six rounds of epidural steroid injections, which didn't alleviate her pain, and took high doses of pain medicine, including Fentanyl, Norco, Lyrica, and Tramadol, from 2010 until 2019.

"Being on all that medicine really messed my body up," she said. Migraines were among Shelly's new symptoms, for which she was prescribed Topamax. She said she got 41 of the known side effects from the drug, including systemic lupus symptoms.

One neurosurgeon said her best option was a spinal cord stimulator, an implanted device that sends low levels of electricity into the spinal cord to relieve pain. That was not an option that Shelly wanted to pursue.

Meanwhile, Shelly was also seeing a chiropractor in Scott City to help address her pain. Dr. Bronson Baber, DC, MS, with Western Kansas Chiropractic, wanted to find alternatives to the spinal stimulator surgery for his patient and began researching options. He found the Riordan Clinic in Hays, which Shelly said neither of them had heard of, and suggested she make an appointment. She was reluctant at

first, and it took her a year to finally agree.

"He had been begging me to go see someone at the Riordan Clinic and telling me how it would help me. I was convinced it wasn't going to help because nothing had helped. It took me facing the fact that my options were a spinal cord stimulator and a pain pump," she said.

In the end, Dr. Baber said she had nothing to lose. If the Riordan Clinic treatments didn't work, she could still have a stimulator implanted. She also got a push forward from her husband, Darrel.

"My husband was with me at that chiropractic appointment, and he kind of browbeat me into saying yes. And we went," she said.

Shelly's first visit to the Riordan Clinic was in November 2019. Dr. Dustin Moffitt, ND, reviewed her medical records and offered to start her on pain relief treatments the same day. She began receiving prolozone, a therapy that involves injecting ozone to increase blood supply to ligaments. The effect was nearly immediate.

"It started working. My pain lessened," she said.

Before treatment at the Riordan Clinic, Shelly said the only way she could travel was to lie on an air mattress in the back of the family's SUV because it hurt her too much to sit upright for long periods.

"After that first appointment with Dr. Moffitt, I was able to sit up in the front seat and ride to Kansas City with my husband," she said.

A month later, Shelly returned for another prolozone treatment. Eventually, she and Dr. Moffitt decided to switch to Platelet-Rich Plasma (PRP) therapy, which uses multiple injections of a concentration of a patient's own platelets to help with healing. She would receive about 100 injections in a single 30-minute session, which she said her husband loved to count.

"It hurts, but it is worth it. It doesn't hurt for very long after the injections," she said.

As the treatments at Riordan Clinic began to work, Dr. Moffitt said she could start weaning herself off the pain medications she had taken for so long. That, however, was a decision she had already made for herself.

“He didn’t know it, but I started weaning myself off the pain medications already. About six months in, I was off all of them. About three months in, I told him, and he was like, ‘What?’ He was shocked,” she said.

Her conventional medical doctor was also shocked, and Shelly said she was upset that she wasn’t told there were other options available to her due to the conventional medical field in general not supporting the naturopathic field. Instead, it was her chiropractor’s research – and persistence – that led her to treatments that changed her life.

“I was very grateful that my chiropractor cared enough about me to research it and find Dr. Moffitt,” she said.

Gradually, Shelly’s visits to the Riordan Clinic were less frequent as her pain reduced over time. She said she initially went monthly, which changed to every two months, then three, then six. Now, she and Dr. Moffitt are waiting to see how long she can go without needing another treatment.

“I’m pain-free. I don’t even take Tylenol or ibuprofen, and I haven’t been (to the Riordan Clinic for back pain) in about 6 months,” she said.

She still goes to the Riordan Clinic for other health issues, including thyroid and benign hematuria.

A urologist had wanted to put her on a low-dose antibiotic “indefinitely” because of recurrent kidney infections. Dr. Moffitt is helping her manage the condition with supplements and a naturopathic antibiotic instead. Shelly said the naturopathic antibiotic attaches proteins to sugars instead of the wall of the bladder, which causes bacteria, which in turn causes infection.

Shelly said she still sees her conventional doctor for other things but wants to transition entirely to naturopathic care. She said in addition to not being told about alternatives, the side effects of her conventional treatments led to negative impacts on her health. Those included severe weight loss, pancreatitis, and an abrupt stop to Abilify caused a bi-polar reaction Shelly described as “horrendous” and took six months to control. All of which she said the Riordan Clinic’s care helped her to correct.

“I’m just trying to stay away from medications. I’m the side effect girl,” she said.

Coming Back from the Sidelines

When life sidelined Shelly and pain kept her in bed, she knew she was missing out on living life with her family.

Today, she works as a secretary and office manager at First Baptist Church in Scott City, although her job title doesn’t adequately describe her tasks. She can go from desk work, hanging banners, mentoring, and more over the course of a day. She describes the core of her job as helping others. Before her treatments at the Riordan Clinic, she said she wouldn’t have been able to put a case of water bottles into a refrigerator, which was one part of her job duties.

“I can do whatever I want. I can go for a walk. I can go on trips. I can work with no pain. Before, I was depressed all the time, and now I’m not depressed. Before, it was all about health issues and pain management, and now I can live a life without lying down,” she said.

Shelly credits Dr. Moffitt for the change in her ability to be present in her life and appreciates the co-learner relationship to work through health issues as they arise.

“My life has done a complete 360 because of the care I got from Dr.



Shelly Berry

Moffitt. I’ve learned a lot. I’ve learned to listen to my body. If something doesn’t seem right with my body, he is willing to work through it with me, and he usually has a solution.”

Another lesson Shelly said she learned is that naturopathic care isn’t necessarily more expensive than conventional care covered by insurance. Although naturopathic care isn’t typically covered by insurance, her copayments for a single prescription under her traditional insurance plan were \$1,500.

“I’ve learned that naturopathic care is worth the fact that insurance doesn’t pay for it. So I actually find myself paying less than I did for all the medical treatments and medications,” she said.

In addition to Dr. Moffitt, Shelly said she and her husband, Darrel, enjoyed the clinic staff. While Shelly had treatments, Darrel enjoyed joking with the staff, especially Office Manager Betty Brungardt and Debbie Augustine, LPN, who she said both could “give it right back.”

“All of them work so well together. You don’t see that everywhere,” she said.

As Shelly began to control her pain and the side effects of medications, she had the opportunity to be more involved with her sons, Prather Barnes, 22, and Justus Barnes, 19.

“I couldn’t play the roles I needed to play as a wife and a mom. Now I can. My husband had to take over for about three years when it was so bad. He worked full-time just like I did, but he had to do everything,” she said.

Justus was still living at home when Shelly’s pain was at its worst. She said he had to pitch in and didn’t see her much because she was so often in bed.

Both Darrel and Justus were concerned about her health enough that they missed out on a lot, she said.

After she could manage the pain, she said her opportunities to share experiences with her family increased, especially in Justus' final years in high school. Instead of spending evenings in bed, she attended his football and basketball games and quiz bowl competitions. And she was able to fly to Boise, Idaho, to visit her older son, Prather, where he was going to college. She wouldn't have been able to travel before.

"It changed my life for the better. Dr. Moffitt is very skilled. Everyone who works there is very skilled in what they do. I wouldn't be standing here today if it weren't for them. I would still be in a ton of pain and have no hope. I want to try to go the naturopathic way in all of the things that I need help with regarding my health care," she said.

Paying It Forward

Shelly and Darrel have been so impressed with their experience at the Riordan Clinic that they have recommended it to friends, family, and sometimes people they have just met.

"I keep cards in my wallet, and my husband does, too. We have a picture of Dr. Moffitt's card on our phones, so that in case we run out, we can forward it to somebody by text. We have told many, many people to go," she said.

She said that one of the things that impressed her about Riordan Clinic was the synergy between the three clinics in Hays, Wichita, and Overland Park. For example, a good friend of Darrel's, who lives in Wichita, had back surgery and was facing neck surgery. They encouraged him to go to the Riordan Clinic, and he made an appointment in Wichita. The clinic staff referred him to Dr. Moffitt in Hays, based on Dr. Moffitt's specialty in pain management.

"I thought that was amazing. They work well together even from facility to facility," she said, adding that after a year, their friend had returned to full-time work with almost no pain.



COLLAGEN PROTEIN



Collagen protein is the connective tissue in structures such as skin, hair, nails, and joints, as well as the most abundant protein in the body. It can help to stimulate our bodies to produce our own collagen, which does decline with age and contains essential amino acids that are often missed in our daily diets. These amino acids help to support healthy skin, bones, and joints. It is easy to use and can be added to any hot or cold drink or your favorite recipes.



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Sweet 'N Salty Chocolate Bark



INGREDIENTS

- 2 (12-ounce) bags dark chocolate chips, melted
- 1/2 cup salted pretzels, roughly chopped
- 1/4 cup dried cherries
- 1/4 cup unsweetened coconut flakes
- 1/4 cup unsalted pistachios, roughly chopped
- Flaky sea salt

COOKING INSTRUCTIONS

1. Line a baking sheet with parchment paper. Pour a third of the melted dark chocolate onto a prepared baking sheet and use an offset spatula to spread into an even layer, 1/8-inch thick.
2. Evenly sprinkle with half the pretzels, cherries, coconut, and pistachios.
3. Pour over the remaining melted dark chocolate and spread to evenly cover the ingredients.
4. Evenly sprinkle with remaining pretzels, cherries, coconut, and pistachios. Garnish with flaky sea salt.
5. Let bark cool until set, 1 hour, then break into pieces. Store bark in a resealable container until ready to eat.

Servings: 24

Prep time: 15 minutes

Total time: 1 hour, 15 minutes

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Please send any comments or suggestions to marketing@riordanclinic.org
Thank you for reading.



Melody Spurney
Editor

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**ALL RIORDAN CLINIC LOCATIONS WILL BE CLOSED
DECEMBER 26 AND JANUARY 2.**

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LATEST EPISODES



EPISODE 48 LINK BETWEEN METABOLIC SYNDROME AND HEART DISEASE

Michael (Mike) Shaw, PA-C, ABAAHP

In this episode, Riordan Clinic's Chief Medical Officer Dr. Ron Hunninghake, MD, is joined by Michael (Mike) Shaw, PA-C, ABAAHP, to discuss the link between metabolic syndrome and heart disease, and how the five indicators of metabolic disorders are directly related to a number of chronic illnesses. Many American adults have at least one risk factor for a metabolic disorder.



EPISODE 47 WHAT HAPPENS WHEN YOU FINISH CANCER TREATMENT?

Dr. Amy Rothenberg, ND

In this episode, Riordan Clinic's Chief Medical Officer Dr. Ron Hunninghake, MD, is joined by Dr. Amy Rothenberg, ND, to discuss her book "You Finished Treatment, Now What? A Field Guide for Cancer Survivors." Dr. Rothenberg was diagnosed with breast and ovarian cancer herself in 2014 and realized there was a need to examine what to do after treatments end. She has practiced as a naturopathic doctor since 1986.

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