

No pain is a real gain for clinic's patients

by Cynthia Price

Imagine getting a minor injury and waking up a few weeks later to excruciating pain that will not go away.

That is the lot in life of those who suffer Chronic Regional Pain Syndrome or CRPS. Perplexing and unrelenting, the pain is both internal and external. Affected areas (which is where the "Regional" part comes from) may be so sensitive that even the wind blowing across the area increases the pain almost unbearably.

Passed in 2006, Act #678 was enacted into law this year, and creates a working group on CRPS as well as mandates pub-

lic education on the syndrome.

In the past, CRPS was called Reflex Sympathetic Dystrophy, or RSD. This name was somewhat misleading, according to Dr. David Krencik of Michigan Pain Consultants, because the pain is not of necessity tied to the sympathetic nervous system (which is a series of nerves along the spine), and it is not a reflex.

It is clear that Krencik thinks about pain a lot. He is unsentimental about it, but seems determined to approach it from whatever angle will relieve his patients' suffering from it.

He uses words like "allodynia," which is an overall term for severe pain when the stimulus should not be painful, and

"causalgia," pain as a result of a major nerve injury. He seems to be familiar with an endless list of treatments for every type of pain imaginable.

He points out that, although CRPS is probably a more comprehensible name, it also caused confusion to make the change.

Jory Holmes, who suffers from the malady, continues to refer to it as RSD. He has had the syndrome for nine and a half years, long before the name change.

Holmes was willing to tell his story to help people seek medical attention quickly, because in many ways his illness is typical. Of course, in many ways it is not.

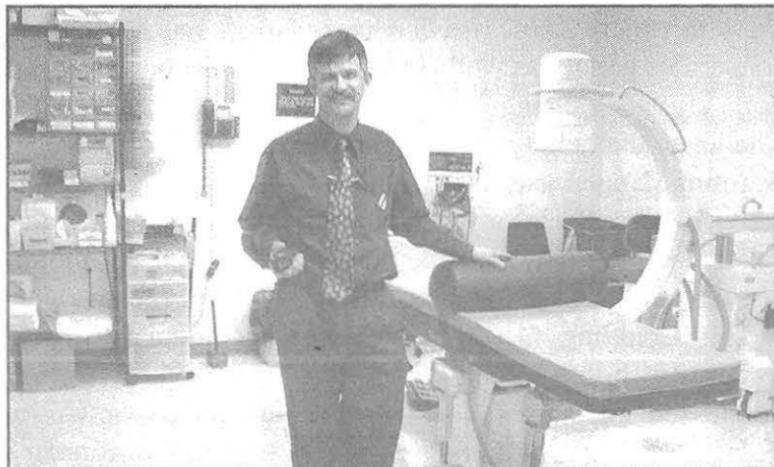
Almost a decade ago,

Holmes was bitten by a cat. The bite became infected, and Holmes underwent surgery at Mercy Hospital. Everything seemed to be healing well, but

there was still swelling in his left hand, and an ever-growing pain.

Fortunately, his surgeon was

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Dr. Krencik is shown standing in a treatment room at Michigan Pain Consultants.

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familiar with RSD/CRPS and referred him to Michigan Pain Consultants. The earlier the syndrome is discovered, the better the chance at managing the pain to ensure the least suffering.

Holmes, who is from Shelby, went first to Drs. Basch and Fitzgerald at Michigan Pain Consultants (MPC), and later to Dr. Krencik. MPC was founded as a single clinic in 1984, but its holistic approach to pain relief has been so successful it now has several offices throughout West Michigan. The Muskegon office is near the Lakes Mall, in the building on Mt. Garfield Road just after turning off of Harvey.

After experimentation with treatment over the years, Holmes has found his pain alleviated by a "stellate ganglion block." The previously-mentioned sympathetic nervous system, which also regulates some unconscious nervous responses like opening and narrowing blood vessels, carries pain impulses to the brain. Injecting anesthetics into some of these

nerves can block the pain. It is sometimes necessary to find out which nerves through trial and error. Holmes says the treatment is accomplished in his case by threading a needle through his neck.

By having this treatment every two weeks, Holmes is able to manage, though not cure, his pain. He says that the numbness is complete for about 12-13 days, but then the feeling and therefore the pain starts to return. He thinks he will have to undergo these treatments every two weeks for the rest of his life.

A natural and understandable response to this is depression, and Holmes sees a psychologist recommended by MPC.

He says that not only is the pain debilitating, but there is also the emotional pain over disability. RSD/CRPS is most often found in the extremities, that is arms, legs, hands, and feet. In Holmes's case, though he is right-handed, he was a clarinetist and band director. He had to give up the position because he could not use his left hand.

Still, Holmes has nothing but praise for MPC, Dr. Krencik

and the rest of the staff. He says he trusts them, and is willing to do as they recommend, because he has seen evidence it works. "I know they're my pain management team — there's a friendship there and I truly appreciate that...the interaction we have, the laughter, the tears, that's good therapy too."

Holmes has also gotten physical and occupational therapy through MPC, and takes pain medication. Krencik avoids narcotics unless all other avenues have been pursued, but says that in some cases, medication such as anticonvulsives or vasodilators are the treatment of choice.

MPC also treats pain from a huge variety of other sources. From cancer to back pain to headaches, the team at MPC will treat the whole person with methods that are tried and true, or innovative as needed.

Krencik says that, although some pain cannot be considered chronic until it has occurred for three months, with CRPS that is not the case. For that reason, he urges anyone who experiences severe pain to see their general physician as soon as possible.