

# 9 Ways To Tame Chronic Pain

From the Cleveland Clinic

- 1. Take deep breaths.** The average adult takes 8 to 16 breaths a minute. Slowing that down to 5 or 6 deep breaths that really fill your lungs will help you relax, which can lessen your discomfort.
- 2. Get a good night's sleep.** Without enough rest, pain triggers may worsen. So how much sleep is enough? It varies by person, but most adults need 7 to 8 hours a night. The simple answer: however much you need to wake up rested and rejuvenated.
- 3. Exercise regularly.** Get the big 3 - stretching, strengthening and aerobic activity - into your routine 3 to 5 days a week for at least 30 minutes. Stretching keeps muscles limber and tendons elongated. Strengthening core muscles in your back, pelvis, hips and abdomen aids balance and stability. Aerobic activity works the most important muscle, your heart, and stimulates circulation.\*
- 4. Tackle your tobacco habit.** Smoking cigarettes or cigars decreases circulation, aggravates medical conditions, increases sensitivity to pain and may interfere with pain medication. Same goes for chewing tobacco.
- 5. Practice “mindfulness meditation.”** This involves observing your pain rather than suppressing it. It sounds crazy, but by relaxing and accepting discomfort, you may better tolerate it. So for 20 minutes a day, sit or lie in a comfortable position in a quiet spot and just be aware, moment by moment, of your breathing, the unfolding of sensations (including pain), and your thoughts and feelings.
- 6. Eat a whole-food, plant-based diet.** A healthy diet promotes circulation, curbs inflammation and may soothe aching muscles and joints. Base meals on whole or minimally processed foods like vegetables, 100% whole grains, legumes and fruits. Start by ditching the worst offenders: processed meats, red meats and refined carbohydrates like sugar, white bread and pasta.
- 7. Try yoga.** Yoga can quiet your breathing, reduce muscle tension and energize your body and mind, all of which can ease pain. And you don't have to be a yoga master to reap rewards: See “Yoga for Polio Survivors” below.\*
- 8. Indulge your hobbies.** Take part in activities that bring you pleasure, whether gardening, fishing, cruising garage sales or carving wood. There's a hobby for everyone that can reduce stress and take one's mind off the pain.
- 9. Be social.** People who interact with others tend to reduce anxiety and better manage chronic pain. So have lunch with co-workers, take on a special group project, cheer on your grandson at a soccer game or go to an arts festival.

\*NOTE: These are simply guidelines, that can be adapted for our individual needs as polio survivors. Numbers 3 and 7 ? Work with a qualified Physical Therapist to determine your capabilities.

See the article below: “Exercise – Use it and Lose it”

There are 2 Yoga articles here – listed alphabetically under “Wheelchair Yoga” and “Yoga for Polio Survivors”

<http://www.papolionetwork.org/taking-care-of-ourselves-tips-and-tidbits.html>



## Exercise: Use it and Lose it

By Dr. Richard L. Bruno

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[www.postpolioinfo.com](http://www.postpolioinfo.com)

Question: I read that you don't recommend exercise for polio survivors who are getting weaker. But if I stop exercising and do nothing, won't I lose muscle tone, get flabby and become deconditioned and even weaker?

Answer: You're asking a good question but are using buzzwords that Americans hear on infomercials. It's vital that polio survivors understand what the research really says about exercise for newly weakened muscles and know the definitions of "muscle tone" and "deconditioned." We never tell polio survivors to "do nothing." Both The Post-Polio Institute and Warm Springs long-term follow-up studies find the same thing. All PPS symptoms, fatigue, pain and muscle weakness, decrease when polio survivors stop exercising and follow The Golden Rule:

If anything causes fatigue, weakness or pain, DON'T DO IT! (Or do much less of it.) Unfortunately, those who recommend strengthening exercise to polio survivors quote from the conclusions of half a dozen small studies of leg muscle strengthening, apparently without having read them critically. The studies' conclusions say that exercise programs "lead to significant gains in strength." However, when you look at the responses of individual subjects the "significant gains in strength" are hard to find. Just over half of the studies' subjects had an increase in upper leg muscle strength of about 26%. One quarter had no change in strength while 21% actually had a decrease in strength of about 10%. So almost as often as not exercise either had no effect or actually decreased muscle strength.

What's more, only two studies asked whether exercise affected polio survivors' fatigue and their ability to function in their daily lives. In one study, strength increased by 36% but muscle fatigue also increased by 21%. In the other study, although muscle strength increased by 30%, there was no improvement in polio survivors' ability to do daily activities, and muscle fatigue increased as much as 300%! You have to ask what good comes from any small percentage increase in muscle strength that is not related to improved functional ability and that actually increases muscle fatigue more than strength.

And what of "muscle tone"? Most people think that "muscle tone" means muscles that are firm and have a nice shape. Muscle tone actually means that muscle fibers are ready to contract. Muscle tone is lost when motor neurons are damaged and can't turn on muscle fibers. Loss of tone can happen when polio survivors exercise too much and muscles become weaker when poliovirus-damaged motor neurons fail. Remember, PPS researcher Alan McComas found that polio survivors who have muscle weakness lose at least 7% of their motor neurons each year. This is why he concluded that "polio survivors should not engage in fatiguing exercise or activities that further stress metabolically damaged neurons that are already overworking."

Polio survivors' muscles get smaller lose tone if they're overused and the motor neurons that turn on the muscle fibers die. Arms and legs get flabby because of increased fat deposits, not a loss of muscle tone. Exercise does burn fat and at first causes muscles to increase in size. But polio survivors don't want bigger muscle fibers because they "further stress metabolically damaged neurons that are already overworking." The best way to prevent flabby arms and legs is to stop overusing and abusing your motor neurons and to follow the higher protein, low fat and lower carb Post-Polio Diet.

And what does "deconditioned" mean? Many polio survivors believe that there are only two ways to live: overusing and abusing or being a couch potato and becoming "deconditioned." Deconditioning is something that happens when astronauts live in space or you put someone to bed for weeks, removing the pull of gravity and causing a decrease in blood volume and blood pressure. Deconditioning can only happen if polio survivors never leave the couch, not if they take two daily rest breaks on the couch, take a ninety minute nap, stop strengthening exercising or use a power wheelchair.

However, polio survivors may need to "condition" their hearts, especially if they have had a heart attack.

"Cardiopulmonary conditioning" uses exercise to strengthen the heart muscle (which was not affected by polio) and make it work more efficiently. However, there is no benefit to running on a treadmill or riding a bicycle to exercise the heart if you thereby stress and kill off poliovirus-damaged motor neurons. Some polio survivors can do heart conditioning by using their less affected limbs, usually their arms, in a carefully monitored program of paced and non-fatiguing exercise. But for many this type of exercise doesn't increase heart rate enough to get a conditioning effect and leads to fatigue and muscle weakness so it can't be continued for more than a few sessions.