

Session 8

Mantra Meditation

Check-in:

1. Share an item from your gratitude journal
2. Connections between sleep and pain or something you have noticed about sleep
3. Your favorite affirmation OR your experience with the EFT

Nutrition 102 – supplements in pain disorders

Communication – Communicating our needs

Medication Check

Homework:

Relaxation response Exercise 20 minutes per Day

Pain Diaries and Feedback Form

Write 3 things in your gratitude journal each day

Track your sleep

And check in with your buddy!

Calvin: Sometimes when I'm talking, my words can't keep up with my thoughts.
I wonder why we think faster than we speak.

Hobbes: Probably so we can think twice.

~Bill Watterson, Calvin & Hobbes

“The single biggest problem in communication is the illusion that it has taken place.”

George Bernard Shaw

Mantras and other poems and thoughts to use as mental focus during meditation

There are 2 basic elements central to meditation practices:

1. A mental focusing device, such as watching your breath or repeating a word, phrase, prayer or sound.
2. A passive attitude toward distracting thoughts

General:

Breathing in I smile, breathing out I relax.

In 1 out 1, in 2 out 2, in 3 out 3, etc. – counting the breath

I am breathing in and feeling joyful. I am breathing out and feeling joyful.

Breathing in, I am making my whole body calm and at peace. Breathing out, I am making my whole body calm and at peace.

I am breathing in and am aware of my feelings. I am breathing out and am aware of my feelings.

One	Peace	<i>In, out</i>
Oh Well	Let it be	<i>Deep, slow</i>
Let go	Relax	<i>Calm, ease</i>
Love	In, out, deep, slow	<i>Smile, release</i>
Ocean		<i>Present moment,</i>
Calm		<i>wonderful moment</i>
My time		

Christian:

Come, Lord

Lord, have mercy

Our Father

Hallowed be thy name

God is Love

Lord Jesus Christ, have mercy on me

Hail Mary

The Lord is my Shepherd

Our Father, who art in heaven

Jewish:

Shalom ("Peace")

Echod ("One")

Sh'ma Israel (Hear, O Israel)

Hashem ("The name")

Eastern:

Om (the universal sound)

Shantih ("Peace")

Hamsah ("I am that")

Aramaic:

Maranatha ("Come Lord")

Abba ("Father")

Islamic

Allah

La ilaha illa Allah ("There is no God but God")

Spiritual, other:

Mother

Blessed be

Gaia

Sky Father

Bless us

Earth Mother

Sit. Close your eyes, relax for a moment and breath deeply. When it feels right, begin thinking your mantra or focus phrase silently to yourself. Coordinate with your breathing or let the pace, volume, and intonation of the mantra vary in whatever way feels most comfortable for you. Whenever your mind wanders, gently return to your focus, without criticizing yourself for the lapse.

Don't try for a particular spiritual effect when you meditate. Meditation is about being, not doing; letting, not willing. Put aside your tendency to judge; the only "bad" meditation is the one you didn't do.

Nutrition 102

Supplements and Pain Disorders – the lower cost simpler version

Supplements, not Substitutes

The goal is for fresh fruits and vegetables to form a major portion of the diet, to be the main course rather than a side dish. The benefits from fruits and veggies are not derived principally from the vitamins; they can therefore not be obtained from the use of multivitamin pills as a substitute for whole foods.

Cranberries	Apples	Red grapes	Strawberries
Red peppers	Broccoli	Carrots	Spinach, kale

Low AGE diet

Animal-derived products, such as cheese, sausage and bacon speed up AGE formation.

Prepare meals under low heat, for least amount of time necessary, and with as much water as possible. Water delays reactions that lead to AGEs.

Boiling, steaming and poaching are preferred to broiling, frying, baking and other high-temperature cooking. Eat vegetables, which are low in AGEs.

Slice meat very thinly and pass it quickly in a frying pan with little oil.

Enhance flavor with spices rather than relying on cooking methods like frying to improve taste

Trans Fatty Acid Intake

Major sources: fast foods, bakery products, packaged snacks, and margarines.

Avoid anything that says “hydrogenated oil” on the label

Care and Feeding of the Joints

1. Hydrolyzed collagen – Arthred. Provides raw materials for repair of ligaments and tendons. The dietary equivalent is soup made from bones and gristle and boiled much of the day.
2. Glucosamine Sulfate: Must be sulfate, not Hydrochloride. Use up to 3,000mg for 1st 12 weeks then 1500 mg per day
3. Chondroitin Sulfate - 400mg. 3x daily
4. Niacinamide: (500mg 6x daily) significantly improved severity of arthritis and joint mobility .

Other Dietary Supplements for OA:

Vitamin D 400 IU per day – or even 2000-4000 IU (watch calcium)

Vitamin E mixed tocopherols 400 IU per day

Probably Essential Fatty Acids: Fish oils EPA 1-3g/DHA 400-600mg daily

Botanical Therapy - Topical

1. Capsaicin - Capzasin-P or Zostrix, 0.025% - 0.075% applied 4 times per day for 2-4 weeks to determine effect. If the commercial creams are too hot for your skin, mix them with some vaseline or other salve to dilute them while you adjust. Capsaicin is also available in a roll-on, which keeps you from getting hot pepper on your fingertips (and then in your eyes, on your private parts, etc.)

Making your own cayenne oil is simple. Gently warm 1/2 cup of extra virgin olive oil and stir in 1/4 teaspoon of cayenne pepper until the cayenne is thoroughly dissolved. Let cool, and pour into a tightly capped bottle.

To make SALVE: -1/2 cup olive oil - Two heaping teaspoons of cayenne powder (or 15 grams). - 1/2 oz beeswax

Infuse the cayenne into the olive oil over a double burner. Heat the oil and cayenne until it is warm, turn off the heat and let it sit (warmly) for about 20 minutes, then turn the heat on again for at least one hour to a couple of hours. Then strain off the powder through a cheesecloth. Reserve the infused oil.

Heat the beeswax until it is melted. Stir in the infused oil until the beeswax and oil have been thoroughly melted together and combined. Immediately pour this mixture into jars or tins. (Makes roughly 4 ounces). Let it cool and then label it.

Botanical Medicine for Arthritis - internal

1. Boswellia: Ayurvedic herb - 500mg standardized to 70% boswellic acids 3-5x daily on empty stomach
2. Curcumin: Dose: 400mg standardized to 95% curcuminoids 3x daily on empty stomach –though there are no studies of this as a stand-alone supplement (use in combination therapy)

Cook with turmeric: **Note black pepper can improve the absorption by 2000% (!!)

-Sprinkle turmeric on caramelized onions and potatoes while they're cooking, add to grilled fish, add to scrambled eggs

Make "tea": Heat 1 cup almond milk. Whisk in 1/2 tsp turmeric, 1 tsp cinnamon, 1/4 tsp ginger and stir in 1 tsp honey

3. Devil's Claw: Harpagophytum procumbens – 60 mg harpagoside per day
4. Ginger – inhibits lipoxygenase and cyclooxygenase
5. Grape seed extract or Pycnogenol – 150 mg per day helps arthritis and also decreases blood vessel problems
6. Other herbs: rosemary, green tea, cherry, etc.

Antioxidants in Tendonitis

Osgood-Schlatter: selenium 50 mcg tid, vitamin E 400 IU/d, I have also used this with success in plantar fasciitis Tendonitis - Enzyme Therapy - digestive enzymes, when taken between meals, are absorbed systemically and decrease circulating immune complexes, decrease activated complement, etc. Bromelain helps.

Wobenzym-N has been studied in ankle tendonitis, hand flexor tendonitis, supracondylar fractures in children

For muscle spasm: Use magnesium malate or citrate or any other form of magnesium but not magnesium oxide. Life Extension, Vitamin Shoppe, or Solgar magnesium citrate are good brands. Start with 1-2 capsules per day or with 1 tsp per day of liquid magnesium citrate and gradually increase the dose to the maximum dose tolerated without diarrhea or until symptoms are relieved.

Generally do not exceed 320 mg per day of "elemental magnesium." Do not use this if there are problems with your kidney function.

Epsom salts can also be used but be careful - a full daily dose by mouth would be 1/4 tsp (283 mg elemental magnesium) or just a little more

There is also some absorption through the skin when used in a bath, but a wider margin for safety with this technique. Generally, 1-2 cups of Epsom salts per bathtub is recommended.

Where to get things:

Turmeric, Cayenne, Ginger at the grocery store

Supplements:

Check out vitacost.com

Communicating Our Needs

Making Statements match intentions: It is important to be clear about what you intend in your statements to others. Identifying the need that you hope to have met by the conversation is an important first step. The following list of needs is neither exhaustive nor definitive. It is meant as a starting place.

Nonviolent Communication SM Needs Inventory:

CONNECTION	HONESTY	MEANING
Acceptance	Authenticity	Awareness
Affection	Integrity	Celebration of life
Appreciation	Presence	Challenge
Belonging		Clarity
Cooperation	PLAY	Competence
Communication	Joy	Consciousness
Closeness	Humor	Contribution
Community		Creativity
Companionship	PEACE	Discovery
Compassion	Beauty	Efficacy
Consideration	Communion	Effectiveness
Consistency	Ease	Growth
Empathy	Equality	Hope
Inclusion	Harmony	Learning
Intimacy	Inspiration	Mourning
Love	Order	Participation
Mutuality		Purpose
Nurturing	PHYSICAL WELL-	Self-expression
Respect/Self-respect	BEING	Stimulation
Safety	Air	To matter
Security	Food	Understanding
Stability	Movement/exercise	
Support	Rest/sleep	AUTONOMY
To know and be known	Sexual expression	Choice
To see and be seen	Safety	Freedom
To understand and be understood	Shelter	Independence
Trust	Touch	Space
Warmth	Water	Spontaneity

As an example, look at Communication with Health Care professionals. You may be looking for
 Information and Analysis
 Advice
 Understanding or reassurance

from your doctor when you say, “My pain is worse.”

Try asking for this directly, i.e. “My pain is worse and I am afraid there is something more serious going on. Would you examine me and order any tests I need to reassure me it is just a flare?”

Or “My pain is worse, and no one around me seems to understand what I go through. Do you think I am a weak person for needing to take medications to control this pain?”

Or “My pain is worse and I would like you to help me figure out if I am taking my medication incorrectly or if there is something else I should be doing to keep it under control.”

The response will be very different depending on which of these you say, and you are more likely to get the response you are looking for by being more specific.

Good and Bad Communication

Good communication has two properties: you express your thoughts and feelings openly and directly, and you encourage the other person to express his or her thoughts and feelings. The ideas and feelings of both people are important.

The list of “characteristics of bad communication” below may help you recognize some bad habits you may have in the way you relate to people, and avoiding these behaviors may help you resolve conflicts.

THE CHARACTERISTICS OF BAD COMMUNICATION

1. **Truth** – You insist that you are “right” and the other person is “wrong.”
2. **Blame** – You say that the problem is the other person’s fault.
3. **Martyrdom** – You claim that you’re an innocent victim.
4. **Put-down** – You imply that the other person is a loser because he or she “always” or “never” does certain things.
5. **Hopelessness** – You give up and insist there’s no point in trying.
6. **Demandingness** – You say you’re entitled to better treatment but you refuse to ask for what you want in a direct, straightforward way.
7. **Denial** – You insist that you don’t feel angry, hurt, or sad when you really do.
8. **Passive Aggression** – You pout or withdraw or say nothing. You may storm out of the room or slam doors.
9. **Self-blame** – Instead of dealing with the problem, you act as if you’re an awful, terrible person.
10. **Helping** – instead of hearing how depressed, hurt, or angry the other person feels, you try to “solve the problem” or “help” him or her.
11. **Sarcasm** – your words or tone of voice convey tension or hostility which you aren’t openly acknowledging.
12. **Scapegoating** – You suggest that the other person has “a problem” and that you’re sane, happy, and uninvolved in the conflict.
13. **Defensiveness** – You refuse to admit any wrong-doing or imperfection.
14. **Counterattack** – Instead of acknowledging how the other person feels, you respond to their criticism by criticizing them.
15. **Diversion** – Instead of dealing with how you both feel in the here-and-now, you list grievances about past injustices.

Secrets of Good Communication

Listening skills

1. **Disarming:** You find some truth in what the other person is saying, even if you feel convinced that what they are saying is completely wrong, unreasonable, irrational, or unfair.
2. **Empathy:** You put yourself in the other person’s shoes and try to see the world through his or her eyes.
 - a. **Thought empathy:** You paraphrase the other person’s words.
 - b. **Feeling empathy:** You acknowledge how they’re probably feeling, given what they are saying to you.
3. **Inquiry:** You ask gentle, probing questions to learn more about what the other person is thinking and feeling.

Self-expression Skills

1. **“I feel” statements.** You express your feelings with “I feel” statements (such as “I feel upset”) rather than with “you” statements (such as “You’re wrong” or “You’re making me furious”).
2. **Stroking:** You find something genuinely positive to say to the other person, even in the heat of battle. This indicates that you respect the other person, even though you may be angry with each other. (**Sandwich** techniques give a positive statement, the “meat” or hard part, and another positive statement to “sandwich the painful communication in positivity.)

Assertiveness

Assertiveness: A way of expressing how you feel, while respecting the rights of others. “I count, you count.” Three common obstacles to becoming assertive:

Obstacle 1: Not feeling entitled to speak up

Obstacle 2: Confusing assertiveness with passiveness or aggression

Obstacle 3: Not knowing why you feel the way you do

Symptom Diary

Name _____

Full Circle Center for Integrative Medicine

4641 Valley East Blvd #2

Arcata, CA 95521-4630

707-840-4701

Fax 855-420-6321

	Describe situation	Physical Sensation (0-10) before meds	Physical Sensation (0-10) 45 min. after meds	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Monday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____
Tuesday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____
Wednesday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____

	Describe situation	Physical Sensation (0-10)	Physical Sensation (0-10)	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Friday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Saturday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Sunday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____



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FEEDBACK SHEET FOR HEALING GROUP

Name: _____ Date: ____/____/____

1) Please review your medication list and indicate any changes you have made in your medications, supplements, or over the counter meds since the last group (i.e. stopped any, increased any, decreased any, added new ones).

What refills do you need today? _____

2) Have you had any injuries, events in your personal life, any nerve blocks, physical therapy, other treatments, exercise, etc. since our last group that made your pain worse or better? Yes No
If yes, please give details. _____

3) Over the past 2 weeks has your pain level:
 Decreased Stayed the Same Increased All over the place
What changes have you noticed? Please be as specific as you can: _____

4) Rate your average pain score for the past 2 weeks:
NO PAIN 1 2 3 4 5 6 7 8 9 10 VERY SEVERE PAIN

5) Rate your pain score today:
NO PAIN 1 2 3 4 5 6 7 8 9 10 VERY SEVERE PAIN

6) Over the past 2 weeks has your emotional state:
 Decreased Stayed the Same Increased All over the place
What changes have you noticed? Please be as specific as you can: _____

7) Rate your average mood for the past 2 weeks:
VERY SAD 1 2 3 4 5 6 7 8 9 10 VERY HAPPY

8) Do you address special nutritional needs as part of your healing plan? Yes No If yes, what nutritional goals are you addressing? _____

9) For how long and how often did you do physical exercise in the past 2 weeks?

- Aerobic Time _____ How often? _____
- Stretching Time _____ How often? _____
- Strengthening Time _____ How often? _____

10) Did you meditate? Yes No How long? _____ How often? _____

11) Did you use other relaxation techniques or mini relaxation response exercises? Yes No
What did you do? _____ How often? _____

12) What goal did you set last time? _____

Did you accomplish it? Yes No If no, can you come up with a plan to help you succeed by identifying the obstacle and a solution to the obstacle?

Obstacle

Solution

FUNCTIONAL IMPACT OF PAIN

13) Did you miss social events, work, or other appointments this month because of your health?
 Yes No What did you miss and why? _____

14) Indicate the word that describes how, during the past 24 hours, pain has interfered with your:

General activity	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Mood	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Ability to work (in or out of home)	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Interactions with other people	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Sleep	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Enjoyment of life	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely

15) What did you do for fun or pleasure this month? Or what gave you pleasure this month? _____

16) Have you used any recreational drugs this month? _____

17) How many drinks of alcohol did you drink this week? _____ What kind? _____

18) How many cigarettes did you smoke this week? _____

19) How much caffeine did you drink this past week? _____ What kind? _____

20) How much candy, soda, or other sweets did you eat this past week? _____

21) The following could be medication side effects or from your underlying condition. Are you feeling/experiencing:

Symptom(s): Check box if present	Medication(s) or other condition(s) you think caused it:	How did you deal with it:	Do you want suggestions?
<input type="checkbox"/> Constipation:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty sleeping:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dizzy, dopey:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nausea/vomiting:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty waking in the morning:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Loss of libido:			<input type="checkbox"/> Yes <input type="checkbox"/> No

22) Any other physical complaints or questions you'd like your physician to respond to _____

Can this be discussed in group? Yes No *If no, please ask physician if you should make an appointment.*

23) Any feedback or suggestions you would like to share with the staff? _____
