



Chronic Pain Management -

Ref261

with Pippa Cossens

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TRANSCRIPT

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Steven Bruce

Hello again and welcome to another of our lunchtime learning sessions. 45 minutes of great CPD. And today I have Pippa Cossens with me to talk about dealing with chronic pain. Now, if you've been with us for a while, you probably have seen Pippa before. She's been a virtual member of one of our shows, but she's participated in a number of case-based discussions as well. And she's also a real regular on the chat lines when she's not in the studio. She has been in practice as an osteopath for almost 30 years, and she's also a SIRPA practitioner. In fact, she's a member of the board at SIRPA. And we've done a show on SIRPA before with Georgie Oldfield, who founded it here in the UK, so if you missed it the first time round, you can look for that one in our archives, and it's well worth the look. SIRPA stands for the Stress Illness Recovery Practitioners Association. But I'm not sure whether that's relevant to what we're talking about today. So Pippa, thank you for coming in.

Pippa Cossens

Thank you very much.

Steven Bruce

What have you got for us?

Pippa Cossens

Well, I wanted to talk to you today about change your pain, and change your pain is something that we've developed at Osteopathy for All, for our chronic pain management.

Steven Bruce

Okay, so Osteopathy for All is...

Pippa Cossens

Is our clinic in East Sussex.

Steven Bruce

Change Your Pain is just the name of the...

Pippa Cossens

It's the name of the programme that sits within that.

Steven Bruce

And I promised everybody you'd have a great new resource for them to look at.

Pippa Cossens

Absolutely. And what it started with, interesting enough, was it started as part of the osteopathy for all website and it started as what we call our toolkits. And so we specialise in treating patients with chronic pain and stress illness. And when we talk about stress illness, we're talking about things like fatigue, possibly migraine, irritable bowel syndrome, so a whole host of other things that often accompany chronic pain. So we actually always put them under the same umbrella, we really just separate them for patients.

Steven Bruce

When you say stress illness, you're not thinking about things like PTSD, the psychologically induced problems.

Pippa Cossens

Well, we are, we're going into that bracket, definitely. But what we don't do certainly as SIRPA practitioners is we wouldn't go beyond the psychological, we're not going to go into any sort of psychiatric. So if our patients are under sort of psychiatric care, then actually that is something that is beyond our scope of practice.

Steven Bruce

I always struggle with that differentiation there, beyond the psychological, so knowing that there's a psychological component to what's going on as opposed to the psychological psychotherapeutic...

Pippa Cossens

Well, I think we go quite a long way into that, but as I say, when somebody is experiencing sort of personality disorder, or more psychosis and things like that, that is definitely well, well outside of our remit. And also, what we will do is if we are concerned that somebody is, I would say that there are quite a number of SIRPA practitioners who are actually psychologically trained, they might be psychotherapists, and as osteopath, as physical therapists, we feel we can't almost go as far as they can go. So what we would then do, so if we had a patient, we thought, actually, I'm not comfortable that this patient's anxiety is not too much or that they have got PTSD and it's not well controlled, then actually, we would then refer them on because there's a, I think there's a big line of safety, and we tend to err on the safe side of it.

Steven Bruce

I don't want to go over the stuff that we covered when we had Georgie Oldfield in the studio for this. I don't remember if it was virtual or live. But Georgie herself, is she a physiotherapist?

Pippa Cossens

She is.

Steven Bruce

Right. And so the membership of SIRPA includes physios, osteo, chiro and any other healthcare practitioner?

Pippa Cossens

Yes, essentially, you have to be a healthcare practitioner that is registered with a professional body. So essentially, yes, it's not for just everybody, but you do have to have a professional recognised health qualification so that you are covered by obviously, your insurance, and that you have that, you know, that level of care and understanding.

Steven Bruce

So, tell us a bit more about change your pain.

Pippa Cossens

Yeah, so change your pain is to say we started as SIRPA practitioners working and integrating this within our osteopathic practice in East Sussex. And what we were finding is not only are we doing the physical aspect of the treatment, but we were finding at the end of the day, that we were giving our patients maybe meditations to do or we were talking to them about journaling, or we were saying actually, you know, visualisation technique and what happened at the end of the day, you're sitting there, oh, my God, I've got to email so and so with all these links. So what we did was we created the toolkits on the osteopathy for our website. And then what grew out of that is actually there's so much information, we couldn't put it just in that forum. And so essentially, change your pain was born from there. And it is more than just resources. So essentially, it's a membership platform. And what it has in it, it does have a huge number of resources, I think there's at least 130 pieces of resources that are static in the site as it is and we add to those every week. But it also is about community, it's about supporting those people as well. And so we do live classes, and people can ask questions anytime they like. So we're trying to support them more from that point of view. So it's, as I say, you don't have to, I think because chronic pain is so individual and the recovery from chronic pain is so individual, people need different resources. It's not all the same for every single person. And so what we're trying to do is bring all of that to individuals who are experiencing chronic pain.

Steven Bruce

We've actually had a question from Biljana that's just come in, unusual name Biljana. So I'm assuming Biljana you're the same lady who came on Laurie Hartman's course recently. Great to have you on the show. The question is, assuming the disorder is already diagnosed, but what about if it's not?

Pippa Cossens

Yes. Now, that's a really good point. So when we're talking about chronic pain, we are tending to put that in its classified bracket of pain that's been there for more than three months. But very interestingly enough, we find in practice that we're identifying these patients much, much earlier because of our knowledge. So we change the way we take our case history to include more questions to make sure that we're identifying these chronic pain patients. But for, like you say, classically, for a chronic pain patient, what we're looking at is patients who've had pain for more than three months, but have also had other diagnoses ruled out. So of course, we're not looking at any patients that have got fracture. We're not looking at any patients with an infection, cauda equina syndrome or any sort of pathology that you know, needs to be ruled out. So we're very careful that actually people who either join the programme or seeing us in practice, have had those things done. But so many patients come to us and they've been in pain for 10 years, and they've seen everybody and everything has been ruled out and they're then left with not very much support. And so this is where this comes in.

Steven Bruce

I wonder whether Biljana was asking about the psychological disorder.

Pippa Cossens

Okay? Yes.

Steven Bruce

Because obviously, if they haven't been diagnosed, then you don't know that you're straying into that territory. But then that could be the same for all practice.

Pippa Cossens

Yeah, absolutely. And I think we're on the lookout for it too, you know, because we're looking, when we ask more psychological type questions, and that's why I wouldn't ever recommend that people don't do it without some sort of backing some sort of training. Because actually, you can, by asking a question, perhaps, we ask very gently about, was there anything as far back as your childhood that might have meant that your nervous system had become agitated? And you're straying into territory that might bring things up. So if that, as I say, if that brings something up, we are right on it with regards to you know, trying to get them the help that they need by referring them on to the GP or a psychological therapist.

Steven Bruce

Okay. How would I or one of our chiropractor members or anyone else, how would they make use of this?

Pippa Cossens

So essentially, I mean, we've built it for the patients, and the patients that often this is suitable for are those slight heart sink patients, those ones that you've been seeing for a long time, and they don't change, or they change for three days after treatment, and then they come back, the ones who, their life is hard for them. They're struggling, if that makes sense. And they bring quite a lot of that to the appointment.

Steven Bruce

Fibromyalgia patients.

Pippa Cossens

Absolutely. Absolutely.

Steven Bruce

Which I mentioned for a reason.

Pippa Cossens

Yes, absolutely. I'm gonna tell them what the reason is. Yeah. So I myself had a diagnosis of fibromyalgia. I was diagnosed in 2017, having been in pain since 2013. And in 2017, I was at the point that I couldn't even walk my labradors around the block, I was having to pay somebody to walk my labradors around the block. I was a single parent, I was just about managing to get off my sofa to go to work, because I needed to provide a roof over my head and food on our table. And I didn't know that this was going to change and even having been an osteopath for a good number of years at that point, did not know about this area of the work. And I then discovered SIRPA. And for me, a SIRPA conference five years ago was absolutely life changing. Suddenly, I was in a room with medics from the UK and the states who actually understood it. They got the neuroscience, they understood all aspects of it, but not only that, they had the answer. They knew how to fix it. And so from five years ago to now I'm not sure that you're aware, but this summer actually, to raise awareness for chronic pain recovery, I drove from Land's End to John

O'Groats, and on the way back down I climbed Ben Nevis, Scafell Pike and Snowdon. Now, again, five years ago, I didn't know if I was gonna be able get off my sofa, this summer, actually, at the top of Ben Nevis, having had the most amazing anxiety attack on the way up, actually, I felt like I'd really achieved and so when I bring this to people, it's like, actually, I bring this not only from a point of view of experience under the neuroscience, but of lived experience. And that's why I'm so passionate about it.

Steven Bruce

Yeah, I can imagine that. And as you said, if you've been through it yourself, and you've seen it's seen some results, then it would make me quite passionate about this as well. But I'm still curious to know how I make use of this as an osteopath because my patients aren't your patients.

Pippa Cossens

So I think the thing with that, and I feel like it's a slightly dodgy ground. I don't want to tread on other people's practices. But essentially, there will be people who love treating sports people and do not want to treat chronic pain. Those are some people that we might be able to help. But what I hope ongoing is that actually, even if you are treating chronic pain, but you perhaps are not SIRPA trained, and you don't have more psychological sort of understanding of it is that we can work alongside your hands on treatment, because there are osteopaths around the country doing absolutely fantastic work. And I think they're getting chronic pain patients better without this knowledge because they are brilliant with their hands on, they're listening with their hands. They are understanding the patient, they are hearing the patient, they are there for the patient. And I think that's why we do so brilliantly.

Steven Bruce

And the chiropractors and physios as well.

Pippa Cossens

I'm so sorry. Yes, I know, I always describe myself as an osteopath. I'm like a stick of rock. If you break me in half, I say osteopath the whole way through. So I do apologise to the other professions. But essentially, yeah, this is about supporting them. So if you don't want to do all the talking, if you don't want to do all the information, if you don't want to do all the searching for meditations and breath, work and all that sort of stuff, that's what's in the programme. That's what's in the modules alongside live classes. So that essentially, we are doing that part of the support while you carry on doing that absolutely fabulous hands on stuff. And we're also happy to help support practitioners. So that actually if they're kind of going oh, I think this might be a patient that is in that category, you know, how to identify them, then we're happy to help with that. And then maybe work in partnership. But as I said, this is something that the patients can turn up to. As I say, they've got a whole, the modules at the beginning, we recommend that they work through in order because it's about that pain understanding journey. And then we talk about, you know, what's in your backpack. And that's like, you know, everything that's happened to you and your story is in your backpack, and then what we do through live classes...

Steven Bruce

We've got a slide. So somewhere along the line, and my little clicker, there we go. Justin will have to move the slides forward for us, because the clicker is not working. There we go. What's in the chronic pain back?

Pippa Cossens

So yeah, so what's in your chronic pain backpack, is anything that has influenced you possibly adversely. That sounds a bit, but anything that has overwhelmed your nervous system at any point through your lifetime, really. Now, that might be that actually you had an accident and you broke your leg, and actually, your leg is healed, but you've still got pain six years later. And that might be because actually, the scenario, when you broke your leg was very overwhelming to your nervous system, it wasn't just about breaking your leg and getting better, it's about the fact that you were worried you were going to lose your job or you lost your house, or actually, you know, you had nobody to look after you. And when it overwhelms our nervous system, that's the important bit, if that makes sense. So it can be on any number of levels. And so essentially, what we're trying to do is then help people unpick that, identify there are worksheets in the module that help people identify what's important in their story. And then we then help with the resources as to how to unpick that. But we also do every two weeks, we have a live class, so people can come and we pick a topic and we ask the membership what they'd like, what they're interested in, what they're struggling with and we then produce a live class that they have a Q&A at the end of to help you know, unpick that for them.

Steven Bruce

Okay. So what we've got on the screen here looks to me as though actually would ideally be a paper handout, and we fill in those boxes over there with the stuff relating to the...

Pippa Cossens

That's sort of the idea of what might be those things that sit in those categories. And this is relevant to what's happened to you. Finally, actually, the worksheet has a third page that doesn't have the categories, so that you can actually then say, actually, this is what's stressful for me.

Steven Bruce

Yeah. Interesting. I looked at family and I was thinking family as a support mechanism. But actually in here, you've got, are you caring for elderly patients, which is obviously, that's a real stress, a bit of a strain on your system, isn't it?

Pippa Cossens

And it can be too, like you say, you could have elderly parents who are not terribly difficult, but you've also got school aged children. And you know, you might be the jam in that sandwich. And actually, that's then you're being pulled from both sides. And then again, then we start to see a little bit of fatigue, and then we start to see a little bit of overwhelm.

Steven Bruce

And of course, my favourite PTSD has come up under previous trauma. Under stress, you've got toxic stress, is that as self-explanatory as it sounds, are we talking drug induced stress? Or is it something different?

Pippa Cossens

Oh, no, no. Interesting enough. I would say more interesting, the relationship stress. If you're in a very toxic relationship issue, that's often something that can be quite important.

Steven Bruce

So I'm going to come back to my questions. I'm going to come back to my earlier question, I've got a patient who I think is a candidate for being handled in this way. How do I physically get them to you, to your backpack here to get this all out to them? Do I simply email them your details and say, go and talk to Pippa because it will do far better than talking to me?

Pippa Cossens

Well, interesting enough, what we've got, obviously, the patient can come straight to the change your pain site, or we've actually set up an affiliate programme because we want to do this and help people. And we also want to be appreciative of the people who do send people to the programme. So all you need to do actually, we have a link, or if you email us, we can send you the information. And essentially, what that does is you then sign up as an affiliate. And actually, that would mean that you get a financial reward for that, every person that signs up, but also actually, we can then support you in that actually, you might want to email us and say, oh, God, you know, do you think Doris needs this? And, you I want to bring this to the professions, because essentially, it's life changing. It's changed our practice enormously, not just the programme, but the knowledge has changed the way we practice and when you see the light bulb come on in those patients' eyes of like, oh my gosh, somebody who gets this, somebody who knows how to fix it. It's enormous. Now we do talk about recovery. That is not true for all patients. So if you have an underlying condition, like an autoimmune condition, we're not going to change the autoimmune aspect of that disease. However, pain comes with a lot of these conditions and pain can be changed. So often people who have pain alongside these things actually have better days and worse days. So what we would do is we can say, okay, so if we can get you to your better days, then that's great. And for some people, we know that we can, if there's no underlying condition, there's a good chance that we can get them to recovery. Now I in my own pain journey wouldn't say I'm 100%, I would say that I am always going to have to work at it slightly. But as I say, the sort of the evidence speaks for itself, you know, climbing these mountains this summer.

Steven Bruce

Yeah, indeed. the question came in from Ian earlier on, he said, is the training available online for practitioners? I think he's talking about SIRPA training.

Pippa Cossens

Yes.

Steven Bruce

That's when the question came in. Yeah. And maybe I should just suggest that he looks back at the interview I did with Georgie Oldfield on SIRPA, or alternatively go to the SIRPA website, sirpa.org. You just put that into Google and it comes up?

Pippa Cossens

Absolutely. And I think they are just about to take a group intake of practitioner training. It's an online training, it's excellent. And there's an amazing support community there too, actually so it's, yeah, it was life changing and practice changing for us.

Steven Bruce

Bob has asked, if we suspect an undiagnosed mental health issue, who should we refer them to? I know, a couple of good hypnotherapists that I've referred to in the past. But is there a recommended central body that we can use?

Pippa Cossens

I would go back to the GP at that point, if you are concerned.

Steven Bruce

Yeah, it does strike me that if you think there's an undiagnosed mental health issue, they need to go to someone who can diagnose that mental health problem. And I don't know the hypnotherapists are the right people to diagnose. They might be the right remedy or the right course for for help. But yeah, GP, I suppose. Whenever you say, go make an appointment with your GP, people's hearts sink these days. But hopefully, that helps Bob. Emily says, would this work for MS patients?

Pippa Cossens

So MS is, again, we're in a different situation, because we've got changes within the tissue. So again, you may find that actually, it would help with any pain that they were experiencing, but it's not going to kind of make them better. Now, what it does do, so it's not just about the pain, it is about, you know, kind of helping the fatigue, helping sleep. It is about health. So it's not just about that. So essentially, it does build in that way.

Steven Bruce

Which sounds better to me. So we are making them better, we're just not curing their underlying problem.

Pippa Cossens

No, no, although, as I say, and I still think you've got to be, cure is such a big word. And I mean, even for myself, I got into a little bit of a tit for tat conversation with somebody on Facebook the other day saying, oh, well, you can't have had fibromyalgia, it must have been the wrong diagnosis. Because you're better. It's like, actually, the evidence, and there's been four amazing studies this year about this approach, the SIRPA type approach, and it is getting people better. And I think we do need to talk about recovery, because actually, otherwise, we're stopping people getting better by not using that language, but we've got to work with them. But we've also got to not frighten them. And that is a really big passion of mine is like, we can say that, you know, that thing where you have a patient that comes in, I had one who'd been in, I can't remember 25 years ago, she'd been told that she got back pain, it might be a cauda equina, she'd been given a card to put in her wallet to carry around with her. And she came to see me, she said I got back pain, it might be this. And we went through it. And we talked through and I said, well, you haven't got any of the signs and symptoms, you know, it's not getting worse and whatever. And we talked about it. I said, to be honest, I've been in practice nearly 30 years, and I've never seen one.

Steven Bruce

Who gave her the card?

Pippa Cossens

I'm not sure whether that was somebody at the hospital or her GP.

Steven Bruce

We've done quite a few shows on cauda equina syndrome, and I'm just thinking I'm utterly horrified if someone thinks it might be cauda equina. They've said, well just give people this card if you get pain. Well, that should be bloody well investigated immediately.

Pippa Cossens

Well, I think she'd probably been investigated, then told that actually, if she had these symptoms come back and they were the ones that were on the card, then she needed to get to a hospital immediately. Because otherwise, you know, she was going to lose control of her bladder and bowel and all this sort of stuff. Absolutely terrifying. We had one conversation, one hands-on treatment, and her sort of 20 odd years of back pain disappeared overnight. Now, okay, we don't get them all like that. But if we can take the fear out, then we make an enormous difference. And that's why as therapists we have to be so careful about our language with our patients.

Steven Bruce

Yeah, yeah, of course. Johnno has said how well have you seen this approach work with people with CRPS?

Pippa Cossens

Now, I haven't treated a huge number of people with CRPS. But there are people working in the field with it. There's a, I think he's a physiotherapist called Tim Beams, he's based at Kent. He's working with a similar approach from Norway.

Steven Bruce

He's been on the show.

Pippa Cossens

Brilliant. Yeah. So the Neuro Orthopaedic Institute, and that is certainly an area of specialisation that he has. So again, I think we've had one patient in the practice with it. And again, whether the patient kind of embraces the programme, sometimes we don't get anywhere because people are not ready. You have to meet people where they're at. But what we're trying to do is provide them with the information so that they can take the choice to take that journey or not.

Steven Bruce

I guess, I haven't seen any others come in at the moment that we could just spend our time going through every possible chronic pain condition or label. Do you have a favourite sort of patient or condition for this approach? Who responds best?

Pippa Cossens

Who responds best? I don't know. Actually, that is a good question. Oh, that is a really good question.

Steven Bruce

I'm very flattered.

Pippa Cossens

I think, interesting enough, where I benefit is obviously having had a fibro diagnosis and having recovered, the fibro patients like that, because essentially, they've already got hope. They've got hope when they come through the door, and hope is something that's really important. The ones I suppose it's not necessarily fibro patients when, I love it when somebody sees the connection between the fact that their physical symptoms came on at the same time as an emotional event, or there was loads of emotion going on when they had the injury originally. And as I say, when they start to see that is an amazing thing. So no, I'm happy with all of them. And as I say it's those slight heart sink patients. So my absolute favourites, you know.

Steven Bruce

Well, I guess for a lot of them, they've been through so many practitioners that anything that offers hope is going to be good. And therefore, you're starting from such a low level, you can only make a positive difference. Rebecca has said, she's on two patients, one diagnosed with TMS and the other with FND. Both disorders I wasn't familiar with. I did refer the TMS to a SIRPA trained practitioner, the person with fFND was on the waiting list for a neurologist who specialised and that's all Rebecca has said. So I didn't know what the outcome was for that.

Pippa Cossens

No, so TMS is what Dr. John Sarno, who really kind of pioneered this work in the States. That's what he called, kind of his chronic pain patients. And it stands for tension myo neural syndrome.

Steven Bruce

And I'm glad you told me that, I thought it was temporary mandibular.

Pippa Cossens

Funnily enough, TMJ is another factor often in those chronic pain pictures. But yeah, so TMS. And for me, with a hands-on perspective, and how that reflects within the patient is the patient often has an increased level of muscular tension, often throughout the body, but it can be in certain areas, but it's almost like somebody's dialled up, it's like they've dialed up the level of tension. It's not kind of, I don't know, you say it's hypertonic, it's not necessarily in spasm, but it's like they are the patients that feel like rocks, and they just feel like that all the time. And so that is then about that neurological feedback. And this thing that's sourcing into that is the emotions, the fear, and everything that we need to then change, sensitivity within the nervous system that we need to change. The trouble is with it, and we had this conversation at a meeting before the SIRPA conference last weekend is, we don't have a good name for all of these conditions. Even in the room of us who all agree on this approach, we couldn't come up with a name of what we'd call an organisation. You know, the chronic pain recovery or the TMS, the mind body syndrome, neural circuit pain. And again, functionalist neurological disorder does come under that bracket. You know, patients in that bracket can be having enormous neurological signs and symptoms of you know, look like they've had a stroke and they can't walk and things. And actually, there is a case for this approach, for that.

Steven Bruce

Yeah, we were talking about FND only the other day, and I've completely forgotten the context of it now. It was the first time I've come across that abbreviation.

Pippa Cossens

We had a fantastic speaker at the SIRPA conference last weekend called Leo Russell, who's actually a clinical psychologist working out of Exeter with chronic pain.

Steven Bruce

My team will be writing this down in the background, right, next speaker.

Pippa Cossens

Yeah, yeah. No, brilliant speaker, actually brilliant, brilliant speaker and yeah, and he was talking about how they, again, they're bringing that sort of mind body biopsychosocial approach to it.

Steven Bruce

Yeah, and I suppose, are we just sit here simply talking about a focused approach to the biopsychosocial model?

Pippa Cossens

I think it's implementing it. I think we talk about it like we're doing it. And actually, I'm not sure we are doing it. You know, I think, again, as osteopaths and physios and chiropractors, we are very good at kind of saying actually, you have you tried this? Would you like to do that as well, that sort of self care element or exercise element? This is very specific, though, this is much more down to, we will look at emotions, we do look at timelines. You know, some of the worksheets that we have is looking at people's timelines. And actually things like adverse childhood experiences, what has happened to people in their very, very early life can set up a chronic pain pattern in their adult life. And if we don't ask about it, we don't know that it's there. And then patients kind of they go, well, I've tried this, and I've tried that and I've tried the other it's like, well, unless we understand and recognise why it's there, then we can't fix it. And I think some people get lucky and some people, but they're often, like you say, chronic pain patients often have gone from pillar to post. And they might have a new therapist. And that works brilliantly for them for a while, and then they move on to somebody else and they move on to somebody else. This is actually kind of putting all of that together, I think.

Steven Bruce

We had a lovely lady a week or so ago, Gillian Vanhegan, a medical consultant, she was talking about psychosexual therapy. I don't know if you watched that show. But it was interesting, because a lot of it was about adverse previous experiences, in her case in a sexual context. But I guess that that all overlaps with what you're doing, because it's all a component potentially, in chronic pain.

Pippa Cossens

Absolutely. And often, again, you do have a light bulb moment when a patient kind of, you say, you know, was there anything I mean, in the SIRPA questionnaire that we send out, when we see patients, actually, there's quite a lot of questions about that. But in our case history in practice, what we tend to ask is, was

there anything that was upsetting or stressful within your childhood? It doesn't have to be outside of the realms of normal that, you know, mom and dad fought all the time, and actually, then dad left and the mom got depressed, it's not, you know, and suddenly, actually, then what happens is, that young person then feels that they've got to behave or because mom's not very well, or it could be dad, whichever, they've got to then step up, and then we start getting personality traits of people pleasing and perfectionism. And again, what's that doing to the nervous system, it's like people who are on high alert, people who are like, they're packing for a day out, and they've got the sun cream and the snow shovel, because they've got to make sure that everything's gonna be alright for everybody. And that state in the nervous system is then going to be a precursor to chronic pain, when they get to the point where their systems go no, I can't do this anymore. And the body goes, alright, well, I'm going to preproduce pain so that you don't go out anymore, because essentially, it's too much.

Steven Bruce

A few other questions here. Ian has asked whether the pack includes nutritional advice. And I'm not sure whether he's talking about this or whether he's talking about SIRPA more generally.

Pippa Cossens

So SIRPA generally doesn't cover any nutritional advice, we actually do cover a little bit of nutritional information, I caveat that with the fact that I am not a nutritionist, but I've spoken to nutritionists, and again, it's what I found helpful. So we do have some stuff on it, we have a module called the pain free lifestyle, and in the pain free lifestyle, it's all about nutrition, diet, exercise, or getting moving, and getting moving safely within that range, sleep. So we do cover that, certainly. And I think when we talk about pain management and recovery, people have got to manage it on their way to recovery. So you know, a lot of the techniques are in there. And diet, I think is important. But I think again, we have to take the stress out of diet, you know how often people go, well, I don't eat this, and I don't eat that, and I don't eat the other and I don't, it's like, okay, what's that doing to your nervous system, it's making you so, so stressed that actually that becomes a more of a problem than a result.

Steven Bruce

The stress I would have thought is more from, oh my God, I've got to have a meal, I mustn't eat that or that or that, so trying to put together a week's programme of yours is difficult, and so on.

Pippa Cossens

And also they're tired. And so therefore also, then they don't want to eat well or find it very difficult to produce healthy food. So part of the thing in that module, for instance, is, we've produced menu plans. So essentially, there's one that you can look at and work off, vegetarian or not. And there's also a blank one so that you can write your own, just that and talking to people about keeping their blood sugar levels stable. So again, that they don't get massive rises in insulin or cortisol, because of course, that's just going to stress the system more.

Steven Bruce

You mentioned that you're not a nutritional expert. And some of this is based on your own experience. And this is not meant to sound critical. Because I'm all over the idea that nutrition plays a big role in recovery and so on. But I do think that there is a danger that, you know, we put in our own beliefs, which

we shouldn't do, according to the practice standards and so on into what we tell patients, I can remember ages and ages ago, somebody saying when I was in training, tomatoes are an inflammatory food, you must eat tomatoes as well. I've never found a blind bit of difference from eating tomatoes and not eating tomatoes. And I wonder, is your nutritional advice just your experience? Or is it something which you can put evidence behind? And you talked about evidence earlier on.

Pippa Cossens

No, we definitely could put evidence behind it. And also, if anybody's got any queries or whatever, we would recommend that they see a nutritional therapist, a lot of it is about taking the stress out of it, if that makes sense. So it's not you know, I'm not saying oh, you must or mustn't eat this. In fact, I'm almost saying to people, maybe don't do that. You know, of course, if you've got, you know, you're allergic to something, don't eat it. And of course, if you've got an intolerance, then actually, but if you want to go out and have a piece of cake with your friends on a Friday, and that actually makes you feel well, but don't eat cake the rest of the week. You know, a lot of what we put in there is less general than that. Yeah, it's evidence based.

Steven Bruce

I can think that's my own experience of this. I had a patient, when I was relatively newly qualified, and the patient came to me, and she wanted some advice on losing weight. And so I said, right, what we're going to do is, on the basis of my absolutely bugger all knowledge of nutrition, I don't even nutrition was even invented then. But I said, we're going to keep a food diary. And I need to know how many calories you've been consuming, which I now realise is nonsense anyway. But, of course, she said, I can't do that. I mean, I've eaten a bit of a shepherd's pie. How do I know how many calories that are in a bit of a shepherd's pie or whatever else? And of course, that stresses on the patient who's trying to manage their weight all the time. I just don't know what this is. So as you say, I think you're giving them the tools to help them do that must relieve the stress.

Pippa Cossens

And it's more lifestyle advice almost in those respects. You know, we talked about putting all your meals in freezer bags and freezing them and then putting them in the slow cooker on the day that you need it, just to make it easy.

Steven Bruce

More questions. Karina says, how is SIRPA different from ACT, Acceptance and Commitment Therapy?

Pippa Cossens

Ah, well, the big differences is the acceptance that you're going to be in pain for the whole time, that you can't get better. And the difference is that in SIRPA we believe that actually people can, and there is evidence to show that people can recover.

Steven Bruce

Who's responsible for the evidence, who's done this?

Pippa Cossens

There's a huge catalogue of evidence, a lot of it has come out of the States, there's a an organisation in the States called the PPDA, which is the Psycho Physiologic Disorder Association, I nearly put an extra P in there. And they actually have a huge amount of evidence. And then again, this last year, there's been, I think, four studies, one of which is the Boulder study showing that the approach that we use, which is, again, similar to some of the things in the Acceptance and Commitment Therapy, in the sense that, you know, we do want to calm the system down, we want to make it feel better, all of those things. But actually, giving people the evidence and the knowledge and the hope that they can recover actually makes a huge deal of difference.

Steven Bruce

You've probably spent some time looking at this, but what's the quality of the evidence because so much evidence, so much stuff on reads in medical journals. So when you look deeply into it, you find it's biased, distorted or sometimes just outright fringe?

Pippa Cossens

The Boulder study, certainly I can't quote you the figures without looking at it, is a really good study. And I think they split it into three cohorts. So they had, I can't remember what the kind of the control cohort, what they did or didn't do with them, to be absolutely honest, I can't remember. But the second cohort they did like a CBT. And then the third one was this approach where they look at the sort of the emotional awareness and the understanding, which is an emotional awareness and acceptance therapy, so definitely that cohort had a 66% recovery rate.

Steven Bruce

And Boulder is spent spelled how?

Pippa Cossens

B, O, U, L, D, E, R, it's Boulder, Colorado, so it was done in Boulder. So hence the Boulder study.

Steven Bruce

I assumed it was going to be an acronym for something that someone spent a month inventing.

Pippa Cossens

Yes, the bonkers. Yeah, no. So that was done by Tor Wager and Yoni Ashar and Howard Schubiner.

Steven Bruce

I will try to find that and send it out in my afternoon email.

Pippa Cossens

Yeah. I mean, again, it's not 1000s and 1000s and 1000s of people, but it's a good study. Yeah.

Steven Bruce

What else have we got in here, Myore says, do patients who have long COVID start to feel they're more sensitive to pain, she's had two patients who've had to leave work as a result of intolerance to pain, low immune system might be contributory she says.

Pippa Cossens

Now, definitely, in fact that in the SIRPA conference on Saturday, we were talking about long COVID, a little bit. And there's a huge number of crossovers within the cohorts. So often, you know, you've got the fatigue and the pain and that perhaps as I say, irritable bowel, reflux, whatever the other symptoms are, and it is very much, something has probably happened to sensitise their system and then what it does is it becomes hypersensitive to pain, it becomes much more reactive to pain.

Steven Bruce

Right. Okay. Simon says, how do you get someone who owns their pain to acknowledge that a change is needed? "Owns" was in inverted commas.

Pippa Cossens

Yeah, that's a good question. The hardest thing I think about this work is almost getting people to believe that it can change. And I think it's like being on the front end of a wave. It is quite hard work. And it is almost about trying to get people to change their belief. Now, the belief is backed up by science, but our biomedical belief is so entrenched, and until they're kind of teaching this approach at medical school where you know, we're going to be fighting that, but some people you just have to give up with. Absolutely, I've absolutely categorically, it's almost not worth your energy. And it makes me sad, actually, it makes me sad and frustrated, because there are people we could help and they won't, they need their pain at that point. They don't want to change their pain, they identify with their pain, their pain is keeping them safe, perceiving to keep them safe, their pain is stopping them from having to step out.

Steven Bruce

And why did they come to you?

Pippa Cossens

Do you know, that's a really interesting question. I sometimes think it's because, well, I've tried everything. So then I can be seen to have tried. So there is an element of that in there. But yeah, I mean, we obviously, because we have quite a lot of patients who come to us just for osteopathy, but they come with pain for another reason, they don't think that they've got chronic pain necessarily, haven't got a diagnosis. It's interesting that we're seeing it much earlier before they've kind of really got hold of the label.

Steven Bruce

Well, here's something else interesting for you then. We are, actually it's me, not anybody else. We're in sort of discussions with somebody whose specialist subject for want of a better expression is encouraging behaviour change. And she's a PhD academic at the University. And I'm really hoping she'll come on the show, not least because she has a wonderful name of Angel, which I think is great. But that might be

something that people could use in conjunction with this, to take those patients who are influenceable, and use better methods to encourage change in their behaviour.

Pippa Cossens

Well, that's a lot of what we're doing and that's a lot of what this work is. I think that's why the live classes work really well, because essentially, people can then ask that question relevant to their story. You know, rather than just giving them the information, it's about then supporting and nurturing them along that journey.

Steven Bruce

Okay, we're gonna run through these quite quickly now. Sharon says she didn't catch the name of the expert based in Exeter that you mentioned.

Pippa Cossens

Leo Russell.

Steven Bruce

Leo Russell, we might be hearing more of him, because we'll probably approach him and say, come on the show. Simon says, could this all be related or overlapped with sympathetic overstimulation?

Pippa Cossens

Absolutely.

Steven Bruce

Says simulation on here, but I think that's stimulation.

Pippa Cossens

Yeah, absolutely.

Steven Bruce

And Salome Olivia says, some patients with chronic pain feel unable to move from the pharmacological management to less pills. How do you approach that?

Pippa Cossens

That's a really interesting one. I think you have to be very careful with that. Because essentially, you know, there's this whole thing about opioids, and actually, you know, people shouldn't be on them. And it's not like, oh, my God, we're gonna drop you off them. Dr. Sarno interesting enough back in the 80s kind of said, well, don't go to the physical therapist, don't take your medication. Oh, no, let's not do that. So you're going to have to work within that to start with and you've got to get the patient to a point in which they feel safe and stable enough to be able to then drop their medication in alignment with their medical practitioner. But there isn't a reliance because that's their safety net.

Steven Bruce

Yes. Yeah. Darcy says it's almost ubiquitous now, but the correct dose of CBD can be very beneficial for chronic pain syndromes. Do you use or recommend CBD and I guess we talk about cannabinoids, or all medicinal cannabis proper?

Pippa Cossens

No, we don't. I don't have a particular opinion on it one way. But again, I'm trying to get people off having to take something to fix their pain. I think again, I'm not I'm not saying it's not helpful. And actually, sometimes things that are helpful for patients that their pain is less so that they can do more of the work is a good thing. But I'm trying to get people off stuff.

Steven Bruce

Yes. We had a lovely doctor on the show. A GP a couple of years ago, I think before COVID. And he was talking about the over prescription of all types of medication. But as you say, the opioids and so on, have been shown to be so bad for people that we should be trying to get people off them.

Pippa Cossens

Definitely.

Steven Bruce

I don't know enough about cannabis to know whether there are any problems associated with it, or any studies that have been done into the long-term effects for medicinal cannabis. Keith says, what backup is there if it goes wrong? If someone's under a psychologist on the NHS, there's a regular team meeting and OT, CBT, rehab, all kinds of teams involved. It takes a long time to get but it's good when it begins. Privately, if someone has three sessions, decides it's too costly and goes away after a whole chapter of their childhood has been opened, where's the safety net for them?

Pippa Cossens

I think that's an excellent question. We are just trying to provide that support for them. We always allow people, or allow is the wrong word, we're always there for people to reach out, which makes it, we are working harder, but we will always try to find them.

Steven Bruce

You say allow, but actually quite often we have to tell patients that it's okay for them to call.

Pippa Cossens

And you know, we do.

Steven Bruce

It's a bit like not inviting them back for a follow up treatment, if you don't tell them they can come back for follow up treatment, sometimes they think they've been sent away.

Pippa Cossens

Yeah, no, absolutely. We're always like, just please emails and so and again, what we would always then try to do too is to find them a practitioner that they feel often will support them ongoing. We don't want to leave them just blowing in the wind. We want to make sure that they go somewhere supportive.

Steven Bruce

Gary says, is SIRPA similar to the programme used by Dr. Jonathan Kuttner, MD. He has a programme called Life After Pain based on John Sarno's studies.

Pippa Cossens

I don't know the work. But if it's based on John Sarno, Dr. John Sarno's works then it is very similar.

Steven Bruce

Good. PC it says here, do the medics recognise SIRPA?

Pippa Cossens

So we're in an interesting place with that, some of them do. And in fact, actually, I was talking to a GP who SIRPA trained last weekend at the conference. And so there are a number of people who are not necessarily recognised in that true sense of, they don't know what it is for a start.

Steven Bruce

It won't be under any NHS guideline.

Pippa Cossens

No, it won't. And also, she was so funny, the GP was saying that she'd actually had a formal complaint that had been taken forward against her, because she'd asked too many questions. You know, the patient had come in wanted something quick on a prescription, probably. And she'd asked him too many questions and that she had taken a formal complaint against the GP.

Steven Bruce

Good lord, I hope it was unsuccessful.

Pippa Cossens

I can't remember where she was at in the process with that, but there is so much, in fact, what the GP was saying is that they're identifying a lot of functional illness within their GP surgeries, but they don't know what to do with it. And essentially, this approach is that thing is, that's what takes the next step, but it's not recognised by the NHS, and it's not happening in a cohesive way, necessarily, from that point of view.

Steven Bruce

We're gonna wind up with the quote here, the obviously very well-read Chris says, wasn't it Hippocrates who said, the one who takes medicine has to recover twice, once from the disease and once from the medicine.

Pippa Cossens

I love that.

Steven Bruce

It is a nice quote, isn't it. We've had 492 people watching, which is a good number. I said I was disappointed with 300 for the last broadcast, which wasn't about a medical subject, but most people will be jolly pleased with 300. But 500 is even better still. So clearly, well, chronic pain, you'd expect it to be really popular with our audience, wouldn't you. 30 seconds, what do you want people to do now?

Pippa Cossens

What I'd love for people to do now is if they want any more information that they contact us, because we're really happy to answer any questions, give out more information. As I say, if you want details of the affiliate programme, we're happy to do that. And our email is support@changeyourpain.co.uk. And we can answer anything from there. But yeah, I want to bring this work to more people, more practitioners support the patients.

Steven Bruce

The more of that, the more evidence we get as well.

Pippa Cossens

Absolutely.

Steven Bruce

So support@changeyourpain.co.uk. Brilliant. Pippa, thank you very much. It's been great. It's been a treat as always.

Pippa Cossens

Thank you.

Steven Bruce

Well, there you have it. That's all we got time for today. I'll be back on air on Wednesday evening with chiropractor Mike Marinus and we'll be talking about the treatment of unsettled babies. So lovely, controversial topic. I'm hoping the ASA will join us. Next week on Wednesday, the 12th I've got another lunchtime case-based discussion for you. And then on Tuesday, the 18th I've got the excellent Simon Billings in the studio to talk about migraines. Breaking news today, we have just confirmed the date for our next face to face first aid course that will be here in the studio on Sunday, November the 20th. The webpage you need to go should be on screen. But it's academyofphysicalmedicine.co.uk/firstaidcourse I think. The course standard cost is 144 pounds. But as a bit of an incentive, if you're getting in before the end of this week, then there's a 24 pound early booking discount. And you can see that shortly because I see that on the screen at the moment. Now as always, it will be a great fun course. But it will not only be informative and relevant to your work in your clinic, it'll be a two hander. I'll be delivering this with my mate Malcolm, who is a brilliant first aid trainer and it will provide you with everything you're required to have to meet the requirements laid down by the General Chiropractic Council and the General

Osteopathic Council. So there you go. That's it. Time to go. Thank you for joining us today. See you again on Wednesday, I hope. Have a great day. Thank you again.