

Preface

“Criticism may not be agreeable, but it is necessary. It fulfils the same function as pain in the human body. It calls attention to an unhealthy state of things.”

Sir Winston Churchill

The best health care seeks always to alter the unhealthy states that cause or contribute to pain and thereby bring relief to suffering patients. When we seek relief of pain without addressing underlying causes, however, we have not completed our efforts on behalf of our patients. Until we do, self-criticism is healthy and useful (although, indeed, not agreeable). Functional medicine provides concepts and tools for staying on the path of healing until all that can be done for the patient has been tried. We look for underlying common pathways of disease to locate points of leverage where a comprehensive treatment plan can help to normalize multiple systems.

Alex Vasquez, DC, ND, OMSII, an experienced clinician, teacher, and author (and The Institute for Functional Medicine’s Forum consultant), has created a masterful exploration of how chronic musculoskeletal pain can be understood and ameliorated. Dr. Vasquez empowers practitioners to learn a new model—a way to identify and treat the dysfunctions and dysregulations that cause and perpetuate the pain associated with many chronic diseases, not just those discussed here. He also encourages each of us to look beyond our own knowledge base to understand and utilize the skills of many different disciplines, whether we are conventional physicians who refer patients to chiropractors, naturopathic physicians, and massage therapists, or alternative practitioners who work in tandem with conventionally trained colleagues. Pain crosses all organ-system boundaries, necessitating an integrated model of care that includes not only drugs and surgery, but manual therapies (manipulation and massage), nutritional and dietary approaches, botanical medicine, and acupuncture. Dr. Vasquez is a knowledgeable guide to the evidence for a wide variety of therapeutic approaches.

Every clinician knows, and the research cited here demonstrates, that we have not yet achieved great success in alleviating many kinds of pain. We have countless drugs that provide temporary relief, but at a very high cost (both financially and in the side effects that accompany most pain-relieving drugs). There is every reason, therefore, to pursue other approaches that will help us improve both the effectiveness and the cost-effectiveness of care. In addition to learning a different approach to assessment and treatment, we must also understand the many environmental and lifestyle influences that contribute to chronic musculoskeletal pain—such as the standard American diet (proinflammatory, nutrient deficient), heavy metal toxicity, lack of exercise, and stress—so that we can help our patients alter the triggers and mediators of their conditions. Without that level of change, we and they are forever enmeshed in a cycle of relapse and further treatment.

Dr. Vasquez provides an excellent introduction to the use of the Functional Medicine Matrix Model, a tool that can help clinicians collect, organize, and prioritize a great deal of patient data more effectively. He provides extensive information on assessment strategies and nutritional, botanical, and manipulative therapies for musculoskeletal pain. He provides a useful review of conventional treatments, as well. He then discusses four cornerstone conditions

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that exemplify the functional medicine applications of this knowledge: fibromyalgia, migraine, rheumatoid arthritis, and low back pain—conditions that many millions of Americans suffer from and that entail very high costs, both for conventional treatments that are often lifelong and for lost work and productivity. Finally, he presents cases that show the real-life use of the integrative therapeutics he recommends.

All of this is done within the context of what he calls “two fundamental premises of functional medicine”:

1. Chronic diseases are a manifestation of chronic dysfunction.
2. Dysfunction can result from a wide range of interconnected genotropic, metabolic, nutritional, microbial, inflammatory, toxic, environmental, and psychological influences.

Indeed, these two premises highlight the areas in which a new kind of analytical and critical thinking is required of a functional medicine practitioner. It’s no longer sufficient to name the disease and prescribe palliative pharmaceuticals. If we hope to significantly improve patient pain (and many other complaints), we must utilize a multifactorial, integrated model to look for and address the interconnections and underlying dysfunctions that characterize chronic disease. A huge challenge for us all!

Many thanks to Dr. Vasquez for this stimulating monograph. Thanks also to Allison Templet, project manager and editor, and to Michael W. Loes, MD, the monograph’s technical reviewer.

David S. Jones, MD
President and Director of Medical Education
The Institute for Functional Medicine