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Evidence-Based Evaluation of Complementary Health Approaches for Pain Management in the United States

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Abstract

Although most pain is acute and resolves within a few days or weeks, millions of Americans have persistent or recurring pain that may become chronic and debilitating. Medications may provide only partial relief from this chronic pain and can be associated with unwanted effects. As a result, many individuals turn to complementary health approaches as part of their pain management strategy. This article examines the clinical trial evidence for the efficacy and safety of several specific approaches—acupuncture, manipulation, massage therapy, relaxation techniques including meditation, selected natural product supplements (chondroitin, glucosamine, methylsulfonylmethane, S-adenosylmethionine), tai chi, and yoga—as used to manage chronic pain and related disability associated with back pain, fibromyalgia, osteoarthritis, neck pain, and severe headaches or migraines.

Abbreviations and Acronyms:

ACR (American College of Rheumatology), cLBP (chronic low back pain), FIQ (Fibromyalgia Impact Questionnaire), HCl (hydrochloride), LBP (low back pain), MSM (methylsulfonylmethane), NDI (Neck Disability Index), OA (osteoarthritis), ODI (Oswestry Disability Index), OMT (osteopathic manipulative therapy), RCT (randomized, controlled clinical trial), S-AdMe (S-adenosylmethionine), SM (spinal manipulation), VAS (visual analog scale), WOMAC (Western Ontario and McMaster Universities Osteoarthritis Index)

The Symposium on Pain Medicine will continue in an upcoming issue.

Individual reprints of this article and a bound reprint of the entire Symposium on Pain Medicine will be available for purchase from our website www.mayoclinicproceedings.org.

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