

High Anxiety and Intuition



If you have been following this series of stories centered around my professional practice of holistic health care you probably have realized some of these stories and the patients whose pain and suffering they chronicle are closer to me than others. The story to follow is one of those events in my career that weighs heavily upon me.

I was treating a retired school teacher for general pain and mobility issues related to osteoarthritis when she asked me if I would consider treating her daughter Brenda. Brenda was also a school teacher, but she was now an at home mom raising 11 and 8-year-old daughters and a 16-month-old son.

After giving birth to three children Brenda was now experiencing low back pain. Many of you who are mothers can probably relate. She had developed low back pain immediately after the birth of her son Jason. Her obstetrician had been treating her with pain medication and muscle relaxants for one year and the pain was getting worse.

Her mother made the initial appointment for her daughter Brenda for Tuesday of the following week. When Brenda arrived for her appointment I began the appointment with a general intake and health history. During the health and medical history, I noticed she was obviously in a great

deal of physical discomfort while sitting in the chair and answering my questions. Brenda had described her back pain as chronic and unrelenting. I suggested we get her on the treatment table and I would continue my questions while I examined and treated her.

I had observed that Brenda appeared to have a very high degree of anxiety regarding her pain. I found this unusual. I expect men to have a low tolerance for pain, but not mothers who have given birth to three babies. I made a mental note of this observation.

I began the treatment for her low back pain and as I worked on Brenda her pain greatly subsided, as is normal and expected. By the end of the treatment she indicated she felt much better. While Brenda appeared visibly relieved, I was however, still bothered by her level of anxiety regarding her low back pain. I told her I would treat her again on Thursday and then again, the following Monday and if she was not showing progressive improvement I would order imaging of her low back and refer her for a medical evaluation.

When Brenda came into the office for her treatment on Thursday I inquired as to how the last treatment, and her pain levels, had been. Brenda reported her pain had returned to the usual level within hours of Tuesday's treatment. This was an unusual response and further served to concern me. I told her I did not think it was appropriate to wait until Monday to do the imaging study or to make the referral. Excusing myself from the treatment room I went out to order the imaging study and to make the medical referral. Once these tasks were completed I returned and treated her. Once again, Brenda felt better after the treatment.

I received the results of the imaging study from the radiologist within 24 hours and the results indicated Brenda had bone cancer. Within 72 hours of her visit with me the medical physician I routinely referred patients to, confirmed the bone cancer diagnosis and Brenda was scheduled for further tests and imaging.

Her official diagnosis was Stage IV melanoma with metastasis to the spine, liver, lungs and brain. She was considered terminal. Brenda would not live another 90 days.

When it appears on the skin, Melanoma is the most dangerous type of skin cancer. It accounts for almost eighty percent of the deaths related to skin cancer. The primary cause of melanoma is exposure to UV radiation, or damage to the skin from excessive exposure to sunlight. Avoiding or reducing direct sunlight on the skin, a strong immune system, and having moles and other skin anomalies examined are the best defenses against this disease. A good manual therapist is always on the watch for this and will make an appropriate medical referral for cancer screening. What triggered my concern for Brenda was partly experience and partly intuition. Intuition is an often-overlooked tool in a doctor's medical bag. The, at times, overwhelming responsibility for a patient's wellbeing has caused me to lose sleep at night. What if I miss some critical detail that causes harm to a patient, or worse results in a loss of life? I have great respect for medical physicians, surgeons and emergency room doctors, who in moments must make life and death decisions.

I have had to make my share of these decisions, like with Brenda. I am grateful not every patient I see is in dire circumstances or is a life or death decision. I have always worked closely with the medical profession and I use them for diagnosis, running tests, and to double check my findings. There have however, been many times where I catch their mistakes. Brenda's case was sadly one of those times.

Brenda and her family went to the University of Michigan to investigate experimental treatment for her cancer. She was not deemed a candidate for this therapy. Brenda was told if she had gotten to them sooner she may have been. That 16 months her obstetrician treated her for low pain with pain medication and muscle relaxants had delayed proper diagnosis and treatment. It wasn't until after her cancer diagnosis, and during my last conversation with Brenda, that I found out she had omitted telling me, and writing down on her intake form, she had had skin cancer (melanoma) a little over five years before she saw me for her low back pain. When I asked Brenda why she hadn't told me she stated, "My oncologist told me after five years without a reoccurrence I was cured." Sadly, and belatedly, I told her the five-year benchmark is just an estimate.

Had I known on the first day I saw her she had a history of melanoma and was showing symptoms of low back pain I would not have treated her but would have immediately referred her to an oncologist to be evaluated for cancer. As it was, the three days it took me to figure out what might be going on did not matter. You see, I only order spinal images for two reasons, either I suspect a bone fracture or cancer. When I told Brenda during her first appointment if she did not show a normal response to her manual therapy treatment I would refer her for imaging and medical evaluation, it was because my intuition was telling me something was seriously wrong.

Three months after I first met Brenda I attended her funeral. Her three beautiful children were there. Her daughters, Amy and Sara, looked sad and confused. Her husband Ron was standing solemnly and holding the baby. I found myself wondering how he was going support and raise three children on his own.

Brenda was gone too quickly, her family had a short time to prepare and to move through the stages of shock, hope, hopelessness, sorrow, loss, and grief. How did Brenda say goodbye to her husband and children?

Ron's eulogy for Brenda began, "*How can I say goodbye when I cannot believe you are gone? How do I say goodbye to a part of my soul?*".

Article is Written by,
Dr. Gregory Lawton
My Teacher at the [BHA](#)

