Wellness

INSIDE: People are warming up to cryotherapy.



Cold as Ice

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Could a simple treatment, based on a concept as old as time itself, be the answer to treating acute and chronic pain?

BY THEA MARIE ROOD

t's a go-to first-aid remedy, right? Ice cubes, ice packs, frozen bags of vegetables, ice frozen in Dixie cups, tubs of ice water: Regardless of the delivery system, cold is often what we immediately turn to for sprains, strains, swelling, general aches and pains.

Effective as cold is at relieving pain, however (and history shows it was a common treatment as far back as 2,500 B.C. in ancient Egypt), ice has its drawbacks. As anyone can tell you who's spent an evening trying to finish algebra homework while dunking a sprained ankle, gained on the soccer pitch, in and out of a sloppy bucket of ice water. Or anyone who's sat in the office, with a sciatic nerve flare, ice pack tucked into a waistband, and slowly turning it into a sodden mess. The problem with ice is, well, it melts, especially as it sits against your warm skin, so its usefulness is always on a downward trajectory. Not to mention it morphs into a time-eating hassle if you need to ice continuously, either to heal an injury or for a chronic condition—and so you might just give up.

But finding a safe approach to managing pain is crucial to us as individuals, and it is also at the forefront of our national conversation as we struggle with the fallout from the opioid epidemic. Cold is both an ancient and natural approach; it isn't addictive; it's not ingested or invasive. But is there a way around the drippiness and inconvenience?

One alternative treatment getting more attention is cryotherapy, which delivers cold efficiently, in a matter of minutes, as either liquid nitrogen or all-electric cold-air technology. It got its start in Asia in the 1970s, initially as a remedy for

arthritis, and then spread to Europe, where it was discovered—and transported overseas—by American visitors. Although not approved by the FDA, cryotherapy is increasingly endorsed by professional athletes and celebrities alike, and

cryo units are popping up in sports training facilities, U.S. military bases and even people's homes. What are the benefits? The risks? Is it something you should consider?

HOW WE GOT HERE—To understand the circuitous route pain management in the United States took, you really have to go back to the 1950s, says David Copenhaver, M.D., a professor at UC Davis and

chief of pain medicine there. It was the mid-20th century when the idea of "better life through pharmaceuticals" was born. "They were seen as portable, youthful, with almost magical powers," Copenhaver explains, "and subsequently, morphine products became a mainstay of pain management."

Fast-forward to the '60s and '70s and the formation of the first national pain association, which considered multidisciplinary approaches but for which opioids were key. "We had a good handle on cancer-related pain and thought, 'Could it translate to noncancer pain, to chronic

pain?' And it has now played out,"
he says. While opioids are still
useful during and immediately after surgery, long-term use
has of course been disastrous
for patients—and even entire
towns and communities across

the country. Copenhaver ticks off the complications that are now commonly known: The body develops tolerance and needs ever-increasing doses; too high a dose results in death. But there are more subtle problems with opioid use that are life changing, and not in a good way. Chronic use disrupts circadian rhythms and destroys sleep; according to Copenhaver, it also drops testosterone levels "into the basement" for both men and women, resulting in serious alterations in

mood. Lastly, research shows morphine products "alter biochemistry in ways that were unknown," he says, "(including) reductions in the immune system and the ability to fight off cancer." The irony that a class of drugs that were—and still are—useful in treating cancer pain may have inadvertently caused more cancer is not lost on the medical community.

CURRENT MEDICAL PHILOSOPHY-

Today, the pain clinic at UC Davis, as an example, offers a creative and fascinating course of nondrug pain management treatments that include aquatherapy, massage, physical therapy, targeted injections of steroids, nerve-burning procedures, even a high-tech pacemaker that can be inserted into your back or a belt to wear around your sacroiliac joint. Teams of medical professionals can also help you deal with your pain through mindfulness and meditation. Cryotherapy is not offered there, but Copenhaver confirms many professional athletes regularly use cryo and ice baths or immediately wrap inflamed knees or ankles in ice. "There is plenty of data that skeletal-muscular pain that comes from inflammation is relieved by cold/ice," he says, but he stops short of a full-throated recommendation. "It's relatively safe if it's skeletal-muscular, but even then, there might be a tendon tear."

the pain but not getting to the problem itself. "Pain is our bodies' alarm system," he says. "But you need to know why the alarm is going off."

THE CASE FOR CRYO—Tyler Fehr, general manager of US Cryotherapy in Roseville, is quick to say cryo is not approved by the FDA, and as a result, prac-

titioners must be careful what health claims they make about it. But what he can say is it is "a natural anti-inflammatory" and is much safer than opioids or other drug treatments. "From what I've seen, in the last 10 or 15 years, people are a lot more knowledgeable, and they see the negative side effects of pills," he explains. He claims that "cryo also improves mental clarity and sleep patterns."

According to Fehr, most people trying cryotherapy don't know what to expect. "Ninety-nine percent of the people who come in have no clue what it is," he says.

"They're not familiar with it and just want to know, 'Does it help?""

So Fehr and his staff of eight do a lot

of education with clients, as well as doctors and physical therapists (and many of the latter now regularly send patients to the cryo clinic after surgery or when traditional physical therapy ends). This involves explaining the two

delivery systems: The first is a full-body

chamber, a small cold room in which you stand for a prescribed amount of time; it is akin to an ice bath or a "polar bear" plunge but without the water. The second is a localized treatment: A small, wandlike tool

OF AN INJURY.

blows very cold air on a specific part of your body—a rolled ankle, a sore knee, an arthritic lower back, a strained shoulder—and is most comparable to those messy ice packs at home.

"My go-to way to describe it is ice can only get your skin to a certain temperature, about 55 degrees," Fehr says. "And if you're icing for 20 to 25 minutes with an ice pack, the whole time it's on your skin, it's getting less and less cold. Our

ATHLETES USE CRYO AS
A PREVENTATIVE TOOL—
EITHER THE WHOLE BODY
CHAMBER OR LOCALIZED
TREATMENTS—BECAUSE
CUTTING INFLAMMATION
LESSENS THE LIKELIHOOD

three-minute local cryo
treatment—which is allnatural pure cold air—
drops your skin temperature to 35 or 40 degrees. In
three minutes, you can get
20 degrees colder than an
ice pack."

What does this cold therapy do for your body? Fehr

explains that "it gets 2 to 3 centimeters deeper, closer to the root of the issue," which temporarily reduces blood flow to the affected area. "When the blood flow goes back, that's when the real recovery occurs, because it's flushing out the inflammation."

Fehr says the deeper cold therapy reduces the time it takes to heal. "We really speed up the body's natural recovery system. If you're a student athlete and you have a sprained ankle, and the doctor is telling you you're out for four to six weeks, we can cut that down. And you really can't overdo (the cryo)—75% of our



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clients come in three to five times a week. The more someone can do it, the better."

Athletes also use cryo as a preventative tool-either the full-body chamber or localized treatments-because cutting inflammation lessens the likelihood of an injury. It's for this reason professional teams are having cryo units installed for their players to use on a regular basis. "We are manufacturing our own systems now, and we built a chamber for the Golden 1 Center. I had the chance to tour the new training facility and it's right there in their practice room," Fehr says, adding his company has installed cryo units in

What about the need for a diagnosis before treating pain? In general, people are well aware of their medical conditions, Fehr says. "Most clients who come in say, 'I've tried it all.' They've been through the medical/clinical side, and cryo is often a last resort."

about a dozen NBA facilities, as well as

the locker rooms of the Minnesota Vikings

and several MLB teams.

One example is Whitney Mariner, who

lives in Penryn and has been coming to the Roseville clinic for three years. She is 36 now, but at 25, during surgery to remove a brain tumor, she suffered a stroke that affected the left side of her

body. When COVID hit and the gyms closed down, she stopped her physical regimen and developed increasing pain and

stiffness on her left side. "My husband heard about cryothat it was supposed to be good for the brain and body," Mariner

says. "After the first treatment, I felt so much better. The pain went away and my flexibility improved." She continued treatment for several weeks, a combination of the chamber and locals, with good results, but then her husband said, "Is cryo really helping, or is it in our minds?" To experiment, she quit for a month, and all the pain and stiffness immediately returned. "So I bought a year membership," she says, adding she continues to come four or five times a week. "It keeps me loose-I was super-stiff on that side. And before cryo, my left foot would turn purple, the circulation was so poor. It

doesn't do that anymore." She is also pain free and takes no medications. "After my stroke, I was on so many drugs," she says. "I'm so glad now to be drug free."

Clients must fill out extensive medical questionnaires before receiving cryo treatment, and certain conditions preclude the full-body chamber entirely (such as pregnancy) or require a signed letter from a treating physician (such as a pacemaker or any heart-related condition). "But no matter what, anyone can benefit from something we offer," Fehr says. "If you are pregnant or have a heart condition but you have lower back pain, you can still get a localized treatment."

And leave to go back to the office with a dry waistband. M

FAMOUS FANS

An array of professional athletes and celebrities have publicly confirmed they regularly use cryotherapy. Here are a few:

- · Steph Curry
- LeBron James
- Cristiano Ronaldo
- Jennifer Aniston
- Usain Bolt
- Will Smith Alicia Kevs
- Daniel Craig

