

Advertisement ([00:00](#)):

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Bumper ([00:16](#)):

There's no such thing as real or unreal pain. Pain doesn't know gender, or culture, or anything, right. It afflicts us all. Because it affects so many people in often profound ways. You do a lot of thinking when you're in pain, I think it gives you a certain perspective on life. Definitely did not want to accept it, and I also didn't believe that that was really the plan for my life. I always get through it though, always.

Patrick ([00:44](#)):

Hi, this is Patrick, and welcome back to the pain pod. Our sixth and final episode of season one starts with a discussion on pain and kids. What are we getting right and what are we getting wrong when it comes to helping our children understand and address pain?

Dr. Ben Ozanne ([01:04](#)):

I got two kids, myself, a five and a three year old, both girls. Love them to death, but they just don't communicate well. And they, they don't understand their body like we do because they've only been around for five and three years.

Patrick ([01:15](#)):

Dr. Ben Ozanne.

Dr. Ben Ozanne ([01:16](#)):

For them to understand there's all these new things that they're constantly experiencing and their bodies are constantly changing and growing and developing, that it's hard for them to keep track of everything that's going on. And is this normal? Is that normal? Is this abnormal? And they just don't know. And as adults we've, we've already shown and proven that even as adults, we don't even understand like what should be normal and what's common. When it comes to kids, and yeah we see a lot of kids in our practice, kids deal with pain. They just don't know how to express it.

Dr. Tanya Reynolds ([01:57](#)):

Not never, but I haven't seen it very often where adults understand how to identify their emotions.

Patrick ([02:05](#)):

Dr. Tanya Reynolds.

Dr. Tanya Reynolds ([02:07](#)):

So I have a little corner in my house and I learned this from the Reggio format that I sent my kids to. But we have these faces on the wall and along the faces, our emotions, right? Happy, sad, frustrated. And they can point to them and then they can eventually be able to say them.

Dr. Ben Ozanne ([02:26](#)):

My best example is like, if you've ever seen a kid born, most of them, when they come out, they're crying. Why do you think they're crying? Well, not only is it a new experience, they're in a new world, but I guarantee most of them have a headache after being shoved out of the canal. Their heads have all been contorted, they've been, you know, scrunched up. They just don't know how to express it besides crying.

Dr. Tanya Reynolds ([02:52](#)):

Then it's also, now that I have this emotion, this big feeling, what do I do with it?

Dr. Ben Ozanne ([02:56](#)):

We have a lot of parents that will bring us kids that, you know, they're, they're diagnosed with, for example, colic. And I think colic is kind of a cop-out diagnosis. It's just this kid that cries uncontrollably for no reason.

Dr. Tanya Reynolds ([03:11](#)):

It looks like a triangle, my son likes a triangle the best, but it's a triangle. You breathe in for three seconds, you hold for three seconds. You breathe out for three seconds, hold for three seconds. Trace a triangle at the bottom, breathe in for three seconds. Right? And it's teaching them one of those sort of calm your emotions down and come back to center connection to source again. It's teaching them at a young age.

Dr. Ben Ozanne ([03:45](#)):

That reason, and we get a lot of kids that come to us, the parents that bring their kids with colic is because that child is in pain, but they don't know how to express it any other way than I'm going to just cry because I hurt. And whether it's a headache, and usually with kids, it's going to be more like headaches or neck type issues, they just don't know how to express it. So even as they get into, you know, five, 10 years of age, that might be something that they've dealt with for most of their life. And so they they're labeled, as you have add ADHD, this kid can't sit still. He can't focus and concentrate.

Dr. Kim Smith-Whitley ([04:39](#)):

One of the things that that we have to deal with in pediatrics is the adult response to pain.

Patrick ([04:45](#)):

Dr. Kim Smith-Whitley.

Dr. Kim Smith-Whitley ([04:48](#)):

Children learn from their adult responses. So one of the things that it's very important that we look at as pediatricians is to let the children let us understand how they need to fix themselves, but also try to modulate the adult response, so it doesn't anchor certain negative aspects of that pain episode that that child then learns and carries forward.

Dr. Ben Ozanne ([05:20](#)):

A lot of these behavioral issues what it boils down to is they're just not comfortable in their own skin, in their own body, because they hurt day in and day out, and they just, it's something they've dealt with their whole life, and they don't know any better, but their bodies just don't feel good. If we can get that,

that kid healthy, then they can actually, all right, ADD goes away all of a sudden. Their behavioral issues, their focus and concentration problems go away. So kids just like adults need help.

Dr. Tanya Reynolds ([05:58](#)):

In this office we're very, um, specific about correction we're very specific about how the body heals, and we're very specific about family care. So we take care of quite a lot of kids in here, pregnant mommies, newborn babies, because we know that if we can get to the spine from day one, then we have a better chance of the body actually healing and being to the best that it's meant to be on this planet for. And we actually get to raise the vibration that way.

Dr. Kim Smith-Whitley ([06:28](#)):

I take care of individuals across the lifespan. So oftentimes when I'm meeting my patient for the first time who has an inherited condition, I'm meeting them in their parents' arms. And so I have to, at some point, embrace treating the whole family, just as much as treating that individual, because I rely on that family to convey, um, what's going on with that child. And then I have to rely on them to take care of that child until I get to see them again.

Dr. Tanya Reynolds ([07:07](#)):

That's where we really have to get better at teaching our kids from day one. You don't wake up and get on an iPad. You don't wake up and get on the TV. You wake up and you exercise, you stretch your body, do your daily 10, 20 minute meditation in the morning. Do it again before you go to bed at night, just like we brush our teeth. We've been indoctrinated to do that back in the seventies. We can change our kids from the ground up.

Dr. Ben Ozanne ([07:31](#)):

They need help with their health, especially now more than ever, because they're on their phones all the time, they're watching TV, they're not getting out and exercising so their bodies have inflammation. Now we're seeing teenagers with disc herniations, arthritic change on MRIs, and now pain. Headaches, neck pain, lower back pain. So it's crazy in my practice, we're seeing 20 and 30 year olds with degenerative changes that you know, my profession and my mentors used to not see until, you know, 50, 60, 70 years of age. Now, what they're discovering in our society, we've set it up to where we have all this information, we have computers, we have, uh, you know, technology in the palm of our hand. And you can go to the airport, you can go look in a coffee shop, and what are the majority of people doing today? They're sitting there hunched over, they're working at their computer, they're looking at their phone and their, their necks are just constantly looking down. And so what happens over time as you sit and the majority of Americans will sit over 30 years of their life, guarantee most people even listening to this podcast right now are sitting with bad posture, their backs are slunched over, maybe your feet are propped up, and that has long-term degenerative effects on your body. I think more now than ever, we need to take care of our kids and listen to them. If they have a problem, let's not just dope them up with meds and say they have a behavioral issue. Let's figure out why they have a behavioral issue. And they might not even be able to describe it, but it's more than likely that they have some type of pain.

Advertisement ([09:23](#)):

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diseases and other select patient conditions. Tremeau is currently investigating two Cox2 selective nsoids. Nsaids, for those who aren't familiar, stands for non-steroidal anti-inflammatory drugs. While neither of these treatments are FDA approved, they are in clinical trials, and you can learn more about those trials, Tremeau's mission and the dedicated team leading it by going to tremeaux.com. That's T R E M E a U R x.com. Tremeau, leading the way for those left behind in pain.

Patrick ([10:19](#)):

As we finished interviewing the various people that you've heard from this season, we asked each of them to define one thing that people listening, you, that is, one thing that you could do right now, right away to help alleviate at least a little bit of pain in your life.

Dr. Tyler Buckner ([10:38](#)):

Go for a walk, go for a walk, take somebody with you. Talk to them, go by yourself, talk to yourself, go for a walk, five minutes, 10 minutes, an hour uphill, downhill, cold, whatever. And then do it again and do it again. Walking can also be mental and emotional because you're having a conversation with someone, even if it's just yourself.

Dr. Jennifer Huggins ([11:02](#)):

Stop trying to reduce the pain, stop running after pain, going away because it's stressful. Start looking at your reactions to the pain and to really what I call sensations. I try to get people to not necessarily even use the word pain anymore and just use the word sensations. Start to neutralize the relationship between you and these sensations. Start noticing your emotional relationship to the sensations in your body and to not have your goal be to get rid of the pain, but to be, have your goal, be to change your relationship to it.

Val Bias ([11:46](#)):

It's very individual. You have to find the thing that sues you or makes you happy. You have to be careful about that choice, whatever it is. And maybe it's something you need to do in small amounts, that reenergizes you and makes you calm or makes you happy. And that's what I would encourage people to figure out what that is.

Dr. Daniel Lyman ([12:09](#)):

Distraction. That's the easiest thing people can do to make themselves feel better. Go talk with somebody, go be with somebody, a friend, and do something. Go sit and have coffee with a friend. If you can't stand, that's fine. Invite a friend over, do what you can do to be, to be talking with somebody and distract yourself and don't talk about pain. Talk about anything else.

Dr. Ben Ozanne ([12:28](#)):

Start supplementing with vitamin D3 and Omega3. If you can start consuming vitamin D on a regular basis, that's going to help significantly with a lot of the chronic health issues, but specifically when it comes to pain can be a big benefit. I'm not saying it's a cureall. Health, like I said is multifactorial, but just starting there.

Dr. Tanya Reynolds ([12:51](#)):

I would a hundred percent go to that list. So look at how you're sleeping. Turn off your routers, unplug them. Don't just switch the off button, unplug them and turn your room dark. Focus on sleep. One thing, sleep, do that first.

Christie VanHorne ([13:09](#)):

Find a doctor that you trust and you can work with because if the pain persists, at least you have someone you trust.

Nore Davis ([13:18](#)):

Definitely to a comedy show. I can make you laugh. That'd be great.

Dr. Kim Smith-Whitley ([13:26](#)):

Relaxation, calming. Um, whether it's music, whether it's an app that they use, whether or not it is an intellectualization of rating the pain, characterizing the pain and looking at what worked for that type of pain in that type of situation the last time. It is, um, something that often is even necessary to put in place before you reach for any ultimate therapeutic. Many people tell me, it's just simply having a plan and having all of the things that you need to make sure that if that pain escalates you have what you need, and that sometimes is calming and relaxing enough that you can get to a better place so that you can get through that pain episode at home.

Patrick ([14:23](#)):

While season one of the pain podcast is coming to a close, on Wednesday, June 3rd, we will be releasing our season one post-season round table, featuring Dr. Ben Ozanne, Christie VanHorne and other contributors heard from throughout the season, as they respond to season one and expand upon some of the points made throughout the show. So if you haven't already subscribed to the pain podcast, good news, it's not too late to have a piece of season one delivered right to you automatically on your podcast player of choice. So subscribe and don't forget to check out the season one round table episode on June 3rd. Before we wrap, I want to leave you with two thoughts, not of my own, but of someone else who was affected by and thought deeply about pain.

Patrick ([15:17](#)):

Frida Kahlo. The Mexican painter with perhaps history's most famous eyebrows spent most of her life in pain. Believed by some to be born with spina bifida, she was diagnosed with polio at age six and at 18 survived a horrendous bus accident, sustaining massive injuries that would plague her the rest of her life. Across that life, Frida would have 32 surgeries. The last of which on her spine left her bedridden. Gangrene and other health problems resulted in multiple amputations, and in the last 14 years of her life free to wear 28, separate supportive corsets, some steel, some leather, some plaster. Though she still managed to create somewhere between 150 and 200 of the most beautiful culturally resonant surrealist paintings of the 20th century, even if it would take years after her death for the world to recognize that. Point being, pain didn't stop Frida from realizing her full self or from creating extraordinary work. In fact, pain not only led her to painting, but it forever influenced her work as well. Frida once said my painting carries with it the message of pain. There are many pithy quotes attributed to wise, old Frida, two of which feel appropriate for closing out season 1 of a podcast about pain. Nothing is absolute. Everything changes, everything moves, everything revolves, everything flies, and goes away. And lastly, you deserve the best, the very best, because you are one of the few people in this lousy world who are honest to themselves. And that is the only thing that really counts.

Speaker 5 ([17:29](#)):

The pain pod is written and directed by Patrick James Lynch, produced and edited by Greg Holdsman, artwork by Ryan Gielen and Christina Newhard, post production support from Joshua Sterling Bragg, Rob Bradford and Avra Friedman. And this episode was hosted by me, Patrick James Lynch. The pain pod is produced by bloodstream media and presented by Tremeau Pharmaceuticals. Learn more about Tremeau and the work that they're doing to help alleviate pain by visiting TREMEX.com. Subscribe rate, and share the pain podcast and referrals from you are the best way that we can reach new people. Thanks for listening to season one of the pain podcast from bloodstream media, discover other bloodstream media podcasts by visiting bloodstreammedia.com. My name is Patrick James Lynch, and we'll be back June 3rd with the season one round table for the pain pot.