

## Pharmacy for Pain

All of us suffer painful injuries and illnesses throughout the course of our lives. The experience can be quite bitter, but in the majority of cases pain goes away in time. This happens not only because the wound heals but also because the brain has the resources to diminish pain that no longer serves a useful purpose, that is, to protect us from further injury by telling us that something is amiss and remedial action is necessary.

This book is about those whose pain is not self-limited, those who do not recover from illness or injury and as a result suffer incessant chronic pain. Some examples: The migraine headache does not go away in the anticipated hours or days, and that form of chronic pain, formerly known as tension headache but better described as transformed migraine, afflicts the sufferer with a constant, unremitting headache. The muscle sprain or overuse injury does not go away in the anticipated days or weeks, and that form of chronic muscular pain known as fibromyalgia evolves. The surgical operation for the removal of a painfully ruptured spinal disc is performed successfully, but the victim continues, unaccountably, to have pain in the back that may persist for a lifetime. There are countless other examples of the evolution of acute into chronic pain, and many will be explored in this book.

Now let's look at what happens when we move from the pain of the acute injury or illness into chronic pain. The timeline on this can be measured in days or weeks, and it is during that interval, I suggest, that the pain is leaving the body and entering the mind. Sleep becomes disordered, and pain often worsens at night. It may, as we have already seen, occur exclusively at night. Tremors in the form of large muscle jerking (myoclonus) occur throughout the night, and attempts to sleep are hindered by restless movements of the lower (or even upper) extremities,

the disorder known as restless legs (or arms—or both). In some with chronic pain, sleep is impaired by an inability to turn off the mind, and victims suffer thought racing and thought scatter. Hope for recovery gives way to despair and depression—usually an apathetic, listless despondency but occasionally a state of restless, purposeless hyperactivity. Energy—physical, mental, and sexual—is diminished, and victims experience fatigue, want of memory and mental focus, and diminished libido and sexual response.

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The perception of pain changes, and even lightly touching the area of pain evokes discomfort (allodynia again). Blood flow changes and the skin over the painful area becomes cool to touch. Pain spreads beyond the bounds of the original injury and may actually extend to the opposite side of the body in the fashion of a mirror image. It may even spread to encompass the entire body. Appetite diminishes with

weight loss in some, but more often appetite is increased with sweet cravings and weight gain—sometime enormous weight gain. Disposition changes with fractiousness and irritability. Thought is sometimes bent into obsessive ruminations about pain and also impulse to suicide.

Many readers will find themselves in this book. Indeed, I suspect that many have already found themselves in the above paragraph. Standing back and looking at all this, it is truly remarkable that so many brain systems—those that control appetite, mood, memory, sleep, energy, and thought—are disordered in the painful. Remarkable also is the uniformity of these symptoms. The great majority of pain sufferers experience most of them.

Let's examine this a little bit more. Why do those with chronic pain all experience virtually the same symptoms? If those symptoms were merely a reflection of our emotional reaction to pain, why should we expect them to occur with such uniformity? Think about it and consider