

“No, the depression is a lot better. I don’t know how to say this, but I just feel more even. Things that used to upset me and make me angry don’t bother me anymore. My mother has noticed it. She says I am calmer—that I am not as irritable as I used to be.”

“How about the dreams?”

“Gone, absolutely gone.”

“Chuck, this is truly remarkable. Like you said, it’s a miracle. I must tell you that I have never had an RSD patient do as well as you have. You know we were bucking pretty long odds, don’t you?”

“Yes, I am aware of that, and I am grateful to you. Now I have a question.”

“Sure.”

“You are on to something, aren’t you? You are really on to something.”

“Yes, Chuck, I may be.”

Let’s go back to glutamine, the brain’s excitatory and destructive neurotransmitter. We believe, almost certainly correctly, that mania, panic, and probably pain are types of glutamine storms. We know also, and I have already illustrated this, that migraine in the bipolar can be a particularly virulent form of the disease. We can at least theorize that migraine is also a glutamine storm, for I have described cases in which the bipolar migraineur was cured by the glutamine-fighting drug Methadone and also by stimulants, which are glutamine-fighting through their agency of the stimulation of dopamine. We also know that migraine can be controlled by anticonvulsants, which are, in their unique way, also glutamine-fighting.

Let’s continue our derivations. Migraine is a disorder of the reactivity of blood vessels in the head. RSD is a disorder of the reactivity of blood vessels in an extremity. Could RSD be a type of glutamine storm? Could it be a disease that comes preferentially to the bipolar? Could we possibly cure RSD by treating bipolar disease?

The reader must be reminded that of all the states of chronic pain, reflex sympathetic dystrophy is certainly the most destructive and the least understood. Exploring its relationship to bipolar disease seems to me to be at least worth the effort. There is no certain evidence that the

two are related, but I have a feeling. My instincts tell me that there may be a relationship, and I have learned to trust my instincts.

There is so much about chronic pain that we don't know, and I think that is because there are so many places where we haven't looked. Think about this chapter alone. Migraine, backache, reflex sympathetic dystrophy, hypnagogic hallucinations, sleep paralysis, cataplexy, daytime sleep attacks, nighttime pain attacks, anxiety, phobia, obsessive-compulsive disorder, anger, and changes in barometric pressure. Has anybody ever tried to put all that together? I can answer that one for you—no. But there is a relationship. There is meaning, and there is understanding to be had. There are so many places to go, places we haven't even thought about looking. Of this I am confident. There is an answer out there, and finding it may not be far ahead.