

INTRODUCTION

I am a physician, trained in internal medicine and neurology. My competence extends also to the fields of psychiatry and neuropharmacology. I began those studies years ago when my endeavor to understand the nature of chronic pain began in earnest.

From time immemorial, pain has been recognized as the cardinal sign of injury to the body. This is not always so. Some people experience pain, often for a lifetime, after complete recovery from injury and others, those with disorders such as fibromyalgia and tension headache, suffer pain in the absence of any identifiable injury. This state of unaccountable pain has long defied explanation. Only within the past couple of decades have we come to recognize it as a unique illness, with its own natural history and pattern of clinical behavior.

The study of chronic pain is a new and rapidly expanding medical discipline. The emergence of molecular biology has offered remarkable insights into the biochemical reactions which occur within the brain and the body in the painful. Much has been learned and more will be. Nonetheless, we must recognize that at this time medical science knows less about chronic pain than it does about cancer, heart disease, or any other major illness. As every physician knows, the care of the painful can be a frustrating and humbling pursuit.

This is a personal narrative, a record of my passage among painful patients and the discoveries that have come from those encounters. I write for physicians, nurses, therapists, and caregivers, but mostly I write for you who suffer the disease. I know you very well, perhaps as well as anybody in the world. I have listened to your stories with patience and attention, and I have been greatly rewarded. You have trusted me and invited me to share the dark recesses of your thoughts and fears and the memories of the dreadful experiences that are so often the origin of chronic pain. I have treated thousands of you and I believe that I have some understanding of

your illness. I certainly understand the sense of self-doubt and indignity that comes with it. I have heard you say many times, “I am a *strong* person. Why has this happened to me?”

I describe many diseases. Some – fibromyalgia and headache – are common. Others, less so, are known only to those who suffer the strange and exotic illness. I illustrate some of the unusual and bizarre examples of chronic pain, for the uncommon clinical event often helps us understand the common. I explore the role of pharmacy in the treatment of pain and the role of destructive life events in its genesis. My book is a series of essays, not about painful diseases, but about painful patients. From the study of their case histories I derive certain conclusions. Some are bold. Some are frightful. Some may be amusing. Some, certainly, are wrong, but most, I believe, are right.

Be advised, painful reader, this is not a book for the faint-hearted. It is a serious study of science, intended for serious people. I will ask quite a lot of you for, of necessity, I must explore the arcane worlds of neuroscience and neuropharmacology. I will do this unobtrusively and carefully, confident that you will be able to follow the development of my ideas. I know that you are informed and knowledgeable, and that you will not be intimidated by medical jargon. You already know many of the terms. You talk the talk. I make reference to the drugs used in the treatment of pain, and for your convenience they are listed in this preface. You will not be unnecessarily challenged by their names. Certainly, you have taken many of them.

I have learned many important lessons as a practicing physician. One of the greatest of these is that I must never underestimate the intelligence of my patient. I do not intend to underestimate the intelligence of my reader. I do not suggest that this book offers the easy answer or the quick cure to chronic pain. It is beneath my dignity, and yours, to do so. Chronic pain, as you certainly know, is a vastly complex illness. Indeed, *it is the most complex of all*

diseases. It has diverse origins and diverse behaviors, and it responds, as does no other disease, to drugs of incredible variety.

The use of drugs in the treatment of pain has received too little attention in the popular press. Most books on the subject embrace holistic or alternate therapies such as diet and its variant, homeopathy, or the alteration of body mechanics by exercise or physical therapy, or the achievement of relief through meditation and spiritual empowerment. These treatment modalities have great appeal. It is inherently attractive to treat illness by employing the body's own power of defense. However, there are few diseases that in this era cannot be best treated by pharmacy. Who, in their right mind, would suggest that we discard drug therapy in the treatment of diabetes, arthritis, or heart failure? Who would suggest, and here we move closer to the mark, that we discard pharmacy in the treatment of depression? Or schizophrenia, epilepsy, or manic-depressive illness? This is not to denigrate the value of meditation, psychotherapy, and non-pharmacologic treatments. They can be enormously helpful, but only rarely, I say reluctantly, do they really cure chronic pain. For that we will have to rely on drugs. And why not? We rely on them for almost every other disease.

I acknowledge that the utility of drugs in the treatment of pain is limited. Even in the best of hands, they really work only about half of the time. This pales next to the success rate that can be achieved with the use of drugs for diabetes, arthritis, and heart failure. Should a success rate of only fifty percent dissuade us from their use? It would if there were better treatments, but there are not. The success rate of alternate therapies is certainly no greater than fifty percent and probably much less than that. The role of pharmacy in the treatment of chronic pain is a central theme of this book. There are many drugs that offer enormous promise, not just in relieving pain but in helping us to *understand the fundamental nature of the disease*.

In the course of this work, I will compare pain, its origins, its natural history, and its response to treatment to those of other diseases. To begin, I will go back in time to nearly half a century ago, the point at which this book really begins. Two of the most destructive illnesses with which physicians contended then (and still do) were schizophrenia and depression. They were mysterious and unfathomable disorders. There was absolutely no understanding of the biochemical reactions that dictated their strange behaviors. Then there came, largely by accident, the discovery of drugs which at least partially ameliorated their malevolence. They weren't perfect drugs (even now no drug is perfect) and their performance was spotty. They only worked about half the time, but they created a revolution and a new science, that which we know as neuropharmacology. As the understanding of the biochemical actions of the drugs evolved, so did the understanding of the biochemistry of the mind. As so often happens in clinical medicine, it was the chance discovery of a drug that led to the understanding of the fundamental nature of a disease. Where we stood fifty years ago with depression and schizophrenia is about where we stand today with chronic pain – but not quite. Back then we had only one or two drugs for each disorder. Today we have many drugs, of great variety, useful in the treatment of chronic pain. Most of them, as you probably know, began their careers in the treatment of other diseases, several of them mental.

Bruce had a youthful, handsome face. There was an air of confidence and ability about him, and he moved with fluidity and grace, unusual for a painful patient. I suspected that he was an athlete, a golfer perhaps.

“How long have you had pain?”

“Most of my life. I played football in college and had a couple of knee operations. My knees still hurt, but most of my pain has been in my back. I’m sure it is due to the G-forces. I have spent a lot time at 6 or 7 Gs.”

“G-forces?”

“Yea, I was a fighter pilot. I flew the F-16. That plane is rough on the body. Whenever I got to high Gs my back would really hurt.”

“How long were you in the Air Force?”

“Twenty years. I spent the last five as an instructor before I had to retire.”

“Did you retire because of your pain?”

“No, I’d never let a little pain keep me from flying. It was something else. About two years ago I was instructing a student, and I suddenly fell asleep in the cockpit. The doctors worked me up and told me that I had sleep apnea. They said I had a blockage in my throat and that kept me from sleeping well at night. That’s why I was sleepy during the day. They operated on me to open up the back of my throat so I could breathe better when I slept.”

“Did that help?”

“Yea, it did help some, but not near as much as they told me it would. I still get sleepy from time to time. If I had a choice again, I wouldn’t have accepted the operation. I would have had to retire anyway.”

“And then?”

“I became a stockbroker and a developer.”

“You did both?”

“Yea, I have always had lots of energy. I enjoy being busy.”

“Property development is pretty risky business. Why did you get into that?”

“Doc, my middle name is risk. Besides, it didn’t take much money. I bought some property, rented a bulldozer, and started clearing the land.”

“By yourself?”

“Yea, I wanted to build an apartment house.”

“Bruce, let me get this straight. You were a combat fighter pilot. You developed sleep apnea and had to leave the service. You began a new career as a stockbroker and at the same time started building an apartment house in your spare time. Is that correct?”

“Yea, that is correct.” I hated to leave the service, but I was excited about my new life.”

“Let’s get back to the pain, Bruce. Tell me how it began.”

“My back bothered me for years. Most of the time it wasn’t too bad. Like I told you, it only really hurt when I flew, but by the time I retired it was hurting all the time. I figured that my back would get better when I stopped flying, but it didn’t. I gave up bulldozing, but that didn’t help either. The pain kept getting worse , and it started shooting down into my left leg. One day the leg went numb and my foot was paralyzed. An MRI showed a ruptured disc, and I had surgery the next day.”

“Did the operation help you?”

“Yea, the feeling in my leg and the strength came back real good, but my back pain continued. It even spread into my shoulder blades and sometimes into my neck. When that happened I would get a headache. The pain even went into my hands. They got numb and tingly.”

“On both sides?”

“Yea, both sides.”

“What happened then?”

“Let me tell him, honey,” said his wife. “He started drinking. He drank way too much.”

“Had that been a problem before?”

“Not really. He would go on binges from time to time. He didn’t get drunk very often, but when he did he did a pretty good job of it. After the operation, he drank beer all the time. He said his pain was unbearable, and the only way he could relieve it was by drinking. He couldn’t play with the children any more. Many times I would see him sitting alone in a dark room, crying. He was very depressed.”

“And then?”

“It was on Memorial Day, just about six months ago. Bruce told me that he was going to commit suicide.”

“What did you do?”

“I called our internist.”

“I love that man,” interjected Bruce. “He saved my life, at least what’s left of it. He is my hero.”

“What did the internist do?”

The wife took over. “He sent us to the emergency room and arranged for a psychiatric consultation. Bruce was admitted to the hospital. He was there for a week. The psychiatrist told us that Bruce had manic-depressive illness. He prescribed Depakote and Risperdal.”

“Did the drugs help?”

“Yes, they helped a lot. There was no more talk of suicide, and Bruce was able to stop drinking. The drugs seemed to even him out. He used to be very moody, sometimes up, sometimes down. He is not that way anymore.

“And the pain?”

Bruce took over again. “It is still there. It’s worse than ever. Sometimes it feels like I have a hot poker in my back. I don’t have any appetite and I am really fatigued. I don’t even want sex anymore. I am too tired. The pain has really beaten me down.”

“I’ll guess you are having trouble sleeping.”

“I sleep fair now, but for a while I couldn’t sleep at all. The psychiatrist gave me Trazodone, but that didn’t help.”

“You said you are sleeping better now. How did that come about?”

“It was the Klonopin. As soon as I got on Klonopin I started sleeping better.”

“The psychiatrist gave you Klonopin?”

“No, it was the otologist.”

“The otologist! How did an otologist get involved?”

“Because of the tinnitus. I had this terrible sound in my ears. It was a constant buzzing. It began a few weeks before I went into the psych unit, and it was driving me crazy. I think it was because of that as much as the pain that I wanted to commit suicide. The otologist told me I had inflammation in my inner ear and treated me with Klonopin. That was about three months ago. The tinnitus went away, and I was able to sleep a little bit better. That otologist is a real hero.”

“That is quite a story, Bruce. You certainly had an interesting year.”

“Yea,” he grimaced, “quite a year.”

“What are you taking for your pain?”

“My internist gave me Percocet, and it helps some, but I don’t want to take it. I realize that I was addicted to alcohol, and I am afraid of becoming addicted to Percocet.”

“It was your neurosurgeon who sent you to me. What was his take on your pain?”

“I have been seeing him all along since the operation. Every time I went to him, I hoped he would find something he could operate on, but he told me that all my tests were normal, that my back was just fine. He couldn’t explain the pain. He thought that maybe I had something called fibromyalgia. He did do some electrical tests on my hands and told me that it showed carpal tunnel syndrome. That was why my hands were burning. I asked him to go ahead and fix it, but he said something that surprised me. He told me he could do the operation very easily, but that he couldn’t guarantee the outcome. He said that he had relieved pressure on a nerve in my back, and I had not gotten better. He was afraid that I wouldn’t get any better after he relieved pressure on the nerves in my wrists. He advised that I see a pain specialist before undertaking any more surgery.”

The neurosurgeon, aware of the strange twists and turns that Bruce’s life had taken, and aware also that there is sometimes more to pain than pinched nerves was the real hero.

“Can you help me, Doc?”

“Yes, Bruce, almost certainly.”

Had I seen Bruce a few years ago, I would not have been able to say that. I would have been lost in a forest of clinical details. It would have been quite impossible to make sense out of the incredible variety of his illnesses. He suffered lumbar disc disease, carpal tunnel syndrome, fibromyalgia, inner ear inflammation, alcoholism, depression to the point of suicidal ruminations, and manic grandiosity in trying to build an apartment house in his spare time. I know now that Bruce didn’t have lots of different diseases. He had a single core illness, chronic pain.

Not too long ago, my success rate in treating pain was about twenty-five percent. Today it is closer to sixty. I am armed with the knowledge that comes from experience, and I was able

to offer Bruce the greatest gift a patient with chronic pain can ever receive, the hope of getting well. I prescribed the drug Imipramine and instructed him to take a small dose at first but to gradually increase it over the course of two weeks, all the while continuing his other medicines. I also asked Bruce if he would be interested in reading a book about chronic pain, written by a doctor for his patients. He accepted my manuscript.

When Bruce and his wife returned two weeks later, he extended his hand and said, “I think I am getting better.”

“Tell me about it.”

“The pain doesn’t bother me as much. It’s going away from my neck and shoulders, and my hands don’t tingle the way they used to. I have more energy. I even played with my kids a little bit. I haven’t done that in nearly a year.

“Are you sleeping better?”

“Yea, a lot. My muscles used to jerk all through the night. That doesn’t happen anymore. Now, when I wake up, I feel more rested. When can I get back to work?”

I had to caution Bruce that his rate of improvement would not continue at the pace of the past two weeks. It would take quite a while to recover. “Not yet, Bruce, but perhaps pretty soon. Let’s not rush things. There are going to be some bumps in the road yet, but I am sure you will get well.”

“Will I have to keep taking these medicines?”

“Yes, you will have to take your medicines probably for the rest of your life. It is a small price to pay. Go ahead and get used to it.”

“I liked your book, Doc. It was Shack-Bull.”

“What is Shack-Bull?”

“Sorry, that’s pilot talk. It means hitting the target dead on.”

“He devoured it,” said his wife. “He made a lot of marginal notes and underlines.”

“Yea, I did. Fighter pilots are anal retentive.”

“You read the piece about the insurance salesman with pain, manic-depressive disease, and tinnitus?”

“Yea, I liked that a lot. He was just like me, wasn’t he?”

“Yes, almost exactly like you.”

“And he got well, didn’t he?”

“He certainly got a lot better. Now tell me, Bruce, were there parts of the book that you didn’t like. Were there parts that bothered you?”

“Yea, a lot of it bothered me. The chapter on childhood abuse really got to me. I had trouble reading it. I had to walk away several times.”

“I can guess why. Do you mind telling me about it?”

“I had good parents, Doc. They loved me, and I still love them, but they were way too rough on me. I got whipped a lot. It still hurts – real bad – when I think about it. I would never treat my kids the way I was treated. I have never touched them in anger.”

“Do you feel like you were abused?”

“Yea, I hate to use the word, but yes, I was abused.”

“How long did it go on?”

“Until I was ten years old. My mother was whipping me, and I grabbed the belt away and started whipping her. There were no more beatings after that.”

It is people like Bruce whom and from whom I write. I have interviewed and treated many of you, and I count that experience the most rewarding of my professional life. By sharing your stories and analyzing your response to drugs and, perhaps equally importantly, your lack of response to drugs, we can, I believe, reach some understanding of the true nature of chronic pain. As I present your case histories, I will offer my judgments. I ask you to read critically and reach your own.

You will, I'm sure, find yourself in the patients I describe in this book. The encounters may not be pleasant. Nonetheless, if you read with an open mind, free of prejudice and preconception, I think you will acquire some insights into an illness that really may not be what you think it is.