

PAIN: A Common Complaint

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ABSTRACT

One of the most common complaints medical practitioners receive from patients is that of pain, and it is the most common reason they seek medical care. Patients report suffering from pain of all types, originating from many different places in their bodies, and occurring under many different circumstances. Pain can have both sensory and emotional components. Discovering the etiology of this pain and resolving the causes of it encompass the best diagnosis and treatment. Too often treatment is merely palliative, reducing just the pain, and doing nothing to find or eliminate the cause of the pain. Pain control sometimes is the most that can be achieved, and its success varies. NAET® is a very useful technique for diagnosing, finding, and eliminating pain because of the broad range of categories for which it can be utilized. Its versatility makes it capable of treating more types of problems than any other technique, and thus of extreme efficacy in dealing with all aspects of pain and the conditions causing it.

INTRODUCTION

Experiencing pain is a worldwide phenomenon. As many as 50 million people in the US alone live with constant pain. Some of these people believe that pain is a part of getting old, there is no solution for their pain, and they seek the help of a medical practitioner only for unbearable pain. Other people suffering from pain miss work or school, are unable to function well in their daily lives, and do seek help, resulting in approximately 70 million visits to their healthcare practitioners. These attempts to resolve pain cause an expenditure of well over \$100 billion a year (Britt, 2006).

The concept of pain is an old one, and ancient civilizations recorded on stone tablets accounts of pain as well as the treatments used for this pain. Treatments included heat, pressure, sun, and water, as well as herbs, rites, and ceremonies. Pain was attributed to demons, evil,

and magic. Sorcerers, shamans, priests, and priestesses had the responsibility for pain relief. The Greeks and Romans advanced a theory of sensation that suggested that the brain and nervous system had a role in producing the perception of pain. Over the centuries evidence to support this theory accumulated, and in 1664 Descartes described what is still accepted today as the “pain pathway.” While the understanding of pain and its causes has increased considerably since this time, the pursuit of freedom from pain is still paramount, and its success has increased only in recent years (Baker, 2008; NINDS, 2001).

Pain is described and defined many different ways. It is one of a class of sensations known as bodily sensations. It is considered a prominent member of these sensations that include itches, tickles, tingles, orgasms, and others. These sensations can usually be attributed to locations in the body

and have volume, intensity, duration, and other features. Pain can range from stabbing to dull aches and is subjective in that the perception of the individual plays a large role in the effects of the pain on the body. Pain is considered a physical condition perceived in body parts, but it is also considered to have additional aspects (Aydede, 2005; Faber, 1990).

Pain is a sensation that is critical for survival (Bazell, 2006). It is a very complex perception that varies among individuals, even with those with identical illnesses or injuries. Benign pain warns that “something is not quite right,” and at its worst can affect productivity, well-being, and for some, their very lives (NINDS, 2001). In that sense, pain is good, in that it can give warnings, but bad in that it is unpleasant and evokes many emotions. People who suffer from the Riley-Day syndrome have, among other symptoms, insensitivity to pain. They do not receive these warnings and will injure themselves with no knowledge of how they received the injury. (Bazell, 2006; Wikipedia, 2007).

The International Association for the Study of Pain (IASP) defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.” Pain can be a part of nociception. The nociceptive system carries information to the spinal cord and brain about damage or near-damage in tissue. It also transmits signals that trigger the sensation of pain. Pain causes mental and physical behavior that attempts to end the experience of pain. This somatic information conveyed by nociception occurs without conscious awareness and is a component of the ability of the body to react to damaging stimuli. It is a rapid-warning relay to the central nervous system and organs to react to minimize the injury. It is also a feedback system promoting learning to prevent repetition of the pain. (Wikipedia, 2007).

Classification of Pain

Pain can be classified into two broad general types that can be used to help describe many kinds of different pains. These broad types differ greatly in their criteria.

Acute pain usually results from disease, inflammation, or injury to tissue. It results from activation of peripheral pain receptors and sensory nerve fibers (nociceptors). Anxiety and hyperactivity of the sympathetic nervous system (tachycardia, increased respiratory rate and blood pressure, diaphoresis, dilated pupils) frequently accompany acute pain. Acute pain generally comes on suddenly and may be accompanied by anxiety or emotional distress. The cause of this type of pain can usually be diagnosed and treated, and is confined to a given period of time and severity (NINDS, 2001; Portenoy, 2007).

In some instances acute pain can become chronic. Chronic pain may represent disease itself and can be made worse by environmental and psychological factors. It may also result from dysfunction of or ongoing damage to the central or peripheral nervous system. It persists over a longer period of time than does acute pain, and is resistant to most medical treatment. The original definition of chronic pain was pain that lasted 6 months or more. A more recent definition is pain that persists longer than the temporal course of natural healing, associated with a particular type of injury or disease process. It often causes severe problems for patients, and chronic joint pain is the most common reason for an individual’s quality of life deteriorating. Chronic pain, constant unremitting pain, may lead to gradually developing vegetative signs such as lassitude, sleep disturbances, decreased appetite, loss of taste for food, weight loss, diminished libido, and constipation. Preoccupation with physical health, inactivity and social withdrawal may occur as can psychological and social impairment, affecting function and interfering with almost all activities (Faber, 1990; NINDS, 2001; Portenoy, 2007; Wikipedia, 2007).

Pain Disorders or Syndromes

There are hundreds of disorders or syndromes that are components of the spectrum of pain. Many of them are multifactorial and may involve several types of pain. They range from mild pain, such as a pin prick, to severe and include pain such as the pain of childbirth, heart attack, or amputation of a limb. There can be many factors that contribute to the pain, including psychological stress. Pain may affect patients of any age, and it is now believed that pain affects men and women differently.

Pain accompanies cancer and the growth of a tumor, results from the treatment of cancer, or is caused by problems related to the permanent effects of cancer on the body. Pain resulting from trauma follows an injury to the head or spinal cord. Injuries can occur at home, the workplace, during sports activities, or on the road, and can result in severe pain or even disability. Sports injuries are a trauma and can result in sprains, strains, bruises, dislocations, and fractures. Pain, severe suffering, and even disability can result from these injuries. (NINDS, 2001; Portenoy, 2007).

Inflammation of one of the three membranes that cover the brain and spinal cord can be caused by infection or trauma and can produce disabling, progressive, and sometimes permanent pain. Spinal stenosis is a narrowing of the canal surrounding the spinal cord and occurs with aging. Most of the symptoms of weakness and pain are felt when the person is standing and are relieved by sitting. Vascular disease or injury has the potential to cause pain. Inflammation of blood vessels, coronary artery disease, and circulatory problems

result in pain when the communication between blood vessels and nerves is interrupted. Pain results with ischemia when the blood supply is cut off to organs, tissues, or limbs. Ruptures, spasms, constriction or obstruction of blood vessels also result in pain (NINDS, 2001).

Arthritis includes conditions such as osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, and gout. Joint pain in the extremities characterizes these conditions. Tendonitis, bursitis, and many other inflammatory diseases affect the soft tissues of the body and cause pain. Muscle inflammation usually involves pain and may be caused by infection, autoimmune dysfunction, or connective tissue disorders. Muscle pain ranges from aching muscles, spasms, or strains, to the severe spasticity of paralysis. Myofascial pain syndrome affects sensitive trigger points within the muscles of the body and in some cases is debilitating. Fibromyalgia, a type of myofascial pain syndrome, is characterized by fatigue, stiffness, joint tenderness, and widespread muscle pain (NINDS, 2001).

Neuropathic pain results from injury to the nerves in either the central nervous system or the peripheral nervous system. Diseases that affect the nerves, trauma, or chemotherapy can cause neuropathic pain. It can occur in any part of the body and is described as being a hot, burning sensation that can be devastating to the person. Diabetes, reflex sympathetic dystrophy syndrome, surgical removal of a limb, postherpetic neuralgia, and central pain syndrome are conditions that can cause neuropathic pain (NINDS, 2001).

Back pain affects both active and inactive people. Back pain spreading to the leg is called sciatica and is a painful condition caused by pressure on the sciatic nerve. The sciatic nerve is the main nerve that branches off of the spinal cord and goes down into the thighs, legs, ankles, and feet. Exertion, obesity, poor posture, or a herniated disk can cause pressure on the sciatic nerve, causing pain in the buttocks. Discs, the soft, spongy padding between the vertebrae that form the spine, protect the spine by absorbing shock. They tend to degenerate with time and sometimes rupture, causing pain. Pressure on nerves of the spinal column or damage to nerve roots can cause serious painful conditions (NINDS, 2001).

Headaches can be acute or chronic. The three most common types of chronic headaches are migraines, cluster headaches, and tension headaches. Migraines cause throbbing pain, and sometimes nausea and visual disturbances. They can put the sufferer at risk for a stroke. Cluster headaches are characterized by excruciating, piercing pain localized on one side of the head. A tight band around the head describes the pain of tension headaches (NINDS, 2001).

Head and facial pain can result from dental problems or disorders like cranial neuralgia. In cranial neuralgia one of the nerves in the face, head, or neck is inflamed. Trigeminal

neuralgia causes a stabbing, shooting pain, and affects the largest of the cranial nerves.

Temporomandibular disorders result from a damaged temporomandibular joint and/or the muscles used in talking and chewing becoming stressed. A variety of symptoms can occur, the most common being pain in the jaw, face, and/or neck muscles (NINDS, 2001).

Pain is also caused by repetitive stress injuries, which are muscular conditions resulting from repeated motions performed in the course of normal work or daily activities. Writer's cramp, carpal tunnel syndrome, and tendonitis or tenosynovitis are examples of this type of pain (NINDS, 2001).

There are several conditions that affect the skin and cause pain. Burn pain is a challenge and very difficult to handle. First-degree burns are the least severe, and skin is lost with third-degree burns. Burn pain can be excruciating and can persist at the site long after the burn has healed. Shingles and other disorders affect the skin. Pain accompanies these disorders, even with simple rashes. Skin disorders causing pain can include vasculitis, infections, and tumors and cysts (NINDS, 2001).

Psychological pain is caused by psychological stress and emotional trauma and is different from that caused by physiological injuries and syndromes. It is also different from emotional pain, which is "heartache" caused by a true or perceived loss. Pain of many different etiologies is also accompanied by psychological pain (Wikipedia, 2007).

Diagnosis of Pain

Pain is very difficult to diagnose and define as there is no test to measure the intensity of the pain, no imaging device that shows pain, and no instrument to precisely locate the pain. Healthcare practitioners are dependent on the patient's description of their pain, which can sometimes give clues as to the cause of the pain. Pain history should include type of pain, duration, and location, as well as defining the pain as sharp or dull, constant or intermittent, and burning or aching. Severity of the pain and its effect on activities and psychological well-being should be evaluated. Radiation patterns, timing, and exacerbating and relieving factors are also important. The effect of the pain on the life of the patient must be evaluated (NINDS, 2001; Portenoy, 2007).

The contribution of secondary gain because of the pain should also be considered. Pain affords many people extra attention and consideration. It usually appears to be out of proportion to identifiable physical etiology. Patients without a clear ongoing cause of pain will have a history of failed medical and surgical treatments, multiple and duplicative

diagnostic tests, use of multiple drugs (sometimes involving addiction or abuse), and inappropriate use of healthcare. Their pain perceptions may be affected by the continual need to prove that they are sick to obtain medical care, insurance coverage, or work relief. Sometimes distinguishing between cause and effect is difficult (Portenoy, 2007).

A neurological examination is the most simple of the techniques for diagnosing aspects of pain. It is part of a physical examination that tests movement, reflexes, sensation, balance, and coordination (NINDS, 2001).

Technologies used to aid in the diagnosis of pain include electrodiagnostic procedures such as electromyography (EMG), nerve conduction studies, and evoked potential (EP) studies. EMG provides precise information on which muscles or nerves are affected by weakness or pain. In nerve conduction studies electrodes are placed on the skin over the muscles and the response of the nerves to the stimulation gives information on the possibility of nerve damage. EP gives information on the speed of nerve signal transmission to the brain (NINDS, 2001).

Imaging techniques including magnetic resonance imaging (MRI) and X-rays are frequently utilized. The MRI gives the healthcare practitioner pictures of the structure of the body and tissues, using magnetic fields and radio waves to differentiate between healthy and diseased tissue. X-rays provide pictures of body structures, such as bones and joints (NINDS, 2001).

Dolorimetry is “the measurement of pain sensitivity or intensity.” Several kinds of dolorimeters, instruments used to measure pain tolerance, apply steady heat, pressure, or electrical stimulation to an area, joint, or other body part to determine what levels produce a sensation of pain. Other techniques used to elicit and measure a pain response include carbon dioxide lasers, ultrasound and computer technology, and heat lamps (Wikipedia 2007).

Treatment of Pain

Pain treatment should improve function, allowing individuals to work, attend school, or participate in other daily activities. There are a number of options for the treatment of pain, including the use of drugs of many classes. These drugs include analgesics, anticonvulsants, antidepressants, COX-2 inhibitors, narcotics, nonsteroidal anti-inflammatory drugs (NSAIDs), and opioids. Analgesics include most painkillers such as aspirin, acetaminophen, and ibuprofen, which are now sold as over-the-counter pain relievers. Mild to moderate pain can generally be relieved by these preparations. Prescription pain killers are used for moderate to severe

pain. Anticonvulsants are usually used for the treatment of seizure disorders, but are sometimes used for pain treatment. Antidepressants are in a category of drugs called psychotropic drugs. Along with anti-anxiety drugs and muscle relaxants these drugs are used as pain relievers (NINDS, 2001; Portenoy, 2007).

Cox-2 inhibitors may be effective in helping arthritis pain. NSAIDs work by blocking two enzymes, cyclooxygenase-1 and cyclooxygenase-2. COX-2 inhibitors block cyclooxygenase-2 and have fewer gastrointestinal side effects than NSAIDs. Opioids, some of the oldest drugs known, are derived from the poppy. They have a narcotic effect, inducing sedation and pain relief. The most well-known narcotic is morphine and it can be administered in various forms. Physical dependence is a possibility and problem with opioids (NINDS, 2001; Portenoy, 2007).

Treatment of pain in children is sometimes referred to as oligoanalgesia because children are frequently under-treated for their pain. Pain assessment is a challenge in pediatric medicine and children may be subjected to painful procedures or conditions with fewer or lower doses of analgesics than those used with adults under similar circumstances. Drug therapy is used for children as are the techniques discussed below. Dose regulation is problematic both in treatment of pediatric and adult pain. Effective pain management can be difficult because of patient beliefs in accepting the concept that pain can be controlled (Greenwald, 2007).

Injections, nerve blocks, and surgery are used to give pain relief. Injections may involve simple administration of a pain killer to an affected area, or may be more sophisticated protocols in which an analgesic (frequently procaine) and phenol are injected into the painful area. This is called prolotherapy and has tissue rebuilding capabilities. It is usually administered by practitioners utilizing alternative type therapies. Nerve blocks employ the use of drugs, chemical agents, or surgical techniques to interrupt pain relay between specific areas of the body and brain. They may include excision of a nerve segment, cutting of a nerve close to the spinal cord, or sympathetic nerve blockade. While these techniques can be effective, function of the nerve is lost (Faber, 1990; NINDS, 2001; Portenoy, 2007).

Surgery may be required to relieve pain, especially pain from serious musculoskeletal injuries or back pain. Pain relieving surgical techniques include removal of a disc, removal of a disc fragment, spinal fusion, severing of bundles of nerves in the spinal column, and surgical destruction of spinal neurons corresponding to the pain. Surgical intervention is used when pain does not respond to other therapies. Long-term pain relief is seldom realized from these procedures, but in some few cases the results are spectacular (NINDS, 2001; Portenoy, 2007).

Nondrug treatments for pain include acupressure, acupuncture, biofeedback chiropractic, cognitive-behavioral therapy, counseling, electrical stimulation, exercise, hypnosis, magnets, physical therapy and rehabilitation, and R.I.C.E. (rest, ice, compression, and elevation). Acupressure and acupuncture can be very useful in pain relief and control. Acupressure can give temporary pain relief, and acupuncture may afford either temporary or permanent pain relief. Biofeedback is frequently used for headache and back pain. The patient is taught to become aware of and to gain control over body functions such as muscle tension, heart rate, and skin temperature. Responses to pain can be changed with this knowledge.

The hand manipulation of the spine and other areas of the body by chiropractic can relieve back pain as well as pain in these other locations. Cognitive-behavioral therapy uses coping skills and relaxation methods and is very effective for postoperative pain, cancer pain, and the pain of childbirth. Counseling gives pain patients support and may help them learn about physiological changes produced by pain. Electrical stimulation includes transcutaneous electrical stimulation, peripheral nerve stimulation, spinal cord stimulation, and deep brain or intracerebral stimulation (Nambudripad, 1997; NINDS, 2001).

Exercise addresses the known link between many types of chronic pain and tense, weak muscles. Even light to moderate exercise can contribute to an overall sense of well-being by improving blood and oxygen flow to muscles. Physical therapy and rehabilitation utilize heat, cold, exercise, massage, and manipulation. Application of these techniques may increase function, control pain, and speed recovery. R.I.C.E. is used for temporary muscle or joint conditions such as sprains or strains. These four simple steps may be combined with pain relievers (NINDS, 2001).

Hypnosis is used as an adjunct to pain medication to control physical function or response. In pain control it affects the amount of pain an individual can withstand. Not only can magnets control sports-related pain, but are very effective in helping to control other painful conditions, including arthritis. Skeptics doubt their effectiveness, but proponents believe that they may effect changes in cells or body chemistry, producing pain relief (NINDS, 2001).

Anodyne therapy has recently been used to treat chronic pain. It is a noninvasive, drug-free option that delivers infrared light through the skin into deep tissues. It relieves discomfort, increases circulation, boosts blood flow and helps restore sensation. It is backed by 12 peer-reviewed studies involving more than 4,500 patients. These studies reported 6 percent reduction in pain symptoms and more than half of the patients were able to reduce or eliminate pain medications (Whitaker, 2007).

To determine success, the severity of the pain must be assessed before and after any type of pain intervention and therapy. The verbal report of patients, along with decrease of external signs of pain, is significant. For some patients who have difficulty communicating, the Visual Analog Scale (VAS) is of value. Patients are asked to rate their pain on a numeric scale of 0 to 10, with 10 being the "worst pain ever." A time period must always be specified over which the pain intensity changes. If pain cannot be eliminated, then a combination of treatments is used for pain management, and there are many different pain management protocols (Portenoy, 2007).

NAET® and Pain

NAET® considers an allergy to be an energy imbalance and that in most human diseases or conditions allergic factors are involved directly or indirectly. Energy imbalances are caused by blockages, and NAET® is an energy blockage elimination technique. A blockage is an impedance to flow for any substance capable flowing, whether it is a liquid, gas, subatomic particles, energy, or other substances. There are many different causes of blockages including pinched nerves, incompatible electromagnetic charges around the body, and energy imbalances triggered by many different substances and situations (Nambudripad, 2002).

Blockages from many different causes occur on the physical, physiological, and psychological levels. Pain in the eye, chest pain, pain or distention in the channel in the leg or foot, pain along the lateral aspect of the lower leg, and pain in the middle back along the T-8 vertebrae are symptoms associated with the physical level. Frontal headaches, migraine headaches on the forehead, toothache, and pain in the upper jaw are associated with the physiological level. Psychological blockages include the emotional aspects of the meridian. Symptoms triggered by emotional allergies can cause many types of pain (Nambudripad, 2002).

These blockages, which are energy blockages, cause symptoms that are unique to the meridians in which they occur. Blockages are transmitted through all the associated tissues of the meridian including the network of nerves, muscles, bones, joints, tissues, and other associated organs. The weakest tissue of the meridian travel pathway is usually affected. The energy disturbances or blockages disrupt normal physiology and become imbalances that cause illness and create disorganization in body functions. Untreated blockages can lead to acute or chronic allergy symptoms that may be accompanied by pain. NAET® treatments can provide permanent pain relief by removing physical, nutritional (chemical, biochemical, or physiological), and emotional blockages (Nambudripad, 2002).

Many types of pain are caused by acute or chronic allergy symptoms. Muscle stiffness and pain can be triggered by allergy problems to foods, spices, and chemicals. Arthritic pain, sprains, and tenosynovitis can be caused by allergy to food, fabrics, and chemicals. Fibromyalgia, headaches, back pain, and pain between the shoulders can be triggered by allergy to foods, salt, and color. Other culprits triggering allergies that cause pain in almost any part of the body include cosmetics, detergents, fabric softeners, environmental substances, animals, other human beings, and many other things (Nambudripad, 2002).

Many allergies can cause an accumulation of toxins that can cause pain and many types of discomfort. To eliminate pain, causes of the pain must be identified. For patients with acute pain, the causative factor may be something consumed, touched, breathed, or an emotionally traumatic incident. Several NAET® treatments for a number of different substances may be necessary for very ill patients, particularly patients with chronic pain. Testing and treatment with NAET® for offending substances or allergens will relieve pain as well as eliminating its causes (Nambudripad, 1997).

Conclusion

Pain is a common health symptom and problem that has existed for centuries. Freedom from pain has always been a primary goal of people. There may be a simple “cause and effect” triggering the pain, or it can have complicated causes and origins and can be difficult to treat and eliminate. Many modalities can be used to aid in treating pain, some of which can eliminate the pain and others that merely help in pain management. Elimination of pain and its causes are the preferred outcome for permanent relief of pain. NAET® provides the means by which etiology of pain can be identified, and treatment for this etiology will eliminate the pain permanently.

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