

PAIN....THE INVISIBLE SYMPTOM

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Pain is derived from Ancient Greek word - poine meaning an unpleasant sensory and emotional experience an individual has when they perceive actual or potential tissue damage to their body. Pain is highly subjective to the individual experiencing it, but medical diagnosis is based on characterizing it in various ways such as the duration, severity, type, and location in body. It can also be diagnosed by cause.

Pain is a major symptom in many medical conditions, significantly interfering with a person's quality of life and general functioning. In many cases, pain is self-limiting (stops without treatment) or responds to simple measures such as resting. The study of pain has in recent years diverged into many different fields from pharmacology to psychology and neurobiology. It is also a separate sub-discipline in some terminal illnesses specializations.

Pain is part of the body's defense system, triggering a reflex reaction to retract from the painful stimuli, and helps adjust behavior to increase avoidance of that particular harmful situation in the future.

Pain is defined by medical researchers as a subjective conscious experience. The presence or absence of pain even in another human is only verifiable by their report; "Pain is whatever the experiencing person says it is, and exists whenever he says it does. Currently, it is not possible to prove whether an animal is in pain or not, however it can be inferred through physical and behavioral reactions.

Suffering is usually considered a broader term than pain, and includes any unpleasant feeling or sensation. Suffering can be used in the specific sense of a painful physical sensation, but also encompasses purely emotional feelings or mental states, such as unpleasant memories. It is an individual's basic affective, or emotional, experience of unpleasantness and aversion associated with harm or threat of harm. The opinions people have about their own or someone else's suffering vary according to many factors, including its severity, the ability to avoid it, its perceived utility or related benefits, and a sense of deservedness.

The terms pain and suffering are used as synonyms, "pain is inevitable, suffering is optional", or "pain is physical, suffering is mental" ; "pain is physical suffering", or "suffering is severe physical or mental pain".

The concept of pain has played an important part in the study of philosophy, particularly in the philosophy of mind. The question of what pain actually consists in is still open since any evaluation is dependent upon what subject one approaches

the question from. Identity theorists assert that the mental state of pain is completely identical with some physical state caused by various physiological causes. Functionalists consider pain to be defined completely by its causal role (ie in the role it has in bringing about various effects) and nothing else. Some theologians and other spiritual traditions have much to say about the nature of pain and its various spiritual consequences, especially its role in growth, understanding, compassion, and in providing an aspect of life to be overcome.

Pain is an important part of the survival of humans and other animals, producing an escape reflex to avoid the source of the pain. Preliminary pain can serve to indicate that an injury is imminent, such as the ache from a soon-to-be-broken bone. Pain may also promote the healing process, since most organisms will protect an injured region in order to avoid further pain. People born with congenital insensitivity to pain usually have short life spans, and suffer numerous ailments such as broken bones, bed sores, and chronic infection.

Chronic pain, in which the pain becomes pathological rather than beneficial, may be an exception to the idea that pain is helpful to survival, although some specialists believe that psychogenic chronic pain exists as a protective distraction to keep dangerous repressed emotions such as anger or rage subconscious.

Types of pain

Human pain receptors can sense mechanical forces of excessive pressure, stretching and splitting, noxious heat, noxious cold, noxious chemicals, and localised tissue inflammation. Pain can be perceived to originate from a very specific location, a general area, or no definable location, as in central pain. Mild pain is relieved by natural processes, mild to severe pain will require medicine to provide relief, and agony can prevent a person from doing anything apart from responding to the pain. An ache is longer lasting or persistent pain usually associated with the hard tissue of the skeletal system or joints. Experience of pain can be temporary, being relieved shortly after a painful stimulus is removed, or, if damage has occurred, persist until healing has completed. Acute pain is the normal episodic response to a painful stimulus, but if pain is felt past the accepted normal healing period, or due to a disorder, it is called chronic pain.

Although rarely pain can be caused by mental disorder, most pain is caused by our biological pain sensing system (nociception).

This process is initiated with the stimulation of a nociceptor, due to chemical, thermal, or mechanical environment changes above its stimulation threshold. Nociception is then carried along the nerve to the brain via the spinal cord, where it indicates possible damage of body tissues.

Nociception is the detection of a stimulus by a pain receptor (nociceptor), and transmission of the information to the brain along nerves. The anatomy of the

nociceptive system can be grossly divided into the peripheral and central nervous system. The peripheral nervous system consists of small myelinated and unmyelinated nerve fibers. These nerve fibers converge into a region of the spinal cord referred to as the dorsal horn. The dorsal horn is the first relay station in pain signal transmission. The next element of pain transmission includes nerve fibers that then travel to the thalamus. From the thalamus the next order of neurons ascend to the limbic system and sensory cortex. This accounts for the affective elements and discriminative of pain respectively.

Quality

Homoeopathy has extensively differentiated the quality of the pain into a key characteristic feature, and is often the first question a practitioner will ask. Typical descriptions of pain quality include sharp, stabbing, tearing, squeezing, cramping, burning, lancinating (electric-shock like), drawing, pressing, pulling, throbbing, dull, shooting or heaviness.

The difference between these diagnoses and many others rests on the quality of the pain.

Intensity

Pain may range in intensity from slight through severe to agonizing and can appear as constant or intermittent. The threshold of pain varies widely between individuals. Many attempts have been made to create a Pain scale that can be used to quantify pain.

Localization

Localization is the term used to describe the subjective experience of pain being in a specific area or region of the body. Localization is not always accurate in defining the problematic area, although the region will often help narrow the diagnostic possibilities. The types of pain that can be classified by localization are Cutaneous pain, Somatic pain, Visceral pain, Referred pain, Radiated pain etc

Pain should also be enquired about Frequency and duration, Onset and offset, Exacerbating factors, Aggravating and Ameliorating factors, Treatment and management

THOUGH PAIN IS THE SYMPTOM FOR WHICH MANY CONSULT A DOCTOR, THIS SYMPTOM IS INVISIBLE AND CAN ONLY FELT AND EXPRESSED BY WORDS.