Treating pain: a Fresh Look at an Older Perspective

Anjelo Ratnachandra PT, BSc (Hon), Cert CBT, Cert REBT *

INTRODUCTION

The purpose of this article is to illustrate to the reader the importance of identifying pathophysiological and psychosocial factors associated with pain in a narrative perspective.

Sitting on my red theatre chair, twenty or so rows back, in a dark corner of the conference room, I listen silently, along with about five hundred other attendees to what is the most captivating introduction to a medical conference.

“I have pain on a daily basis” one person acknowledges.

“No one seems to understand” another insists.

“For years I thought it was in my head” a young girl admits.

A video presentation of everyday people suffering from chronic pain echoes through the lecture theatre. My empathy is drawn, unconditionally, to their daily struggles. Not a whisper from the audience as they recognise these struggles in many of their own patients, past and present.

Pain, I learned that day, is the fifth vital sign. Pain treatments cost governments around the world billions of dollars annually. This is most disturbing; pain has been there since the beginning of man (and perhaps earlier) yet it is still a major problem in our society.

The keynote speaker begins to speak following the short video, but the power of the video presentation had already set my mind to work. So many questions are being asked and simultaneously my brain tries to answer them. An internal dialogue pursues. What is pain?

The keynote speaker explains that pain still has the ability to cripple sufferers both physically and emotionally; it still breaks families; it still pushes people over the edge. I am convinced, more than ever now, that it is a bigger problem that we want to believe; I am convinced that we all need to take a fresh look at pain.

We, as therapists, all treat pain. But we all still find treating pain difficult. Why? Is it because most of us don’t have a good understanding of it? Is it that most of us are unaware of the evidence-based practices in pain management? Or is it our ignorance that is hindering us. So many possibilities leading to one outcome: poor pain management. Yet I look

ABSTRACT

For centuries, we have resorted to treating pain with medications and manual therapy. We have assumed that the site of the pain is the only place where the problem lies. Now, there is overwhelming evidence to suggest that we need to change our ways. Too many patients are being placed in the too-hard basket because their pain is beyond the treatment of traditional therapies. At a recent conference held by the Australian and New Zealand pain societies titled the Impact of Pain (2010), the need for better pain management was discussed; the need for a more holistic approach incorporating both physical and emotional aspects was discussed, as was the need for a change in our perceptions towards pain.

Key words: pain, wholistic approach, biopsychosocial model,

Authors’ information:

* Corresponding author. anjelo_physio@hotmail.com

Cognitive-behavioral physiotherapist, Melbourne, Australia.
around amongst the darkness and there I see rows of empty seats. For something that practitioners universally try and treat, why are there empty seats? The answer must have been amongst the darkness.

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.” How could someone feel pain due to potential tissue damage? If pain can be induced by emotional experiences, why do we mainly focus on medications and manual therapy to the biological responses? There were more questions whirling through my head as the guest speaker continued.

My attention is directed back to the guest speaker. His conclusion to his speech commenced with: ‘Thirty four billion dollars is the cost of pain management in Australia.’ Twenty minutes has lapsed and it has been a riveting start to the conference. The next speaker reaches the stage. She speaks of Functional MRI studies investigating the emotional aspects of pain. She talks about one study where subjects are given a pain medication which helps relieve their symptoms (measured by their pain perceptions before and after treatment). However, when they are told that it has been stopped (although it hadn’t), their pain perceptions increases again. Her research suggests that the power of the mind had been underestimated and overlooked in the treatment of pain.

The third speaker, renowned for his work using cognitive-behaviour therapy, explains to us the importance of a biopsychosocial approach to pain management. He strengthens the argument for a new look at pain management: the use of cognitive-behavioural techniques in conjunction with physical activity, and explains the research that backs his view.

It made sense, all those years ago, as a junior physiotherapist; I can now justify my frustrations at the unsuccessful attempts at treating chronic pain using traditional manual and electrotherapy modalities. There was more to it than the electrotherapy, massage, and manipulations. I needed to have looked further. The message from the speakers is clear. From the first speaker to the next, the message is to tackle all aspects of pain, both physical and non-physical concurrently, for better treatment outcomes.

My thoughts are interrupted by an attendant who advises me that Morning Tea is being served in the foyer. There were many questions raised in that introductory session. What was clear though was their message. Ironically, although the research justifying this message was new, the message itself wasn’t.

We were informed of the importance of the concurrent treatment of physical and psychological aspects of pain, over two thousand years ago. Aristotle once said “treatment of the part should never be attempted without treatment of the whole that is the error of our day, the separation of the body from the soul.” He was ignored back then; let us not make the same error now.

REFERENCES

2. Tracey I, Bushnell MC. Now neuroimaging studies have challenged us to rethink; is chronic pain a disease? J Pain. 2009;10:1113-1120.

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**Point of view**

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**Key points:**

**Past-** Pain was not only known as a physical phenomenon but also as a complex perceptive interaction of psychological and social influences.

**Present-** The growing interprofessional body of knowledge and international collaboration brought out by the International Association for the Study of Pain (IASP) reiterates the biopsychosocial model for pain evaluation and management by seeing the patient as “a person with pain rather than a human body with a defect/damage.”

**Future-** The year 2010 being a global year against musculoskeletal pain (GYAP) according to the IASP, physical therapists have to shift their gears not only to improve education and practice but also in research and establishing evidence for the biopsychosocial model of rehabilitation.