



## **PAIN Management**

## *Topic of the Month*

There are 2 components to our experience of pain. The physical and the psychological.

On the physical level, what are we talking about when we say 'it hurts?' are we talking about the neurological sensation of cramping, throbbing, pressing, pinching etc. or the emotional distress we experience because those sensations don't feel good?

Physically there are 2 types of pain: acute and chronic.

Acute refers to the immediate and intense experience such as banging your foot on the corner of a table. The pain is felt strongly but then fades away quickly. On the other hand, 'Chronic' pain may not necessarily be as intense but prolonged in time and may never seem to go away.

Unfortunately, chronic pain often leads to inactivity, causing the muscles to become weakened. The weaker you become, the more difficult it is to take part in exercises that could strengthen the muscles. Chronic pain also interferes with sleep, leaving you depressed and lowering your pain threshold. It can be a vicious cycle. Fortunately, there are many ways to deal with chronic pain, both medically and emotionally.

Many factors may contribute to chronic pain. Most pain experts now believe that almost all unexplained chronic pain is rooted in a physical problem, such as damaged or inflamed nerves, blood vessels, and other tissues, or other sources which can't be easily explained. Such pain may also simply be the cumulative effects of a prolonged illness.

On the psychological level: pain signals make their way to the brain. Connections with the cerebral cortex and limbic system give "meaning" to the pain message. The mind creates a conscious and emotional experience, evaluating how "bad" the sensation feels and deciding what can be done to relieve this thing it considers "Threatening". For example, although two people may have similar injuries or take part in identical medical procedures, many factors determine why one person will have greater distress than another.

Cultural factors will affect the beliefs you hold concerning the way you have to respond to pain. For example, American Indians teach tolerance of pain. They will be aware of the physical sensation but not be particularly bothered by it.

Others learn to "bear the pain" without complaining, because they have been raised in families where their needs were ignored and thus they never expected that others could help lessen their suffering. On the other hand, there are children who are only given attention when they feel the slightest discomfort; and as adults, they may feel, quite unconsciously, that they won't get taken care of unless they make a big fuss of it.

The personality, coping style, beliefs and past will greatly affect the physiological process in which the brain sends electrical and chemical signals to

open or close what is also called 'pain gates' in the central nervous system e.g. if a medical procedure caused a lot of pain the last time you had it, when you again need to go through that procedure, as soon as you begin to feel some discomfort your fear of "potential" pain may cause you to tense your muscles involuntarily.

This can set the stage for opening the pain gate and cause pain levels to flare. If you had relaxed, it is quite possible your discomfort would not have seemed unbearable.

Daily stresses will also affect our ability to withstand discomfort and pain.

In fact, people who see themselves as having influence over their bodies tend to handle pain and discomfort more easily because the "locus of control" comes from within the person.

Nevertheless, there is a great latitude in different people's ability and willingness to tolerate pain.

Every patient has the right to have his needs attended to.

In conclusion, you can make better use of pain medication if you use abdominal breathing, stress reduction and imagery techniques along with the medication.

Psychological support can also help resolve issues that add stress to difficult situations in your life that might be contributing to your pain.

#### References:

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