

I've never heard a doctor say it, but when my diabetic feet hurt so bad I am screaming I spray them with OFF, Deep Woods™. I admit it makes my feet sticky but the amount of pain my feet are in is cut at least in half and sometimes eliminated entirely.

Prescription pain relievers include: Corticosteroids, Opioids, Antidepressants. Antidepressants are that class of drugs that can treat pain by adjusting the patient's levels of neurotransmitters (natural chemicals) in the brain. These medications can increase the body's own signals for well-being and relaxation for people with chronic pain conditions who do not respond "right" to the usual treatments.

Doctors who specialize in pain management may recommend certain types of physical therapy or TENS, a procedure that uses patches placed on the skin to send signals to the body that tell the pain to stop.

One problem with pain is that patients don't want it to stop until the causatory problem has been resolved -- resolved, not just identified. If their problem cannot be fixed then the sooner they accept that fact, the sooner they can resign themselves to learning how to manage the pain they still have to endure.

the end



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Pain

by Lin Stone

I was standing in line when the screening nurse at the VA Hospital asked the patient ahead of me the proverbial question: "On a scale of 1 to 10 with 1 being the lowest and 10 being the most pain you can imagine, how much pain are you in today?" "A little bit more than a 2," the Vet responded.

He waited until she wrote down the answer, then he explained: "That's with a 2 being the amount of pain I was in when they cut my finger off with a dull knife, and a 3 being the amount of pain I was in when my leg was shattered, shot out from under me in a friendly fire situation."

The nurse erased the figure she had written down and paused for a moment. "What condition do you set a 10 by?" she asked.

The Vet thought for a moment, then said: "Well, an 8 would have to be Break Bone Fever -- and the last two digits I won't even talk about. Okay?"

Since that day I've never been able to answer that question without shuddering in shame that my pitiful 10 is supposed to be worth just as much as his.

Chronic Pain

When I was a young cowboy I brought in a sick steer for treatment because I could tell it was suffering. The boss told me to send it back to the herd because it was a **CHRONIC**. When I asked what that term meant the boss replied: "It means he isn't ever going to get well, so there is no use treating him." Some humans are **CHRONICS** too. When conventional treatments fail they will take the most outlandish administrations known to man. They will let themselves be stung repeatedly by bees, shiver for hours under ice, immerse themselves in boiling steam, and come out none the better for high cost treatment.

O. Henry might have described the best treatment in one of his stories about a CHRONIC who got roped into the savage life of a cowboy on the plains. After a long period of intense suffering the young fellow's system finally thrived.

Unfortunately, visiting a dude ranch just won't work.

As a child I marveled at the bully that could peel his fingernail on off when it came part way. As an adult I marveled at the story of the Airman that held a ball of burning white phosphorus in his hands until they melted from the fervent heat, long enough to save the lives of the entire crew.

Pain is conceptual. It hurts on its own level, according to the challenges we've been through, and those we have imagined. A 10 to a pencil pushing clerk might be a deep paper cut. One of my outdoor guides didn't even blink when his knife cut his thigh open to the bone. Then he poured lamp oil into the wound I held open for him so we could go on hunting.

Here's the strange part about pain; the guide might have fainted from the pain from a paper cut while the clerk might not have noticed the knife wound for an hour or so after it happened.

P A I N

Pain is different for every one of us. Pain is different even on different parts of our bodies. Pain is different on the inside, or the out. Pain is different when you have a fever, or don't. Pain is different if you are alone, or if an enemy is watching you suffer. None of us feel pain in the same way each time it hits.

McDowell and Newell {McDowell I, Newell C (1996) Measuring Health: a Guide to Rating Scales and Questionnaires. Oxford University Press, New York} points out that pain is a stimulus which cannot be measured directly.

Adrian White, Dept of Complementary Medicine -- Postgraduate Medical School, University of Exeter (UK), says: "It (pain) must be judged from the patient's response, which can be greatly influenced by individual genotype, culture, conditioning, education and so on."Senseless as it is, the nurse's question above

is asked in virtually every U.S. hospital. It is a crude attempt to get a verbal measurement from the patient on the level of pain. There are more refined tests, like squeezing some part of the body in a vise until the patient feels more pain there than the pain s/he came in complaining about. "Gee, that test gave us some good news; You are only experiencing 10 dol of pain. Rambo can take 50 dol before he faints."

In 1965 Canadian psychologist Ronald Melzack and British physiologist Patrick Wall suggested a gating mechanism within the spinal cord that closed in response to normal stimulation of the fast conducting "touch" nerve fibers; but opened when the slow conducting "pain" fibers transmitted a high volume and intensity of sensory signals. The gate could be closed again if these signals were countered by renewed stimulation of the large fibers.

In 1929, the National Research Council launched a forty-year drive to develop an analgesic stronger than aspirin but without the addiction potential of narcotics. More than 500 compounds were developed, several of which appeared to induce analgesia in animals. Now, isn't that something to marvel at? Aspirin, at the top of the list for pain relievers? "Take two aspirins and call me in the morning" may be still sound medical advice.

Over the counter pain relief can be found in:

Acetaminophen (Tylenol, Aspirin Free Excedrin)

Nonsteroidal anti-inflammatory drugs (NSAIDs; aspirin, Motrin, and Aleve)

Corticosteroids (Cortaid and Cortizone)

Applied right where it hurts the most, ointments, creams, lotions, or sprays like Salonpas, Aspercreme and Ben-Gay may be even more effective than the above medications in some situations.

Salonpas is a favorite of Orientals for pain relief. Euromericans who have been introduced to it by their Oriental friends like the patch for its quick and clean application.

"Slap it on and you can go back to work."