



KLE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL

Yellur Road, Belagavi, Karnataka

 0831- 2413863/62 |  kleuhmc@gmail.com

Editorial Board

Dr. M. A. Udachankar
Chief Editor

Dr. Govind Sulkar
Managing Editor

ADVISORY

Dr. Swaroopa G. Patil
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EDITORIAL



Greetings From KLE HMC....

Dear Readers,

It gives me enormous joy for presenting this third edition of
"KLE HOMOEOPATHIC CHRONICLE: A THEME BASED SCIENTIFIC JOURNAL " at your hands.

It is themed **PAIN**.

Pain is an inescapable part of the human condition. It manifests in myriad forms—physical, emotional, and psychological. Each type of pain carries its own weight and significance, shaping our experiences and understanding of the world.

Despite its many forms, pain is a universal experience that binds us together. It drives empathy and understanding, as we recognize that others, too, navigate their own struggles. Through shared experiences of pain, we find common ground and forge connections.

Addressing pain requires a multifaceted approach—medical treatment, emotional support, and existential reflection. By acknowledging and addressing the different dimensions of pain, we can work towards alleviating suffering and fostering resilience. In doing so, we not only heal ourselves but also build a more compassionate and connected world.

In this edition we have presented detailed explanation of the Physiology, Pathology, Surgical, Gynaecological and various types of pain. Special emphasizes have been highlighted about the Homoeopathic therapeutic approach with miasmatic understanding.

I on behalf of entire editorial board express my sincere gratitude to all the Departmental faculties for their invaluable inputs for this edition.

I express my sincere gratitude towards Dr. M. A. Udachankar, Director Administration KLE HMC for his constant support & guidance throughout the journey of the edition.
I thank Dr. Swaroopa Patil, In-charge Principal KLE HMC for her support at every step.

Have a great reading ahead.....

Dr. Govind Sulkar

Managing Editor
Scientific Magazine Co-ordinator

PAIN



PAIN

What do you need to know about?

Pain is a Boon to human kind, human being is gifted with some unique features by a nature amongst which communication, pain, and memory and forgetfulness are few of them. Pain is a both physical and emotional discomfort which is sensory in origin ranging from mild to severe. Pain is usually caused by an injury, illness or a neurogenic condition.

It is an unpleasant sensory and emotional experience in various ranges or in various degrees influenced by biological, psychological and social factors. Pain can be due to tissue damage (called as nociceptive) is caused by nerve damage (neuropathic pain) and a third category is psychogenic pain affected by Psychological factors. Pain is one of the most important communication tools of the body which tells you something is wrong and needs attention.

Since ages man is thriving for a comfortable and better quality of life and in this bargain pain killers have taken a major role.

All the pains do not need an active medication then a question arises: when to seek a medical help in pain?

1. When the pain is a result of injury or accident causing substantial damages, uncontrollable bleeding, broken bones and head injury.
2. Acute sharp internal pain especially in abdomen may be a sign of serious condition such as rupture of some organs. (Ex: appendix and bowel perforation)
3. When the pain is located in back, shoulder, neck with other potential signs like pressure in the chest, shortness in breath dizziness, cold, sweat, and nausea may because of serious conditions like "Heart attack."
4. Finally when the pain is interfering with your day to day life including your sleep or affecting your other routine activities.

In the above circumstances you must always seek a medical help. Pain killers are to used very carefully and judicially and only under the circumstances as mentioned above or when there is advanced serious disease such as Cancer pains where the palliation is the only resort.

To appraise regarding pain here is an issue we are placing at your hands which addresses PAIN in all dimensions.

We at KLE Homoeopathic Medical College have started a journey of theme based scientific journal for last two years. This is our third issue and we have addressed a very common problem of **"PAIN"**.

And our scientific magazine journey continuous.....

Dr. Mukund A. Udachankar

Director Administration,

KLE Homoeopathic Medical College & Hospital, Belagavi

PHYSIOLOGY OF PAIN

Dr. Rahul Pawar M.D. (Hom), Associate Professor & Head of Department of Physiology including, Biochemistry

Dr. Bhavana Bandagi M.D. (Hom), Assistant Professor Department of Physiology and Biochemistry

INTRODUCTION

Pain is defined as an unpleasant and emotional experience associated with or without actual tissue damage. Pain is probably the most fundamental and primitive sensation. Pain may be observed more or less all over the body.¹

CLASSIFICATION OF PAIN (Figure: 1)

As per physiological classification of pain there are three types:

- 1. Superficial Pain:** Superficial pain is initiated by activation of nociceptors in the skin or other superficial tissue, and is sharp, well-defined, and clearly located.
- 2. Deep Pain:** The stimulation of nociceptors in bones, blood vessels, fasciae, tendon and ligaments produce dull aching, poorly localized deep somatic pain.
- 3. Visceral Pain:** It is diffuse and difficult to locate.² (Figure: 2)

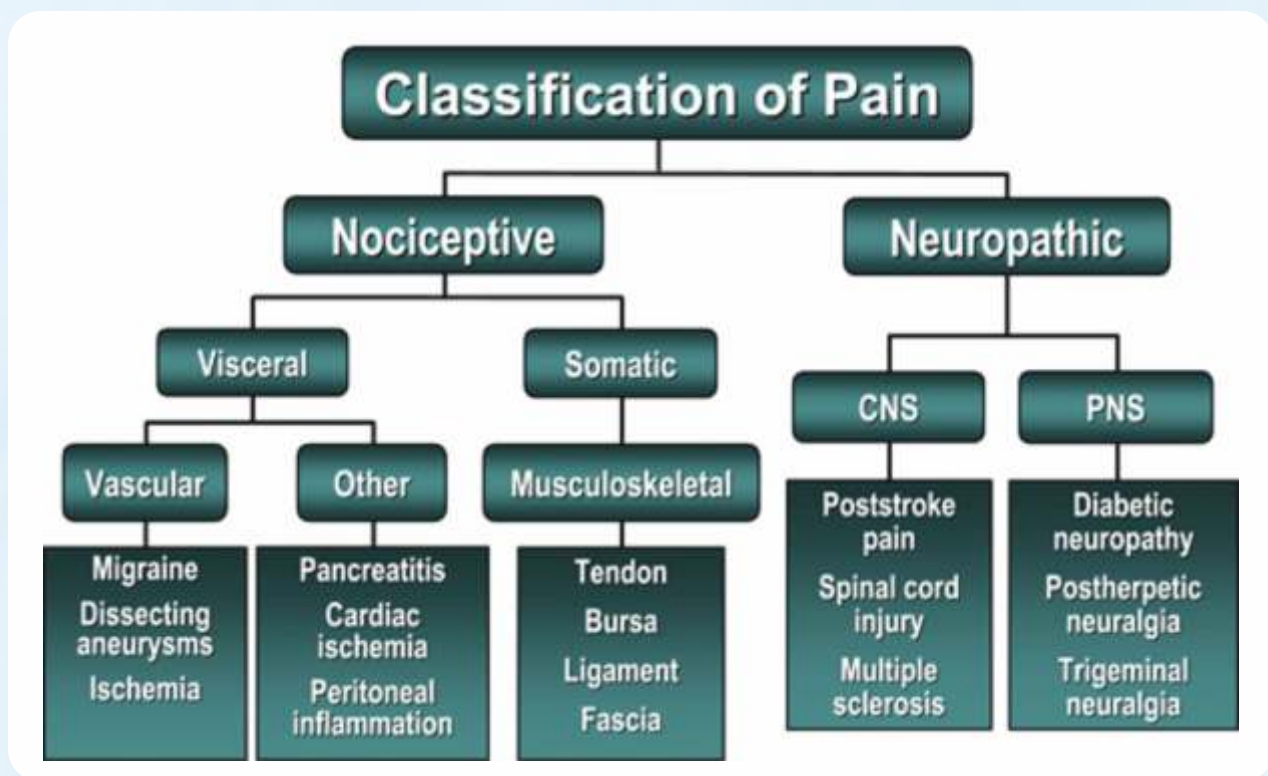


Figure: 1- Classification of Pain

PAIN CAN ALSO BE CLASSIFIED AS ACUTE PAIN AND CHRONIC PAIN

1. Acute pain is a sharp pain of short duration with easily identified cause. Often it is localized. And is treated by medications.
2. Chronic pain is the intermittent or constant pain with different intensities. It lasts for longer periods. It is difficult to treat and needs professional expert care.

MECHANISM

Pain sensation from various parts of body is carried to brain by different pathways which are:

1. Pathway from skin and deeper structures
2. Pathway from face
3. Pathway from viscera
4. Pathway from pelvic region.

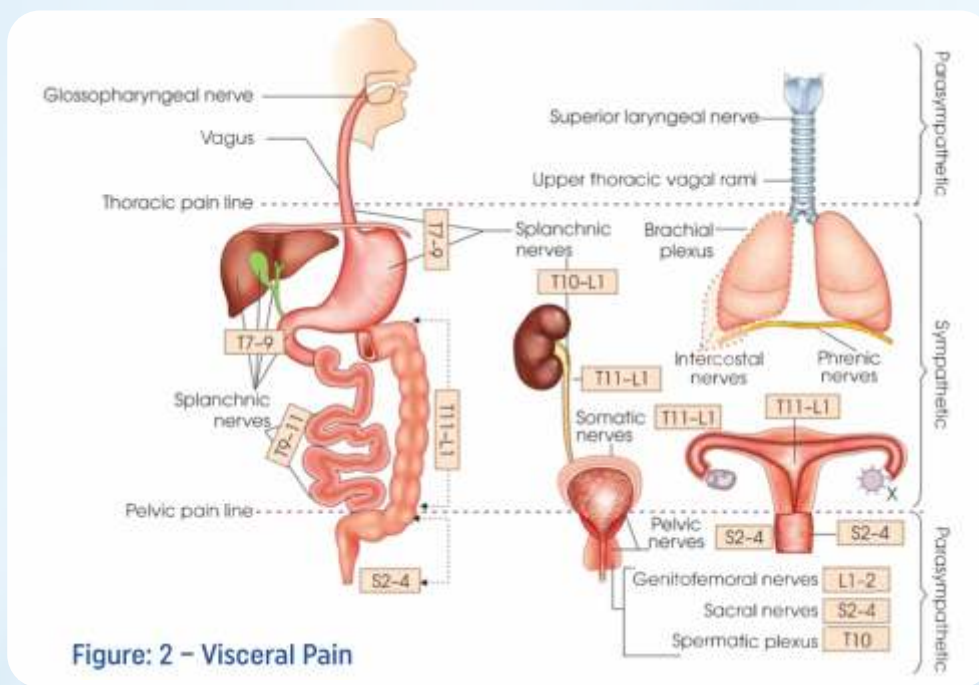


Figure: 2 – Visceral Pain

PAIN PATHWAY (Figure:3) Receptor

- Skin and deeper structures – Pain receptors have free nerve endings, which are distributed throughout the body.
- Face - Pain sensation from face is carried by trigeminal nerve.
- Viscera - Pain sensation from thoracic and abdominal viscera is transmitted by sympathetic (thoracolumbar) nerves. Pain from oesophagus, trachea and pharynx is carried by vagus and glossopharyngeal nerves.
- Pelvic region - Pain sensation from deeper structures of pelvic region is conveyed by sacral parasympathetic nerves.²

The pain impulse is transmitted to the sensory cortex from affected area

- A. Impulses are transmitted from the site of transduction along the nociceptor fibres to the dorsal horn in the spinal cord:

The Aδ fibres and C fibres terminate in the dorsal horn of the spinal cord. There is a synaptic cleft between the nociceptive dorsal horn neurons and terminal ends of the A- fibres and C fibres.

- B. Impulses from the spinal cord are relayed to the brainstem:

The pain impulse is then transmitted from the spinal cord to the brain stem and thalamus via two main nociceptive ascending pathways. These are the spinothalamic pathway and the spinoparabrachial pathway.

- C. Impulses are carried and relayed through connections between the thalamus, cortex and higher levels of the brain:

The brain does not have a discrete pain centre, so when impulses arrive in the thalamus they are directed to multiple areas in the brain where they are processed.¹

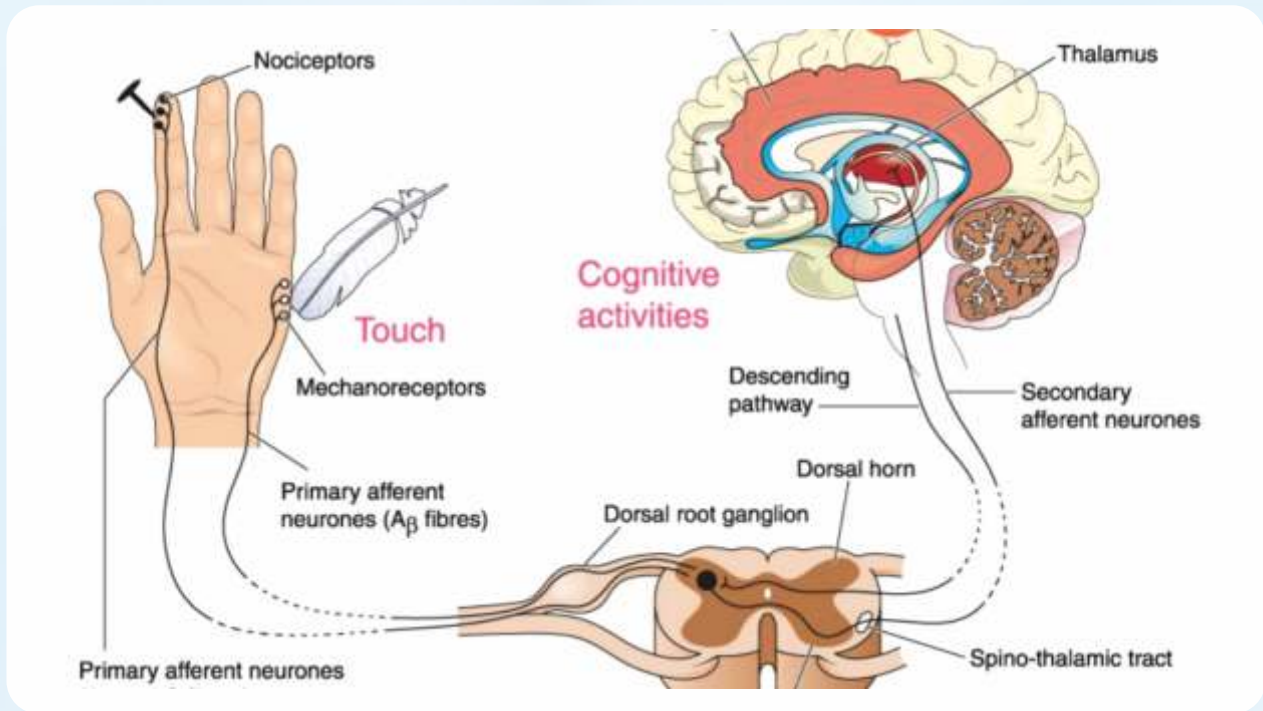


Figure: 3- Pain Pathway

TRACTS THAT CARRY PAIN SENSATION

Pain sensation has two components:

1. Fast Pain
2. Slow Pain.

Fast pain is the first sensation whenever a pain stimulus is applied. It is experienced as a bright, sharp and localized pain sensation. Fast pain is followed by the slow pain, which is experienced as a dull, diffused and unpleasant pain.¹ Fast pain sensation is carried by A δ type afferent fibers which synapse with neurons of marginal nucleus in the posterior gray horn.²

Slow pain sensation is carried by C type afferent fibers, which synapse with neurons of substantia gelatinosa of Rolando in the posterior gray horn.²

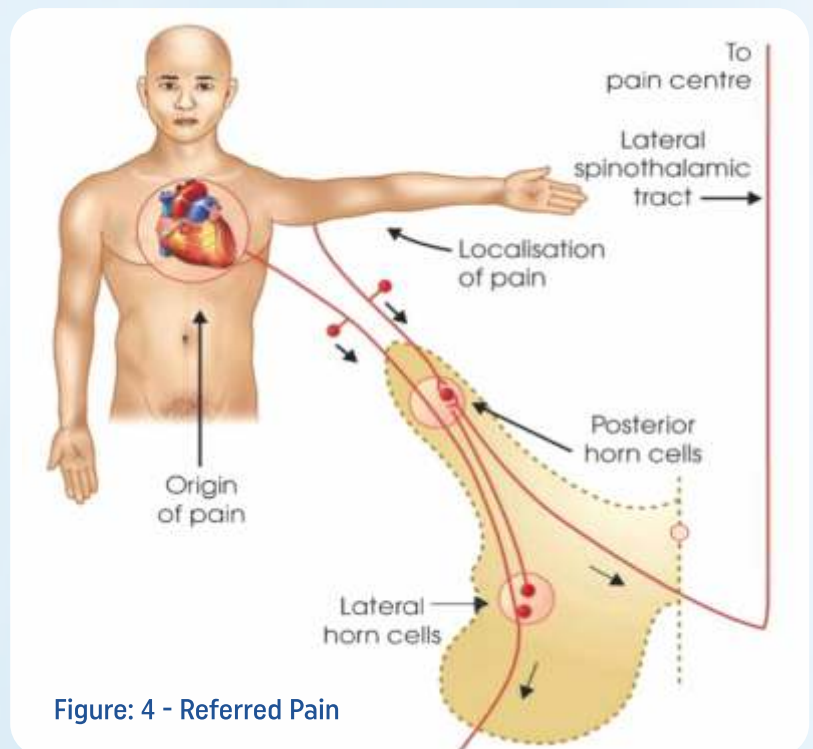


Figure: 4 - Referred Pain

Referred Pain: (Figure: 4)

It is explained by Dermatomal theory of pain

Pain arising from the viscera is often referred to that region of body surface which is supplied by the posterior root of the same spinal segment.

As a dermatomal rule pain is generally referred to an area of some embryonic segment or dermatome from which this pain area has been developed embryonically. As for example, heart and arm have same segmental origin. So, if pain occurs in the heart, then it will be referred to the arm¹

IMPORTANCE OF PAIN

Pain is an important sensory symptom and it has protective action such as:

1. Pain gives warning signal about the existence of a problem or threat. It also creates awareness of injury.
2. Pain prevents further damage by causing reflex withdrawal of the body from the source of injury
3. Pain forces the person to rest or to minimize the activities thus enabling rapid healing of injured part
4. Pain urges the person to take required treatment to prevent major damage.²

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PATHOLOGY OF PAIN

Dr. Govind Sulkar Associate Professor & HOD Department of Pathology & Microbiology

Dr. Sampada Kulkarni Assistant Professor Department of Pathology & Microbiology

According to IASP (International Association for the study of Pain) Pain is defined as "an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage".¹

Pain is not necessarily or always associated with ongoing tissue damage, it is subjective experience and has an emotional as well as a sensory component and is always unpleasant.

The mechanism by which a damaging stimulus in the body is perceived as painful by the brain is a complex one which is not yet fully understood. The complexity of the process results from the nervous system not being a 'hard wired' system, but exhibiting plasticity that enables it to modify its function under different conditions.

As shown by the definition, pain serves the purpose to prevent tissue damage and protect the body while it is healing. Under certain conditions, pain can become maladaptive and persist as chronic pain. This pain serves no protective function and is described as pathological pain as opposed to physiological pain² it is then no longer a symptom of another disease, but a disease in its own right.³ Another term for pathological pain has been suggested recently: dysfunctional pain.⁴

PATHWAY OF PAIN

At its simplest, pain is generated by a noxious stimulus that excites the central nervous system. This mechanism was first proposed by Descartes in the 16th century and conceptually still holds true, but it is crucial to appreciate that the final subjective experience of pain is shaped by various modulatory factors.

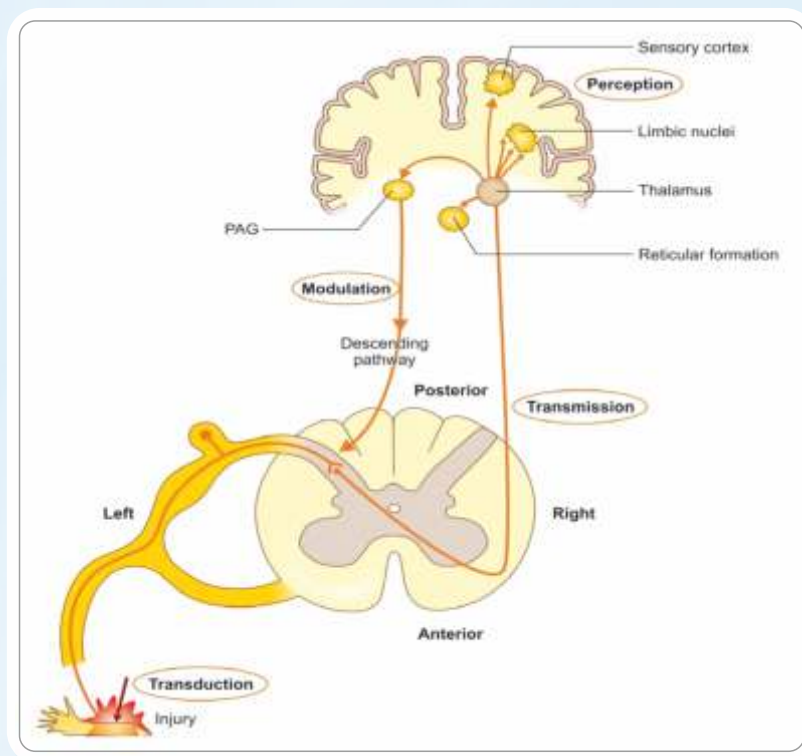


A stimulus (which can be thermal, pressure or chemical) excites nociceptors and the resulting impulse is then transmitted to the spinal cord by two different classes of nerve fibres, via the first-order neurons located in the dorsal root ganglion.

- (i) faster, myelinated A δ fibres and
- (ii) smaller, slower unmyelinated C fibres transmit the sensation to the dorsal horn of the spinal cord, where these primary afferents synapse in lamina I, lamina II (substantia gelatinosa), lamina IV and some in lamina V.

All these afferent sensory fibres are excitatory. Second-order fibres are then carried in the spinothalamic and spinoreticular tracts to the thalamus, where they synapse. From the thalamus, third-order neurons project to the somatosensory cortex, anterior cingulate gyrus and the insular cortex, where they terminate. It is at this cortical level that a stimulus is perceived as pain.

However, we now know that the noxious sensory input may be modulated at several levels in the spinal cord and brain, thus altering the final pain experience. At the spinal level, the gate theory proposed by Melzack and Wall in 1965 states that non-noxious stimulation of the large A β fibres inhibits the response to painful stimuli of neurons with wide dynamic range (WDR neurons, located primarily in lamina V), reducing the input of small fibres mediating the sensation of pain.



A good example of this effect is rubbing it better. In addition, descending input from higher centres (periaqueductal grey matter and rostral ventral medulla) also modulate neural activity in the spinal cord, reducing or enhancing pain sensation. Such descending input is one of the mechanisms by which emotional and cognitive factors modulate pain perception. Much remains to be understood about the central pathophysiology of pain.

In recent years, pain management has increasingly adopted a bio-psychosocial model. This has highlighted the need to take into account the interactions between biological, psychological and social factors leading to an individual's emergent pain experience⁵.

CLASSISFICATION OF PAIN

1. AETIOLOGY

- Trauma- an acute response to an injury
- Surgery
- Medical illness such as myocardial infarction or appendicitis
- Physiological condition such as menstruation and labour⁵

2. MECHANISM

• Inflammatory/Nociceptive:

Nociceptive pain is associated with damage to non-neural tissue and involves the stimulation of nociceptors (pain receptors attached to sensory neurons). It is often referred to as a protective device and serves as warning of actual or impending tissue damage. This type of pain is one of the four classic manifestations of the inflammatory response.

It is important to remember that there is no directly proportional relationship between the degree of injury and the expression of pain. Whether using a more traditional approach or the concept of neuromatrix adjustment, our perception of pain is modulated by our experiences and therefore each individual will respond differently to an injury.

Nociceptive pain is often divided into somatic and visceral. Somatic pain is associated with the integumentary and musculoskeletal system and tends to produce sharp, localised pain. Visceral pain is associated with the contents of the thoracic, abdominal and pelvic cavities. This tends to be associated with dull, diffuse pain although the endothelium of the gut can have acute localised pain.⁶



- **Neuropathic:** Neuropathic pain is associated with damage to neural tissue in either the central or peripheral nervous system suggested that although neuropathic pain is usually associated with chronic pain it can also be acute, later transforming into chronic pain. Neuropathic pain should always be suspected where there is nerve damage. Peripherally it may be manifested when nerves are transected at amputation or where there is significant tissue loss, as in category 3 and 4 pressure ulcers. Centrally a stroke will lead to damage to central neurones, which may also result in neuropathic pain.⁶
- **Nociplastic Pain:** pain that arises from altered nociception despite no clear evidence of actual or threatened tissue damage causing the activation of peripheral nociceptors or evidence for disease or lesion of the somatosensory system causing the pain.⁶
- **Mixed Pain:** This includes features of both nociceptive and neuropathic as pain overlap, such as lower back pain with radiculopathy (radiating leg pain due to nerve irritation or compression), cancer pain⁵
- **Psychosomatic:** Purely psychosomatic pain is rare, however pain, especially chronic pain, almost invariably has an emotional and behavioral component.⁵

3. DURATION

- **Acute Pain:** most commonly a physiological response to an injury. It response to an injury it resolves with the dissapperance of a noxious stimulus or within the time frame of a normal healing process⁵
- **Chronic Pain:** it is associated with ongoing pathological process, such as rheumatoid arthritis or malignancy or be present for longer than is consistent with a normal healing time. Pain is arbitrarily described as chronic if it persists for longer than 3 months, chronic pain associated with disability, mood and sleep disturbance response.^{5,6}

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SURGICAL PAIN- CLASSIFICATION & APPROACH

Dr. Vivek S Hebbal (HOD) & Dr. Soujanya Nagaloti

Assistant Professors, Department of Surgery

Pain is the most common symptom experienced by most individuals. For some it may vary from dull to sharp to severe to pricking type of pain. It means something that annoys or disturbs the individual to such an extent to disturb their daily routine. The pain intensity may vary from individual to individual. Some pains may suggest certain pathologies which might be supplemented through positive investigation results with systemic affections & might require surgical intervention.

PAIN CATASTROPHIZING SCALE

	Not at All	To a Slight Degree	To a Moderate Degree	To a Great Degree	All the Time
I worry all the time about whether the pain will end	0	1	2	3	4
I feel I can't go on	0	1	2	3	4
It's terrible and if feel its's never going to get any better	0	1	2	3	4
Its awful and I feel it overwhelms me	0	1	2	3	4
I feel I can't stand it any more	0	1	2	3	4
I worry that the pain will get	0	1	2	3	4
I keep thinking of other painful events	0	1	2	3	4
I anxiously want the pain to go away	0	1	2	3	4
I can't seem to keep it out of my mind	0	1	2	3	4
I keep thinking about how much it hurts	0	1	2	3	4
I keep thinking about how badly I want the pain to stop	0	1	2	3	4
There's nothing I can do to reduce the intensity of pain	0	1	2	3	4
I wonder whether something serious may happen	0	1	2	3	4

Rumination: Sum of 8,9,10,11 | Magnification: Sum of 8,7,13 | Helplessness: Sum of 1,2, 3, 4,5,12

*A total score of ≥ 30 indicates a clinically significant level of catastrophizing in chronic pains.



CHRONIC PAIN SCALE BASED ON SEVERITY

No Pain	0
Minimal	1
Mild	2
Uncomfortable	3
Moderate	4
Distracting	5
Distressing	6
Unmanageable	7
Intense	8
Severe	9
Unable to move	10

The nature of pain can be described under these headings

- a) **Vague Aching Pain**- It is a mild continuous pain without any specific features.
- b) **Burning Pain**- This pain is like burning sensation caused by contact with hot object.
It is typically experienced in peptic ulcer or reflux esophagitis.
- c) **Throbbing Pain**- It is typically felt in case of pyogenic abscesses.
- d) **Scalding Pain**- It is also a type of burning sensation typically felt during micturition in the presence of cystitis, acute pyelonephritis or urethritis.
- e) **Pins & Needles Sensation**- It is typically felt in case of injury to the peripheral sensory nerve as if the pins and needles are being pricked to that area of skin supplied by the affected sensory nerve.
- f) **Shooting Pain**- It is typically felt in case of sciatica when pain shoots along the course of sciatic nerve.
- g) **Stabbing Pain**- It is a sudden, severe, sharp and short lived pain. It is typically felt in perforation of peptic ulcer.
- h) **Constricting Pain**- It means as if something is encircling and compressing from all directions on the relevant part.
The pain is expressed as if iron band tightening around the chest. It is typical of angina pectoris.
- i) **Distension**- It is experienced in diseases of any structure encircled or restricted by a wall.
Eg- Hollow viscus. When tension increases in such hollow viscus; it causes a pain typically described as distension or tightness.
- j) **Colic**- Colicky pain usually occurs when the muscular wall of a hollow tube is attempting to force certain content out of the tube. It has two components. First component is pain which comes suddenly and goes off as suddenly as it came. Second component is that the pain is of griping nature which may not be excruciating in nature. It is often associated with vomiting & sweating. Types of colic in surgical practice are- ureteric colic, intestinal colic, biliary colic, appendicular colic.
- i) **Twisting Pain**- A type of sensation as if something is twisting inside the body. Such sensation is often felt in case of volvulus of intestine, torsion of ovarian cyst.
- j) **Just a Pain**- It is the term used when the patient is unable to describe the exact nature of pain.

Progression of Pain

The pain may begin with a weak note and then reach a peak or a plateau and then gradually declines. The pain may begin with maximum intensity and remains at this level until it disappears. The Severity of pain may fluctuate and should be depicted in graph for better understanding of the case.

Duration of the Pain

It means the period from the time of onset to the time of disappearance. Characteristically the griping nature of pain of intestinal colic is less than a minute. The pain of angina of effort ceases after 5 minutes of resting whereas that of myocardial infarct may continue for hours.

Movements of Pain

i) Radiation of Pain

It means the extension of pain to another site whilst the original site of pain persists. The typical example is when a duodenal ulcer penetrates posteriorly. The pain in the epigastric region remains but at the same time the pain radiates to the back.

ii) Referred Pain-

When pain is felt at a distance away from its source and there is no pain at the site of disease it is termed as referred pain. It occurs when the central nervous system fails to differentiate between visceral & somatic sensory impulses from the same segment.

Eg- Diaphragm supplied by phrenic nerve (C3, C4, C5) and the cutaneous nerve of the shoulder is also by C4 & C5. Diseases of the hip joint may be referred to the knee joint as both these joints are supplied by the articulate branches of the femoral nerve, obturator nerve and sciatic nerve.

iii) Shifting or Migrating Pain- In this condition pain is felt at one site in the beginning & the pain is shifted to other site and the original pain disappears. This usually occurs when an abdominal viscus is diseased, the original site of pain is experienced at the site of distribution of the same somatic segment. But when the parietal peritoneum overlying the viscus is involved with the disease, the pain is experienced at the local site of viscus.

In case of acute appendicitis, the pain is felt at the umbilical region, which is also supplied by T9 & T10 as the appendix, but later on the pain is felt in the right iliac fossa when the parietal peritoneum above the appendix becomes inflamed.

- **Special types of Occurrence**

In case of duodenal ulcer pain is often complained at 4 pm in the afternoon & in the early morning 2-3am. This is 'hunger pain' & felt when the food has passed out of the stomach and the stomach is empty. Migraine may occur especially in the morning, either every weekend or during menstruation. Headache of frontal sinusitis is often at its peak a few hours after rising in morning.

- **Periodicity of Pain**

It is often characteristic in certain diseases. Sometimes an interval of days, week or months or even years may elapse between two painful attacks. Particularly in peptic ulcer a periodicity is noticed and pain recurs in episodes lasting for 1 to several weeks interspersed with pain free intervals of weeks or months. Trigeminal neuralgia often shows such periodicity and pain free intervals often lasts for months.

- **Associated symptoms**

Severe pain may be associated with pallor, cyanosis, sweating, vomiting and increase in pulse rate. Colicky pain is often associated with sweating, vomiting and clammy extremities. Migraine is often preceded by visual disturbances and accompanied by vomiting. Pain of acute pyelonephritis may be associated with rigor and high fever. Ureteric colic may be accompanied by haematuria. Biliary colic is often associated with presence of jaundice and pale stool. Excessive sweating of cold extremities are very common associated symptoms of leaking abdominal aneurysm, dissecting aneurysm, haemorrhagic pancreatitis.

APPROACH

The intensity of pain in acute & chronic cases are categorized & treated accordingly. The deep acting or constitutional remedies are used in chronic cases. The remedies having shorter duration of action having beneficial action are used in acute cases.

In acute cases usually higher potencies (even 50 millesimal potencies) are used in adults and can be repeated frequently even at interval of 15 minutes. 6C and 30 potencies have proven beneficial action in children for pains.

In chronic cases constitutional or deep acting remedies can be prescribed at infrequent intervals and analysis can be done after the duration of action of remedy gets over or its action ceases.

Remedies having beneficial action in acute conditions:

Fluoric acid, Aconite, Arnica, Aranea Diadema, Dulcamara, Euphrasia, Gelsemium, Hamamelis, Hypericum, Ignatia, Kali bichromicum, Mercurius Solubilis

Remedies used in chronic conditions:

Ammonium Carb, Arsenic album, Carbo Vegetabilis, Cuprum metallicum, Kali bichromicum, Lachesis, Mercurius Solubilis, Calcarea Carbonicum, Graphites, Lycopodium, Sulphur, Thuja.





CHRONIC PELVIC PAIN AND HOMOEOPATHIC APPROACH

Dr. Saraswati Patil MD(Hom) Assistant professor Dept of OBG

- **Abstract** - Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Pelvic pain is common in gynaecology. It may be in acute or chronic form. Acute pain is of short duration and generally the symptoms are proportionate to the extent of tissue damage. Chronic pelvic pain is noncyclical pain of 6 months duration or more localized to the pelvis, anterior abdominal wall below the pelvis or lower back, severe enough to cause functional disability that require medical or surgical procedure.
- **Introduction** – Chronic pelvic pain is noncyclical of more than 6 month duration, while it is comparatively easy to diagnose the cyclic chronic pain it is difficult at times to pinpoint the diagnosis of noncyclical pain. Chronic pelvic pain is a common problem in 10% seen in the gynaecological outpatient approximately 20-30% of laparoscopies and 10% of all hysterectomies are done due to CPP.

Causative Factors

- Common gynaecological causes of chronic pelvic pain
- Cyclic
- Intermenstrual pain
- Dysmenorrhea (Spasmodic and congestive)
- Premenstrual syndrome
- Pelvic congestion syndrome
- Endometriosis
- Adenomyosis
- Ovarian remnant syndrome
- Uterine fibroid
- IUCD

A Cyclical Causes

- Endometriosis, adenomyosis
- Pelvic inflammatory disease
- Tubo ovarian abscess
- Uterine displacement (retroversion and prolapse)
- Uterine fibroid
- Ovarian cyst (Functional and neoplastic)
- Pelvic adhesion disease secondary to PID, endometriosis or postsurgical)
- Intrauterine device
- Trapped or residual ovarian syndrome
- Idiopathic (Pelvic varicosities and psychosomatic)

Common Non Gynaecological Causes of Chronic Pelvic Pain

- Gastrointestinal (Irritable bowel syndrome, Appendicitis, Constipation, Diverticulitis, adhesions)
- Urological Interstitial cystitis, urethral syndrome, calculi, UTI,)
- Orthopaedic (Diseases of lumbar bones, ligaments, muscles of the lumbosacral region)
- Neurological Nerve entrapment or compression
- Hernias (Inguinal femoral and Obturator)
- Musculoskeletal

• DIAGNOSIS

In confused state, without any detectable pelvic pathology to account for CPP, the following guidelines are of help to arrive at diagnosis

Nerve entrapment pain is localized to a particular point of the lower abdominal wall. This may be due to entrapment of ilioinguinal, iliohypogastric or genitofemoral nerve. This pain is often differentiated by Cornett sign.

Trigger point is the hyper irritable area within a muscle to cause chronic pain. This is due to neuromuscular end plate dysfunction with sustained acetylcholine release to cause sarcomere shortening and making the muscle band taut.

Transcutaneous electric nerve stimulation is helpful in cases by inhibiting the transmission of nerve impulse via unmyelinated fibres

Cognitive and behavioural therapy

Pessary test

Pain mapping is useful especially in assessment of adhesions.

• INVESTIGATION

Complete haemogram, Cervical and vaginal discharge, Endometrial biopsy, Sonography, Laparoscopy and X-ray.

• TREATMENT PRINCIPLES

To have a definite diagnosis of the underlying disorders

To establish the relationship between the pathology and the symptoms

To evaluate psychological factors-cause and effect

Multidisciplinary approach involving a psychologist is ideal especially when no pathology could be detected.

In detectable pathology conservative or radical surgery is to be done to remove the offending pathology.

• HOMOEOPATHIC APPROACH

Homeopathic treatment of pelvic pain also targets the underlying condition and helps provide symptomatic relief to the patient. However, homoeopathy is a more personalised system of medicine. No two people are given the same remedy until they have the same mental and physical characteristics.

REPERTORIAL RUBRICS

Kents Repertory

- Pain in ovaries, Pain in uterus.
- Pain burning in ovaries, uterus and vagina,
- Pain constricting uterus ovaries, vagina
- Pain Gripping -Uterus, vagina and ovaries
- Pulsating ovaries
- Tumors ovaries

Boerickes Repertory

- Pain neuralgic
- Pain in left ovary
- Pain in right ovary
- Pain tumors
- Inflammation-(endometritis, metritis)
- Inflammation chronic
- Irritable uterus
- Pressing heaviness, fullness, dragging in pelvis

Tumor- Cancer, malignant disease Fibroids, polyps, myofibromata

Tubes Fallopian - inflammation (salpingitis)

HOMOEOPATHIC REMEDIES USED FOR THE TREATMENT OF PELVIC PAIN.

- **Aesculus Hippocastanum**- Throbbing pain in the pelvic region. Weakness in the back across the sacroiliac joint. Pain in the left side of the ureter. Throbbing pain in symphysis pubis. Pain in kidneys and navel region. Symptoms are worse after walking, in the morning, with motion, eating or standing. Better in cool and open air.
- **Arsenicum Album**- a stitching type of pain in the pelvis that extends to thighs. Swelling and pain in the abdominal region. Profuse menstruation. Abdominal pain on coughing. A weak feeling in the abdomen after urinating. Backache along with a burning sensation in back.
- **Belladonna**- Over sensitiveness of the abdomen to clothes and touch. Cutting pain in left side of abdomen while coughing. Cutting pain from one hip to another. Heavy periods. Labour like pain. Pain in sacrum.
- **Gossypium**- Pain in ovaries that occurs at irregular intervals. Thin and water like menstrual discharge. A sensation of heaviness in the pelvic area along with backache. Delayed periods. Lack of appetite. Gastric weakness and pain.
- **Magnesium Phosphoricum**- Bloating, early and painful periods. Radiating pain and cramps. Symptoms are worse at night, on lying on the right side and on touching the affected area.

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CHRONIC NON-CANCEROUS PAIN (CNCP): CANCEROUS PAIN, NEUROLOGIC PAINS AND ITS APPROACH

(Synonyms-Neuralgia-Pain-suffering-agony-anguish-distress-heartache-torment- discomfort-hurt-irritation-soreness-ache-cramp-affliction-smart-wound-labour pain.

Dr. R. C. Hiremath MD(Hom)

Professor. HOD- Department of Practice of Medicine & Homoeopathic Therapeutics

Dr. Jessica Monteiro MD (Hom)

Associate Professor- Department of Practice of Medicine & Homoeopathic Therapeutics

Dr. Apurva Ajane MD (Hom)

Assistant Professor- Department of Practice of Medicine & Homoeopathic Therapeutics

INTRODUCTION

The premises of Practice of Medicine and Homoeopathic Therapeutics is to preserve& restore health, relieve suffering & understand pain (both of the se goals to achieve).

Pain is a common presentation by patients in day today general practice of medicine, Homoeopathic medical parlance.

- Pain is signal of disease & function is to protect body & to maintain Homoeostasis.¹
- Pain is Cardinal manifestations & presentation of disease².
- Pain is common symptom for which patients come to seek Doctor's Consultation & Homoeopathy have been used for treatment of Pains.
- Pain is a Common physical – Psychological symptoms of illness (apart from fatigue - insomnia-anorexia- dyspnoea- vomiting-fever- anxiety etc, & also patient swith advanced cancer³.
- Understandingofmechanismsofpainhasevolved,muchfromHippocrate'ssuggestion in 450 BC that "Pain arose as a result of an imbalance in vital fluids"⁴.
- Pain is vital function of nervous system in providing the body with awarning of potential or actual injury and is of sensory, emotional experience & distress.

APPROACH:

- **Inpains** – there is no objective measurement, is more of subjective & history of pain in case taking significant, to asses with patients description of its intensity, sensation, Location, timing, duration & modalities. (<,>) factors, concomitants & also as PQRS- Pathological generals-characteristics-keynote for remedial diagnosis
- Pain is aprotective sensation prompting patient to with draw from damaging situation&is reason most approach doctors.

DEFINITIONS :

PAIN

- Pain is a complex symptom and is a cute, chronic and sensory.
- Pain is define das "anunpleasantsensoryand emotional experience associated with actual or potential tissue damage or described in terms of such damage".⁵
- Pain is a physical hurt or discomfort or sensation caused by injury or illness.
- IASP (International association for Study of pains) defines Pain "Anunpleasantsensory or emotional experience with or resembling that associated with actual or potential tissue damage" (with six keynotes).
 - 1) Personal, biological, psychosocial factors.
 - 2) Pain-nociceptionaredifferent.
 - 3) Life experiences.
 - 4) Should be respected.
 - 5) Adaptive role and also adverse effects on psychosocial well being.
 - 6) Verbal expression of pain is both human & nonhuman animal experiences.⁶
- Chronic non - cancerous pain(CNCP) can be moderate or severe that lasts for days or more months & is associated to conditionssuch as neuropathic, rheumatoid arthritis, fibromyalgia & many other conditions.
- Cancerous pain is pain caused by tumour pressing on bones, nerves or other organs & may be acute, chronic .
- The Common types of cancer pain-
 - 1) Bonepain
 - 2) Increased Intracranial pressure
 - 3) Abdominal Colic,
 - 4) Liver capsule Pain
 - 5) Neuropathic Pain
 - 6) Ischemic Pain
 - 7) Incidental Pain.⁷
- Neurological pain or neuropathic is defined as "Pain associated with alesion or adisease of the somatosensory nervous system".⁸

AETIOLOGY: TYPES OF PAIN-APPROACH & CLINICAL FEATURES

Aetiology: There are two types of Pain

1) Nociceptive

2) Neuropathic

I-Nociceptive: Is divided into

- a) Somatic
 - b) Visceral.
- a) Somatic is due to direct mechanical or chemical stimulation of nociceptors & normal signalling to brain tends to be localised-aching throbbing cramping. eg bone metastasis.
- b) Visceral due to nociceptors in GIT, respiratory organs & is deep-colicky associated with pancreatitis, MI, visceral tumours, gall stones, IBS, Appendix.

II-Neuropathic:

Due to disordered nerve signals & presented by patients as burning- electrical or shock like.
Examples post stroke pain, tumour invasion of brachial plexes, herpetic neuralgia.

Approach:

Systemic assessment includes:

- 1) Type-Throbbing-cramping-burning etc.
- 2) Periodicity: Continuous with or without exacerbation or incidental.
- 3) Location
- 4) Intensity
- 5) Modifying factors
- 6) Affect of treatment
- 7) Functional impact
- 8) Impact on patient

Approach for intervention for pain is individualised, pharmacological and non pharmacological.⁹

Approach to cancerous pains is palliative i.e. in curable disease.¹⁰

III) Acute Pain - Short term pain that comes on suddenly and specific cause usually tissue injury, last for less than 6 months and goes if underlying cause is treated.

Eg. Broken bones-surgery-dentition-labour-cuts, burns.

IV) Chronic Pains: Lasts more than 6 months after original injury has healed -chronic, without proper management can impact life -anxiety-depression and includes tense muscle-lack of energy and restricted mobility.

Eg. Headache-nerve damage pains-low backache-arthritis.etc

V) Bone Pains: Any pain or discomfort in bone joints caused by injuries & health conditions like Osteoarthritis, Osteomyelitis, Vit-D deficiency & presenting as aching-dull-throbbing etc.(chronic & acute) can be cancerous-non cancerous.

VI) Soft tissue Pain- from body organ or muscle for eg. Pain in back, tissue damage-kidney etc also called visceral pain (chronic & acute).

VII) Phantom Pain- is a form of neuropathic pain after removal of organ usually limb amputation i.e called phantom limb pain, is distressing, phantom breast pain (Mastectomy) 11 (chronic).

VIII) Referred Pain: Patients feel pain from an organ of the body but radiating to other part is called referred pains, due to nerves as it is part of huge connected network for eg swollen liver cause pain in right shoulder can be - acute- chronic -cancerous&noncancerous etc.

INVESTIGATIONS:

Pain can be presenting feature of wide range of and in assessment of patient with pain, whatever the investigations required to know the cause of pain.

Before approaching to pains (therapeutics) from Practice of Medicine & Homoeopathic treatment- which is mainly on basis of clinical history & investigations useful in few patients with pains.

A) X-ray to exclude pathological fracture & others.¹²

B) Magnetic Resonance Imaging changes in CNS.

C) USG: Changes in abdomen.

D) PET- CTS can, fMRI- Brain-in chronic patients

E) Blood Tests- Rheumatoid Arthritis Nerve Conduction studies-nerve lesion.

F) Tests such as quantitative sensory testing¹²

G) Nerve blocks-Specific nerve pain syndrome¹³

H) Pains coring system _ Questioners' instruments in assessment of pain to localize, severity, rate, impact on quality of life.¹³



GENERAL MANAGEMENT & REGIMEN, REMEDIAL DIFFERENTIAL DIAGNOSIS

Homoeopathic approach for pain therapy (Acute & Chronic).

Treatment of pains is based on which is treatable on pharmacological & non-pharmacological, begins with primary care physicians & referrals.

Approach is Predictive-Preventive Personalized-Participatory.

PRINCIPLES OF MANAGEMENT GENERAL APART FROM CLINICAL HISTORY:

A)

- **Educate the Patient**
- **Promote Self Management**
- **Optimise Function**
- **Quality of Life**
- **Control Pain**

B) CLINICAL HISTORY:

A full biopsychosocial, assessment, clinical history with duration of pain-precipitating, relieving factors, location & associated features, social-cultural, beliefs with past medical- personal history especially with homoeopathic certain group of patients- paediatric-elderly -cognitive substance misuse, drug abuse- analgesics.

Therapy:

Underlying cause, chemotherapy-radiotherapy & multi disciplinary approach i.e pharmacological & non pharmacological, self management physical therapies.²⁴

- 1) Land-walking, gymwork, exercise, yoga etc
- 2) Water based -Hydrotherapy, swimming, exercise-chronic & acute pains
- 3) Complementary, alternative therapies: Herbal medicines-vitamins, reflexology (acute & chronic pains)
- 4) Nerve blocks & ablation for unresponsive to less invasive approach.
- 5) Physiotherapy-backache, muscle pain, mobility
- 6) Pharmacological-in cases of cancer pain
- 7) Neuro destructive- Cancer pain
- 8) Radiotherapy-bone cancer
- 9) Psychological & stimulation therapies.¹³

Conservative Homoeopathic management with medicines in pain is effective with its holistic approach & symptomatology on totality, there are medicines out of which few medicines are described with their different indications (clinical) diagnosing i.e. remedial differential diagnosis both in chronic & acute neuralgias.

As homoeopathic medicines are diluted, are not interacting with conventional medications, along with other auxiliary therapies like physiotherapy. Homoeopathy is better than placebo in reducing pain for instance joint pains–stiffness, haemorrhoids, also without depending on dependence or withdrawal symptoms.

Abrotanum, Aconite, Apis, Arnica, Arsenicum, Belladonna, Bryonia, Capsicum, Allium Cepa, Cactus, Chamomilla, Cimicifuga, Colocynthis, Dioscorea, Gelsemium, Kali phos, Ledum pal, Mag phos, Mercurius, Nuxvomica, Pulsatilla, Spigelia, Staphisagria, Sulphur, Hypericum, Calendula, Rhus tox, Ruta Symphytum-Ferrum phos kali bich, Thuja Rhododendron...etc Few drugs with their indications of pain (that is remedial differential diagnosis in pains) as below-¹⁴

- 1. Abrotanum:** Neuralgia of head, stomach from metastasis. Burning, tearing, darting pains, < at night. Sensation of stomach hanging in water, sharp severe chest pains, < in heart region.
- 2. Aconite:** From dry cold winds, violent congestion of face, red –swollen, < at night Burning, lancinating, pulsating, tingling, hyperaesthesia of nerves, sleepless, Restlessness.
- 3. Apis:** migrating pains place to place, sudden jerking's with loss of strength. Trembling Sensation, pains with other physical –mental generals.
- 4. Arnica:** Pains of post injuries –operations, contusions etc. Bruised pains, stinging, pricking. Intercostal pains like pleurisy, < exertion, noise with restlessness.
- 5. Belladonna:** Right side –paroxysmal pains gradually to intolerable acuteness of pains, congestive headache, lancinating burning pains < motion noise light shock touch, attack from noon to midnight, < lying down > sitting up.
- 6. Bryonia :** Pressing, tearing, shooting pains > rest < motion, < morning, < hard pressure, cold applications, rheumatic joint pains & other generals, chest pain.
- 7. Rhus tox:** joint pains > continued motion, fibromyalgia better by heat applying, along with other general condition tingling-burning, restlessness < damp cold deep muscle ache.
- 8. Ruta-** joint pains after injuries-weakness with pains, pain knees in going down stairs rheumatism of wrist joint right, both feet, < damp cold > pressure Backache stitches < sitting, stopping > dry heat. contusion_ bone bruises, soreness
- 9. Symphytum:** Pains welling after dental surgery where protective blood clot over empty socket, and nerves exposed for injuries, eye injuries, fractures, callus.
- 10. Nux vomica:** lower back pain with nux vomica symptoms. Arthritis, irritable, vexation effects, post abdominal operations, abuse of alcohol, too much spicy fried foods, dyspepsia, sedentary life, chilly disposition.²⁹
- 11. Mercurius :** In pains with gathered pus with excess salivation, night sweats, bad breath, sores in mouth, general sensitiveness to temperature, associated with throbbing pains, furuncles, ulcers pain.
- 12. Spigelia:** Trigeminal neuralgia left side & headache < nervous headache pulsating violent, throbbing pains, pressing pains in eyeballs sharp, stabbing, stitching pains, pains from morning to sunset, toothache from smoking, < cold air, water.¹⁴

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PAIN MANAGEMENT APPROACHES AND STRATEGIES

Dr. Rajkuwar Desai, Professor and HOD, Department of Human Anatomy

Dr Rinku Porwal, Associate Professor and HOD, Department of Forensic Medicine and Toxicology

Dr Somnath Chitti, Associate Professor, Department of Human Anatomy

Dr Jayatheerth Kulkarni, Assistant Professor Department of Forensic Medicine and Toxicology

Pain is a frequent yet complex condition that affects millions of individuals throughout the world, altering their quality of life and overall well-being. Pain management involves a comprehensive approach that includes numerous tactics customized to the individual's unique needs and circumstances. This article discusses general pain management, covering both conventional and complementary methods.

Understanding Pain

Pain is split into two basic types:

1. **Acute Pain:** Pain that lasts a short period of time and is usually caused by an injury, surgery, or illness. It normally resolves once the underlying problem is addressed.
2. **Chronic Pain:** Prolonged pain that lasts months or even years. It could be caused by arthritis, nerve damage, or other persistent health difficulties.

Goals for Pain Management

The main objectives of pain management include

- Reduce pain intensity
- Improve physical functioning
- Enhance the quality of life
- Minimize side effects of treatments

Conventional Pain Management Strategies

Pharmacological Treatments

Analgesics:

- Acetaminophen (Tylenol): Effective for mild to moderate pain, such as headaches and minor injuries.
- Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): Ibuprofen (Advil), aspirin, and naproxen (Aleve) help reduce inflammation and are used for conditions like arthritis and muscle pain.

Opioids (Morphine):

- Used for severe pain, such as post-surgical pain or pain from cancer. Examples include morphine, oxycodone, and fentanyl. Due to the risk of addiction, they are typically prescribed for short-term use.

Adjuvant Medications:

- Antidepressants: Such as amitriptyline and duloxetine, can be effective for neuropathic pain.
- Anticonvulsants: Such as gabapentin and pregabalin, also used for nerve pain.

Non-Pharmacological Treatments

1. Physical Therapy:

- Involves exercises and techniques to improve mobility, strength, and flexibility. Helps reduce pain by addressing underlying physical issues.

2. Psychological Approaches:

- Cognitive Behavioral Therapy (CBT): Helps patients manage pain by changing negative thought patterns and behaviors.
- Mindfulness and Relaxation Techniques: Including meditation and deep-breathing exercises, which can reduce stress and pain perception.

3. Surgical Interventions:

- Procedures like joint replacement or nerve blocks may be necessary for certain chronic pain conditions that do not respond to other treatments.

Complementary and Alternative Pain Management Strategies

- **Acupuncture**

Involves inserting thin needles into specific points on the body to relieve pain. Effective for conditions like migraines, osteoarthritis, and chronic back pain.

- **Chiropractic Care**

Focuses on diagnosing and treating musculoskeletal disorders, particularly spinal issues, through adjustments and manipulations.

- **Massage Therapy**

Techniques like Swedish massage, deep tissue massage, and trigger point therapy can relieve muscle tension, improve circulation, and reduce stress.

Heat and Cold Therapy

Applying heat can relax muscles and improve blood flow, while cold therapy can reduce inflammation and numb pain. Effective for acute injuries and chronic conditions like arthritis.

- Transcutaneous Electrical Nerve Stimulation (TENS) Uses low-voltage electrical currents to relieve pain by interrupting pain signals to the brain.

Diet and Nutrition

Anti-inflammatory diets rich in fruits, vegetables, whole grains, lean proteins, and healthy fats can reduce inflammation and pain.

• Integrative Pain Management

Combining conventional and complementary approaches can provide a holistic and effective pain management strategy. This integrative approach considers the patient's physical, emotional, and psychological well-being.

Developing a Personalized Pain Management Plan

1. Assessment:

- Conduct a thorough evaluation of the patient's pain, including type, severity, duration, and underlying causes. Consider medical history, lifestyle, and personal preferences.

2. Setting Goals:

- Establish realistic and achievable goals for pain reduction, functional improvement, and quality of life enhancement.

3. Multidisciplinary Approach:

- Collaborate with healthcare professionals from various disciplines, including physicians, physical therapists, psychologists, and complementary medicine practitioners.

4. Patient Education:

- Educate patients about their condition, treatment options, and self-management strategies. Empower them to take an active role in their pain management.

5. Regular Monitoring and Adjustment:

- Continuously monitor the patient's progress and adjust the treatment plan as necessary to optimize pain relief and overall well-being.

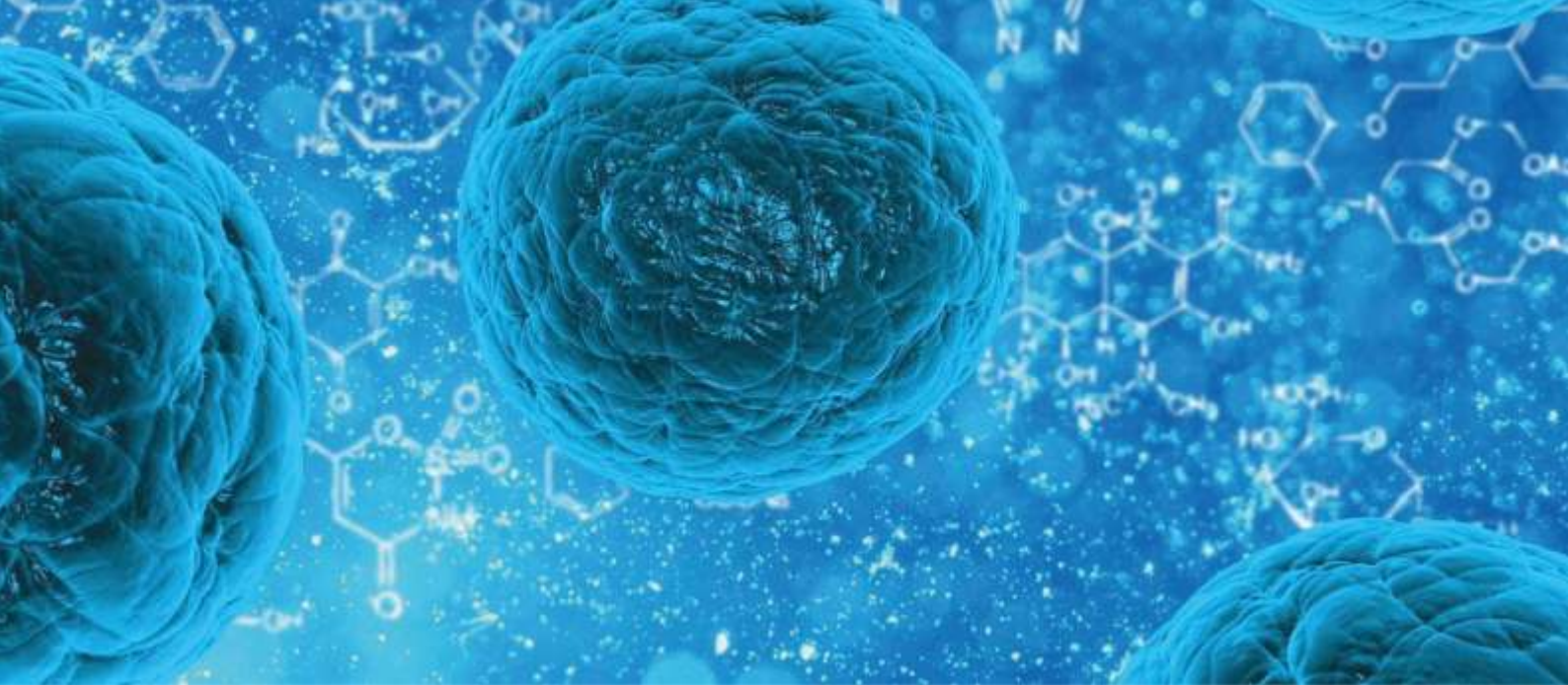
Conclusion

Effective pain management requires a comprehensive and individualized approach that combines conventional medical treatments with complementary therapies. By addressing the physical, emotional, and psychological aspects of pain, healthcare providers can help patients achieve better pain control and improve their quality of life. Regular assessment, patient education, and a multi-disciplinary approach are essential components of successful pain management.

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MIASMATIC APPROACH IN PAIN

Dr. Swaroopa G. Patil, MD(HOM) Professor & HOD

Dr. Nilesh Choudhari, MD(HOM) Associate Professor

Dr. Monica Lobo, MD(HOM) Assistant Professor

Department of Organon of Medicine and Homoeopathic Philosophy and Fundamentals of Psychology

Pain is a complex and multifaceted experience that encompasses physical, emotional, and cognitive dimensions. It serves as a critical protective mechanism, alerting the body to potential or actual harm. Pain is defined as "an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage."

Miasms are fundamental causes or underlying factors that predispose individuals to chronic diseases. They are deep-seated, inherited tendencies that affect overall health and manifest in various forms of physical and mental illnesses. The miasmatic approach to pain management combines detailed evaluation of the diseased person, individualization, and a holistic view of health. Homeopathic system emphasizes individualized treatment considering the patient's overall constitution, temperament, and the specific characteristics of their pain (location, sensation, aggravating and ameliorating factors) within the context of the miasmatic background.

Understanding Miasms

Dr. Hahnemann identified three miasms: Psora, Sycosis and Syphilis

Each of these miasms is associated with a range of symptoms and tendencies, including different types of pain.

PSORA

• Characteristics:

- Psora is often referred to as the "mother of all chronic diseases."
- It is associated with conditions of deficiency, hypersensitivity, and hyperreactivity.

Pain Manifestations:

- Pain associated with psora often includes itching, burning, and shifting types of pain.
- Conditions might include eczema, psoriasis, and various forms of neuralgia.
- Pain may be intermittent and can be influenced by external factors like weather changes or emotional stress.

Remedies: Common remedies include Sulphur, Psorinum and Calcarea carbonica.

SYCOSIS

Characteristics:

- Sycosis is linked to conditions of excess and accumulation, often involving growths, warts, and inflammation.
- It often manifests in conditions involving mucous membranes and connective tissues.

Pain Manifestations:

- Pain may be more localized and typically associated with inflammation, swelling, and a sense of heaviness.
- Conditions might include arthritis, chronic sinusitis, and other inflammatory disorders.

Remedies: Common remedies include Thuja, Medorrhinum and Natrum sulphuricum.

SYPHILIS

Characteristics:

- Syphilis is associated with destructive processes and degeneration.
- It often involves conditions that lead to tissue breakdown and severe chronic illnesses.

Pain Manifestations:

- Pain related to syphilis is often deep, severe, and destructive, affecting bones, joints, and organs.
- Conditions might include severe rheumatic diseases, ulcers, and various autoimmune disorders.

Remedies: Common remedies include Mercurius, Aurum metallicum and Syphilinum.

Acute vs. Chronic Pain

- **Acute Pain:** For acute conditions, homeopathic remedies focus on immediate relief of symptoms. The acute remedy may not necessarily align with the underlying miasm but rather with the presenting acute condition.
- **Chronic Pain:** For chronic pain, the miasmatic approach is crucial. The treatment aims to address the deep-seated predispositions that cause recurrent or persistent pain.



Pain symptomatology according to different miasms

	Psora	Syphilis	Sycosis
Ailments from	Suppressed itch	Suppression of Chancre	Suppression of Gonorrhea
Type of Pain	Shifting type	Burning type, sore bruised, ulcerative	Boring, Rheumatic, tearing, pressing
Modalities	< Change of weather, evening, morning, exertion > Cold water, coffee, eating, Normal discharges	< Thinking about pain, Night > Motion, Abnormal discharges	< Night, Overheating, warm weather, Damp weather > Abnormal discharges





THERAPEUTICS OF PAIN

Dr. Supriya Kulkarni MD(HOM) Professor & HOD

Dr. Shilpa Patil MD(HOM) Associate Professor

Dr. Shruti Kakade MD(HOM) Assistant Professor

Department of Homoeopathic Materia Medica

Introduction to Pain

Pain can be defined as "an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage." Pain has become a clinical burden as a critical health problem due to various concerns. Millions suffer from pain daily which is the main reason to seek medical attention. In the United States "the leading edge" of complementary and alternative medicine (CAM) modalities to integration into conventional healthcare is at the hand of "Pain management".

Why Homoeopathy?

Homeopathy in present scenario is looked for has a modality for pain management more so as first-line treatment due to its safety, effectiveness, and cost-effectiveness, as it offers relief to array of pain like back pain, dental pain, labor pains, and trigeminal neuralgia, post-operative, orthopedic to even simple dysmenorrhoea etc.

Uniqueness of Homoeopathy

Homeopathic medicines must be individualised to the individual patient in chronic conditions still in severe acute trauma the same homeopathic medicine provides relief to all individuals. Certain research studies show that homeopathic medicines can enhance healing and relieve pain for those already on conventional medications also reduce pain in case of a fracture for which effective drug treatment is lacking.

Does Homoeopathy works fast?

Further, there is some evidence to suggest that homeopathy can work faster than conventional pain medications or reduce the need for them, without danger of dependence or withdrawal symptoms. There is also research to suggest that homeopathy can work better than placebo in reducing pain, for example from endometriosis, joint pain and stiffness, and hemorrhoids. According to various researches world wide various homoeopathic medicines are being used as follows

- **Post-Surgery/Post-Dental Extraction :** The use of Arnica before and after surgery to reduce bruising, swelling, soreness, and pain has been documented, with some variation in the potency (strength) and frequency of dosage. Calendula to help approximate the wound, prevent scarring and infection, and reduce pain. (One study on breast cancer patients showed that it reduced pain from radiation-induced dermatitis, as well as helping it to heal)

- **Hypericum to promote wound healing**

and reduce nerve pain. Phosphorus to help stop excessive bleeding and to help the person come out of anaesthesia

- **Back Pain and Other Musculoskeletal Disorders:** A variety of homeopathic medicines have been used in the studies among those with the greatest clinical evidence of effectiveness are: Rhus tox and Ruta grav , Bryonia , Nux vomica. Broken Bones-Homeopathy can speed bone healing, as well as reduce the need for analgesics, according to a study done in India. These three medicines will cover most aspects of bone healing: Symphytum, Ruta grav, Calc phos.

- **Labor Pains:** The research on homeopathy in childbirth with a study of use of Caulophyllum. The following homeopathic medicines have a long history of successful use for labor pains among homeopathic obstetricians and midwives. Aconite, Belladonna, Caulophyllum ,Chamomilla, Cimicifuga, Kali carbonicum , Sepia

Tooth Pain and Other Pain Conditions treated by use of Hypericum, Chamomilla, Symphytum, Belladonna, Chamomilla , Coffea, Hepar sulph, Silica, Mercurius Trigeminal Neuralgia: Sanguinaria, Spigelia

- **ACONITE NAPELLUS:** Aconite is one of the great pain remedies, along with Chamomilla. and Coffea in the intensity of the pain it causes is included among the trios of pain remedies. Pains are intolerable, driving to desperation. The pains are tearing, cutting are attended with restlessness; accompanied by numbness, tingling, or formication. Aconite cannot bear the pain, cannot be art obe touched, cannot bear to be covered.

- **BRYONIA ALBA:** Persons of gouty or rheumatic diathesis, prone to so-called bilious attacks. Aching in every muscle. The general character of the pain here produced is a stitching, tearing; worse by motion, better rest. These characteristic stitching pains, greatly aggravated by any motion, are found everywhere, but especially in the chest; worse pressure.

- **BELLADONNA:** Pains come suddenly, last indefinitely and cease suddenly. Pains usually in short attacks, cause redness of face and eyes, fulness of head and throbbing of carotids. hyperæsthesia of all senses. Belladonna stands for violence of attack and suddenness so onset.

- **CHAMOMILLA:** Pain seem unendurable, drives to despair <by heat<evening before midnight, with heat, thirst and fainting, with numbness of affected part. Violent rheumatic pains drive him out of bed at night, compel him to walk about. Chamomilla is sensitive, irritable, thirsty, hot, and numb. Over sensitiveness from abuse of coffee and narcotics.

- **COFFEA CRUDA:** Over sensitiveness, all the senses more acute, sight, hearing, smell, taste, touch . Unusual activity of mind and body. Full of ideas; quick to act, no sleep on this account. Ailments: the bad effects of sudden emotions or pleasurable surprises, weeping from delight ; alternate laughing and weeping. Pains are felt intensely, seem almost insupportable, driving patient to despair (Acon., Cham.),tossing about in anguish. Sleepless, wide-awake ,physical excitement through mental exaltation

- **ARSENICUM ALBUM:** Burning pains; the affected parts burn like fire, as if hot coals were applied to parts > by heat, hot drinks, hot applications. Debility, exhaustion, and restlessness, with nightly aggravation, are most important characteristics of Arsenic. Great exhaustion after the slightest exertion. Symptoms generally worse 1-2 p. m., 12-2 a. m.
- **HYPERICUM PERFOLATUM:** The great remedy for injuries to parts rich in sentient nerves, especially of fingers, toes and nails where the intolerable pains show nerves are severely involved. Excessive painfulness is a guiding symptom to its use. Prevents lockjaw. Punctured wounds. Relieves pain after operations. Quite supersedes the use of Morphia after operations.
- **PHOSPHORUS:** Oversensitiveness of all the senses to external impressions, light, noise, odors, touch. Phosphorus irritates, inflames and degenerates mucous membranes, irritates and inflames serous membranes, inflames spinal cord and nerves, causing paralysis. or intense heat running up the back, of palms of hands (Lach.); in chest and lungs; of every organ or tissue of the body.
- **RHUS TOXICODENDRON:** Adapted to persons of a rheumatic diathesis, bad effects of getting wet, especially after being overheated. Ailments: from spraining or straining a single part, muscle or tendon, over lifting, particularly from stretching high up to reach things, lying on damp ground, too much summer bathing in lake or river. Affects the fibrous tissue. Pains, as if sprained, as if a muscle or tendon was torn from its attachment, as if bones were scrapped with a knife, worse after midnight and in wet, rainy weather; affected parts sore to touch. Lameness, stiffness and pain on first moving after rest, or on getting up in the morning, > by walking or continued motion. Restless, cannot stay long in one position.
- **RUTA GRAVEOLENS:** Acts upon the periosteum and cartilages, eyes and uterus. Complaints from straining flexor tendons especially. Tendency to the formation of deposits in the periosteum, tendons, and about joints, especially wrist. Overstrain of ocular muscles. All parts of the body are painful, as if bruised. Sprains. Lameness after sprains. Feeling of intense lassitude, weakness and despair. Injured "bruised" bones. Worse, lying down, from cold, wet weather
- **KALI BICHROMICUM:** Pains fly rapidly from one place to another. Wandering pains, along the bones; worse cold. Left-sided sciatica; better, motion. Bones feel sore and bruised. Very weak. Tearing pains in tibia; syphilitic rheumatism. Pain, swelling and stiffness and crackling of all joints. Soreness of heels when walking. Tendo Achilles swollen and painful. Pains in small spots. Better, from heat. Worse, beer, morning, hot weather, undressing.
- **NITRIC ACIDICUM:** special seat of action the outlets of the body where the mucous membrane and skin meet; these pain as from splinters. Sticking pains. Marked improvement of all symptoms while riding in a carriage. Worse, evening and night, cold climate, and also hot weather. Better, while riding in carriage
- **MORPHINUM :** Extremely susceptible to pain. Pain causes twitching and jerking of limbs. Violent and sudden neuralgic pains and sudden fainting. Delirium, melan cholice character. Neuralgias intensely painful. Sore feeling all over. Bed feels too hard. Aggravation after sleep. Neuralgia after zoster.
- **HEPAR SULPH:** Suits especially scrofulous and lymphatic constitutions who are inclined to have eruptions and glandular swellings. Great sensitiveness to all impressions. Sweating patient pulling blanket around. Chilliness, hypersensitiveness, splinter-like pains, craving for sour and strong things are very characteristic. Worse, from dry cold winds; cool air; slightest draught, from Mercury, touch; lying on painful side. Better, in damp weather, from wrapping head up, from warmth, after eating.

- **CAULOPHYLLUM:** This is a woman's remedy. Want of tonicity of the womb. During labor, when the pains are deficient and the patient is exhausted and fretful. Besides, it has a special affinity for the smaller joints. Thrush, locally and internally. Extraordinary rigidity of os (Bell; Gels; Ver v). Spasmodic and severe pains, which fly in all directions; shivering, without progress; false pains. Revives labor pains and furthers progress of labor. After pains. Leucorrhœa, with moth-spots on forehead. Habitual abortion from uterine debility (Helon; Puls; Sab). Needle-like pains in cervix. Dysmenorrhœa, with pains flying to other parts of body. Lochia protracted; great atony. Menses and leucorrhœa profuse.
- **ARNICA MONTANA:** Ailment from-Mechanical injuries, overuse of any organ, strain. Fright or anger. Excessive venery. In any injury, however remote has caused the present trouble Arnica is indicated. Sore, lame, bruised feeling-Neuralgias originating in disturbances of pneumo-gastric. Echymosis and hæmorrhages. Worse, from least touch, motion also rest, wine, damp cold. Better by lying down, or with head low.
- **EUPATORIUM PERFOLIATUM:** "Bone-set" by name of which it is known as relieves pain in limbs and muscles accompanying mostly febrile disease, like malaria and influenza. Bone-pains in general and severe. Soreness. Marked periodicity. Worse, periodically. Better from conversation, getting on hands and knees.
- **EUPHORBII OFFICINARUM:** is one of the remedies of Hahnemann's chronic diseases. Terrible burning pains. Pains of cancer. Paralytic pains. Burning, which characteristic of Euphorbium. Complaints < at night and in the morning, Rest and are ameliorated by motion.
- **GNAPHALIUM POLYCEPHALUM:** indicated in pain with numbness of the part affected. Numbness alternating with the pain. It has affinity for the sciatic nerve. The pains were paroxysmal, cutting, tearing, extending down the course of the sciatic nerve. Modalities: < on lying down, by motion, by stepping and > when sitting in a chair, drawing up the limb.
- **KALMIA LATIFOLIA:** Causation-Chill, exposure to wind, Sun. Kalmia neuralgia with pains shoot downwards, with numbness. Fulgurating pains of locomotor ataxia. Neuralgias (especially of right side), wandering rheumatic pains which tend to travel from above downwards, tumultuous action of the heart and slow pulse are the cardinal features of Kalmia. Also nausea frequently accompany most complaints. Modalities: Worse, leaning forward (opposite, Kali carb), looking down, motion, open air.
- **SPIGELIA ANTHELMIA:** Causation-Chill. Tobacco. Neuralgia of the fifth nerve is very prominent action of this drug. There is heart affections and neuralgia. great sensitiveness to touch. Parts are chilly, sending shudder. Spigelia is more left-sided than right. The pains are burning, jerking, tearing, pressing and stitching radiate and extend to other parts. Modalities: < by noise, jar, movement, change of weather especially stormy weather. Better, lying on right side with head high, inspiring.
- **SANGUINARIA CANADENSIS:** Burning in various parts is characteristic. Is a right-sided remedy pre-eminently. Periodical sick headache begins in occiput, spreads upwards, and settles over eyes, especially right. Modalities: Worse, sweets, right side, motion, touch. Better, acids, sleep, darkness.

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REPERTORIAL APPROACH & DIFFERENT RUBRICS OF PAIN

Dr. Indira Kulkarni MD(HOM), Prof HOD

Dr. Chetan Kamble MD(HOM) Asso. Prof.

Dr. Supriya Jadhav MD(HOM) Asst. Prof.

Dept of Repertory

Pain is a distressing feeling that can be defined as "An unpleasant sensory & emotional experience associated with or resembling that associated with actual or potential tissue damage".

People feel pain when specific nerves called nociceptors detect tissue damage and transmit information about the damage along the spinal cord to brain. Pain can be useful in diagnosing a problem. There are two types of pain, acute and chronic. Acute pain usually comes on suddenly, because of a disease, injury or inflammation. It can often be diagnosed and treated. It usually goes away, though sometimes it can turn into chronic pain. Chronic pain lasts for a long time, and can cause severe problems.

In various repertories pain rubric is found under various chapters from Mind to Generalities is mentioned below.

A) POST OPERATIVE PAIN :

SL. NO	NAME OF THE REPERTORY	NAME OF THE CHAPTER	RUBRIC	SUB RUBRIC
1	Murphy	Generals	Pain	Surgery, pain after
2	Essential Synthesis	Teeth	Pain	Extraction of teeth, after
3	Murphy	Teeth	Pain	Dental, work, after
4	Essential Synthesis	Abdomen	Pain	Operation, after

B) TRIGEMINAL NEURALGIA :

SL. NO	NAME OF THE REPERTORY	NAME OF THE CHAPTER	RUBRIC	SUB RUBRIC
1	Essential Synthesis	Face	Pain	Neuralgic
2	Murphy	Face	Trigeminal neuralgia	-----

C) LUMBAR SPODYLOSIS :

SL. NO	NAME OF THE REPERTORY	NAME OF THE CHAPTER	RUBRIC	SUB RUBRIC
1	Essential Synthesis	Back	Pain	Lumbar region
2	Murphy	Back	Spondylitis, back	-----
3	Murphy	Clinical	Spondylitis, general	Back
4	Kent's Repertorium Generale	Back	Pain	Lumbar region

D) CERVICAL SPODYLOSIS :

SL. NO	NAME OF THE REPERTORY	NAME OF THE CHAPTER	RUBRIC	SUB RUBRIC
1	Essential Synthesis	Back	Pain	Cervical region
2	Murphy	Back	Spondylitis, back	-----
3	Murphy	Clinical	Spondylitis, general	Neck
4	Kent's Repertorium Generale	Back	Pain	Cervical region

E) MIGRAINE :

SL. NO	NAME OF THE REPERTORY	NAME OF THE CHAPTER	RUBRIC	SUB RUBRIC
1	Essential Synthesis	Head	Pain	Periodical
2	Murphy	Headaches	Migraine, headache	-----
3	Kent's Repertorium Generale	Head	Pain	Periodic headache

F) LABOR PAIN :

SL. NO	NAME OF THE REPERTORY	NAME OF THE CHAPTER	RUBRIC	SUB RUBRIC
1	Essential Synthesis	Female Genitalia	Pain	Labor pains
2	Murphy	Pregnancy	Labor, pains	-----
3	Kent's Repertorium Generale	Female Genitalia	Pain	Labor pains

G) OSTEOARTHRITIS OF KNEE :

SL. NO	NAME OF THE REPERTORY	NAME OF THE CHAPTER	RUBRIC	SUB RUBRIC
1	Essential Synthesis	Extremities	Pain	Joints, rheumatic
2	Essential Synthesis	Extremities	Pain	Knees
3	Murphy	Clinicals	Arthritis, joints	-----
4	Murphy	Knees	Rheumatic, pain	-----

H) CHOLECYSTITIS :

SL. NO	NAME OF THE REPERTORY	NAME OF THE CHAPTER	RUBRIC	SUB RUBRIC
1	Essential Synthesis	Pain	Liver	Colic, Gallstone
2	Essential Synthesis	Abdomen	Gallstones	-----
3	Murphy	Clinicals	Cholecystitis, inflammation gall bladder	-----
4	Murphy	Clinicals	Gallstone, pain, colic from	-----

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ROLE OF PALLIATION IN PAIN

Dr. Rupali A. Telang MD (Hom), Professor & HOD

Dr. Preeti Hampannawar MD (Hom), Assistant Professor

Dept of Homoeopathic Pharmacy

Abstract

- **BACKGROUND:** An essential component of palliative care is the treatment of pain. Palliative care is intended to relieve patient's pain and keep them away from longer suffering. Palliative therapy is active care for people with illnesses that do not respond to curative treatment.

- **AIM:** The aim of this article is to discuss and clarify a few analgesic regimens and therapeutic challenges.

CONCLUSION: Since pain can have a variety of causes, analgesic therapy should be used individually and tailored to each patient's specific needs.

Key words: Pain relief, Palliation, End of life.

Introduction:

The word meaning of palliation is easing the severity of a pain or a disease without removing the cause.

The noun palliation is used by doctors, nurses, or hospice workers who try to make their patients more comfortable, often because their illnesses are incurable. Patients with terminal diseases usually need palliation. It's a kind of care that makes you feel better, even though it can't cure you.

Palliative care provides skilled management of symptoms from the burden of disease and treatments and allay suffering (psychosocial, emotional, and spiritual).

The complexity of the management of the patients suffering the pain is a challenge for professionals, particularly for the patients at the end of the life. Most of the terminal patients, especially those with malignancy have a poor quality of life. The persistence of the pain is a result of the terminal illness itself, or of the therapeutic approach, such as chemotherapy, neuropathic, or from concomitant diseases such as osteoarthritis, spondylolisthesis, migraine, etc. Pain is a subjective phenomenon, and its objective evaluation is difficult. This is especially difficult in palliative care because of the pain complexity. The reason for the pain, especially in malignant diseases, is very often neural compression and infiltration, bone metastasis, obstructions and infiltration of the soft tissues. In approximately 70–90% of the patients, during the palliative phase, the pain is present in one moment [1]. The patients on palliative care had fear of the pain with a physical, emotional and psychological component of the pain. In early 1900, Sherrington attempted to define the pain and he accentuated the two components of the pain: sensitivity and affection. Later, Henry Head found a double reaction in acute sensation. Today it is accepted to speak about pain as a complex perception experience with plasticity [2].

Key facts:

- Palliative care improves the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social or spiritual. The quality of life of caregivers improves as well.
- Each year, an estimated 56.8 million people, including 25.7 million in the last year of life, are in need of palliative care.
- Worldwide, only about 14% of people who need palliative care currently receive it.
- Unnecessarily restrictive regulations for morphine and other essential controlled palliative medicines deny access to adequate palliative care.
- Adequate national policies, programmes, resources, and training on palliative care among health professionals are urgently needed in order to improve access.
- The global need for palliative care will continue to grow as a result of the ageing of populations and the rising burden of non-communicable diseases and some communicable diseases.
- Early delivery of palliative care reduces unnecessary hospital admissions and the use of health services.
- Palliative care involves a range of services delivered by a range of professionals that all have equally important roles to play – including physicians, nursing, support workers, paramedics, pharmacists, physiotherapists and volunteers – in support of the patient and their family (4).

• The organisation of the pain management in palliative care:

Most of the patients undergoing palliative care are hospitalised in different institutions. Some of them are in geriatric centres or specialised clinics as surgery, oncology, intern medicines or others. This approach is very expensive to the society. In developed countries, this category of patients (at the end of their life) is lodged in "hospices". In this type of institutions, the quality of care is at a very high level, where the pain relief is performed by specialised professional team.

The second organisational model is "home care". This type of palliative care is more practical and cheaper. A mobile team of one GP and one nurse (educated for assessing and treating the pain) visits the patients at their homes. This type of care needs big efforts from the families and their maximal support.

• Ethical Dilemmas in Palliative Care:

In terminal patients, the occurrence of ethical issues and questions is very frequent. Common response to these questions is to take measures that will help the sufferers. But when the conventional medical methods of management in palliative care are spent, the last choice is the use of alternative methods of treatment. Most of them must offer comfort to the patient and prevention from suffering.

In conclusion, pain management is an integral part of the palliative care. Pain relief is a very important part of improving the quality of life in terminal patients. Because of unpleasant sensations, experiences and fear of pain, the treatment must be complex and multi disciplinary. Good organisation and institutionalisation of the palliative care in one society could only permit better prevention of suffering at the end of the life (3).

• WHO Response:

Palliative care medicines, including those for pain relief, are included in WHO Essential Medicines List and the WHO Essential Medicines List for Children. Palliative care is recognized in key global mandates and strategies on universal health coverage, noncommunicable diseases, and people-centred and integrated health services. WHO Guidelines for the pharmacological and radio therapeutic management of cancer pain in adults and adolescents were released in 2019.

In 2014, the first ever global resolution on palliative care, World Health Assembly resolution WHA67.19, called upon WHO and Member States to improve access to palliative care as a core component of health systems, with an emphasis on primary health care and community/home-based care. WHO's work to strengthen palliative care focuses on the following areas:

- Integrating palliative care into all relevant global disease control and health system plans;
 - Assessing the development of palliative care services;
 - Developing guidelines and tools on integrated palliative care across disease groups and levels of care, addressing ethical issues related to the provision of comprehensive palliative care;
 - Supporting Member States in improving access to palliative care medicines through improved national regulations and delivery systems;
 - A special focus on palliative care for people living with HIV, including development of guidelines;
 - Promoting increased access to palliative care for children (in collaboration with UNICEF);
 - Monitoring global palliative care access and evaluating progress made in palliative care programmes;
 - Developing indicators for evaluating palliative care services;
 - Encouraging adequate resources for palliative care programmes and research, especially in resource-limited countries; and
- Building evidence of models of palliative care that are effective in low- and middle-income settings.

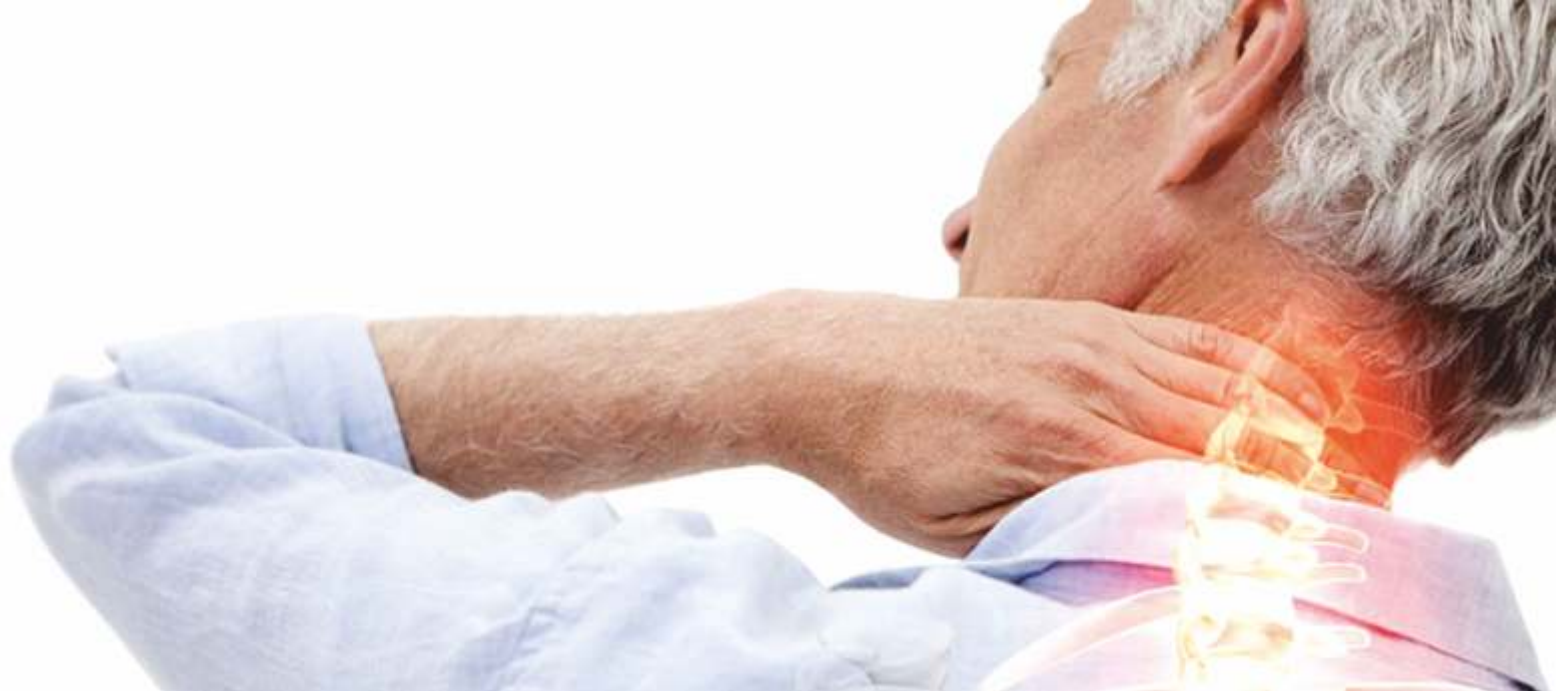
• What are the benefits of palliative care?

The goal of palliative care is to improve the quality of life in people experiencing serious or terminal illness and to support their families. Some of the benefits can include:

- Symptom management support. Palliative care specialists may help people with symptom management and pain management, according to a 2017 review on people living with advanced cancer.
- Improved quality of life. According to a 2020 study, people with Parkinson's disease and related disorders, those who received palliative care scored their quality of life as three points higher than those with traditional treatment.
- Reduced risk of depression. Early palliative care is associated with a lower risk of depression in people newly diagnosed with advanced cancer, according to a 2017 review of research.
- Longer survival. The review suggests that depression and mortality may be linked, which may mean longer survival in people with advanced cancer who receive palliative care.
- Support in making decisions. Palliative care specialists provide support to people diagnosed with a serious illness and their families in order to make decisions about care, treatment for their illness, and support in emotionally coping with the diagnosis.
- Support for family members and caregivers. Palliative care can include instructional guidance and emotional support for family members caring for a loved one with a serious illness.
- Improved caregiver satisfaction. According to a 2016 review, palliative care consistently improves both patient and caregiver satisfaction (5).

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GERIATRIC PAIN

Dr. Manjunath Gaddi M.D. (Hom), Associate Professor Dept. of Community Medicine

Dr. Nayana M.D. (Hom) Assistant Professor Dept. of Community Medicine

KEY WORDS:

Geriatric, Pain, Analgesics, OTC analgesics, Depression, NSAID, Adjuvant therapy, ADLs.

INTRODUCTION :

Aging is a normal biological process and not a progressive disease. In India around 90 million people are over the age of 60 yrs. Currently and as per the 60th National Sample Survey 25% reported poor health¹. Currently, elderly patients comprise the fastest growing segment of the old's population. The number of people worldwide 65yrs and older was estimated at 506 million as of 2008 and by 2040 will increase to 1.3 billion.

Chronic pain is one of the most common conditions encountered by healthcare professionals, particularly among older (≥ 65 years) patients. Pain is associated with substantial disability from reduced mobility, avoidance of activity, falls, depression and anxiety, sleep impairment, and isolation. Its negative effects extend beyond the patient, to disrupt both family and social relationships. Chronic pain poses a significant economic burden on society¹.

MAGNITUDE OF THE PROBLEM:

- 71% take prescription analgesics
- 72% take OTC (over the counter) analgesics
- 26% report side-effects

WORD MEANING:

The word Geriatric is derived from the Greek language, "Geras" meaning "old age" and "iatic", means "of or relating to a physician or medicine".

Pain is an unpleasant sensory & emotional experience derived from sensory stimuli, modified by individual memory, expectations and emotions.

DEFINATION:

Chronic geriatric pain may be defined as "an unpleasant sensory & emotional experience associated with actual or potential tissue damage, or described in terms of such damage, for persons who are either aged (65 to 79 yrs old) or very aged (80 and over) & who have had pain for greater than³ months²".

INCIDENCE & PREVALENCE :

The prevalence of persistent pain increases with age; increases in joint pain and neuralgias are particularly common. A majority of elderly persons have significant pain problems and are undertreated. Between 25% and 40% of older cancer patients studied had daily pain. Among these patients, 21% who were between 65 and 74 years of age received no pain medication; of patients who were 75 to 84 years old, 26% received no pain medication; and for those above the age of 84, 30% were left untreated. Moreover, detection and management of chronic pain remain inadequate. In one study, 66% of geriatric nursing home residents had chronic pain, but in almost half of the cases (34%) it was not detected by the treating physician².

Prevalence of chronic geriatric pain increases with age. 1 in 5 elderly have pain.

3 in 5 > 65yrs of age has pain lasted for one year or more. Women report severely painful joints more often than men.

CAUSES:

Common causes of pain in elderly persons

- Osteoarthritis – back, knee, hip
- Neuropathies – idiopathic, traumatic, diabetic, herpetic
- Night-time leg cramps
- Claudication
- Cancer

SOURCES OF PAIN AMONG ELDERLY IN THE NURSING HOME

SL. NO	Condition Causing Pain	Frequency %
1.	Low back pain	40 %
2.	Arthritis	37 %
3.	Previous fractures	14 %
4.	Neuropathies	11 %
5.	Leg cramps	9 %
6.	Claudication	8 %
7.	Headache	6 %
8.	Generalized pain	3 %
9.	Neoplasm	3 %

ACUTE BEHAVIORS:

An elderly with acute pain may be

- ✓ Crying
- ✓ Guarding
- ✓ Grimacing and moaning
- ✓ High BP, pulse
- ✓ Restless or extremely still.

CHRONIC BEHAVIORS:

An elderly with chronic pain

- ✓ May not express pain by telling you
- ✓ Express pain with depressed mood, withdrawal
- ✓ Have no abnormal vital signs
- ✓ Come to expect and endure pain.

REASONS PATIENTS MAY NOT REPORT PAIN:

- Fear of Diagnostic tests
- Fear of Medications
- Fear meaning of pain
- Cultural cues misread by patient and or providers
- Communications and misinterpretations
- Cannot adequately describe "pain" or discomfort
- Perceive physicians, nurses, health providers too busy
- Complaining may effect quality of care
- Believe nothing can or will be done.

ASSESSMENT OF PAIN:

- 67-83% of elderly with dementia are able to use at least one scale.
- Words are easier than numbers.
- Ask "Are you in pain now?"
- Ask in several ways – "Discomfort".
- Give time to respond.
- Changes in behavior – passive, withdrawn, agitated, restless, not eating.

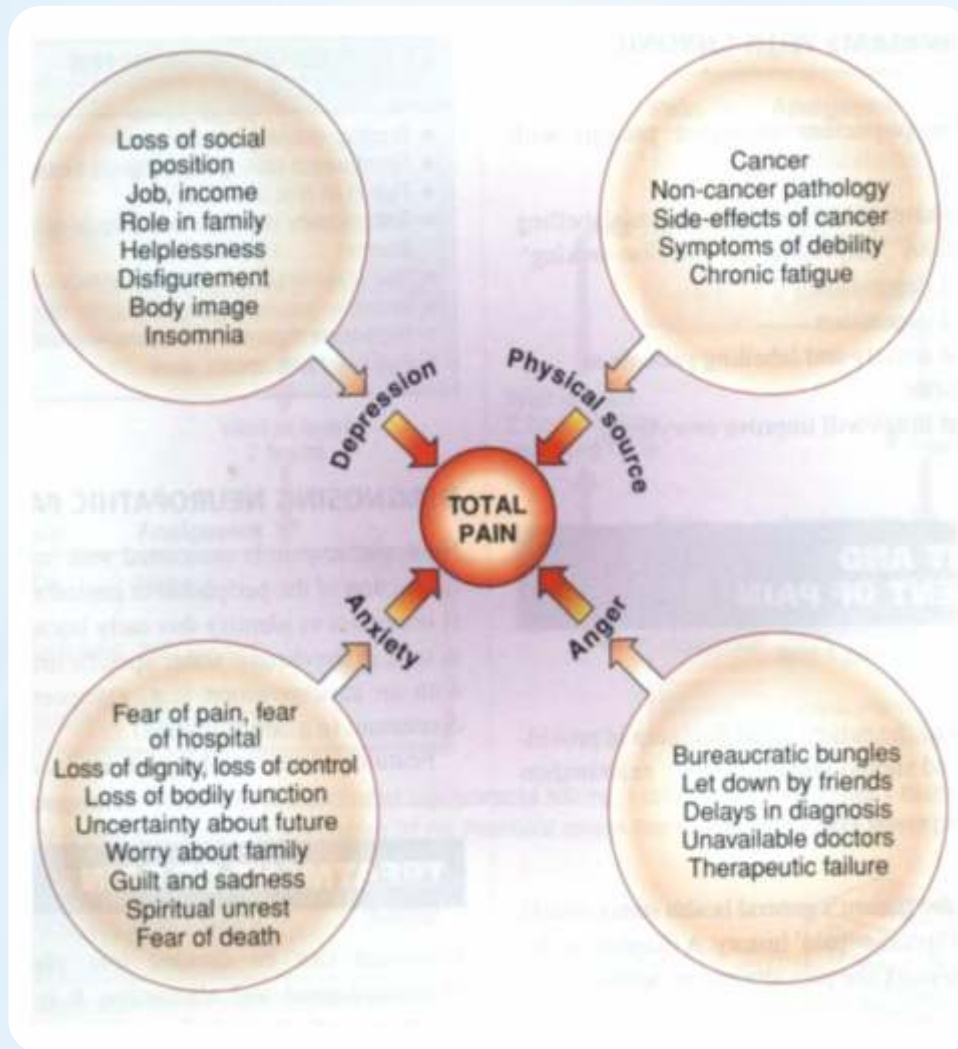
Assessment overview:

- Review of location of pain, intensity, exacerbating and/or alleviating factors, and impact on mood and sleep.
 - Complete history and physical examination, focus on pain issues.
 - Screen for cognitive impairment (eg MMSE).
 - Screen for Depression.
 - Review of the patient's ADLs (Activities of daily living)- bathing, dressing, toileting, transfers, feeding, and continence and instrumental ADLs (use of phone, travel, shopping, food preparation, housework, laundry, taking medicine, handling finances).
 - Assessment of gait and balance.
- Screen for sensory depression to examine basic visual and auditory function.

McGill Pain Questionnaire Present Pain Intensity Subscale (PPI) 0 - No Pain 1 - Mild 2 - Discomforting 3 - Distressing 4 - Horrible 5 - Excruciating	100mm Visual Analog Scale Make a mark on the line for the severity of your pain.  No Pain Worst Possible Pain
Memorial Pain Card Subscale (Modified Turskey Scale) Moderate⁴ Strong⁵ Just Noticable¹ Mild³ No Pain⁰ Excruciating⁷ Severe⁶ Weak²	Rand Coop Chart No Pain  1 Very Mild Pain  2 Mild Pain  3 Moderate Pain  4 Severe Pain  5
Verbal Scale <i>On a scale of zero to ten, zero meaning no pain and ten meaning the worst pain you can imagine, how much pain are you having now?</i>	

CONSEQUENCES OF UNTREATED PAIN:

- Depression
- Suffering
- Sleep disturbance
- Behavioral disturbance
- Anorexia, weight loss
- Deconditioning, increased falls



AIMS OF PAIN MANAGEMENT ARE:

- Educate the patient.
- Control pain.
- Optimize function.
- Beneficially modify the disease process.
- Look at the social environment and create best support.

Analgesic drugs:

- Acetaminophen
- NSAID's – Non-selective COX inhibitors
 - Selective COX-2 inhibitors

PAIN TREATMENT:

Physiological Changes and Altered Pharmacology, Cognitive Impairment and Compliance, Perception of Pain Challenges in the Management of Pain in the Elderly

- Opioids
- Others –
 - a. Antidepressants
 - b. Anticonvulsants
 - c. Substance P inhibitors NMDA inhibitors

WHO 3-step Ladder:

1. Mild -Acetaminophen, NSAIDs, ± Adjuvants
2. Moderate-Codeine Oxycodone ± Adjuvants
3. Severe-Morphine, Hydromorphone, Methadone, Fentanyl, Oxycodone ± Adjuvants.

Adjuvant therapy : Anticonvulsants, Antidepressants, Corticosteroids, Dermal analgesics, Muscle relaxants, Stimulants

Musculoskeletal Pain

- ✓ Osteoporosis, fracture
 - Several studies show pain reduction with calcitonin.
 - Vit D deficiency causes diffuse pain; replacement improves this symptom
- ✓ Osteoarthritis
 - Scheduled acetaminophen; tramadol; short courses of steroids or NSIDs; injections; low potency opioids.

HOMOEOPATHIC MANAGEMENT:

Homeopathy is a holistic system of medicine that can be used to treat a wide range of conditions, including those that commonly affect older adults. Homeopathy is based on the principle that "like cures like," which means that a substance that can cause symptoms in a healthy person can be used to treat similar symptoms in a sick person. Homeopathy medicine is well advised for seniors as it provides a constitutional treatment that is gentle, safe and free of side effects³.

Here are some Common Homoeopathic medicines used in the treatment of old age pains

- **Aconitum Napellus** - This remedy may be helpful for pain and inflammation that comes on suddenly after exposure to cold wind and weather. The person is likely to feel fearful, panicked, or agitated.
- **Arnica**- Chronic arthritis with a feeling of bruised soreness can indicate a need for this remedy. Pain is worse from touch, and may occur in joints that were injured in the past.
- **Belladonna**- Sudden flare-ups of arthritis with a sensation of heat and throbbing pain indicate a need for this remedy. The joints look red and inflamed, and the surface may feel hot to the touch.
- **Bryonia** - This remedy relieves joint pain improved by staying immobile and applying pressure.
- **Calcarea phosphoric** - Stiffness and soreness of the joints, worse from drafts and cold, may be relieved by this remedy. Aching in the bones and tiredness are common, and the person feels worse from exertion. Calcium deposits or bone-spurs may develop, especially in the neck. A feeling of dissatisfaction and a strong desire for travel or a change of circumstances are often seen in individuals who need this remedy.
- **Ledum Palustre**- Arthritis that starts in lower joints and extends to higher ones suggests a need for this remedy. Pain and inflammation often begin in the toes and spread up through the ankles and knees. The joints may make cracking sounds and may be very swollen. Cold applications bring relief to both the pain and swelling.
- **Pulsatilla** - Pain that moves unpredictably from one joint to another suggests a need for this remedy. The hips and knees are often affected, and pain may be felt in the heels. Symptoms are worse from warmth, and better from cold applications and open air. A person who needs this remedy often is moody and changeable, and usually wants a lot of attention and comforting.
- **Rhus Toxicodendron**- This relieves muscular and articular pains at the beginning of motion, and then improved by slow motion.
- **Apis mellifica**- This remedy relieves swollen joints with itching and stinging pain, relieved by cold compresses.

- **Calcarea Carbonica**- This remedy is often useful for arthritis in a person who is chilly, flabby or overweight, and easily tired by exertion. Inflammation and soreness are worse from cold and dampness, and weakness or cramping in the extremities are often seen. Problems often focus on the knees when Calcarea is needed.
- **Caulophyllum Thalictroides**- This remedy relieves arthritis and rheumatic pain localized in the fingers' phalanges.
- **Causticum**- This relieves joint pain and arthritis pain with stiffness and feeling that tendons are too short. Cimicifuga racemosa- This remedy relieves neck pain and cramps caused by bad posture and aggravated by cold and humidity.
- **Dulcamara**- This remedy relieves joint pain and stiffness triggered by dampness and cold. Ruta graveolens- Arthritis with a feeling of great stiffness and lameness, worse from cold and damp, and worse from exertion often is relieved by this remedy. Tendons and the capsules of the joints may be affected. Arthritis may have developed after overuse, from repeated wear and tear 4.

GENERAL MANAGEMENT:

Use for every elder in pain

- Soft lighting, decreased noise, or added distractions
- Massage
- Warm or cold packs
- Repositioning
- Exercise
- Emotional and spiritual support
- Meditation
- Music

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4. <https://www.peacehealth.org/medical-topics/id/hn-2246008>





UPCOMING BUILDING OF
KLE HMC AT BASAVAN KUDACHI, BELAGAVI



KLE HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL

Yellur Road, Belagavi, Karnataka



0831- 2413863/62



kleuhmc@gmail.com