



## Q **Louis' Corner: How do you educate people about their pain and NOT make them think it's in their head?**

A

The quick answer is don't even mention the head! I've covered this problem in my book and I find it very interesting. I go into hallucination of smells, but that's another interesting story.

In the old days, and still now occasionally, I will often explain to a patient that pain occurs as a result of two types of processing. Here's the chat:-

'Think of a computer keyboard, a computer and a screen. The keyboard is your skin or your back, the computer is your nervous system and the screen shows what you feel. Tap 3 times on the letter X on the keyboard and the processor produces three X's that come up on the screen, Times New Roman font size 12 colour, black. That's normal processing.' Patient nods, but has an interested slight frown as if to say, what's he on...

'Right, I now tap 3 times on your skin, - and you feel three simple taps if you're awake and concentrating, - and the taps are size 12 Times New Roman, - pretty mild! Patient grins and nods....Good, he's listening and interested....

'Right that's the first kind of processing, it works fine. If I bend your finger back, the harder I go the more it hurts. If there's an injury, the more inflammation the more pain. You do small movements it stops you. Your finger gets released, the pain goes down, the inflammation settles, same, the pain subsides, your movements get easier and bigger again. Think of a healing cut finger and how the pain comes and goes as it mends.'

'Got you...'

'Here's the second type of processing that we now know occurs in many ongoing pains. Same kit, keyboard, computer and screen...'

'He's still listening....' Tap 3 times on the X and then watch the screen and these XXXXXXXXXXXXXXXXXXXX's keep coming up one after another and they keep going and going, scrolling down the page and as they go they go from font 12 to 18 to 36... then they change from standard black to purple to bright red.... and they just keep on going....'

He's nodding, he's getting it... on I go...and ask him...'What's the problem?'...'Computer's gone weird, processing gone nuts...'

'That's it! Tap 3 times on the skin,... and it's agony when it should be simple taps... not only agony, it goes on and on and gets worse and worse...Normal sensation somehow gets channelled into the pain system when it shouldn't. Modern pain science tells us that this is what is happening in many pain states that have gone on long after the healing has finished. So, you injure your back, it gets inflamed and it rightly hurts. Normally the tissue heals and the processing goes back to normal, - you move and there's no pain, - the inflammation goes, and the constant achy pain goes. Nice. Sometimes though, the healing finishes and for some reason the pain processing gets stuck where it was in the beginning when it should have wound down and stopped....'

Now he's looking concerned! 'So my back's healed but my processor's gone wrong, that sounds serious.'

(Now you could go and get into deeper and deeper water here and end up talking about brains and in the head. If you do, you need to know how to deal with it. My advice for this short piece is: Try to keep it simple, and the best way to go is go towards how it's dealt with not circuits in the mind stuff unless you're really confident and think it worthwhile)

I address the patient again... (What I say here varies depending on the patient and their presentation)...(and don't be cocky here - that's English for 'smart-ass') 'Don't panic, I deal with your sort of pain a great deal and there are plenty of positives and plenty of ways of helping and plenty of successes, especially once you're comfortable understanding what I'm telling you.' He raises his eyebrows and looks a bit more hopeful, - I continue.

'Let me put it another way, there are two types of pain, the first one is called 'helpful' pain from the normal processing and the second one is 'unhelpful' pain from the weird processing. I'm wondering if you can think of any 'unhelpful' pains that you may have come across, it doesn't matter if you can't, but have a think?'

There's a pause, he looks puzzled. 'The only thing I can think of is my mother-in-law had neuralgia' I respond eagerly - 'That's a great example! That's pain from a nerve being irritated. The best nerve pain example that most people have heard of is shingles. 'That's exactly what she had!'

'Good. If hers is like most, it starts when the person gets eruptions or spots on the skin where the nerve runs, they then become incredibly sore, and for some people after a few weeks the skin spots disappear but the incredible skin pain and sensitivity stays. The skin looks normal, you touch it lightly - 3 taps... and you get the thousands of 'X's' come up on the screen, it's agony and it goes on and on. Healed skin, huge amount of pain, - 'Unhelpful' pain!'

'She's over it now; it took around 5 months to go' 'Good, example, and if that can get better so can your back problem, all your scans and X-rays are fine and I've tested all your reflexes, sensation and muscle strength so there's no nerve damage... What we've got to do now, is get you going again physically and shut the pain up by whatever means possible... 'Hey Louis, I've thought of another useless pain - that phantom pain that soldiers get when they've lost their legs or arms....'

I'm in with this guy now. Whenever he looks worried about the pain maybe coming a bit... I say, 'processor'! The talk can go into desensitising,... wherever's productive and appropriate. The key is to get on and start graded recovery programme - and prove to him that the pain is not of importance via experience.

Stay tuned for the smell hallucination story! Have fun.

Louis - 26<sup>th</sup> September 2013.

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