

Alternative analgesia

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What do you do when patients tell you that none of your pills work? Too often our insecurity leads us to withdraw from the situation, either suggesting that their problem is something they will have to live with, or defending our inability to help by concluding that the symptoms are exaggerated or even imaginary, which is seldom true.

Reappraisal

The first step is to take a little time to reassess the problem. Pain does not arise in a pathological vacuum, and it can sometimes happen that in fighting the battle against pain we lose sight of the underlying disease process. Making sure we have the best diagnosis possible may have several helpful results:

- we may suddenly realise that we have completely missed an important pathology, *eg* the headaches that actually *did* result from a brain tumour
- our attention may be directed to specific drug therapy for particular pain syndromes, *eg* the use of tricyclic antidepressants in neuralgia
- we will be guided to the nondrug

therapies most likely to succeed
 ○ we will be able to refer, if necessary, to the most suitable agency for our patient's particular problem.

Having decided on nondrug management, we may classify the available treatments according to the level at which they act (see Table 2).

Locally acting treatments

At the lower end of the scale are treatments that simply provide counter-irritation or lead to increased blood flow at the site of pain. It is wrong to dismiss these, even though they are readily available without medical intervention. One study in a rheumatology clinic found that the most effective treatment for arthritic pain, beating nonsteroidal anti-inflammatory drugs (NSAIDs), was the hot-water bottle.

Simple massage of painful muscles in rheumatic conditions probably works as much by counter-irritation and increased local blood flow as by any effect on muscle spasm.

Deep massage may be used in many soft-tissue pains like tennis elbow. It is favoured by the Cyriax school of physical medicine, and can be done by GPs. It consists of quite deep and prolonged massage at the site of tenderness, repeated at intervals (see Figure 9). It is safe, but it hurts quite a lot. A similar method can be used in intractable tension headache over the tender sites at the base of the occiput.

Local injections Other techniques designed to disrupt soft-tissue 'adhesions' include ultrasound, much used by physiotherapists, and local injections, much underused by GPs, who are often afraid they will damage important structures or cause gangrene. In my experience side-effects are far less likely than with oral drugs, if reasonable care is taken. A solution of long-acting steroid such as hydrocortisone acetate (Hydro-cortistab) or methylprednisolone acetate (Depo-Medrone), mixed with 50 to 75 per cent of 1 percent lignocaine, is used, and can often be infiltrated into the tender 'fibrositic' nodules associated with backache; into sites of referred tenderness from spinal problems at any level (paradoxically, this often relieves pain at the site from which the pain is referred — a great wonder!); around and into the zygapophyseal joints of the spine in intractable back or neck pain (needs instruction, but well worth learning); or into periarticular tissues or joints in rotator cuff lesions or capsulitis of the shoulder, carpal tunnel syndrome, plantar fasciitis, tennis elbow, *etc.*

Traction Other local treatments for spinal problems include traction and manipulation, which as well as relieving pain are often curative as well. Traction, though often left to physiotherapists who tend to use rather low traction forces, can be done by GPs,

TABLE 2: CLASSIFICATION OF NONDRUG THERAPIES

<i>Locally acting</i>
counter-irritants
embrocations
massage
vibration machines
local heat
hot-water bottle
heat lamp
wax baths
deep massage
ultrasound local steroid injections exercises
traction manipulation
<i>Regionally and spinally acting</i>
regional (noatic nerve blocks
sympathetic nerve blocks
transcutaneous nerve stimulation
acupuncture/acupressure/electroacupuncture
surgical nerve blocks
<i>Centrally acting</i>
encouragement and explanation
operant conditioning
biofeedback
relaxation therapies hypnosis
thalamic surgery



8) Acupuncture

Acupuncture has been shown to increase the level of endorphins in the spinal fluid. The technique is probably best for musculoskeletal pain and may help migraine and postherpetic neuralgia.

MILD TO MODERATE PAIN



9) Massage for pain relief

Deep and prolonged massage at the site of tenderness is a safe way of relieving many soft-tissue pains. It can also be used at the base of the occiput in intractable tension headache.

particularly for neck pain. I myself use a head-harness attached to a metal bar suspended from a doorframe; the patient adjusts the degree of force used by bending his or her knees. Contraindications are few: mainly the likelihood of disease damage in the spine, or symptomatic vertebrobasilar disease.

Manipulation was given grudging acceptance by the recent BMA study of 'alternative' therapies, which belies its great usefulness. Apart from functional pains at all spinal levels, it can benefit a range of pain-referral syndromes from headache, through arm, chest and abdominal referral pain to sciatica. The basics can be learned in a few days.

Regional and spinal pain relief

Regional nerve blocks, in competent hands, can be helpful for many peripheral pains. These can be somatic nerve blocks, eg intercostal blocks for rib pain or caudal epidurals for sciatica, or sympathetic blocks either peripherally, eg guanethidine block, or at the level of the sympathetic nuclei, eg chemical sympathectomy for ischaemic leg pain. Surgical blocks are also possible.

Transcutaneous nerve stimulation (TNS) uses low voltage, pulsed electric currents applied across the skin either peripherally or, more often, at nerve-root level. The mode of action is complex and partly conjectural. If it is found helpful, the patient can obtain his or her own unit for home use, eg the Microtens, available on a doctor's recommendation (to avoid VAT) for less than £100 from Neen Pain

Management Systems, tel: 036 283 767.

Acupuncture in its Western form is used, according to some, to stimulate nerves in the same dermatome, myotome or sclerotome as the site of pain, and has also been shown to increase the level of endorphins in the spinal fluid (see Figure 8). The points used are often unrelated to the traditional Chinese Taoist meridians. It is probably best for musculoskeletal pains, but seems helpful in other conditions, eg migraine and postherpetic neuralgia.

Centrally acting treatments

Encouragement is an effective treatment sometimes underused by GPs — it is not encouraging to be told your pain is in the mind. An explanation of the pain, however, even in less than exact physiological terms, is very reassuring, and can raise the pain threshold.

Operant conditioning is a physiology term sometimes applied to behavioural techniques, whereby the physical, unavoidable aspect of pain is separated from the associated psychological component. For example, if the patient has come to dread the onset of pain, he or she can be trained to visualise the pain in a concrete way, perhaps as a dragon, and then concentrate on mentally overcoming the visualisation. Or he or she may be given a regimen of tasks to do as a positive response to the pain, instead of simply enduring it.

TABLE 3: AVAILABILITY OF PAIN RELIEF METHODS

Medical

local specialist departments
regional centres of excellence
pain clinics
private consultants
GPs with private specialty, eg acupuncture, etc
medically qualified 'alternative' practitioners (local or distant)

Paramedical

physiotherapists
psychologists
behavioural therapists

Nonmedical

lay manipulators (osteopaths, chiropractors)
acupuncturists
hypnotherapists
lay psychotherapists

Biofeedback depends on an instrumental display of some physiological reflection of pain, such as muscle tension, which the patient is encouraged to control by exercising his or her will. Ultimately this technique probably relies on relaxation, and seems not to have lived up to its early promise.

Relaxation Relaxation therapy of many kinds, however, can help relieve pain, from simple instructions or home-made tape cassettes to hypnotherapy, which requires a therapist at first, but which is often taught to patients to use themselves. The more trendy forms of relaxation, such as hatha yoga and transcendental meditation, have strong links with Hindu religion, and both doctor and patient should be aware that they are only incidentally therapeutic.

Where to get it

Get to know who offers various treatments locally and regionally (see Table 3). Regarding nonmedical agencies, it is foolish to scorn anyone who is not a doctor if he or she has a good reputation, but we are still morally as well as professionally responsible for our patient's welfare. To allow them to be exploited is as unkind as to take a dog-in-the-manger stance and insist that the drug companies are the sole exponents of the art of pain relief. □