

# Q & A with Dr. Mel Pohl

Why is chronic pain so prevalent and such a problem?

As we get older as a culture, there is more time to sustain injuries and illness that result in chronic pain. The prevailing attitude about pain in the USA is that it must be taken away – resulting in some very negative results. Specifically, chronic pain results in opioid use and overuse, dependence and addiction. Also, in the quest for pain relief and in our attempts to AVOID pain – we often create more.



Describe the cycle of suffering.

Pain exists. It is subject to interpretation by each individual and is based on experience, upbringing, belief systems, mood, and physical conditions. Our attitudes about pain dictate how each person suffers. If pain is regarded as awful, the enemy – or the beast – we expend energy to get away from the experience. Our brain creates worry, fear, anger, sadness and stress – this all makes the pain worse.

What are the first things a person can do if in chronic pain?

The key to healing begins with acceptance, you must allow the pain to exist – coexist, if you will, with your being. This can start, simply, with a deep breath. Next is to begin exercising through the soreness to allow the body's natural clearance system to help get rid of toxins. Next, look at what's coming into your body- food, fluids, and medications. Nourishing and hydrating the body are paramount for good health – opiates, if they are used can result in serious problems and should be examined with the help of an understanding health practitioner. Lastly, be open to different methods that are nontraditional can benefit a person in chronic pain.

How does chronic pain turn into a “syndrome”?

Not everyone with chronic pain develops chronic pain syndrome – perhaps some are constitutionally (or genetically) predisposed to have problems dealing with chronic pain – more than others. As a consequence, progressive searching for pain relief leads to increasing problems. People with chronic pain syndrome treat emotional and physical pain with medications, typically opioids. They tend to search for a cure and continue to pursue this end with a variety of doctors and procedures.



## Does gender play a role in how we experience pain?

Studies have shown that several areas of male and female brains reacted differently when given the same pain stimulus. The female brain showed greater activity in limbic regions, which are emotion-based centers. In men, the cognitive regions, or analytical centers, showed greater activity. Studies also show that women report pain more often than men do, and in more body regions. They also have more severe and more persistent pain. When women and men are given the same pain stimuli in laboratory studies--gradually increasing heat, for instance--women say "ouch!" before men do. Women discriminate better between types of pain. Despite their greater pain burden, women handle pain better than men do. Women use more coping strategies, honed perhaps by their more frequent encounters with pain, in menstruation and in labor and childbirth. Women prepare better for pain. They plan tactics to handle it. Men more often say, "I'll deal with it when I have to."

## What are the two groups of pain medications?

There are a large number of non-opioid pain medications including anti-inflammatory medications (ibuprofen-like), Tylenol, muscle relaxants, ant-seizure medicines, antidepressants and topical preparations, all of which enhance pain relief. The mainstay of treatment for chronic pain has always been the opioids – habit-forming pain killers (or narcotics) that are effective in diminishing pain but which can cause side effects and result in physical dependency, in some cases addiction, and sometimes worse pain with continued use of the opioids (opioid induced hyperalgesia).

## How does someone get addicted to pain medications?

If someone becomes addicted to pain medications, they had a predisposition because of their brain chemistry from an early age. Many are born with this tendency. It seems like the key is that when someone with this predisposition takes a drug, in this case, an opioid, they feel something unique and almost "magical" an effect on their brain that causes them to feel good – out of pain, both physical and emotional. The cycle of addiction occurs when, in an attempt to re-experience these feelings, the person uses more and more of the drug, with increasing problems as a result of using. Eventually they will experience loss of control and craving which drives them to continue to use despite negative consequences.

## Why do chronic pain and addiction often go hand in hand?

Pain comes in emotional and physical forms. For many who use opioids, they achieve relief of both types of pain as well as suffering in the short run. The brain regions where pain is experienced and where opioids work are tied to the region where reward is experienced – hence, by taking opioid medications for pain relief, some inadvertently trigger the pleasure center as well – when the drug wears off, they are drawn to repeat the experience again and again at higher and higher doses, often finding they cannot stop the drug.

## Does everyone who takes pain medication get addicted?

Not everyone – maybe 15-25 % - depending on the studies you read – a percentage of people who take pain medications become addicted – unable to stop, continuing to use despite problems, preoccupation, spending time getting drugs and neglecting other life responsibilities. The key to the diagnosis is loss of control and has to do with the effect the drug has in an individual's brain – if the drug fits a certain way, the person gets an effect that they are driven to search for again and again – eventually losing control.

## What constitutes addiction to pain medication?

See above. Continued use despite consequences and getting a euphoric effect from the opioid are characteristics of addiction. Often this occurs in conjunction with use and abuse of other substances like sedatives, anti-anxiety drugs, stimulants, marijuana and alcohol.

## Explain drug tolerance... physical dependence...and addiction.

Tolerance means you need more of the drug to achieve the desired effect. Physical dependence means you can't stop with experiencing withdrawal symptoms, usually the opposite of the drug's effect. Addiction may involve tolerance and dependence but also includes loss of control, continued use despite consequences, inability to cut down or quit, and problems in life function as a result of using the drugs.

## Is it true that chronic pain changes the brain?

Yes. The brain is plastic or changeable. If exposed to a certain stimulus, the brain changes in response. If the stimulus is pain, chemical levels change and eventually the actual neurocircuitry of the brain transforms. This may or may not be reversible – certainly continuous use of opioid medications changes the brain.

## Why is it important to move the body even if doing so hurts more?

If we have pain, and we don't move, and hold the painful part of us in just the right position.... just right at just the right angle...it may not hurt. If we continue to hold our body in a particular position, eventually, if and when we try to move, we are either stuck in that position (like a frozen shoulder) – or when we do move, it hurts worse than before. One of the cardinal rules of treatment of chronic pain is "move it or lose it" –in other words, we must move or the pain will get worse. Moving and exercising temporarily hurts more, but eventually loosens the tissues and decreases the level of pain.

## What is TENS?

Transcutaneous Electrical Nerve Stimulator is an electronic device that works through the skin by sending a painless electrical current to specific nerves. The current may be delivered intermittently or continuously. The mild electrical current generates heat that serves to relieve stiffness, improve mobility, and relieve pain. The treatment is believed to stimulate the body's production of endorphins or natural painkillers.

## How do you as a doctor respond to patients who say, "It's never going to get better?" and "I can't do it?"

This is a commonly expressed sentiment by people who are suffering with chronic pain. When I work with someone with a painful condition, the first thing I let them know is that any statement containing "never" or "can't" is simply a lie. The lies we tell ourselves are fear-based. The truth is that with a variety of techniques the pain will change – at times be better. For some, simply stopping opioid medications makes it a little better. Everyone can do something about their pain – many don't want to or are afraid they won't be successful – and there's no denying that it's harder than taking medications and not moving – but the returns on investment of time and energy are bountiful.

## You write about faith and spirituality in this book. What is the link to your work? I've rarely heard this reference when reading about chronic pain?

Faith and spirituality are always helpful forces in seemingly intolerable situations. I'm referring to our own individual concept of spirit – not associated necessarily with organized religion or even religious beliefs. By allowing ourselves to step out of the center and broaden our view of the world, realizing we are not the only ones suffering – we are part of a bigger universe and there is some force greater than ourselves, most people take some solace and find a unique brand of relief from their suffering.

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