



# TEN HALF-TRUTHS IN PAIN

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By the time I finished medical school I could deliver babies, restart a heart, and sew deep wounds. Despite years of studying and hard work, I still couldn't tell whether it was really true that eating before swimming was dangerous or if one could catch a cold from being out in the rain. The folk wisdom I learned as a child from my parents and well wishing relatives still permeates my life, and no amount of science or schooling can completely eliminate some of the beliefs and superstitions I carry, so deeply imprinted they are.

It took me a while to realize that some of the concepts that other people and I share, those that lack credible science, may not be necessarily wrong either. Eating before swimming may indeed shunt some of the blood away from the muscles; perhaps the rain can lower the body temperature enough to cause a decrease in immunity.

When it comes to pain, there are plenty of popular beliefs that can't be completely proven or denied, half-truths that may contain a grain of wisdom and a ton of ignorance, or the other way round. We chose just a few of the most prevalent ones to get started.

### **1. Arthritic joints hurt more when the weather changes.**

I wish I had a penny for every time I've heard people tell me that. In fact, I've heard it so many times that I have to believe that the weather

can influence pain, or my patients are all part of a huge conspiracy to fool me. The science behind it still eludes me for, so far, we have not been able to consistently recreate joint pain by changing the environment's temperature, pressure or humidity. Actually, using a steam room seems to help some people with joint pain, while airplane travel and changes in the air pressure that comes with it does not seem to influence the pain much.

Sunlight also appears to have a direct effect on mood and pain. The decreased amount of light received during shorter days is believed to be responsible for the winter blahs; myself, I don't consider the treatment of a patient finished until they have been relatively pain free during at least one winter.

Strictly speaking, the moon doesn't have much to do with the weather, but many emergency room doctors and nurses will swear that unusual patients are more common during the full moon (after all, the name lunatic comes from the Latin name for moon, *luna*.)

### **2. It is safer to use natural products to relieve pain instead of pills.**

Despite of what advertisements for alternative medical products tell you, *natural* does not mean *safe*. Arsenic, lead and scorpions are all

natural, and so are many of the most powerful medical drugs we use, like curare and digitalis. Salicylic acid, the precursor of aspirin, is a natural product that comes from the bark of a tree; aspirin was developed as a safer artificial version of that compound, less likely than the natural product to cause gastric bleeding.

Many of the compounds sold at the health store may indeed be good for us; we just don't know which ones since they are seldom tested for efficacy and safety. If you read the small print label on their packages, you'll often find a disclaimer stating that the product has not been proven effective for what they advertise. A typical example is glucosamine, alone or combined with chondroitin, which is a blockbuster compound utilized by hordes of loyal followers (and prescribed by many doctors), that has not yet been proven effective for the alleviation of joint pain.

This doesn't mean that all the drugs produced by the pharmaceutical companies are themselves safe and effective either, or that they lack expert marketing to convince us of how good they really are. Use good judgment and remember to read the labels.

### **3. If you cut a nerve, the pain goes away.**

Wrong. Although the pain may go away when the involved nerve is first cut, it often returns with a vengeance. A combination of numbness

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and severe burning, shooting pains often follows the sectioning of a nerve, a practice that has mostly been abandoned by physicians as a therapy for pain. Phantom pain, a pain that may persist in the hand or foot even after the whole limb has been removed, is an example of what may happen when nerves are cut.

The management of chronic severe pain has changed dramatically in the thirty years I've been treating it. We do now understand that severe pain can and does damage the connections between the nerve cells located in the spinal cord and brain; left untreated, some types of pain may become permanent.

## 4. If the pain goes away with sugar pills, it is not real pain.

Wrong again (I didn't find out it was wrong until I had left medical school). The *placebo* effect is a puzzling phenomenon worthy of a Nobel Prize, observed when an affliction improves despite an ineffective treatment. Not only pain, but also other medical conditions such as heart disease and Parkinson's, have been shown to respond to pills containing nothing more than starch.

The secret is in the patient's belief that the treatment may be effective, and it becomes much stronger if the doctor treating that patient also believes the same. A placebo can make one not only *feel* better, but somehow can *make* one actually better such as seen in the reduction of tremors in Parkinson's or improved cardiac function after a heart attack.

## 5. Orientals have a higher tolerance for pain.

Still wrong. Humans have a rather uniform ability to detect pain and to respond to it; our culture and upbringing is what determines how much pain behavior we do exhibit. Cowboys don't cry and Orientals are stoic, but that's mostly for show, not necessarily what they feel. In some Asian cultures the display of pain and suffering is discouraged to such an extent that it can become a shameful condition for the person who suffers and even for their families. Unfortunately, the absence of pain complaints can lead to the delay in the diagnosis of serious illnesses.

## 6. I've been having headaches; I probably need my eyes checked.

If you start having bothersome headaches it is more likely than not that the problem is

not directly related to your eyes or glasses; despite popular belief, eyestrain or new prescription glasses are more prone to induce dizziness and mild nausea, as opposed to severe headaches. A doctor's examination of the eyes and eye grounds is however important in any newly developed headache since it can detect neurological disorders that can lead to headaches, such as infections or tumors.

## 7. If you take enough over the counter analgesics, you can stop almost any pain.

Besides being dangerous, that's a myth. Most drugs reach a ceiling beyond which further increases in the drug level leads to no appreciable benefit, but it certainly increases the chances for side effects. Too much acetaminophen and your liver fails; too much ibuprofen and your kidneys will shut down.

Not all pains are equal, and some respond in peculiar ways to drugs that are not considered analgesics. For example, some headaches may respond to cortisone but not to morphine and a damaged nerve may respond to nothing but seizure medication or antidepressants. Your doctor should evaluate any persistent pain, and the same is true for any pain that does not respond to over the counter medication used as directed on the package.

## 8. Liniments can work for most kinds of pain.

Liniments, creams, and lotions used in the treatment of pain generally contain substances that cause redness and heating of the skin by irritating it. That causes a reflex increase in the temperature of the deeper tissues, which does many times alleviate pain, kind of masking it with another sensation. These chemicals, however, do not penetrate deep enough to treat arthritis, tendonitis, or other ailments.

## 9. Imaginary pain is common.

Pure psychogenic pain is actually not a frequent encounter; I may have diagnosed only a handful of cases in my career. What is common is the association of pain and depression, a sort of chicken and egg problem. Chronic pain often induces depression and it is widely believed that the chemical imbalance that leads to depression can also cause pain.

Although severe depression can be relatively easy to diagnose, milder cases are often mistaken by relatives and doctors for laziness, pessimism, or a just a poor attitude. Since antidepressants can work successfully for the treatment of chronic pain, people erroneously assume that the pain "is all in the head". The bottom line is that, whether physical or emotional, pain hurts.

## 10. A bar of soap at the foot of the bed eliminates nighttime leg pain.

After Dr. Gott's newspaper column mentioning it as a possible treatment for leg pain, I've heard from several happy patients about the effectiveness of placing a bar of certain brands of soap under the bed sheet. Skeptical as I am, I still assume the relief to be pure placebo but, if it works, who cares?



## About The Author

Moacir Schnapp, MD, whose background is in neurology, came to Memphis from Sao Paulo, Brazil in 1979 and accepted a position that year at the University of Tennessee Pain Clinic, where Kit S. Mays served as Medical Director. Dr. Schnapp succeeded Dr. Mays to the UT Pain Clinic directorship, and in 1982, the two went into private practice together. The doctors continue their twenty-eight year collaboration at the Mays and Schnapp Pain Clinic and Rehabilitation Center, treating Mid-South patients who suffer from chronic pain with a true multi-disciplinary approach. The clinic, located at 55 Humphreys Center Drive, Suite 200, Memphis, 38120, is open Monday through Friday from 7:00 am to 5:00 pm. For more information call 901-747-0040.

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