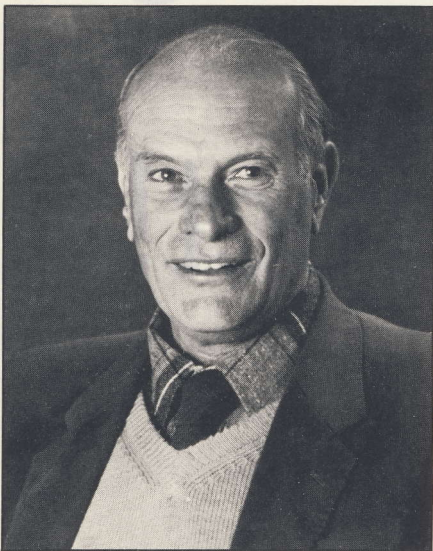


## Patient Education Column



# LET ME EXPLAIN SO VERDUIDELIK EK

by Dr Howard P Botha

*Readers are invited to communicate their views on any aspect of patient education for publication in this column.*

## *When is a pain a pain?*

When is a pain a pain? What can we offer those who continuously and consciously endure anguish, those with whom pain is ever present? The doctor's aim is to help them to endure. He does not have to leave his desk and enter life to find these unfortunate people; they present themselves.

This is Joan Kemp. She is 49 years old and is employed as a typist. She first came to me about a year ago with severe herpes zoster. She is now suffering from a post herpetic pain which is, in her specific post, a real stumbling block.

Her endurance has now reached its lowest level and I hear the anxiety in her voice:

"I feel so disappointed that all the investigations and treatment have failed to relieve my pain. A friend of mine has a cousin who lives in the United States. She has apparently also developed the same severe pain after an attack of shingles. Nothing could be done for her until she was referred to a pain clinic. What is your opinion about this, Doctor?"

Quite recently there had been a cover story on pain in Time Magazine. Because these pain clinics were a new concept, I discussed their pro's and con's with one of our leading neurologists. He was very positive about this new approach.

"Yes, they seem to be an enormous help to patients where there is no sick organ that can be removed to relieve the pain; also to patients with no apparent cause for the pain, and to patients, like you, where medicines and other treatment failed. It's a pity, however, that we simply don't have the resources and cannot compete with the Americans to build these new types of clinics."

She sits for a while. Apparently I have shattered a new hope. She has been very courageous until now. She breaks down.

"But, Doctor, isn't it cruel that I, one out of a thousand, have been so severely afflicted?"

I realise that this patient has now reached a stage where she has a great need for support. She should not feel alone. One-third of the American people have persistent or recurrent chronic pain; there might be the same pattern amongst certain population groups in our own country. Nevertheless, she does need support and her right to complain cannot be taken away from her.

"Miss Kemp, unfortunately, I have to say that we have nothing at the moment to offer. You will have to face the reality that your pain is unlikely to go away and that it has almost made a disabled person of you." She becomes somewhat agitated.

"Yes, Doctor, I am almost tempted to say 'talk is cheap', but I know you have tried so hard. On the other hand, you understand that one gets so desperate. Friends are even urging me to go to a certain quack. He is confident that his treatment will make me free of pain."

She gives me no choice but to shatter another hope.

"Miss Kemp, may I remind you of what Goethe said long ago: 'We know accurately only when we know little; with knowledge, doubt increases.'"

She stays determined to try out all other possible avenues.

"But surely, there must be other alternatives. Can we not break this cycle to meet every dawn, which means for me another day of pain? The first thing in the morning is to reach for my pillbox. What about hypnosis or self-hypnosis? I am willing to serve as a guinea pig!" I tell her that we are still trying to find our way in using hypnosis in this field and in obstetrics,

and although it has already been used in a number of schools, the results have not been encouraging.

Is there really so little to offer this woman, undermined by fatigue, tension and depression?

"I know your pain is very real and that it is a complicated condition; it therefore merits the so-called 'team approach'. It is too much of a challenge for one 'wonder doctor'. In our search for alternatives to medicines, we have made the discovery that excellent use can be made of other therapists in the management of this severe form of pain. They can apply treatment forms such as exercise, relaxation, massage and others. And this leads me on to the next point. Pain can be relieved by using your own innate mental powers to change your pain threshold. This threshold is lowered by factors such as a poor self-image, lack of motivation and not being able to see the bright side of life. This all lies within yourself."

She smiles, but still has the troubled look in her eyes.

"I think I will find it more bearable when the nature of pain in general could be explained to me."

I realise that patient education at this time should be direct and to the point:

"Pain remains the body's alarm system. It warns you that something is wrong. Not to have pain at all, can be disastrous.

You know how leprosy patients destroy their fingers or toes just because they cannot feel pain. Most people will not escape one painful affection during their life-span. For most it will be short-lived suffering; it could be caused by a sprained joint, childbirth or perhaps a renal colic.

Let me try to explain the path of pain in the body by means of this simplified drawing. You can see how the pain message, picked up by nerve endings, finally reaches the cortex, (the brain's outer layer). Here the location of the pain and its intensity is received. However I, as your doctor, can never precisely know your experience of pain, your reaction to it will indicate how severe it is."

She is ready to go and gets up. She should take with her a word of encouragement. I cannot think of any better than a short passage from that wonderful book, *The Quiet Art*: "Remember that no sudden tragedy can be so terrible as one that is prolonged, no courage can be so magnificent as that which knows, which waits, but which can still endure."

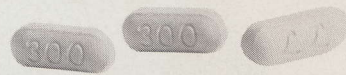
**For Further Reading:**

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