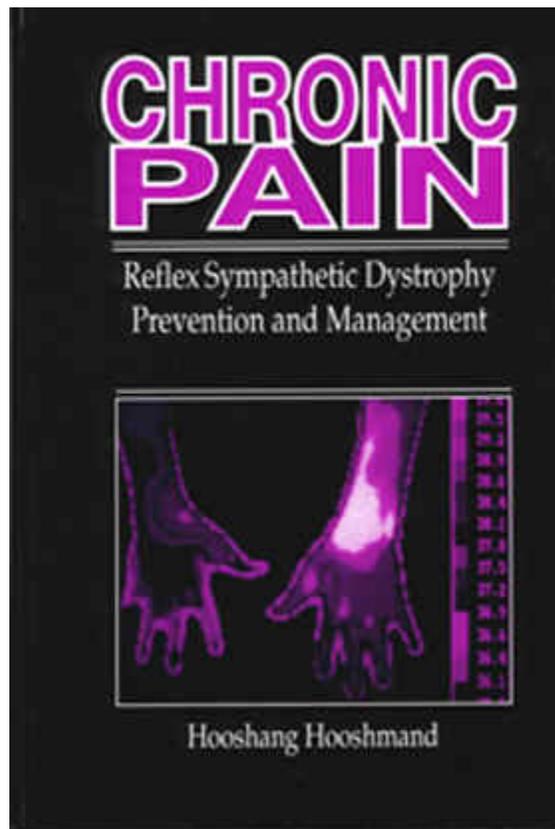


CHRONIC PAIN
REFLEX SYMPATHETIC DYSTROPHY
PREVENTION and MANAGEMENT

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Chronic Pain: Reflex sympathetic Dystrophy Prevention and Management is the first book devoted to the subject of Reflex Sympathetic Dystrophy (RSD). The book presents a new classification for the different stages of RSD and features the most comprehensive coverage of the literature on RSD and its related aspects. Qualitative and quantitative differences between natural endorphins and synthetic narcotics are described for the first time, as are long-term follow-ups on sympathectomy patients. Other topics considered include thermographic methods for the diagnosis of RSD, the role of ACTH in the management of chronic pain, and comparisons between the effects of ACTH and those of corticosteroids. The mechanism of development of RSD is clarified through an extensive collection of drawings and anatomical pictures. The book also explains why sympathectomy fails, but nerve block and physiotherapy is successful in the treatment of RSD.

Chronic Pain: Reflex Sympathetic Dystrophy Prevention and Management is an important reference for neurologists, neurosurgeons, physiatrists, thermographers, anesthesiologists, orthopedic surgeons, interns, and students interested in the topic.

Features

- Presents a new classification for the different stages of RSD

- Features the most comprehensive coverage of the literature on RSD and its related aspects

- Describes for the first time qualitative and quantitative differences between natural endorphins and synthetic narcotics

- Examines the role of ACTH in the management of chronic pain

- Clarifies the mechanism of development of RSD through an extensive

collection of drawings and anatomical pictures

- Explains why sympathectomy fails, but nerve block and physiotherapy is successful in the treatment of RSD

Contents

Introduction

- History of Reflex Sympathetic Dystrophy
- The Role of Sympathetic Nervous System in Temperature Regulation
- Anatomy of RSD
- Pathophysiology of the Sympathetic System
- Sympathetic Nervous System and Motor Function
- Manifestations of RSD
- Origins of RSD
- Referred Pain and Trigger Point

● Etiology of RSD

● Prevention of RSD

● Management of RSD

Excerpt From:

Chronic Pain:

Reflex Sympathetic Dystrophy Prevention and Management

Introduction

Chronic pain is being mismanaged universally. Impatient surgeons try unsuccessfully to excise the pain. Internists load the patient with narcotics and depressing tranquilizers. Chiropractors try to cure everything with their fingers. Acupuncturists shoot darts at the patients.

The inevitable failure in control of pain is compounded by the hostile attitude of the impatient healer. The victim suffers from magnified pain due to the side effects of "treatment". The physician considers the patient crazy and relegates the pain management to the psychiatrist who is not trained in the management of pain.

Even this late in the twentieth century, the patient has to cope with the nonsensical accusation that "it's all in your head" where every kind of pain obviously resides.

The most misunderstood and complex subject in medicine is the hyperpathic pain of *sympathetic dystrophy*. Understanding this self-perpetuating pain-which "never stops" - requires unbiased knowledge of physiology and pathology.

Above all, it requires the open mind of a physician who can understand that there is no dicotomy between "psyche" and "soma", between "brain" and "mind", or between "true" and "imagined" pain.

In contrast to somesthetic pain, sympathetic pain terminates in the limbic system. It can be more severe than the pain of cancer. It can be fatal: heart attack or suicide is more common among there patients than the rest of the population. It causes tremor, blepharospasm, flexion deformity, vasoconstriction, and severe vascular migraine headache.

RSD is more common than previously assumed by clinicians. Trauma is not at the top of the list of its variety of etiologies. It may have its origin in the periphery: head, cervical spin, trunk, or extremities. It may just as well originate in CNS: spinal cord, brain stem, or cerebral hemispheres.

Invasive surgical treatments in the form of sympathectomy, tractotomy, arthrodesis, or stimulative procedures are apt to fail in the long run. Narcotics, alcohol, and almost all benzodiazepines only exacerbate the sympathetic pain.

The physician can substantially increase the rate of success in the control of this intractable pain by taking advantage of early diagnosis, aggressive physiotherapy, multiple sympathetic blocks, as well as epidural blocks and antidepressants.

The goal of this book is to review the present knowledge regarding the understanding, prevention, and management of the scourge of reflex sympathetic dystrophy.

CHAPTER 1

History of Reflex Sympathetic Dysfunction

History

"It would be a great thing to understand pain in all its meanings."

Peter M. Latham

Reflex sympathetic dystrophy (RSD) is the most unpleasant and uncomfortable form of chronic pain. It is the extreme prototype of disabling chronic pain.

Chronic pain is the type of pain that persists long after the original injury. Obviously, recurrent attacks of acute pain due to new and repetitive damages from cancer or recurrent heart attack cannot be considered chronic pain even though they may be of longstanding duration.

It is estimated that approximately 30% of the general population suffers from chronic pain. One third of these patients suffers from RSD.

The chronic pain of RSD is typified by a marked emotional connotation. It is invariably accompanied by anxiety, phobia, and neuropsychological disturbances in the form of irritability, agitation, and depression.

Historically, chronic pain has been the subject of clinical debate among physicians for a few centuries. Greek philosophers considered the brain as the site of pain perception. The first references to hyperpathic sympathetic type of pain appeared in the literature in the late 1700s by the famous British surgeon Potts. He first mentioned that trauma can be the source of burning pain and atrophy of the extremity.

The first report of amputation for treatment of this type of pain was by Denmark in 1813. Even though amputation seems to be a drastic and extreme form of treatment for RSD, even at the present time surgeons are performing amputation for RSD accompanied by osteoporotic fractures.

Needless to say, no RSD patient should undergo amputation. Even multiple fractures in small bones of the foot can be corrected without surgery. Proper physiotherapy, weight-bearing, sympathetic blocks, etc., will always save the extremity from being amputated. However, amputation is done because of lack of understanding regarding the nature of RSD. It is done when all other measures have failed and especially because of the fact that only a small percentage of RSD patients are diagnosed in the early stages of the disease. By the time the disease becomes advance, the pathology takes a rapidly accelerating downhill course that may culminate in the disastrous procedure of amputation.

Amputation not only does not cure RSD, but it can be the cause.

In 1851 the French Father of Physiology, Claude Bernard, described the role of the sympathetic nervous system in preservation of *milieuinterne*. He was the first to describe the sympathetic nervous system as being responsible for temperature regulation of the internal balance in the body.

The first report of clear-cut pathologic sympathetic dystrophy was made by the American neurologist, S. Weir Mitchell, who reported for the first time the victims of sympathetic dystrophy on the wounded soldiers of the Civil War. He colorfully called this condition erythromelalgia, implying reddish sick pain. In 1867 he described the condition in more detailed and called it causalgia.....

Table of Contents

Table of Figures	<i>xiv</i>
List of Tables	<i>xvii</i>
Acronyms	<i>xviii</i>
Preface	<i>xix</i>
Introduction	1
CHAPTER 1:	
	3
History of Reflex Sympathetic Dysfunction	
History	3
Truth is the Only Survivor	11
CHAPTER 2:	
	13
The Role of Sympathetic Nervous System in Temperature Regulation	
Thermal Changes	14
Temperature Changes in RSD	14
Synaptic (Disuse) RSD	17
Ephaptic (Causalgic) RSD	24
Causes of Hot Spots	25
CHAPTER 3:	
	27

Anatomy of RSD	
Chemical Structure of the Sympathetic System	29
Chemical Anatomy	30
Other Clinical Applications of the Chemical Anatomy of SNS	30
Three-Bucket-Immersion Test	31
CHAPTER 4:	33
Pathophysiology of the Sympathetic System	
Lateral (Somesthetic) System	33
Medial (Nociceptive) System	36
Stress and RSD	39
Eustress	39
Distress	39
Pain and Stress	40
Stress-Induced Analgesia (SIA)	41
Life-Threatening Pain	41
Origins of SIA and SIP	42
Stress-Induced Pain (SIP)	42
Chemicals Influencing Stress-Induced Analgesia (SIA)	42
Sympathetic Mediated Pain (SMP)	44
Somesthetic (Somatic) Pain vs. Sympathetic Pain (SMP)	44
Manifestations of Sympathetic (Hyperpathic) Pain	44
Origins of Sympathetic Pain	45
RSD of Disuse	45
Scar (Ephatic) Pain	45
Deafferentation	45
Central Transmission of Sympathetic Pain	49
Summary	49

Clinical Examples of Paleencephalic (Sympathetic) Pain	51
Modulators of Paleospinothalamic Tract	51
CHAPTER 5:	57
Sympathetic Nervous System and Motor Function	
Treatment Applications	58
CHAPTER 6:	59
Manifestations of RSD	
RSD of Disuse	59
Ephaptic (Causalgic) RSD	60
Nerve Root Contusion (Ephaptic)	61
Common Areas of Ephaptic Pain	62
Common Ephaptic Watershed Zones in Medical Practice	62
Causalgia	64
Causalgic Pain	64
Major Causalgia and Motor Dysfunction	65
CHAPTER 7:	67
Origins of RSD	
Peripheral vs. Central Origin	67
Mechanism of RSD	67
Peripheral Mechanism	67
Central (Spinal Cord) Mechanism	68
Vicious Circle	68
Central Biasing Mechanism	69
Turbulence Phenomenon	69
WDR	69
Central (Brain Stem) Mechanism	69
The Brain Stem as a Modulator of Pain	70

The Brain Stem as a Modulator of RSD	70
The Brain Stem as an Endocrine Center	71
Serotonin and Norepinephrine as Modulators of RSD in Brain Stem	71
Brain Stem and Trigeminal Nerve	74
RSD and Migraine	75
Brain Stem and Migraine: Trigeminovascular Reflex	75
Trigeminovascular System and Migraine	76
Migraine and Ischemia	76
Substance P	77
Substance P and Sympathetic Ganglia	78
Substance P and Headache	78
Substance P and CNS	78
Role of Frontal Lobe in RSD and Migraine	78
Limbic System, RSD, and Migraine	81
Peripheral Cervicofacial (Referred Pain) Migraine	81
CHAPTER 8:	83
Referred Pain and Trigger Point	
Referred Pain	83
Trigger Point and Myofascial Pain	84
Mechanism of Formation of Trigger Point	85
Clinical Diagnosis of Trigger Point	85
Craniofacial Muscles Trigger Points	86
Cervical Spine Trigger Points	86
Shoulder Area Trigger Points	86
Upper Extremities Trigger Points	86
Lower Extremities Trigger Points	86
Clinical Significance of Trigger Point	87
Cold Spots	87

Trigger Point Injection	90
CHAPTER 9:	
Etiology of RSD	91
Cervical Spine and RSD	91
Cervical Spondylosis	92
Treatment of Cervical Spondylosis	93
Chronic Cervical Spine Injury	94
Sherrington's Phenomenon	95
Cervical Spine and Chest Pain	95
Tremor and Cervical Spine Pathology	95
Other Systemic Causes of RSD	95
Idiopathic Forms of RSD	96
Alcohol Abuse and RSD	96
Intercostal RSD	98
Spinal Cord RSD	98
Electrical Injuries	100
Diagnostic Tests for Electrical Injuries	101
Differential Diagnosis of RSD	102
Diseases Mistaken for RSD	102
RSD Mistaken for Other Diseases	103
CHAPTER 10:	
Diagnosis of RSD	105
Clinical Tests	105
Measurement of Pain	105
Davidoff Method	106
Bone Scan	106
QSART Sweat Response Test	107

SCR	107
CBV and LDF	107
Norepinephrine Spillover	107
Other Methods	108
Use of Thermography in RSD	109
Objective vs. Subjective Pain	111
Reliability of Thermography	111
CHAPTER 11:	113
Prevention of RSD	
Outline of Prevention	113
Preventive Measures	114
Early Diagnosis of RSD	115
Reflex Sympathetic Dysfunction	115
Avoidance of Alcohol	116
Acid Rain	117
Effect of Alcohol on Limbic System	117
RSD and the Effect of Drugs on the Brain Stem	119
Avoidance of Litigation	119
CHAPTER 12:	123
Management of RSD	
Summary of Management	123
Early Diagnosis	123
Physiotherapy	125
Massage	125
Avoid Ice Pack Application	126
Traction	126
Hydrotherapy	126

Discontinuation of Assistive Devices	126
Trigger Point Injection	127
Hot Trigger Point Injection	127
Chemical Sympathetic Nerve Block	127
Presynaptic b Chemical Block	127
b Blockers	127
a ₂ -Blocker	129
Calcium Channel Blockers	129
Central a-Receptor Chemical Blockers	129
Peripheral a ₁ -Receptor Chemical Blockers	129
Transcutaneous Electrical Nerve Stimulator (TNS)	130
Diet	131
Food as a Stimulant	131
Diet and RSD	131
Alcohol and Smoking	135
Hormone Treatment: Adrenocorticoids (Lazaroids)	135
Narcotics and Chronic Pain of RSD	136
ACTH and Endorphins	136
Endorphins and SNS	137
ACTH in Neuropsychiatric Disorders	140
TRH and CNS Depressants	143
Hormones and Seizure Disorder	144
Clinical Uses of ACTH	145
ACTH in Treatment of Pain and RSD	145
ACTH and Seizure Disorder	145
ACTH Treatment of Depression in RSD	145
Estrogens	146
Antidepressants	146

Management of Insomnia	147
Anticonvulsants	148
Antiviral Treatment	149
Discontinuation of Narcotics and Benzodiazepines	149
Biofeedback (Operant Treatment)	150
Invasive Nerve Blocks	151
Sympathetic Ganglion Nerve Blocks	151
Sympathetic Block for Efferent Complications of RSD	151
Sympathetic Ganglion Block and Motor Dysfunction of RSD	151
Dystonia	151
Regional Block	152
Fatigue and Sympathetic Nerve Block: Orbeli Phenomenon	152
Repetitive Sympathetic Nerve Block for Manifestations of RSD	152
Regional Blocks	153
Method	153
Invasive Treatment	154
Sympathectomy	154
Technique	155
Results	155
Causes of Failure after Sympathectomy	156
Morphine Pump	160
Patient-Controlled Analgesia (PCA)	161
Conclusion	162
Recent Advances and Future Trends	164
Early Diagnosis	164
Diagnostic Methods	164
Other Advances in Diagnostic Methods	165
Bone Scan	165

MRI	165
Further Advances in Etiology of RSD	165
Cancer and RSD	166
Manifestations of Different Stages of RSD	166
Headache and RSD	166
Dermatologic Manifestations of RSD	166
Pregnancy and RSD	166
Shoulder Pain and RSD	166
Regional Sympathetic Block	167
Regitine Test	167
Other Forms of Treatment	167
Opioid Withdrawal	168
Sympathectomy	168
Future Trends	168
References	169
Index	189
Author Index	201

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CRC Press

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Chronic Pain: Reflex Sympathetic Dystrophy, Prevention, and Management

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KEY FEATURES:	<ul style="list-style-type: none">● Presents a new classification for the different stages of RSD● Features the most comprehensive coverage of the literature on RSD and its related aspects● Describes for the first time qualitative and quantitative differences between natural endorphins and systemic narcotics● Examines the role of ACTH in the management of chronic pain● Clarifies the mechanism of development of RSD through an extensive collection of drawings and anatomical pictures● Explains why sympathectomy fails, but nerve block and physiotherapy is successful in the treatment of RSD

AUDIENCE:	Neurologists, Neurosurgeons, Psychiatrists, Thermographers, Anesthesiologists, Orthopedic Surgeons, Interns, Students.
SHELVING GUIDE:	Medicine, Clinical Science, Pain Management
SHORT TOC:	Chronic Pain: Reflex Sympathetic Dystrophy, Prevention, and Management is devoted to the subject of Reflex Sympathetic Dystrophy (RSD). The book classifies the different stages of RSD and describes the qualitative and quantitative differences between natural endorphins and synthetic narcotics. Included are long-term follow-ups on sympathectomy patients.
CATALOG NUMBER:	8667
PAGE/TRIM/BINDING:	224 7 x 10 Hard Cover
ESTIMATED ILLUSTRS.	
COLOR:	
B & W:	58
ISBN:	0849386675
PRICE:	\$179.95 / £120.00
PUB DATE:	March 1993
	This book is available from:
	CRC Press, Inc. 200 Corporate Blvd, N. W. Boca Raton, FL 33431 1-800-272-7737
	You can order this book on-line at: http://www.crcpress.com e-mail: orders@crcpress.com