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Opinion

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Psychosomatic pain in head and neck region

Abstract

Pain can be described as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. The word pain is derived from the Latin word 'Poena' which means punishment or penalty after goddess of punishment. This term was originally used to denote suffering particularly if it has resulted from blameworthy act. The word 'Pschycosomatic' is originated from the Greek word for mind and body. It does not originate from physical cause. It is related to emotional problem.

Keywords: psychosomatic, pain, headache, kidney, antidepressants, psychiatric disorders, angina, asthma, syncope

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Pain management is based on emerging theory of what creates the sensation of pain what creates our perception in general. The persistent pain associated with emotional distress in absence of organic findings is primarily due to psychiatric illness. A number of pain specialists have realized the importance of psychological factors in the presentation of patients with chronic pain. Dr Livingstone, disagreed with the concept supported by many researchers that pain without physical findings is hysterical to malingering. The international headache society has defined atypical pain facial pain as persistent facial pain that does not have the characteristic of the cranial neuralgias and is not associated with physical sign or demonstrable organic cause. It is present throughout day and persist for most of the day. It is confined at onset to limited area on one side of face and may spread to the upper and lower jaws or other areas of the face and neck. It is deep and poorly localized. The pain is not associated with sensory loss or other physical sign. Laboratory investigations do not demonstrate relevant abnormalities. Stress in an environment can impair the development of the brain and nervous system. An absence of mental stimulation in neglectful environment may limit the brain for developing to its full potential. Children with complex trauma histories may develop chronic or recurrent physical complaint such as headache or stomachache. Adults with the history of trauma in childhood have been shown to have more chronic physical condition and problems. They may be hypersensitive to sound, smell or touch. As result they may injure themselves without feeling pain. They may compliant of chronic pain in various body areas for which no physical cause can be found. Clinician should routinely ask patients with chronic pain about past and present history of abuse. This information is very important regardless of presence of pain. When physically exploring the cause of pain, the physician needs to help the patient to understand location quality and nature of pain. This process is confronting the pain in the body is an important aspect of healing chronic pain in a holistic or multi disciplinary clinic (pschyco-somatic region for chronic pain).[1,2]

There are literature about connection between the limbic system, the place where emotional memory appears to be stored and the autonomic nervous system especially valuable in the literature on psycho-neuro-immunology. The hippocampus and amygdale region show regional constant arousal in patients suffering from posttraumatic stress. The stress signals travels three ways, down via releasing factors to the pituitary, down the sympathetic pathways creating peripheral target specific vasoconstriction and wind up effect on nociceptors. The feeling of fear has been related to vagus stimulation of the kidney area and sympathetically induced release of cortisol and norepinephrine. When a conflict from childhood is uncovered, a new intra cerebral neuronal connection is made from the limbic system to the cortex. The patient becomes more conscious. The conflict induced electrical energy from areas in the limbic system can now flow to the cortex instead of constantly arousing areas in the hypothalamus. This energy become source of greater vitality and clarity. Sometimes psychiatric disorders also lead to complaint of facial pain. It must be emphasized that the recognition of psychogenic symptoms is usually diagnosed by exclusion but it is important to recognize them. The symptoms cause real enough suffering to the patient and should be relieved.[3] There are few features which suggests that the symptoms are pschycogenic but not depressive. They may be absence of organic cause, physical sign character and duration of the symptoms.

Character of pain may be bizarre such as drawing or griping sensations are apparently exaggerated unbearable pain in spite of normal health or sleep. Distribution of pain is often somewhat vague and patient may be unable to put a finger upon the painful area precisely. It may not follow the anatomical pattern. The provocation of symptoms usually may not provoked by recognizable stimuli such as hot, cold, food or mastication. Effect of analgesic are said to be totally ineffective. These types of patients sometimes respond to antidepressant drugs with the relief of symptoms and striking general improvement in mood after medication. There are also some connection between the abuse and chronic pain in the notion that strong negative emotions are repressed by the person in the emotionally painful moment of abuse. In the holistic therapy the focus is on integrating body, feeling and mind. We often find that such feeling hidden in the tissue and organ of the body causing not only pain but often actual disease too. In the multi disciplinary treatment of the patient with chronic pain it is therefore necessary to remain open to the possibility that the root cause may not be visible initially. Clinicians should routinely ask chronic pain patients about any history of past or present abuse. Atypical odontalgia is likely to be a group of disorders which may be purely of psychological aetiology, others may involve neuropathies, or central sensitisation in the subnucleuscaudalis of the trigeminal nerve. The aetiology of atypical odontalgia is unclear, with a variety of local and systemic factors. Psychological factors are so often associated with atypical odontalgia that it is frequently viewed as being psychological in origin.[4,5]

Patients often erroneously receive various treatments and surgical procedures in the belief that there is a pathological cause for the disease. Various treatments have been proposed for idiopathic stomatodynia,

including antidepressants, local treatment with capsaicin and local anaesthetics. Patients should be reassured that pain is not caused by a grave illness and symptoms can spontaneously go into remission. In dental clinics anxiety and fear of extraction increase the chances of medical complications like angina, asthma, syncope. These patients may also interfere with the treatment and are prone to iatrogenic injuries so anxiety can be recognized by close observation and by asking questions once the anxiety and its source is recognized the various technique can be used for the control of the anxiety. On the whole there are two types of sedation-Intra sedation and pharmaco sedation-In intra-sedation no drugs are used. In pharmaco sedation of sedative drugs are used to facilitate the planed dental procedure. Significant control over pain and other sensory complaints may be gained through psycho physiological techniques such as relaxation therapy, bio feedback, hypnosis and psychotherapy and the technique back progressive relaxation.

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Conflicts of interes

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