

From the Book:

Chronic Pain: Reflex Sympathetic Dystrophy Prevention and Management

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Narcotics and Chronic Pain of RSD

The management of acute vs. chronic pain requires a completely opposite approach. Whereas in severe acute pain the use of narcotics is vital and essential. In chronic pain application of narcotics is contraindicated and dangerous.

Approaches such as the use of Dilaulid as a focal perfusate in the RSD extremity make no sense. Although the narcotic results in immediate relief of pain it is followed by an exaggerated painful withdrawal.

Oral or intramuscular (i.m.) application of narcotics flood the CNS with resultant inhibition of endorphin formation followed by severe pain of withdrawal.

For the purpose of lasting analgesia - in chronic pain of RSD - the CNS should be stimulated to form more endorphins. The use of narcotics results in a marked inhibition and reduction of endorphins. Exercise and proper nutrition stimulate the formation of endorphins.

The chemical treatment of choice for chronic pain of RSD is antidepressants or ACTH, both of which raise the concentration of endorphins in CNS.