

Interstitial Cystitis Network

Title: Interstitial Cystitis and Pain Management

Speaker: Daniel Brookoff MD, Methodist Hospital, Memphis TN

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Introduction – Jill Osborne

Our first speaker of the day is Dr. Daniel Brookoff. Dan Brookoff is a hero in the IC community. As a group leader, I have the opportunity to call on him if I have somebody who is in need. He is a remarkably compassionate physician. He is an Oncologist from the University of Tennessee in Memphis. We did an event yesterday over at Kaiser (local hospital) and I think that he shocked a whole people. I think that he educated some doctors about the new theories behind pain management. And I hope that you enjoy his presentation today.

Dr. Brookoff began his talk by saying that he has met a lot of people suffering from chronic pain, who are also suffering from other things in addition to the painthey're suffering from the judgement of people who call them names for having their pain.

When you ask a physician, "What is pain?" the response is that pain is a symptom; pain is a clue; it's not a disease. When we ask you how you feel when you come to the doctor, we're not trying to delve into your feelings; we just want to get a clue about what's going on..what organ is being disruptive....so we can fix it. In certain cases, when we can fix the underlying disease, that's okay. So if someone comes to me with a sore throat and says, "My throat hurts," the first thing to do isn't to give pain medication....you look at the throat, see strep throat and fix it and that's fine. We do really well with diseases we think we can cure.

There are other diseases we can't cure. They certainly include such things as Interstitial Cystitis and other painful syndromes like certain types of arthritis, back pain, and fibromyalgia. Then what do we do? The worst thing I've ever heard in my life was in my training, when I heard a doctor tell a patient, "There is no hope." That is the worst thing that can be done to you...there is always hope. Sometimes there's no cure, but there is always healing. For people with chronic pain, that pain can always be healed.

That's what we are going to talk about today. I'm going to show you some biochemistry slides. I'm going to show you the same things we show at the medical school. Because sometimes I think it isn't getting through to them, maybe I'll get through to you.

And you are going to see that people have different points of view. It's worth really listening to people who have different concerns. Some medical professionals are mostly concerned about pain treatment and there are some who are primarily concerned because they take care of people with drug addiction problems. So they have a different world view. There are people whose mission is to get treatment for folks in pain; and there are others whose mission it is to make sure drugs aren't abused. What I think is that we can all share these missions together. We can all get better.

I want to tell you that everybody comes from different places. For those of you who don't know where I come from --- I come from Memphis. Everybody thinks it's a real rock-and-roll, honky-tonk town, and it's kind of interesting because it's really not that way at all. It's a very spiritual city. And we talk a lot about morality in the deep south. It's funny because I lived there for years and never saw the bright lights. And I'd go downtown where it's very quiet. And I went to ask somebody, "Where are the bright lights of Memphis everybody's been singing about for so long." He said he'd show me. We got in his truck and drove over the Mississippi Bridge and we were standing in a rice field in Arkansas where I took this picture. And I said, "Yeah, that's pretty bright --- and it's interesting." "Yeah" he said, " Standing in Arkansas everything's pretty bright."

We're such a spiritual city, we even built a pyramid to concentrate our spiritual energy. A lot of folks today talk about spirituality. They talk about connecting to God and connecting to sources of hope and strength. I think that's something we can all connect to. Somebody asked me this morning, "What's been the big change? How come people with pain were ignored 10 years ago, and now their voices are

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rising up." I don't think it's anything the doctors did. There's a lot of new science about pain and a lot of new science about diseases, but that's not the answer. People have been getting together and connecting with each other, just like this group here today --- and they've been finding they have hope and they have strength. That's the one thing you can always connect to. So I wasn't even expecting to be talking about the church? But we need to talk about that, because a lot of people with pain not only suffer pain, but have suffered the moral judgement of people who are supposed to care for them.

I know a lot of people in this room have suffered terrible pain. Pain that has taken away a part of their lives. They can't enjoy a lot of the things in the world around them. They might not be able to relate to their families as well as they could, because the pain is holding them back. They have reached out to somebody like a doctor or a nurse or a hospital to give them care, and they've been called a name. Sometimes they've been called drug addicts. And that's a really scary thought --- that somebody is suffering and then they are judged. So to start out today I want to give you a bible quote, and then I want to end up with explaining what that quote means. It's a quote from the old testament. *"No ill shall befall the righteous."*

At one point that quote is taken to mean that if you are ill maybe you are not righteous. That's a terrible burden to bear. The fact that you're ill is bad enough. But the fact that you might not be righteous --- the fact that you might not be good -- - because of your illness --- makes it a much heavier burden. Like I said, there are a lot of people here who were born with a double burden. I'll come back to that quote. How could they say that? Even though we try to cure things, ultimately we don't cure anything. Everybody faces a crisis. Everybody faces an illness. Does that mean nobody is righteous? Like I said, there are a lot of people here who suffer terrible pain that's taken a lot of your lives. Then they suffer from the stigma of needing pain medications or suffering and not looking like you're suffering. And feeling like they're not righteous.

There is a picture I have hanging in my office. The name of the picture is "Cardiologist on a Rope." That's a cardiologist and he's hanging on a rope. This is my roommate in medical school. We went to medical school in Pennsylvania and this fellow was from Colorado and he had been a

mountain climbing instructor before he became a doctor. He's one of these guys that can't stop climbing things. He'd climb up the side of the house, climb a refrigerator, he just got restless if he couldn't climb something. He'd take us up to these cliffs and get us stuck. He'd say, "Jump. I'll catch the rope." And then you're really scared. I was hanging upside down by a rope when I took this picture. So I'm very proud of this picture, but I didn't bring the picture to brag on myself. I brought this picture because I take care of a lot of patients in chronic pain. I'm a cancer specialist and in cancer medicine we decided twenty years ago that the pain people have from chronic cancer is not good for them. It's bad for them. It stops them from feeling --- it stops them from living. And living is our most important business.

When I go to parties and they ask me what I do. I say I'm a doctor, and they start pulling up their shirts and show me something like a rash. They say, "By the way, what kind of doctor are you?" I say, "Well I'm an oncologist. I'm a cancer specialist." When I say that they kind of recoil. They go, "Oh God. How can you do that? There's so much death in your field." And I say, "No --- there's so much life. There's so much life, when you learn that every day is precious, every day is a gift and it should be used to it's fullest.

We know in cancer medicine that sometimes the pain of cancer deprives people of the ability to live their lives. And we've found that if you give people pain medication in addition to their cancer medicine, they heal. They get better and they connect. They feel hopeful. When you leave people with pain that is untreated, they lose hope. That's the worst thing you can do. The best thing you can do for somebody is restore their life, restore their hope. I'm a cancer specialist and I come from a very southern part of the country. A lot of people down there, and a lot of physicians, feel they are not allowed to use pain medications - -- or they're afraid of them --- afraid of causing addiction. At the same time they are seeing patients in a lot of pain and they actually love their patients --- and they feel kind of twisted --- and they have these chronic back pain, or Fibromyalgia, or chronic IC patients --- and they've tried everything and it's not working. Maybe once in a while they give them a little bit of pain medication and then they get better. And then what happens, the patient wants more. Uh-oh --- that's a problem. Sometimes they send them to me. I get to see a lot of patients who have suffered with pain for years and years. And

have not been treated well. And when they've gotten a little better on pain medication, some of us yelled at them for it. It's as if somebody gave them some Percocets or something. They went back to their doctor and said, "You know those Percocets are great." Whoa! It's funny, but when somebody comes back and says, something is working, I usually don't get mad at them. Especially if it's something I did. I usually say, "Thank you."

It's interesting, because when one of these chronic pain patients comes into my office, they often will hang onto that picture. And they'll say, "That's a picture of me." And I say, "No that's a picture of A Cardiologist on a Rope." And they'll say, "No that's a picture of me and I'm hanging onto this world by my fingernails. I'm barely living and I'm barely here. Its all I can do to get dressed and be here today. They say there's something missing from that picture." And I'll ask what's that? And they say, "You don't show the doctors and the nurses at the top spitting down on me." That's a really scary thought. Not only have they been excluded from their lives, but the people who are supposed to help them heal and bring them back are treating them with contempt. That's the most important thing that we have to fight!

I'm going to talk about a painful disease that might not apply to everybody. It's called "Interstitial Cystitis" --- but it has a lot of features that people with other chronic pain can share. It's a disease we don't fully understand. It's a disease for which we don't have very good treatments. It's a disease that's terribly painful. And because we don't understand it as physicians, and we don't have good treatments, a lot of times we say it's not really a disease. It can't be if we can't treat it. And so, we marginalize people. And people suffer from Interstitial Cystitis --- I've seen people who have had chronic pain for 15-20 years, and they feel desperate. When they can't do the things they need to do live their lives, they can't connect to each other. They can't connect to other people. They can't enjoy their world.

Let me tell you, Interstitial Cystitis is a mysterious disease. It's basically an inflammation of the urinary bladder that causes people to feel they have to go to the bathroom all the time or they have terrible pain. A lot of people say it's like having the pain of a bladder infection. If I tell people it's like the pain of a bladder infection, especially when I talk to doctors, I've cut out most

people. Because most males have never had a bladder infection. So they have no idea what that feels like. It's funny because they think back on times when they've had bladder problems, like when they went to a football game. After the first half they know the bathroom is too crowded. They say they can't go to the bathroom and they've really have to go, I think I'll have another beer. They feel some discomfort because their bladder is very full, but they don't feel the pain that someone with Interstitial Cystitis feels. We understand now that the pain messages from the bladder with Interstitial Cystitis are totally different than what normal people feel with a normal bladder. So I'm going to tell you about the first time I heard about Interstitial Cystitis.

The first time I heard of Interstitial Cystitis was when I was a medical student. Believe it or not, we all have to take courses in everything. So I think we were taking a course in "Urology For the Uninterested," With a very famous professor of urology and still a pretty famous professor and actually very active in Interstitial Cystitis now, which is kind of interesting since this was twenty years ago. He was talking about urological problems you might see even if you're a doctor in another field. He talked about prostate problems and he talked about continence problems. The very last sentence he talked about --- "Oh yeah, there's this disease called Interstitial Cystitis. It's usually old ladies. They feel like they have to pee all the time, and they're always in pain, and they'll drive you nuts. And you try all these different kind of things. (This was the year before the DMSO was approved.) So you try this and you try that. I got to tell you, it's a psychiatric disease. It's all in their heads. And they'll drive you crazy. You try this and try that and they'll tell you they're in pain. And there's one thing I want to tell you, is don't ever give them any pain medicine. Don't ever, ever give them pain medications. Because you know what happens when you give a patient with Interstitial Cystitis pain medication. They're going to come back and want more. And they're really going to drive you crazy. So, we asked "What do you do?" Well, you try all these treatments and generally end up removing their bladder. That was the standard twenty years ago, and in some places it still is.

One of my smart-aleck classmates raised her hand and said, "Well if it's all in their heads, why take it out on their bladders?" My professor didn't like that much --- lecture is over. I've got to tell

you it didn't make an enormous impression on me, because I didn't go into urology.

Years later, I was in cancer medicine. We had this very nice patient. A classic old breast cancer patient. She was a nice Italian lady --- kind of prim and proper. The lumps in her breast had been there two years since she felt it. This is not such an unusual thing with cancer patients. Sometimes when people are faced with something so terrible, they just can't bear to bring it to medical attention. Such an awful thing but they think that either they have cancer and they're going to die, or they're going to go to a doctor who is going to poison them with chemotherapy and they're going to die. It's kind of interesting because everybody in the family knew this lady was sick --- they just didn't know what was wrong. Finally, one of the family members forced her to go to the doctor. It's kind of interesting because I think the whole family was in denial too. When I first saw her, she hadn't undressed in front of somebody for the first time in three years. She had an enormous cancer growing through her breast and into her chest. It's sad you know; I got teary. As he saw it, her husband started crying. You had to know he knew and he was sharing the denial and it was terrible.

We put her in the hospital and we were going to try real hard to treat her. And it was scary and awful. Her family finally knew that, you know they were worried she had cancer, finally they knew she had cancer. And they flew in from everywhere --- they were one of those huge Italian families. And we put her in the hospital and were planning surgery, planning chemotherapy. The first thing we found when we examined her was that she was in terrible pain, because of this mass in her chest.

Right away, because she's a cancer patient --- and cancer patients deserve pain treatment --- we started her on what's called a PCA pump with a narcotic in it, so she could control her pain medication. And when everybody heard she was getting Morphine, they got even more scared, because that meant death to them. They thought she would just go to sleep and die because she had cancer and now she had morphine. That's not what she did. She got the Morphine, she got out of pain, and she was herself again. She started joking around again. She woke up again. I remember walking into her room the next day and she was her old self. She was ordering everyone around. She was making sarcastic

wisecracks. Her sister pulled me out of her room, she said, "My God! What you've done for Marlene is magnificent! She's looking better all ready. I'm so glad. We were so scared. You know we came here too sit vigil with her, because we thought she was going to die. And here she is back to herself again. We knew for years she wasn't herself. We knew something was wrong. She was getting separated from us, and now she is back. She's here. That chemotherapy you started is great." I said "Well, I've got to tell you that we haven't started the chemotherapy yet. We just gave her some pain medication to give her some pain relief."

This is what happens when people have chronic pain and you relieve it. They get back to normal. They don't get high, they become themselves again. This lady looked me in the eye and said, "That's incredible. Do you think you could help me out?" I said, "Well what's the matter? What kind of cancer do you have?" She said, "Well I don't have cancer. I have a disease called Interstitial Cystitis." And I actually remembered back to that lecture in med. school. Where they said if you ever meet someone with Interstitial Cystitis --- get the hell away. And I said, "Well, that's a Urological disease. You need to see a Urologist. There's a very famous one here." She said, " Well I've seen all the urologists in this entire city. Nobody wants to help me. I'm in terrible pain and there are days when I wish I'd die. Can't you help me too? You helped my sister." I remembered that lecture. These people are crazy. They are dangerous. If you treat them for pain they'll drive you nuts. So I said, "I don't feel comfortable. I'm really not trained in urology. I'm trained in cancer medicine. I really wouldn't feel right treating you." Then she looked me dead in the eye and said, "Well, in that case, I wish I had cancer too."

That just stopped me dead. I felt like my heart stopped for a second. Someone wishing they had cancer, so that they could get pain relief. I said, "Look, If you feel that bad about it, let me do some reading. Let me see what I could do." So I started seeing the patient. We eventually started on some pain medications. This was a lady who had not been working, who had been kind of crippled. It's funny because her sister was getting a lot of nice flowers because she had cancer. So everybody was nice to her. And this lady was getting kind of treated badly, because the doctors had told them she really doesn't have a disease. She's kind of nuts. And with the pain relief, she

started getting better. She started taking care of her family and work. She became as sarcastic as her sister.

This was over eleven years ago and I had lunch with both of them this summer --- and they both feel well. I wouldn't call either of them cured. Cancer patients aren't cured. We're scared the cancer might come back, we watch 'em. But they are healed. I'm hear to tell you that sometimes there is no cure. Cure means I can make this disease go away and you and I will never have to worry about it. And in cases where there is no cure there is always --- there's always --- always HEALING. Sometimes pain can't be cured but it can always be healed. Which means there are a lot of different techniques which might include some pain management techniques. We can come back and live our lives again. We can get back to normal. That's what patients in pain want. They don't want to be high. They want to be normal. They want to use medications so they can get back to normal. So why can't we take care of patients with Interstitial Cystitis, or back pain, or fibromyalgia, or bad arthritis.

We don't understand the disease, the clear pathophysiology. If we don't know how to treat it, or we have a treatment we're afraid of, or we have a treatment that we think is morally wrong. Then you don't have a disease. And that's a scary thing. You don't have a medical problem. You have a spiritual problem or a psychiatric problem. The first thing I said, "No ill shall befall the righteous," there must be something wrong.

My patient with IC was told she would have to live with pain. That's what her doctor told her. You are going to have to learn to live with pain without the medication. She said she had constant, intense, unrelenting pain. And as hard as she could try, mentally, physically, and emotionally, she can't stand it alone without relief. She felt like she was being tortured without respite. She considered taking her life as a therapy for pain.

What I'm telling you is the therapy for pain is to do things that get us back to life, and make us feel comfortable living again. Somebody who's been so desperate, and feels so alone, and so alienated, that they want to take their own life because of their pain has not been well cared for. And the people who take care of folks like this have to stand to account.

If we are going to talk about pain, we'd better talk about the definition of pain. Here's where we really start to get in trouble because everybody has a different definition. Now, I'm going to tell you for those of you who suffer from severe chronic pain, those of us who are not suffering from severe chronic pain have never felt what you feel. If you're having bladder pain and I try to relate to it, I may think about the time I went to the football game and couldn't get to the bathroom. But it's not the same thing. It's a physically different experience. What happens is, if you tell somebody about a feeling that they've never had, they have trouble believing it. If you can't believe someone you're taking care of, you can't take care of them.

One of the things we're starting to learn as we understand more biochemistry and science that almost everything our patients have been telling us for the last 100 years is true. It's a really scary thought, because we've called a lot of people liars and mistrusted a lot of people --- and they've been telling us the truth the all time. One of the things doctors are learning is that our most important teachers are our patients. And if we don't feel that way, we can't take care of people.

So, here's the medical definition of pain. It's unpleasant. It's an emotional experience. It might be related to tissue damage. It might not be related to tissue damage. This is something I call word salad. It doesn't mean very much to me.

Let me show you another definition of pain. This is a nursing definition of pain. Which is kind of interesting, it says, "If a patient says they're in pain, they're in pain." That's really scary --- it means you've got to believe a patient. You'll find a lot of doctors who don't want to believe a patient. They use a patient as a source of clues, but like to believe an x-ray --- a blood test --- a blood test will never lie to you. But a patient? You're kind of wondering what they want.

It's kind of interesting. I went to a meeting a few years ago where they were talking about the science of Interstitial Cystitis. When they had patients talk, you could see the doctors didn't believe them. It's really kind of scary. Then they had someone show a video tape. This is a man from England who is able to cause Interstitial Cystitis in animals --- animals never lie. With a certain kind of chemical he gives these little rats an irritated bladder. It's very interesting --- in talking about these little rats, he expressed a lot

more sympathy than a lot of Urologists talking about their patients. Then he showed us a videotape of a rat with Interstitial Cystitis. This is a group of doctors and patients watching this video tape. This little rat is kind of writhing around --- obviously very uncomfortable --- you kind of felt sorry for the rat. The rat didn't put on make-up, trying to get dressed up for you. The rat wasn't trying to look nice. The rat was getting worse and worse. Eventually this rat had such bad bladder pain, she kind of curled herself up and bit into her abdomen and tried to eat her bladder. It was really disgusting. We were just saying "Oh God." The doctors were getting grossed out --- and the patients were all standing up and saying, "That's me! That rat knows how I feel." You shouldn't have to do that to get somebody to believe you. It's a very serious problem.

The nursing profession says, "If someone says they're in pain, they're in pain." Actually the leaders in pain treatment in the health care profession have been nurses, not physicians. That's an incredibly interesting idea.

Let me tell you my definition of pain. Everybody's been talking about moral values. Your pain is bad! The drug is bad! Or maybe pain is good. You're supposed to learn to live with it. It must be something good. The drugs you want are bad! You shouldn't be wanting them! I'm going to tell you that pain does not have a moral value. Drugs do not have a moral value -- they're pills. The thing that has a moral value is life --- life has a moral value. Life is good! Life is a gift! Life should be cherished. Life should be promoted! Life should be supported! That's what we are supposed to do. We shouldn't be moralizing about whether pills are good or bad. If you use a pill to live your life. If you are sick and you use a pill so you can live your life --- and take care of your children --- and be a part of your community -- -- and that pill sustains your life and promotes life, then that pill is good.

If somebody is a drug addict and they can't deal with their life, they take a pill to escape their lives. They can't face the problems they have to deal with --- because of that pill they are not living. They are a drug abusers. Then that pill is bad. Pills aren't good or bad. It's how it relates to life.

It's the same thing with pain. Is pain good or bad? A lot of people say pain is good. No pain, no gain --- right? It must be a good thing. Now let me tell you --- there are some people who can't feel pain.

Those people have got a lot of problems. I have a lot of patients who have diabetes. They can't feel pain. They're walking on nails or cutting themselves. They get infections. They lose their limbs cause they can't feel pain. So pain must be good. There are other people whose lives are taken away because of the terrible chronic pain. For those people pain is bad and it needs to be treated. So when we talk to someone and we are a care giver, we've got to find out about their lives. How has this pain changed their lives and has it taken anything away from their lives?? If it has, we have to work to restore it. We'll start to learn there are different types of pain.

Most of us have had some pain --- sticking our fingers with needles and things like that. We've had acute pain which is meaningful pain. I know where I stuck my finger. It's well defined. It has size. When we're looking for signs of pain in people, we're looking for sweating, if they have fast heartbeats. That's good for acute pain. Most people with chronic pain don't look like that. They look totally different. Chronic pain has no meaning. Chronic pain is persisting over time. People who have chronic pain can look like they're depressed. I've seen patients with bags of antidepressants that don't work --- with physicians who are trying to treat chronic pain. You can't run away from it. I stick my finger, I can pull my finger away. You hurt terribly bad inside and it never stops! Where can you go?

So we are starting to learn that there are different kinds of pain and people with those different kinds of pain look different.

There are totally different types of pain that are carried by different parts of the nervous system. People act differently when have these different kinds of pain.

1. Somatic Pain

Somatic Pain is the kind of pain that everyone has had. It's the kind of pain you get when you cut yourself or sprain an ankle. It's kind of interesting how when you cut yourself, it hurts right away. It hurts very intensely. You stick yourself with a pin and "Ouch! It really hurts!" You shake your hand or you rub yourself and a few minutes later it doesn't hurt anymore. It hurts a little bit but not that much. We've all had that experience. And you don't suffer for days and days with that pain. If I see you later that day and I say, "How ya doing?" You don't say, "Dan, I stuck my finger this morning, I don't want to talk to you. I can't deal with this." It normally goes away. Why did

that pain go away? Did it go away because your finger healed in 5 minutes? Has the wound closed up? It takes three or four days, at least, for a wound to close up. Why don't you suffer for days every time you bang yourself? If you did that, we'd be suffering all the time --- everybody would be. The good part about pain is it can warn us about dangerous things. It's an alarm system in our bodies to warn us when we're bumping into things. There's also a little "off" button. So if you stick your finger with a pin, you feel the pain. It's interesting you don't lose your emotional composure. And there's almost like a little snooze alarm in your brain that turns off the alarm. We actually know what it looks like and what the pathways are. So I'm telling you, God does not want you to have pain- does not want you to suffer. He wants certain things to hurt a little bit, then he wants the suffering to stop. That's how we're wired. Other kinds of pain are different.

2. Visceral Pain

There is something called visceral pain, which is a type of pain you will feel with Interstitial Cystitis and other types of painful conditions. This is totally different. It's kind of vague --- with a more agonizing quality. It's interesting because that message is carried to a different part of the brain than somatic pain. It gets carried to the part of the brain that deals with emotions. So people with visceral pain are more emotional; they get more upset. It's kind of funny --- if you go to your doctors and you look all upset or are tearful they'll get mad at you --- don't they? It's bad enough you've got to cry in front of somebody --- they get pissed off at you for it. But that's a physical quality of the pain and it's not because you are weak. It's where those nerve signals get carried.

3. Neuropathic Pain

There's another type of pain that we're learning has a lot of roles in Interstitial Cystitis, Fibromyalgia, and Arthritis --- called Neuropathic Pain --- which is pain due to nerve damage. What we are finding out is that if we let pain go on too long, the nerves that carry that pain start to get damaged or changed so they carry that pain more intensely. What this means is that if someone is having bad pain, it's an emergency to get them out of pain because if we don't get them out of pain fast --- that pain is going to become ingrained. It's going to be harder to get out. We're actually learning about the chemicals that do that. So this is really, really, real.

I've got to show you some biochemistry because this is what truth is to doctors. You tell the doctor you hurt and a lot of doctors will say, "Well maybe you do and maybe you don't." Show me some biochemistry, well it's got to be real. What we are learning from biochemistry is that when cells are damaged they release certain chemicals --- so this has got to be the truth, right? That's what they teach you in medical school. Let me show you part of it. If you look at the little yellow sign it says, Arachadonic Acid and one of those arrows says cyclo-oxygenase.. and prostaglandins. Prostaglandins are a chemical that carry the pain messages in certain pain syndromes.

It's kind of interesting because if you asked a medical student in the 1960's about prostaglandins, he wouldn't even know what you were talking about. If you asked in the 1970's he would know what you were talking about because we had drugs that blocked them. I'm telling you that if we have something that blocks a disease or treats a disease, then we start to believe in the disease. Let me give you an example from my own training. When I was a young boy medical student so long ago. We also had gynecology lectures in addition to the one urology lecture in my career. And we had this famous gynecologist come and talk to us about gynecology problems you might see in an office practice. He talked about all kinds of things like infertility, infections, and things like that. It was really kind of interesting. We all sat there and took notes. At the end of the lecture he asked for questions. My friend sitting next to me was one of the few females in the class. She raised her hand and said, " You know professor, you forgot to mention menstrual cramps. What are we supposed to do for menstrual cramps?" And he just looked at her and looked pissed off.

He said, "Oh, here we go. Menstrual cramps, the bane of western women. Every month these ladies have to take three or four days off and lie down because they're having menstrual cramps. It's kind of interesting because you know in Africa they don't have menstrual cramps. And in China they don't have menstrual cramps. In Asia they don't have menstrual cramps, they go on in the fields picking rice. They don't lie down for three or four days. ô And he goes on, you better watch out for this. People are going to come to you complaining of menstrual cramps. They're going to say they are in a lot of pain. You better not give them any pain medicine. Because the lady comes to you with menstrual cramps, and you

give her some pain medicine, and she feels better. What do you think is going to happen next month? She's going to come back. She's going to want more. Maybe she's going to be abusing or addicted."

And I remember my friend sat down. And I guess she must have been having menstrual cramps that day because she looked very upset. It's kind of interesting --- that's not the whole story though. A few years later we saw the same professor give a lecture. And I sat next to the same woman who had become a gynecology resident a little before that. And in that time they had come out with a new group of medications called nonsteroidal anti-inflammatory drugs which block this chemical called prostaglandins. It turns out this chemical prostaglandin is very important in causing the pain that some people feel before their menstrual cycle. If you give someone a prostaglandin blocking drug before they start menstruating they often will not have any cramps. They'll feel great. Nobody feels you can get addicted to those drugs. Everybody feels comfortable using them. So three years later we see this same professor on this big stage. And he's talking about these new drugs that are just coming out. He has a slide that looks like this --- it's biochemistry so it must be true. He starts off his lecture, he says, "You know, for thousands of years women have been terribly oppressed by menstrual pain. They have lost precious days. They have not been able to take care of their children like they'd want to. They have lost part of their lives to this pain. But now we have the answer. They don't have to suffer any more.

And I was all excited. I kind of elbowed Joanie who was sitting next to me. She was taking notes. I kind of look over her shoulder, and what she was writing was, "Menstrual cramps discovered Philadelphia, 1974." In 1973 there were no menstrual cramps. It wasn't true. All these ladies were liars. This isn't the truth. This is what's called a model. It's going to change --- like a book for medical school becomes outdated in five years.

What's true is how you feel --- what's true is what people tell us. We have to understand what the truth is. We have this false image. We are learning more and more about the science of pain so we are going to have new medications that block pain. I think over the next ten years we are going to have medications that people feel comfortable using --- that physicians feel

comfortable using --- that will block pain. Right now we have medications that can treat pain, but people don't feel comfortable using them for a lot of reasons you are going to hear about.

We're learning all about the spinal connections and how pain, if not treated, gets into the spinal cord. This is a picture of a nerve going into the spinal cord. That yellow arrow going up shows the path the nerve takes to send the pain signal to the brain and tells you it hurts. See those arrows going down? That's the brain saying, "OK, you felt the pain. Now stop it." In certain conditions that works really well. Under certain conditions --- like snooze alarm button --- like when you turn off your alarm clock --- this doesn't work. When we use narcotic medications, what do they do? The narcotic medications help press that snooze alarm. So if the alarm is going off and you use narcotic medications to press the snooze alarm and turn off the pain signal, what you do is take a person that's in terrible pain and you bring them back to normal. Patients in bad pain who get pain medications don't get high. They don't get euphoric. People that don't have pain who take the pain medications can get euphoric. It's a totally different situation. When somebody wants pain medications, when they want narcotic medications, I ask myself what they are going to do with it. Narcotic medications are not good or bad. Their life is good. Are they using medications so they can live more? Or are they using medications so they can escape their lives. Patients with chronic pain are using the medications so they can get back into their lives. Those medications are good because they are supporting life. Life is good!

There are studies of the thousands of people who have bad pain. Not cancer pain, but like people who have had terrible burns. If you give them high dose narcotics for the treatment of pain --- which means you evaluate the person --- you understand that they have pain --- you treat the pain carefully --- they do not become drug addicts. So doctors don't create drug addicts. Do drug addicts come to us, saying they have pain, looking for drugs? Yes. That's happened to me. And I've learned to know in life that there's no point at which I could say I'm not going to make any mistakes. But what I've also learned is --- I can pick which flavor of mistakes I want to make. There are a lot of people who won't use pain medications --- because they're afraid of that one narcotic addict, they will let 999 people suffer ---

because they are afraid of giving pain medications to that one addict.

I've learned that once in a while I've made a mistake and somebody has fooled me and I've given pain medications to a drug abuser. And darn it, they always let me know. They always do things that tell me. And there are certain behaviors that drug abusers have that pain patients don't have. We can tell the difference if we decide to.

There is a slide put together by people at Alta Bates Hospital. It's The Cycle of Under Treatment This is a study of children with Sickle Cell disease in this hospital in Berkeley. These are eight and nine year olds. Everybody hated them because they were always in pain. And they always wanted pain medication. This is a genetic disease that kills you and it causes a lot of pain. But the nurses and doctors don't like to take care of these folks because they feel they're drug abusers. They would give them inadequate amounts of pain medication. These kids would get a little bit of relief and what would they do? They'd ask for more. And they would act out. The doctors and nurses said, "Well, they're acting out. They're trying to manipulate us. They're probably drug addicts." These are eight year old children. Eight year old children aren't drug addicts. But because of that fear they would withhold their medications. These kids would act out even more, and then the doctor would say, "See. I told you they were crazy --- I told you they were drug addicts." This is a genetic disease. A terrible disease, Sickle Cell disease. When they surveyed doctors, doctors think 70% of sickle cell patients are drug addicts.

When people who are knowledgeable about drug addiction have looked at it, the answer is no! That's not true at all. There are fewer drug addicts among sickle cell patients than in the general population. It's bad enough to have sickle cell disease, but to have to spend your life being called a drug addict. That's a common problem with all kinds of folks with chronic pain. So when we do this, when we see this, we don't cause addiction. We do cause something else. We cause pseudo-addiction. I'll venture to guess that some people in this room have had pseudo-addiction. Which means they've had some pain medication and because it was just a little bit, they've asked for more. When they asked for more, they were met with anger. The patient gets angry --- the health care team gets frustrated.

You don't want the medicine I'm willing to give you. You want the medicine I'm not willing to give you. So I won't take care of you. What happens to the patients? They get isolated. Isolation is the worst suffering you can have. What happens to your doctors and nurses? They avoid you --- you become abandoned. Pseudo-addiction is a terrible disease --- and it's a disease caused by doctors. You don't have to have that. Let's get this tied up.

Let me get back to my bible quote. I'm from the deep south and I have to preach.

Remember the quote, "No ill shall befall the righteous." What the hell are you all doing being ill? Let me tell you about the most important book you can read in pain management. Do you know what the most important book is? The book we turn to? It's called the book of Job. It's a book in the Old Testament. There was a lot of sinning going on in the world in Job's day. And the devil came to God and he said, "Look at all the sinful things that are going on in your world." And God said, "Well look at my servant, Job. He's a perfect man. He loves the poor. He loves me. He loves his life." And Job was a good man. He was a perfect man. And he prospered. He had a nice family and he had cars, one of them was a BMW I think. You've got to behold my servant Job. If you want to see goodness. The model of a good person."

And the Devil said, "Yeah, well, excuse me, you gave him all these cars and nice houses and beautiful children. Of course he's going to be good. That's no big deal. Take some of that stuff away. See how much he loves you." So what does God do to Job? God said, "You're in for it, Job." He says to the Devil, "OK, have your way with him, but don't touch him." So what did the Devil do to Job? Job got the news that his farms had been burnt down in invasions and his children were killed. He'd lost everything he had worked for. He was completely poor. All he had left was his wife and nothing else. And what did Job do? His wife said, "Why don't you just curse God who let this happen to you? How could he let this happen to you? You are so good. And all this stuff has happened to you?" And Job said, "You know God is good. I love God. I love life. He gave this all to me. He took it away. I don't understand that, but it doesn't mean I'm disconnected from God. The Devil came back to God. And what did God say? He said, "Look, behold my servant Job. He still loves me." And

the Devil said, "Well yeah, that wasn't fair. You let me kill his kids and get rid of his farm, but you won't let me touch him. Come on, make it a fair fight. Let me show you I can separate him from you." See that's what the Devil tries to do. He tries to separate us from God. Any force that separates us from God is a diabolic force. And what did God say? He said, "OK, have your way with him. Just don't kill him." And so the Devil made Job suffer. He raised boils on him. He had physical pain. Maybe he had Interstitial Cystitis, maybe he had Fibromyalgia. I bet if those words were known then they would have been in the story. He was suffering terribly. His wife said to him, "Why don't you curse this God who did this to you and die." Did God do this to Job? No. Job would not curse God. He did not die. The Devil was getting really upset. He can't separate Job from God. This is a book of the Devil's tricks. This is a hierarchy of what he will do if he is allowed to have his way. What does he do next? What happens? Well, people knew Job is a good man, and they hear he's suffering terribly. So people come to take care of him. Three hundred men come to take care of him, right? They are wise men. They see Job suffering terribly and there's nothing they can do about it. But they want to do something. So what do they tell him? This must all be your fault. God would never do this. No ill befalls the righteous. These are people sent to care for someone who is suffering terribly for no reason. If you're suffering terribly it's probably for no reason. It just happened. And the care givers are telling him he's bad. That's the icing on the cake. That's the worst you can do to anybody! Take somebody suffering and tell them they are a bad person.

Who sent these people? Who inspired these people? Did God inspire these people? I don't think so. This is the Devil's doing. These are people who are trying to separate Job from God.

I read that book again and I think, God. Those people probably had white coats and wore stethoscopes in their pockets. These are folks who have seen some of my patients --- who think they are doing the right thing --- and who are they serving when they tell you are a drug addict when you're not --- who are they serving when they tell you it's your fault that you are suffering? They think they're serving truth --- they think they're serving God. But who are they serving? They're serving the force that will take you away from God.

No matter what you believe, I think for everybody, I say God --- some people say other things. I think there's a source of hope and strength and healing for everybody. It's there. Don't let anybody separate you from it! When somebody says to me, a lot of my cancer patients and other patients, "Why did God do this to me?" The answer is "God did not do this to you. God loves you. With strength and hope we can find that healing --- we can find that healing --- there's healing for all of us. Don't let anybody separate you from your hope and your strength. Anybody who separates you from your strength and your hope is not on the right side. If they are a doctor or a lawyer, or from some state agency you've got to ask yourself, "Is that person working for life? Are they restoring life or are they separating you from life."

Find the people who will help you restore your life --- Find the treatments that will help you restore your life --- Life is good! --- If you live it again you will have healing.

Like I said, "We have the means right now to heal pain --- we have them --- we have the medications --- they work. I think there is healing for everybody.

I must end here. Thank You.

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