

# Axiomatic Understanding of Interventional Pain Types

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## Editorial

Pain is more than just a feeling of discomfort. It can affect the way you feel overall. It tends to resolve within a few weeks. Chronic pain is ongoing. According to the Centers for Disease Control and Prevention, pain is considered to be chronic when it lasts beyond 3 months [1]. Pain-relief methods range from at-home treatments and prescriptions to over-the-counter medications and invasive procedures, like surgery. Pain relief doesn't usually happen overnight, but it can. Each person's pain experience is unique to them. To treat the source of chronic pain, you may need to visit your doctor. Nociceptive pain is a nervous system response that helps protect your body. It makes you pull your hand back from a hot stove, so you don't get burned. Pain from a sprained ankle forces you to rest and give the injury time to heal. Neuropathic pain is different, because it has no known benefits. It may be a result of misread signals between your nerves and brain or spinal cord. Or it could be because of nerve damage. Your brain interprets faulty signals from the nerves as pain. Examples of neuropathic pain include: post-herpetic neuralgia, diabetic Neuropathy and carpal tunnel syndrome. You can't buy some stronger pain relievers OTC. NSAIDs, such as diclofenac, are only available with a prescription from your doctor [2]. The selective COX-2 inhibitor, celecoxib, is also effective for treating inflammation-related pain. It's available only with a doctor's prescription. Stronger opioid drugs, like hydrocodone and oxycodone, treat severe pain, like from surgery or a serious injury. These medications are related to the illicit drug opium. They tend to produce a euphoric effect while they relieve pain. Opioids can be risky — they're very addictive. They create a pleasurable feeling that some people want to replicate over and over again, all while causing tolerance and need for higher doses to achieve the same effect. A few other prescription drugs are also known for their addiction. They should be used with caution as well. To get effective pain relief, you first need to find the source of the pain. As previously mentioned, opioids are powerful pain relievers. Some are made from the poppy plant. Others are produced in a laboratory. Those are called synthetic opioids. You can take opioids to relieve acute pain, like after surgery [3]. Or you can take them long term to manage chronic pain. These drugs come in immediate-release and extended-release formulas. Sometimes they're combined with another pain reliever, like acetaminophen. Antidepressants were designed to treat depression, but they can also help with chronic pain from certain conditions, like migraine and nerve damage. Doctors still don't know exactly how these drugs work to relieve pain. They might reduce pain signals by acting on and increasing activity of chemical messengers (called neurotransmitters) in the brain and spinal cord. Drugs that treat seizures also do double duty by relieving nerve pain. Nerves damaged by conditions, like diabetes or shingles, and nerves that are over sensitized, like in fibromyalgia, overreact and send too many pain signals. Doctors don't know exactly how anti convulsion work against pain. They believe these drugs help block abnormal pain signals between the damaged nerves and the brain and spinal cord. People have been using cannabis to manage pain for thousands of years [4]. Source has found that certain compounds in cannabis may be responsible for these pain-relieving effects. This includes the plant chemical cannabidiol. CBD is non-impairing and non-euphoric — in other words, it doesn't get you high. CBD may be an option to consider if you're interested in the potential pain-relieving effects of cannabis.

Research in people with pain from malignant diseases suggests that CBD works by altering the activity of Endo-cannabinoid receptors in the brain and body, potentially reducing inflammation and pain. One study found that injecting CBD in rats reduced their pain response to an incision [5]. Another study gave rats CBD by mouth and found the animals had significantly less pain and inflammation in the sciatic nerve. So far, human research has focused on the potential pain-relieving effects of taking CBD together with Tetrahydro-cannabinol, which is the main psychoactive component of cannabis. A review of studies in humans found that taking a nasal spray that contained CBD and THC in a one-to-one ratio may help manage chronic neuropathic pain. The evidence on the potential benefits of CBD is still emerging, so scientists need to continue to explore its potential effectiveness in different applications, including for pain management.

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## Conflict of Interest

None

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