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Editor Note

Pain is debilitating, interfering with the ability to work, sleep and enjoy life, in severe conditions it can aggravate other health conditions that, finally leads to depression and anxiety symptoms. Many drugs and methods are available to treat this situation. However, all individuals will not respond in the same mode for particular medicine. Each year, approximately \$100 billion is spent on pain care, however 40% of Americans experience daily pain and it had tremendous impact on business, with an estimated annual cost of \$60 billion plus loss. Much research is on progress to develop new strategies that include natural and conventional pharmaceuticals to relieve pain. The Journal of Pain & Relief Volume 6 Issue 2, has discussed different methods that are applicable to treat different modes of pain and its associated problem. Significant information about the music as obstetric anaesthesiology also has been reported in this issue. Moreover, various old and evolving aspects of ketamine and its impact on anaesthesia, and formulation of phenytoin in case of localized neuropathic pain has been discussed with proper justifications.

The anxiolytic effects of music on the mind and body has been acknowledged for centuries in different cultures. For many generations, it is believed that music and healing have co-existed and are complimented with each other. Of late music has been in anaesthesiology to alleviate anxiety in patients and to minimize the need for sedatives. Regional techniques are generally employed for obstetric anaesthesiology, because the patient is awake and exposed to multiple anxiety provoking auditory and visual stimuli. Recently, music is employed in obstetric anaesthesiology. It is having more advantages such as, easily administered, inexpensive and free of adverse effects and can serve as a complementary method of treating perioperative stress [1].

Ketamine is solid pharmacological agent and termed as dissociative anesthetic agent and it has been recommended as a core drug by world

health organization. In early year of its manufacture, it was considered as a wonder or magic drug, even though it is associated with many side effects. Bajwa et al. [2], hypothesized the understanding of the various old and evolving aspects of ketamine and its impact on anaesthesia practice by extensive scrutiny of literary evidence and various search engines. This meticulous investigation reported, ketamine have shown a newer and potential for its clinical usage. However, they suggested it is necessary to check all on-going clinical trials, prior to label it as a wonder drug in true clinical sense.

Initially phenytoin was used as an anticonvulsant for many years. Hesselink et al. [3], reported about the topical formulation of phenytoin with a clear analgesic effect in case of localized neuropathic pain. Many different with different topical phenytoin formulations were developed with different concentrations of phenytoin. Finally, they identified a stable cream base containing phenytoin up to 10% concentration. The hypothesis of phenytoin as topical analgesic was brought forward 2013 based on neurophysiological data and from the data it is clear that phenytoin played a role in pain treatment. Thus, finally they concluded that, multimodal therapy of chronic neuropathic pain, can be successfully treated with phenytoin administration.

References

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