

TRANSCRIPT 5001

‘Brain Man: Understanding pain and what to do about it’

January 01, 2011

Hunter New England Local Health District

New South Wales Government

New South Wales, Australia

Everyone agrees that **pain is a universal human experience**. We now know that pain is 100% of the time **produced by the brain**. This includes all pain, no matter how it feels—sharp, dull, strong, or mild—and no matter how long you've had it. You might have had it for a few weeks or months. This is called **acute pain**, and it's common with tissue damage, say from a back injury or ankle sprain. And generally, you'll be encouraged to stay active and gradually get back to doing all your normal things, including work. Or you might have had it for three months or more, and this pain is generally called **persistent** or chronic because in this type of pain, **tissue damage is not the main issue**.

What's less clear, though, is when you're told you have chronic pain is knowing what's best to do about it. Well in Australia chronic pain is a really big problem. In fact, **one in five people have it**. Having a brain that keeps on producing pain even after the body tissues are restored and out of danger is no fun. Some people say it still feels like they must have something wrong, but that's just it. Once anything dangerous is ruled out, health professionals can explain that most things in the body are healed as well as they can be **by three to six months**. So, **ongoing pain** being produced by the brain is less about structural changes in the body and more about the **sensitivity of the nervous system**. In other words, it's more complex. So to try and figure out what's going on, you need to **retrain the brain** and nervous system. To do this it's helpful to look at all the

things that affect the nervous system and may be contributing to your individual pain experience.

What can help is to look at persistent pain **from a broad perspective**. And by using a structured approach and a plan, it's less likely that anything important will be missed. Let's start with the medical side. Firstly, taking **medication can help** but only to a limited extent. It is the more active approaches that are necessary to retrain the brain. So using medications to get going is okay, and then mostly they can be tapered and ceased. Some people also think surgery might be the answer, but when it comes to **a complex problem like chronic pain, surgery may not be helpful**. So if you're thinking of surgery, it's best to get a **second opinion** and remember to consider all the things.

Next, it is helpful to consider how your thoughts and emotions are affecting your nervous system. Pain really impacts on people's lives, and this can have a big effect on your mood and stress levels. All those **thoughts and beliefs are brain impulses** too. But you can **learn ways to reduce stress** and wind down the nervous system. This helps with emotional well-being and can reduce pain as well.

The third area to consider is **the role of diet and lifestyle**. Now it turns out that our modern lifestyle might not be so good for us. In fact, what we eat and how we live may really be contributing to a sensitized nervous system. Looking at all the things like smoking, nutrition, alcohol, and activity levels, and seeing if there are any issues, is a good beginning. And these things can go on your plan.

Then there's often enormous value in **exploring the deeper meaning of pain** and the surrounding **personal story**. By stepping back and looking at all the things that were happening around the time the pain developed, many people with pain can make useful links between a worrying period of life and a worsening pain picture. For many, **recognizing deeper emotions can be part of the healing process**.

Last but by no means least is **physical activity and function**. From the brain's perspective, **getting moving** at comfortable levels **without fear** and where the brain does not protect by pain is best, and you'll gradually restore your body's tissues.

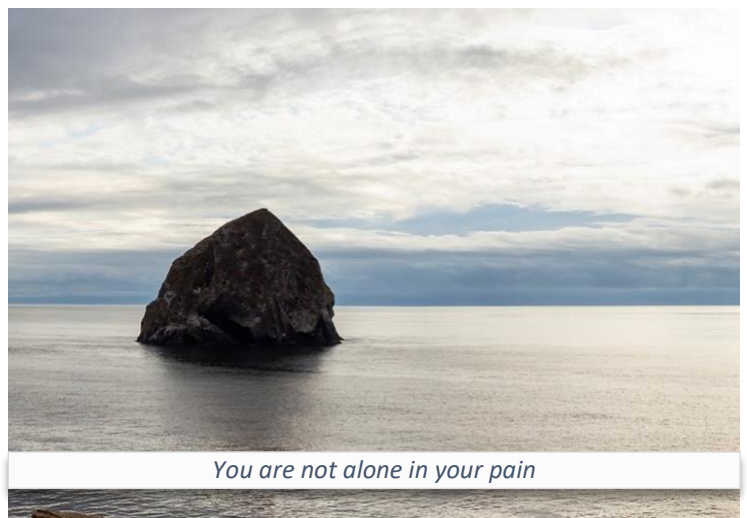
So to sum up **pain**, it **comes from the brain**, and it **can be retrained**. And when looked at from a whole personal broad perspective gives you a lot of opportunities to begin. So get a helping hand if you need it. **Set a goal**, and begin.

“Brain Man: Understanding pain and what to do about it,” HNE Health, Hunter New England Local Health District, 2019. <https://www.hnehealth.nsw.gov.au/>

About Pain Science Life Stories

Formed in 2018, the Oregon Pain Science Alliance (the Alliance) is an all-volunteer nonprofit 501(c)3 corporation. Our members come from the health care community, their patients, and others who follow pain science research.

We seek to share current information on how pain experiences are formed in the brain and influenced by biological, psychological, and/or social factors. Through community education events, health care workers describe how pain-science-based practices have changed their interaction with and care for patients, and patients tell stories about their experience with learned pain science tools used to help master chronic pain. We can now share these collected and curated stories, and other unique features, through the Alliance “story website” launched in early fall of 2022.



How to get involved?

Do new Pain Science insights and practices resonate with you?

We welcome anyone interested in collaborating to find or produce good stories and insights, then curating them to display on our website. Sharing in our discoveries and making them broadly available is both personally positive, and mutually satisfying.

The phone number or email address below will get you more information about us; then use the website link to the Member page for the steps to become an Alliance member, if that makes sense to you.

If you have a story using pain science tools and practices, and would like to share it with the larger community through our website, please send us an email. We would love to hear from you.

Phone: **541-224.8378**

Email: opsa@painsciencelifestories.com