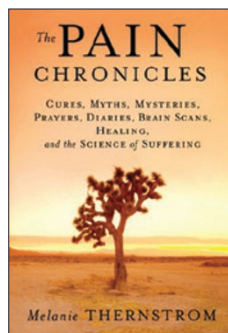


Pain: a sufferer's view



The Pain Chronicles: Cures, Myths, Mysteries, Prayers, Diaries, Brain Scans, Healing, and the Science of Suffering

Melanie Thernstrom

Farrar, Straus and Giroux, 2010

384 pp., hardcover, \$27.00

ISBN: 0865476810

Reviewed by Tony L Yaksh

In 1993, Melanie Thernstrom, author of *The Pain Chronicles*, suffered a mild stress injury that initiated chronic pain in her neck and shoulder. In this event, she joined the estimated 70-million-plus Americans who experience ongoing pain as a part of their daily existence, an observation coincident with the fact that analgesic drugs rank the highest, as measured by volume and incidence of purchase, in the over-the-counter drug market. By Thernstrom's description, it is evident that the experience had a dramatic and disabling impact on her quality of life. During this period, she visited dozens of physicians, psychiatrists, physical therapists and practitioners of alternative medicine with varying and often transient success. In 2001, she wrote an article in *The New York Times* magazine on chronic pain. Work on this article, along with her personal vested interest in the subject, led her to undertake a broad characterization of the concept of pain and its management. Accordingly, she mixes her own perceptions, arising from her experiences, with those that she has acquired through interactions with pain patients and with physicians who treat pain.

The organization of the book is intriguing. Thernstrom has created a series of chapters written as short essays on three broad topics: the evolution of the philosophical construct of chronic pain and its perception, the evolving science related to our understanding of the physiological systems that apply to the diagnosis of pain and its modulation, and the mix of Thernstrom's own introspection into her problems and search for relief with those insights provided by the patients and practitioners involved in the therapeutic dance. She is clearly a very intelligent person and has diligently undertaken efforts to see what available knowledge can help her with her pain.

At the scientific level, her commentary is intelligible and descriptive, but, because of space and time constraints, it is limited. Clearly in the areas of current research, she was dependent upon the individuals she interviewed, and in that respect, her insights seem truncated. Much of what she does is to provide glimmers of hope based on ongoing research. The author's search for the current state of knowledge indeed reveals key advances that have been made and, perhaps with a bit of irony, relates the promises of future success made by the researchers she interviews. Thernstrom shows that those involved in the efforts to define mecha-

nisms and effective therapies are themselves subject to fits of optimism interspersed with the grinding reality that pain is complex and that solutions to its control will not be trivial.

Thernstrom's interactions with clinicians in her search for relief and those of the several hundred patients she interviewed bring to mind the earnestness and foibles that humans regularly show. After all, the practitioners seeking to provide pain relief are just human: they wish to treat the patient and be successful. In this regard, the evolution of the notion that persistent pain is a disease puts the management of pain into the medical paradigm: if pain is a disease, then the doctor should provide a drug and cure the disease. Although there are frequent failures to cure, our clinical colleagues do a great deal to relieve much suffering with the tools that they have available. Further, as a researcher, I would like to think that the current failure to cure reflects the complexity of this particular disease and our current state of knowledge. As the author reflects on changes in brain function brought about by pain, one can reflect that although a painful stimulus has clear physiological correlates (such as increased blood pressure), it is the conscious correlates of that stimulus that are important to the pain patient. So the complexity here is to prevent the stimulus from reaching systems that are responsible for the conscious expression of the pain state.

Further, as the author proceeds in her self-discovery, she appreciates that there is a strong contribution of past and present experiences in contributing to the conscious expression of pain. Such contributions can augment the pain state, whereas others can dampen it, as considered by the author in her interactions with those seeking to alter the chronic pain experience by teaching the pain patient to change the activation of various forebrain structures.

Overall I found the book extremely interesting and full of tidbits of unexpected knowledge and commentary. The braiding of the different threads of insight and reason raises the possibility that the topics will seem disjointed, but the text is very readable, and the topics covered feel sufficiently linked to overcome this concern. I believe that although the experts in the various areas discussed will find limitations in this book related to their own specialty, it is overall an informative read. For patients, this text offers support and useful perspective from one who has traveled this trail.

In the end, Thernstrom's story is one that has not reached its conclusion. Her pain is not 'cured', and I hesitate to peer into the future. Perhaps, in the nature of science, there will be a 'breakthrough'. More predictably, there will be incremental advances that increase the tolerability of a pain-generating condition. In the absence of a cure, such interventions frequently enhance the ability of the afflicted to move pain from life's center stage. For the person who suffers from a chronic ailment that is not immediately reversible, the sufferer must utilize the strategy used by humankind since the first pain experience: to somehow learn to put the condition in a place that minimizes its impact on daily life, as we must do with any chronic disorder. For the pain researcher who reads this text, should we have any doubt, this book should convince us to redouble our efforts; after all, our charge is to put the lid back on Pandora's box.

COMPETING FINANCIAL INTERESTS

The author declares no competing financial interests.

Tony L. Yaksh is in the Department of Anesthesiology at the University of California—San Diego, La Jolla, California, USA. e-mail: tyaksh@ucsd.edu