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Neuropathic Regimens

Reflections on Eye of Newt and Toe of Frog

Presentation to the Northern California Chapter of the Neuropathy Association

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Neuropathic Regimens

Reflections on Eye of Newt and Toe of Frog
as well as some newer remedies

I. Neuropathy is a Disease.

Pain and sensory loss are the major manifestations of the disease.
Pain has serious consequences in the long term.

II. Consequences of Pain.

Life Consequences

Relationship with self ---emotional , spiritual
Relationship with others --- social
Relationship with work--- vocational
Relationships with activities---avocational

Societal Consequences

Social disruptions
Work force disruptions
Impact on medical economics of poor treatment

III. Treatment of Pain.

- a. multidimensional and multidisciplinary when done best
- b. goal is to restore lost function or to acquire new function

IV. Tools in the Treatment of Pain.

- a. the brain
- b. medical interventions
 - medications- oral, topical, injected
 - interventions- nerve blocks, ablations
 - surgery

V. The Brain in Pain.

- a. fMRI studies- biofeedback
- b. mirror studies
- c. “The Brain that Changes Itself.” by Norman Doidge

VI. Medical Treatments for Neuropathy.

- a. surgery and interventions not too useful for neuropathy
- b. pharmacologic options have increased substantially in the last decade

VII. Understanding Medications for Pain Requires some Basic Understanding of the Neurobiology of Pain.

- a. where does pain start?
- b. what happens to it on its way to the brain?
- c. when it gets to the brain what happens?
- d. why does it hurt?
- e. who are the players in the body effected by pain?

VIII. Medications for Neuropathic Pain – How They Work.

- a. starting line - anticonvulsants
- b. the track – antidepressants –unexpected high hurdles
- c. the finish line – opioids – unexpected very high hurdles

IX. Anticonvulsants- How they Work for Pain.
(also known as membrane stabilizers)

Most common:

Nuerontin – sodium channel
Lyrica- sodium channel

Others known to be effective:

Trileptal – sodium channel
Topamax – sodium channel
Gabitril – GABA inhibitor

X. Antidepressants – How They Work for Pain.

Cymbalta
Effexor
Suvella – an antidepressant in Europe

All work to block the pain along the track
High and unexpected hurdles

XI. Opioids.

Work differently for neuropathic pain than nociceptive pain

- a. for neuropathic pain they work
 - i. in the brain - alter perceptions
 - ii. in the spinal cord – along the track very high hurdles

- b. for nociceptive pain
 - i. at the starting line

XII. Topicals.

Usual ingredients:

Ketoprofen – an anti-inflammatory
Ketamine - an anesthetic and a ? why it works topically
Lidocaine - local anesthetic
Gabapentin - membrane stabilizers

XIII. OTC Meds.

A story of BB guns and Rhinoceri
A very short story

XIV. What About the Long Term Effect of the Medications for Pain?

- a. To be brief they are minimal
- b. What about another question?

XV. What About the Long Term Effects of Untreated Pain?

- a. brain studies
- b. mortality studies

XVI. Addiction and Opioids

- a. what is addiction?
- b. the differential affects of medications on patients with and without a disease
 - i. diabetes
 - ii. cardiac arrhythmia
 - iii. opioids
- c. the Swedish experience

XVII. Addiction Potential

opioids vs. alcohol – Popeye vs. Rocky
opioids vs. tobacco - Casper Milktoast vs. Rocky

XVIII. How Do We Get Doctors to Take Pain Seriously?

- a. don't blame the doctors
story line: conversation with a fellow in his 10th year of
medical education
- b. do blame the medical education system?
- c. write: the Deans of medical schools
congressional people – state and federal
newspapers

XIX. And Finally Remember

The person is not the disease

The person is a life

The life is not a disease

The life is to be lived – despite the disease