

Major part of
pain is
neuropathic pain

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Abstract

According to a hypothesis of central sensitization, long-term pain sensitizes central nervous system, even if the pain is nociceptive pain or peripheral neuropathic pain. Pain due to sensitized central nervous system is central neuropathic pain. It is impossible that chronic pain is nociceptive pain alone. Therefore, chronic pain is neuropathic pain alone or combination of nociceptive pain and neuropathic pain.

Pharmacological treatment of neuropathic pain is similar regardless of each disease except trigeminal neuralgia, complex regional pain syndrome, and attack of migraine and cluster headache, etc. In all likelihood, disease (or syndrome) whose number of medicine with evidence (more than 1 randomized controlled study) is the greatest, is fibromyalgia. Therefore, pharmacological treatment of fibromyalgia is effective for major part of pain. Based on my experience, pharmacological treatment of fibromyalgia is effective for major part of pain.

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Pain is classified into acute pain and chronic pain based on the duration of pain. Usually, acute pain is defined as pain less than 3 months and chronic pain is defined as pain more than 3 months. Pain is classified into nociceptive pain, neuropathic pain, and combination of nociceptive pain and neuropathic pain based on an etiology of pain.

Unfortunately, in Japan, pain is usually classified into nociceptive pain, neuropathic pain, psychogenic pain, and combination of them based on an etiology of pain. Recently, the term of functional pain or non-organic pain is used in place of psychogenic pain in Japan. However, it is not a popular hypothesis in the world.

According to a hypothesis of central sensitization, long-term pain sensitizes central nervous

system, even if the pain is nociceptive pain or peripheral neuropathic pain. Pain due to sensitized central nervous system is central neuropathic pain. It is impossible that chronic pain is nociceptive pain alone. Therefore, chronic pain is neuropathic pain alone or combination of nociceptive pain and neuropathic pain.

Pain due to osteoarthritis is believed to be nociceptive pain. However, major part of pain due to osteoarthritis is chronic pain. Therefore, major part of pain due to osteoarthritis is combination of nociceptive pain and neuropathic pain. In fact, pregabalin [1] and duloxetine [2] are effective for pain due to osteoarthritis. Pregabalin and duloxetine are medicine for neuropathic pain. I believe that pregabalin and duloxetine are effective for central neuropathic pain evoked by a long-term pain due to osteoarthritis.

Acute pain is classified into nociceptive pain, neuropathic pain, and combination of nociceptive pain and neuropathic pain, however, chronic pain is classified into neuropathic pain and combination of nociceptive pain and neuropathic pain. It is impossible that chronic pain is due to nociceptive pain alone. Nociceptive pain alone exists only in acute pain. Duration of pain that nociceptive pain alone exists in may be less than 3 months. Severe pain and/or fragile brain may cause central neuropathic pain less than 3 months. Physical, emotional, and sexual abuse in childhood causes fragile brain.

Nociceptive pain alone exists only in acute pain, therefore, major part of pain is neuropathic pain (neuropathic pain alone and combination of nociceptive pain and neuropathic pain). Treatment of neuropathic pain is effective for major part of pain. From pain, we try to find neuropathic pain with some methods [3]. This is performed based on a hypothesis that major part of pain is nociceptive pain. However, major part of pain is neuropathic pain (neuropathic pain alone and combination of nociceptive pain and neuropathic pain). We should try to find nociceptive pain alone from pain. It is not so difficult to find nociceptive pain from acute pain with blood test, imaging test, and physical examination (redness, swelling, local heat, etc), etc.

Pharmacological treatment of neuropathic pain is similar regardless of each disease except trigeminal neuralgia, complex regional pain syndrome, and attack of migraine and cluster headache, etc. In all likelihood, disease (or syndrome) whose number of medicine with evidence (more than 1 randomized controlled study) is the greatest, is fibromyalgia. Therefore, pharmacological treatment of fibromyalgia is effective for major part of pain. Based on my experience, pharmacological treatment of fibromyalgia is effective for major part of pain.

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