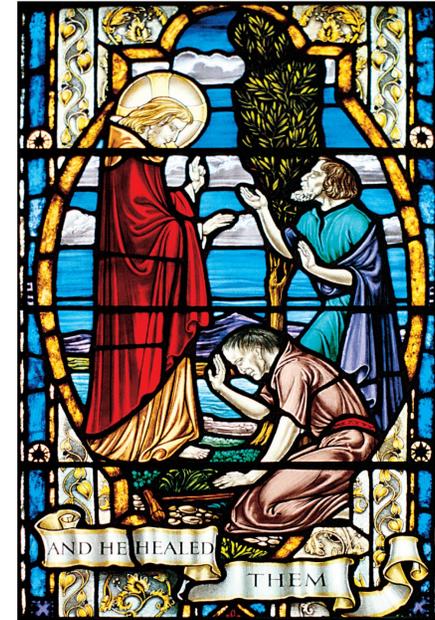


## The History of Pain Relief

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- 1. The word “pain” derives from the Latin word “poena,” which means “punishment or penalty.”** The Greeks named their goddess of revenge, Poine, for inflicting pain upon mortals who angered the gods.
- 2. Opium occupies a special place of the history of pain theory.** Archaeologists have found evidence of opium directives that date back to 5000 B.C. And in 800 B.C., Homer wrote about opium as a pain reliever in *The Odyssey*.
- 3. Ancient doctors would often drill holes in patients’ heads to “release” pain.** Greek physician Hippocrates referred to the process as “trepanation.” This likely didn’t work (except to cause more pain), but the widespread practice was discovered in countless skulls at Incan archaeological sites.
- 4. Ancient Egyptians used electric eels from the Nile to reduce pain.** They placed the eels over affected parts of patients’ bodies. This practice can be compared to the use of transcutaneous electrical nerve stimulation (TENS) to relieve modern pain.
- 5. Many cultures believed in chewing willow leaves to relieve pain.** Today, we use a form of this technique. Salicylic acid (aspirin’s active ingredient) derives from the plant genus *Salix* (which includes willow trees).
- 6. Native American healers believed pain was all in one’s head, literally.** So they used pain pipes to “suck” the pain right out of a patient’s head.
- 7. According to evolutionary theory, pain is (like everything else) a means to survival.** This view holds that pain protects us by forcing us away from the harm-causing agent. In turn, we collectively remember to stay away from whatever causes this pain in the future.
- 8. Before anesthesia was invented, surgeons used various methods to knock their patients out.** Italians literally hit their patients over the head until they lost consciousness. Some surgeons would choke their patients for the same effect.
- 9. In 1846, a dentist named William T.G. Morton successfully administered anesthesia to a patient for the very first time. Many tried before with fatal results, but Morton’s ether inhaler was a game changer.**
- 10. When Coca-Cola first launched in 1886, it was advertised as a miracle cure.** Any and all “therapeutic” effects can be solely attributed to the cocaine that once resided within every serving of the soda.
- 11. Another stimulant, caffeine, has been found effective in treating some types of pain.** That would explain why Excedrin and other over-the-counter medications include caffeine to treat headaches and other minor ailments.
- 12. Ancient practices of holistic treatment of pain have made a comeback in recent years.** Head drilling will, hopefully, remain a pain prescription from the past, but treating the patient as a whole is much more common nowadays than simply treating symptoms.

Abundant  
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## Wellness Words

July 2018

Opioid Awareness Month

“I have come that you may have life and have it more abundantly.”

John 10:10b

**Opioid Addiction Awareness**  
**Month**

[www.drugabuse.gov](http://www.drugabuse.gov)

**What Are Opioids?**

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others. These drugs are chemically related and interact with opioid receptors on nerve cells in the body and brain. Opioid pain relievers are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused (taken in a different way or in a larger quantity than prescribed, or taken without a doctor's prescription). Regular use—even as prescribed by a doctor—can lead to dependence and, when misused, opioid pain relievers can lead to overdose incidents and deaths.

**That's Not MY Problem**



The abuse of and addiction to opioids such as heroin, morphine, and prescription pain relievers is a serious global problem that affects the health, social, and economic welfare of all societies. It is estimated that between 26.4 million and 36 million people abuse opioids worldwide, with an estimated 2.1 million people in the United States suffering from substance use disorders related to prescription opioid pain relievers in 2012 and an estimated 467,000 addicted to heroin. The consequences of this abuse have been devastating and are on the rise. For example, the number of unintentional overdose deaths from prescription pain relievers has soared in the United States, more than quadrupling since 1999. There is also growing evidence to suggest a relationship between increased non-medical use of opioid analgesics and heroin abuse in the United States.

**Opioids and the Brain**



Opioids are mostly prescribed for the treatment of moderate to severe pain. They act by attaching to specific proteins called opioid receptors, which are found on nerve cells in the brain, spinal cord, gastrointestinal tract, and other organs in the body. When these drugs attach to their receptors, they reduce the perception of pain and can produce a sense of well-being. With repeated administration of opioid drugs (prescription or heroin), the production of the body's own "feel good" chemicals (endorphins and enkephalins) is inhibited, which accounts in part for the discomfort that ensues when the drugs are discontinued (*i.e.*, withdrawal).

Opioid medications can produce a sense of well-being and pleasure because these drugs affect brain regions involved in reward. People who abuse opioids may seek to intensify their experience by taking the drug in ways other than those prescribed. For example, extended-release oxycodone is designed to release slowly and steadily into the bloodstream after being taken orally in a pill; this minimizes the euphoric effects. People who abuse pills may crush them to snort or inject which not only increases the euphoria but also increases the risk for serious medical complications, such as respiratory arrest, coma, and addiction. When people tamper with long-acting or extended-release medicines, which typically contain higher doses because they are intended for release over long periods, the results can be particularly dangerous, as all of the medicine can be released at one time. Tampering with extended release and using by nasal, smoked, or intravenous routes produces risk both from the higher dose and from the quicker onset.

**The Cost of Abuse**

Prescription opioid abuse is not only costly in economic terms (it has been estimated that the nonmedical use of opioid pain relievers costs insurance companies up to \$72.5 billion annually in health-care costs but may also be partly responsible for the steady upward trend in poisoning mortality. In 2010, there were 13,652 unintentional deaths from opioid pain reliever (82.8 percent of the 16,490 unintentional deaths from all prescription drugs), and there was a five-fold increase in treatment admissions for prescription pain relievers between 2001 and 2011 (from 35,648 to 180,708, respectively). In the same decade, there was a tripling of the prevalence of positive opioid tests among drivers who died within one hour of a crash.