When the Pain Just Won't Go Away...

This mysterious syndrome can be disabling if it's not treated promptly.

It starts with an injury—a broken bone, the trauma of surgery or even a bruise. You expect the pain to go away as the wound heals, but in a matter of days or weeks, it gets worse. Perhaps it spreads to other parts of your body. In severe cases, it becomes disabling.

Sound like a nightmare? For up to 6 million Americans, it's the reality of reflex sympathetic dystrophy syndrome (RSDS). This disorder, also called complex regional pain syndrome, affects men and usually strikes between the ages of 40 and 60.

A MYSTERIOUS CONDITION

Doctors and scientists aren't sure about the exact physiological misfires that lead to RSDS. At this point, the disorder, which was first identified about 100 years ago, is best understood as natural healing systems gone awry.

Any injury stimulates the sympathetic nervous system (SNS), the network of nerve cells that rev up the fight-or-flight response to deal with demanding situations. Breathing and pulse accelerate. Blood flow to the injured area is cut back to minimize bleeding. The immune system is activated to fight infection and initiate healing. You also feel acute pain, causing you to reflexively withdraw and warn your body to deal with the situation.

Normally, the immune system spontaneously returns to normal, and the SNS quiets down when the danger is past. The pain recedes over hours, days or weeks as the wound heals. In RSDS, the systems get stuck in overdrive. The pain gets worse—often much worse—instead of better. It may spread along the injured hand, arm or leg because of activation of the central nervous system.

Other changes take place—the affected area becomes unusually pale and/or cold to the touch or, less frequently, red and hot. An affected limb often may become swollen.

The condition may last weeks, months or, in rare cases, a lifetime. It may resist treatment or go away as mysteriously as it came (half of cases get better spontaneously).

A DIFFICULT DIAGNOSIS

If you have RSDS, it is essential to have it treated promptly and properly. The longer it is neglected, the greater the risk it will cause lasting damage—scar tissue may form and nerve connections become physically altered. Pain may become more resistant to treatment.

Because there is no definitive test, the diagnosis is often delayed for an average of eight months after symptoms appear.

The details of RSDS vary greatly from person to person, making
the diagnosis difficult. Severe pain that is out of proportion to tissue damage is present in all RSDS sufferers. It usually is described as burning, crushing or stabbing.

A diagnosis of RSDS depends on the existence of several of the following characteristics...

**Hyperesthesia** (extreme sensitivity to touch and light pressure).

**Sensation of coolness or warmth** or a difference in color and temperature in the affected body part. This is typically caused by the widening or narrowing of blood vessels.

Increased swelling or increased or decreased sweating in the affected part of the body.

**Tremor, weakness or decreased range of motion and/or changes in hair, nails or skin.**

Doctors vary enormously in their ability to diagnose and treat RSDS. If you think you may have it, seek a physician—most often a neurologist, anesthesiologist or physiatrist (a specialist in physical rehabilitation)—who is familiar with the disorder and specializes in chronic pain.

**EFFECTIVE TREATMENT**

There is no cure for RSDS. Instead, effective treatment must include three key areas...

**Pain control** often involves oral medication, such as acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil) or naproxen (Aleve), or prescription NSAIDs, such as diclofenac and misoprostal (Arthrotec) or diclofenac (Voltaren). Newer COX-2 inhibitors, such as rofecoxib (Vioxx) or celecoxib (Celebrex), also may be helpful. More potent opioids (derived from opium narcotics), such as codeine, acetaminophen and oxycodone (Percocet) or hydrocodone (Vicodin), may be effective as well.

Creams and lotions containing local anesthetics, anti-inflammatories, dimethyl sulfoxide or capsaicin (the active ingredient in cayenne pepper) rubbed on the skin can dull sensation in the painful area. Some drugs, such as the opioid painkiller duragesic (Fentanyl), now are available in transdermal patches. Applied to the skin, such drugs are convenient and provide a steady, even supply of the pain-killing medication.

Tricyclic antidepressants, such as amitriptyline (Elavil), may be effective for chronic pain conditions, including RSDS.

Regional sympathetic blockade and other nerve block techniques often are used to help doctors diagnose RSDS, as well as treat it. A local anesthetic, such as xylocaine, is injected around the nerve cells that carry SNS signals to the affected area.

**Regional sympathetic blockade** is especially effective early in the condition. A blockade that relieves the pain is considered confirmation of the syndrome in people who also experience other symptoms of RSDS. (A blockade that is ineffective, however, does not mean you are not suffering from RSDS.)

Local anesthetics or drugs to block nerve chemicals also may be injected directly into the affected area or infused into the space around the spinal cord.

**Psychosocial support** almost always is necessary. RSDS is a highly stressful condition, and most people need help coping with it. High levels of anxiety and clinical depression are common in RSDS sufferers. It's a vicious cycle—stress, anxiety and depression make the pain less tolerable, and even may worsen the disease.

For these reasons, psychotherapy, counseling and often medication are an important part of RSDS care. These may include instruction in behavioral techniques, such as...
biofeedback, focused imagery or meditation, to manage stress and reduce pain.

If you suffer from RSDS, your family will suffer, too. Therapy also should provide support for spouses, children and other close family members.

**Physical therapy** and rehabilitation will help you function as normally as possible, despite the pain of RSDS. This is likely to include treatments and exercises to restore or maintain flexibility, build strength and increase endurance.

**Important:** Interventions must be gentle to avoid aggravating the condition. Make sure your physical therapist is experienced in treating RSDS.

An occupational therapist can help you redesign your environment and modify the ways you dress, bathe and perform other activities of daily living. He/she also may suggest assistive devices, such as a “grabber” for hard-to-reach objects, to minimize the pain of RSDS.

For more information on RSDS or help in finding support groups in your area for patients, spouses and family members, contact the Reflex Sympathetic Dystrophy Syndrome Association, 203-877-3790, www.rsdso.org.

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**Faster HIV Test**

New HIV test takes only 20 minutes for results, compared with up to 14 days for current tests. Administered in doctors’ offices and clinics, OraQuick requires one drop of blood or a tissue sample from the cheek or gum. **Typical cost:** Less than $20.

Like existing tests, OraQuick detects antibodies that may not appear until three months after the person contracts the virus, so it can’t spot new infections. The number of AIDS cases is on the rise among adults age 55 or older.

—Bernard M. Branson, MD, associate director, laboratory diagnostics, Centers for Disease Control and Prevention, division of HIV/AIDS prevention, Atlanta.

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**Tasty Smoothies to Treat Common Ailments**

Quick, easy recipes quench your thirst—and help fight arthritis, heartburn and more.

Even the most health-conscious adults sometimes find it hard to consume the recommended number of servings of fruits and vegetables daily.

Here’s an easy and tasty way—smoothies. These blended drinks, which combine juice, soy milk or yogurt with herbs and other healthful ingredients, are packed with nutrients.* Made with fruits or vegetables, they are an excellent way to add vitamins, minerals and fiber to your diet.

Most people are familiar with sweet, frosty smoothies made with strawberries or bananas. What you may not know is that you can make smoothies with specific ingredients to treat everything from fatigue to psoriasis.

**How to prepare:** Use a blender. Process ingredients on low for 30 seconds, then on high for another 30 seconds or until smooth.

My favorite recipes for fighting common ailments...

### ANXIETY

Foods that contain calcium and magnesium, including almonds and soy milk, help reduce nervous tension.

**Almond Banana**

1 cup plain soy milk
3 Tablespoons chopped almonds
2 ripe bananas, peeled and chopped

*Pregnant women and people with chronic conditions, such as diabetes, should check with their doctor before taking any herbs.

### ARTHRITIS

Anti-inflammatory herbs, such as chamomile and ginger, reduce pain and joint deterioration.

**Calming Chamomile**

1/2 cup German chamomile or chamomile-ginger tea
1 apple, peeled, seeded, cored and chopped
1/4 cantaloupe, peeled, seeded and chopped
1 Tablespoon fresh German chamomile flowers or 1 teaspoon dried
2 Tablespoons plain yogurt
1 Tablespoon liquid honey
Serves 1 or 2.

### EYE PROBLEMS

Your risk for cataracts, glaucoma and age-related macular degeneration decreases if your diet contains antioxidant-rich herbs, fruits and vegetables, according to several scientific studies.

**Blueberry**

3/4 cup cranberry-raspberry juice
1 cup blueberries
1/2 cup red grapes
3/4 cup silken tofu or plain yogurt
Serves 2.

### FATIGUE

Fresh fruits provide the digestive enzymes the body requires to...