

Copyright © 2017 BioStar Nutrition Pte Ltd

All rights reserved

Published by Adam Glass.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopied, recorded, scanned, or otherwise, except as permitted under Canadian copyright law, without the prior written permission of the author.

Notes to the Reader:

While the author and publisher of this book have made reasonable efforts to ensure the accuracy and timeliness of the information contained herein, the author and publisher assume no liability with respect to losses or damages caused, or alleged to be caused, by any reliance on any information contained herein and disclaim any and all warranties, expressed or implied, as to the accuracy or reliability of said information.

The publisher and the author make no representations or warranties with respect to the accuracy or completeness of the contents of this work and specifically disclaim all warranties. The advice and strategies contained herein may not be suitable for every situation. It is the complete responsibility of the reader to ensure they are adhering to all local, regional and national laws.

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that neither the author nor the publisher is engaged in rendering professional services. If legal, accounting, medical, psychological, or any other expert assistance is required, the services of a competent professional should be sought.

The words contained in this text which are believed to be trademarked, service marked, or to otherwise hold proprietary rights have been designated as such by the use of initial capitalization. Inclusion, exclusion, or definition of a word or term is not intended to affect, or to express judgment upon the validity of legal status of any proprietary right which may be claimed for a specific word or term.

The fact that an organization or website is referred to in this work as a citation and/or potential source of further information does not mean that the author or publisher endorses the information the organization or website may provide or the recommendations it may make. Further, readers should be aware that the websites listed in this work may have changed or disappeared between when this work was written and when it is read.

Individual results may vary.

Table Of Content

INTRODUCTION	4		
THE TWO GREATEST MYTHS ABOUT CANCER PAIN	7		
		CONCLUSION	11



INTRODUCTION

Cancer pain is one of the worst pains imaginable, and can end up severely affecting your quality of life. Millions of people suffer from it every day, and the treatment of cancer pain has been called one of the great failures of modern medicine.

Most cancer specialists aren't adequately trained in pain management. They don't know how to properly treat cancer pain, and this includes cancer specialists. Patients end up with too little medication, or the wrong medication, or their meds are administered on an ineffective schedule.

In this report, we will highlight the two major myths about cancer pain that most medical professionals and patients still believe, as well as finding out how cancer causes pain, and how it can be properly treated. Living with cancer doesn't have to mean constant and unbearable pain 24 hours a day.



THE TWO GREATEST MYTHS ABOUT CANCER PAIN

Many doctors believe two great myths about the drugs that treat cancer pain, and this is the reason that millions of cancer patients are experiencing unbearable pain.

Myth #1

The first myth is that most cancer patients face a high risk of addiction to painkillers. This one has come about because most doctors don't fully understand the differences between addiction, dependence and tolerance.

Addiction can be described as a psychological longing for a drug. This desire quickly becomes the sole focus of the addict's life, continuing even after withdrawal symptoms have passed. Dependence happens when the patient becomes accustomed to a drug. If the drug is taken away, the patient soon starts to experience feelings of discomfort as withdrawal symptoms occur. This can be overcome if the drug is taken away gradually.

Tolerance means that the patient has to be given larger doses over time, because their body has grown a slight resistance to it. Larger doses can almost always be safely administered.

Dependence and tolerance are developed by most cancer patients. This is perfectly normal, and harmless. When the morphine course is stopped, these two conditions almost always disappear without issue. Despite what most doctors seem to believe, morphine addiction almost never happens to cancer patients. A review of twelve thousand patients showed that almost all of them had tolerance and dependence, but only 0.01 percent of them got addicted. The remaining patients never used morphine to experience a drug high.

In fact, most patients don't experience a drug high from morphine, as the same doses that give addicts a high make patients feel normal and comfortable. Despite this, many doctors and nurses still believe that patients can easily become addicted to morphine, with nurses thinking the rate of addiction is 25 or more percent higher than it actually is.

Myth #2

The second myth is that if a patient uses morphine for too long, they will become too accustomed to it and it will stop working. Known as the 'ceiling effect', this applies to some drugs, but not morphine, or any of the other opioids used to treat cancer pain.

Most patients start with a daily dosage of 30mg of morphine, and it is normal for that to be increased to several thousand mg over a period of time. This might seem like a drastic increase, but if it is administered safely and correctly, there will be no significant increase in side effects. As patients develop the tolerance to the drug mentioned earlier, they also develop the same tolerance to the drug's side effects.

Since the 'ceiling effect' myth exists, many doctors fail to prescribe enough morphine for patients, fearing that the drug will stop working. Even most patients believe this myth, and hence fail to take their full dose of medication.

This can lead to great suffering among the patients. An estimated 50 to 80 percent of patients in the US are subjected to unnecessary pain. Since pain is one of the primary symptoms of most cancers, this seriously affects the patient's quality of life. This is a real problem, since research shows that tumors can grow faster when pain is present, speeding up the progression of the disease.

However, there is good news. In 90 to 99 percent of cases, relief from cancer pain is possible with proper treatment. Over 80 percent of patients only require simple medical treatments for pain relief, and the remaining percentage can also find relief with slightly more complex methods. So, if someone is suffering from cancer pain, all they need to do is seek proper help and they can alleviate their pain symptoms.



HOW CANCER CAUSES PAIN

Most cancer pain - about 75 percent - is caused by the growth of malignant tumors. These don't hurt by themselves, but instead cause pain when they start to encroach on healthy tissue, with the most common pain caused when the tumor invades the patient's bones. This happens with many types of cancer, causing patients to experience a dull ache in their bones.

The second most common form of pain from the invasion of healthy tissues is when the tumors start to press against the nerves, causing a sharp, tingling sensation and constant paint. It is also possible for tumors to block in the blood vessels, lymphatic system and hollow organs, causing intense agony.

Muscles are prone to being invaded as well, leading to a pain somewhat similar to a constant muscle cramp.

The other 25 percent of pain is not caused by the cancer, but by the treatment used to fight it. It is very common for cancer patients to suffer treatment-related pain. Surgery, for instance, can cause lasting pain - even after it has had time to heal - usually brought on by nerve damage suffered during the surgery.

Chemotherapy also has a chance of causing nerve pain, with the most common offenders being the drugs vincristine and vinblastine. It usually occurs first in the jaw, or the hands and feet. Mouth sores are also common when undergoing chemo, and it is well-known that the therapy can also cause severe nausea.



Radiation therapy, meanwhile, can damage the skin and nerves, or even cause bleeding and diarrhea. The area most prone to damage during radiation is the spinal cord, which can result in a stabbing pain in the lower half of the body.

There are certain therapies that do not result in pain - immunotherapies. These stimulate the body's immune system to fight the cancer. However, not all of these therapies have been proven, so careful research is required before starting on a course.



TREATING CANCER PAIN

Treating cancer pain effectively is mostly about taking medications that steadily escalate in strength as the disease progresses. There are multiple stages to this, and we're going to go through them all here.

The first stage of medication is composed of aspirin, acetaminophen, and nonsteroidal antiinflammatory drugs, such as ibuprofen. Usually used to treat mild pain, these can even manage severe pain, if taken according to a strict schedule.

The best thing to do is to take them every four hours, whether pain is present or not. These drugs are especially useful against pain in the bones, and can be used in conjunction with more powerful drugs to help intensify the pain relief.

The next stage requires mild opioids, including codeine, oxycodone (Percodan), and dextropropoxyphene (Darvon). Usually combined with NSAIDs or acetaminophen, these can be particularly effective in the early stages of cancer. However, many doctors rely on them for too long, continuing them even after the pain has become too severe for them to treat it effectively.

The third, and final, stage consists of morphine and drugs like morphine, such as fentanyl, methadone, and hydromorphone. Morphine usually starts at lower doses, such as 30mg a day, and should then be gradually increased as the pain worsens and the patient develops a tolerance to the drug. The most important thing to note is that the drug should be increased in response to increased need, so the patient doesn't suffer any unnecessary pain.

Unfortunately, doctors commonly do not do this, as they believe the two main myths about morphine. If you feel that you are not getting enough medication, consult your oncologist to make sure. Do not believe the two main myths yourself, or you could end up suffering great agony for no reason.

It is also vital that you take your medication according to schedule, as not doing so could also result in unnecessary pain. A good pain program will provide pain relief 24 hours a day, and will probably be composed of drugs with a long-lasting effect, as well as fast-acting drugs to treat sudden, temporary onsets of pain.

An effective method for treatment of pain in general is 'patient-controlled analgesia'. With this, the patient decides when to administer their preset doses of pain medication. The main fear of this is that the patient will end up taking too much medication. This rarely occurs, as patients tend to take less medication, possibly because they feel more in control.

Sometimes, morphine and other drugs can fail to control the pain. When this happens, more complex treatments are needed, such as anesthetic injections, nerve blocks, and surgeries that inhibit nerve transmission. In addition to these, nutritional therapy, stress management, and various physical therapies can help ease the pain as well, when combined with a well-structured medication program.

Slowing tumor growth has also been known to help with cancer pain. Methods like surgery, chemo, and radiation are frequently used to shrink tumors, even when the patient is not expected to recover.

Occasionally, late-stage cancer patients cannot get any relief from pain, no matter how aggressive the pain program. When this happens, they can ask for high doses of powerful drugs that can leave them sleeping 24/7, until the disease overcomes them. Patients should keep in mind that sudden remissions do occasionally occur, even in the most hopeless of situations.



CONCLUSION

It is important to keep in mind, that even when you suffer from cancer, there is no reason for you to be in pain around the clock. Do not believe the two main myths about cancer pain, and check with your oncologist if you ever feel that you're not getting adequate medication. There is no need for you to suffer in silence, so never be afraid to ask questions if you feel the need.

With a well-structured treatment plan, one that provides you with the right amount of medication, the pain can be brought to manageable levels and you won't have to endure unnecessary suffering.

adam Glass