

Pain Modulation

By Laiche Djouhri, PhD

Associate Professor

Dept. of Physiology

Email: ldjouhri@ksu.edu.sa **Ext:71044**

Week 6 Lecture

Chapter 49

(Guyton & Hall)

Somatic Sensations:II

Pain, headache and

Thermal Sensations

Objectives

By the end of this session you are expected to be able to:

- Describe the built-in pain suppression ``**Analgesia**`` system
 - In the Spinal Cord (**Gate theory of pain control**)
 - In the Brain (**Descending Inhibitory System**)
- Describe the brain's opioid system
- Appreciate that pain can also be **facilitated**

Pain Modulation

What is Pain Modulation ?

A **decrease** or **an increase** in the sensation of pain caused by **inhibition** or **facilitation** of pain signal.

INHIBITION: nociceptive input can be inhibited by:

① Spinal (segmental) inhibition: **Gate control theory**

② Supra-spinal (descending) inhibition

FACILITATION

③ Peripheral sensitization (release of chemicals after tissue injury)

④ Central sensitization (Dis-inhibition)

Pain Modulation

Question

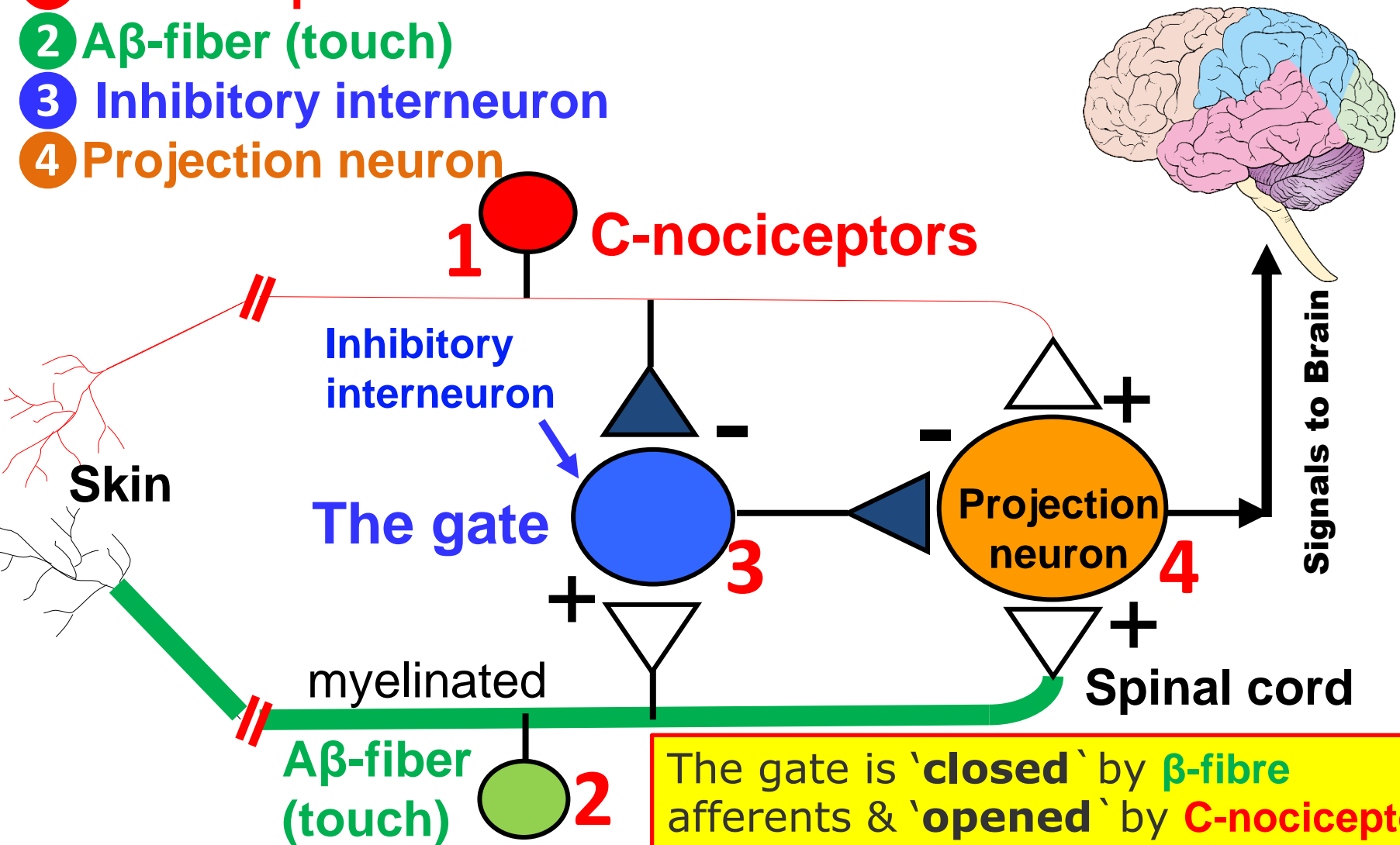
Why does it feel better to rub a bumped skin?

Spinal Inhibition: Gate Control Theory-1

4 types of neurons are involved:

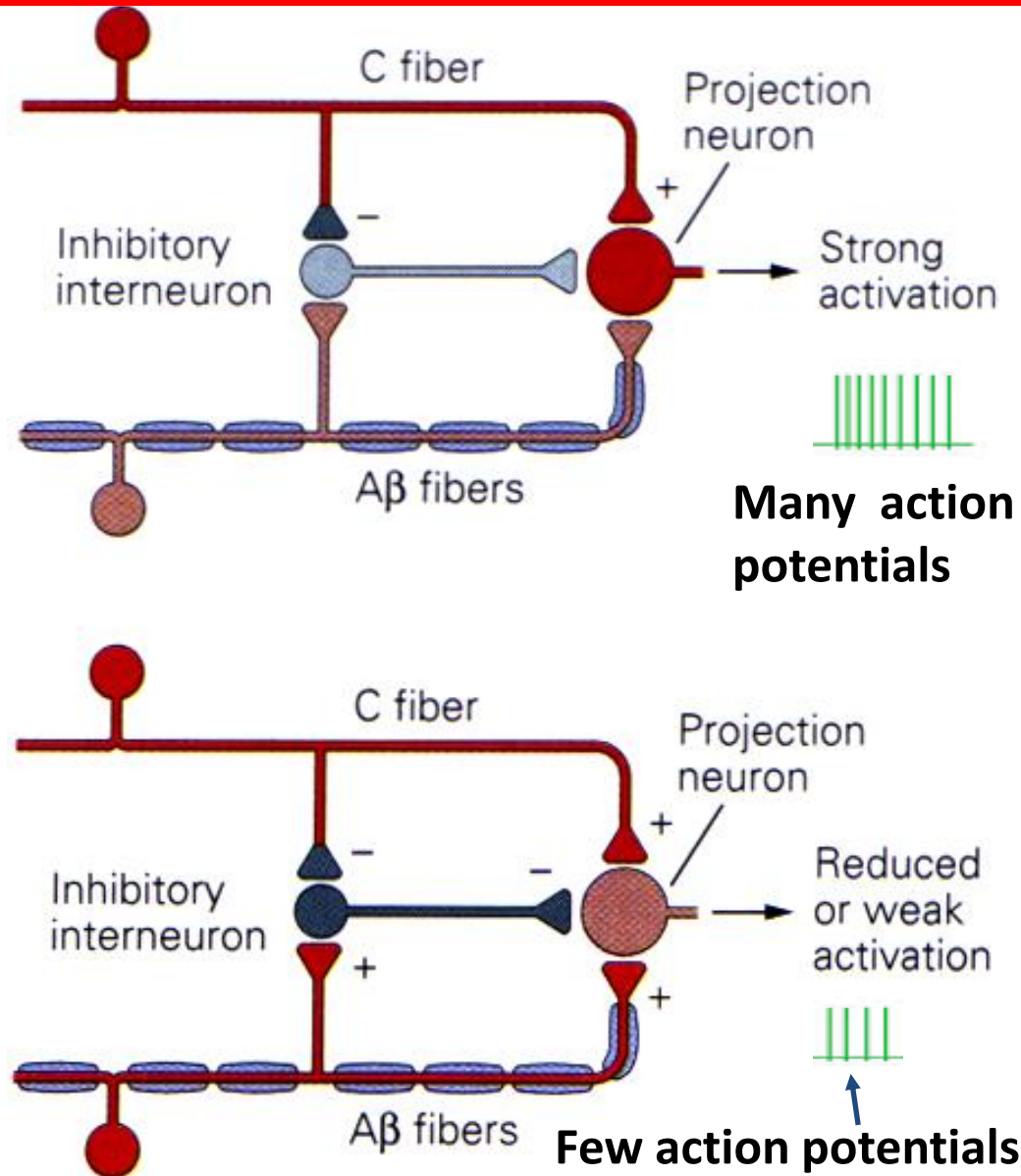
Melzack and Wall, 1965

- 1 C-nociceptor
- 2 A β -fiber (touch)
- 3 Inhibitory interneuron
- 4 Projection neuron



Gate Control of Pain-2

- Projection neuron receives input from both **C-fibers** and **A β -fibers**
- Firing of **C fibers** **inhibits** the inhibitory interneuron (open gate)
- Firing of the **A β fibers** **activates** the inhibitory interneuron (close gate)
- The theory implies that a **non-painful stimulus** can reduce transmission of a noxious stimulus.



Gate Control Theory-3

The gate-control theory is the basis for:

- **Rubbing the traumatized area such as a bumped head**
 - The initial trauma activates the A-delta and, eventually, C-fibers
 - Rubbing stimulates the A-beta (**touch**) fibers, which activate inhibitory interneuron to **close** the spinal gate
 - This inhibits transmission of the painful stimulus
- **The use of non-noxious cold & heat to relief pain**
- **The use of transcutaneous electrical nerve stimulation (TENS) for pain relief (see next slide).**

Transcutaneous Electrical Nerve Stimulation (TENS)

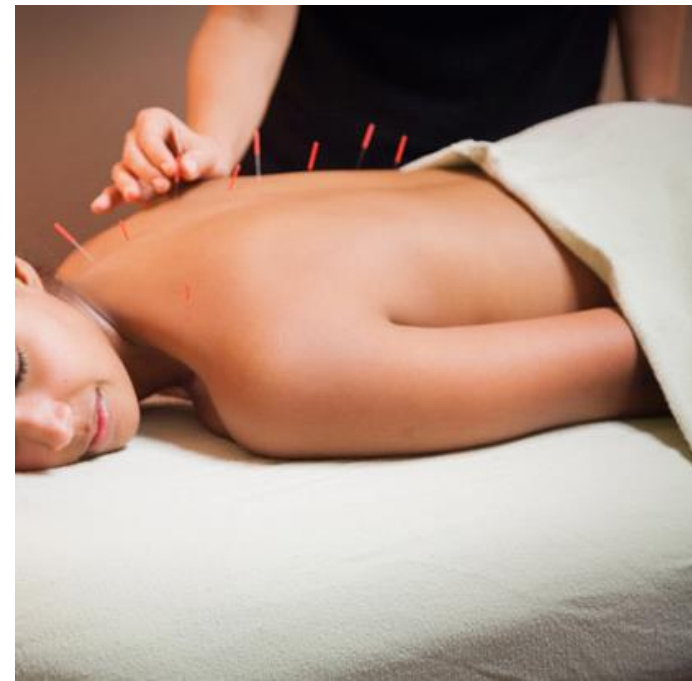
- The gate-control theory is also the basis for the use of TENS for pain relief.
- Uses a battery-operated unit with electrodes applied to the skin to produce a tingling, vibrating, or buzzing sensation in the area of pain (**self-operated**)
- Decreases pain for up to **several hours**, by stimulating the **non-pain receptors** in the same area as the fibers that transmit pain
- Used for **post operative pain**, **osteoarthritis**, back pain, and other types of pain.



Inhibition of Pain Transmission: Acupuncture

- Extremely fine needles are inserted at certain sites in the body for treating pain
- Is a treatment derived from **ancient Chinese medicine**
- Technique for **balancing the flow of energy** (Traditional Chinese medicine)

- Western GPs see it as points to **stimulate nerves**, muscles and connective tissue.
- It is thought to boost the body's **natural painkillers** (**opioids**) and increases blood flow.



What are Opioids?

- **Opioids:** refer to drugs in a generic sense, natural or synthetic, with morphine-like actions
- **Opiates:** restricted to synthetic morphine-like drugs

Opium (أفيون): extract of juice of the poppy
(**Papaver Somniferum**)

- Used as agent for **analgesia, euphoria, sleep** and **diarrhea**.
- Contains **12%** morphine and many alkaloids related to morphine.
- Used with alcohol to treat most diseases

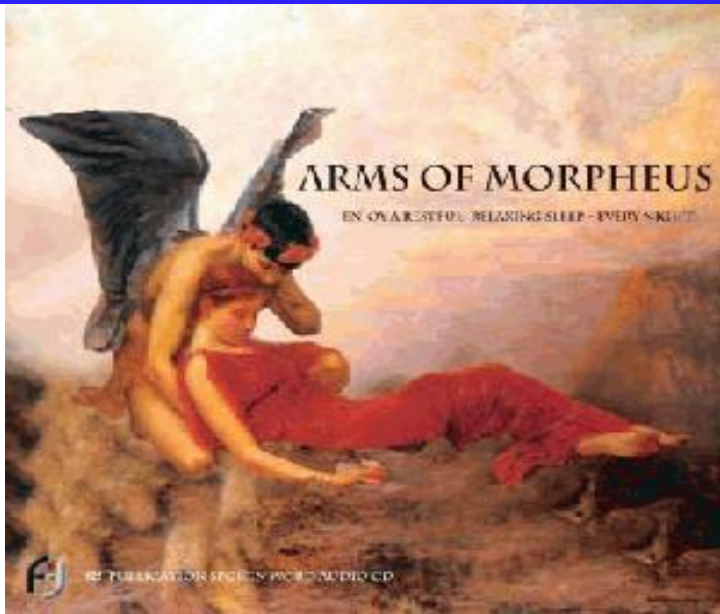


Opium الأفيون



Papaver Somniferum
الخشخاش المنوم

What is Morphine?



- *Morphine is named after **Morpheus**, the Greek god of **dreams**. Morpheus is the son of **Hypnos**, the god of **sleep**.*
- **God`s own gift!!**
- Was isolated from opium, in 1805 by *Friedrich Wilhelm Adam Sertürner*, a German pharmacist



Pain Modulation

What is Pain Modulation ?

A **decrease** or **an increase** in the sensation of pain caused by **inhibition** or **facilitation** of pain signal.

INHIBITION: nociceptive input can be inhibited by:

① Spinal (segmental) inhibition: **Gate control theory**

② **Supra-spinal (descending) inhibition**

FACILITATION

③ Peripheral sensitization (release of chemicals after tissue injury)

④ Central sensitization (Dis-inhibition)

Descending Pain Control System (The Built-in Analgesic System)

- 1. Periventricular nucleus**
project to **PAG** (4th ventricle)
- 2. Periaqueductal Gray (PAG)**
 - Opioid Receptors
 - Projects to **Raphe Nuclei**
- 3. Raphe nucleus**
 - Projects to dorsal horn
 - Release **serotonin**
- 4. Locus coeruleus (not shown)**
 - Projects to dorsal horn
 - Release **noradrenaline**
- 5. Enkephalin-containing interneurons**
in spinal cord

The system uses endogenous opioids (**natural pain killers**)

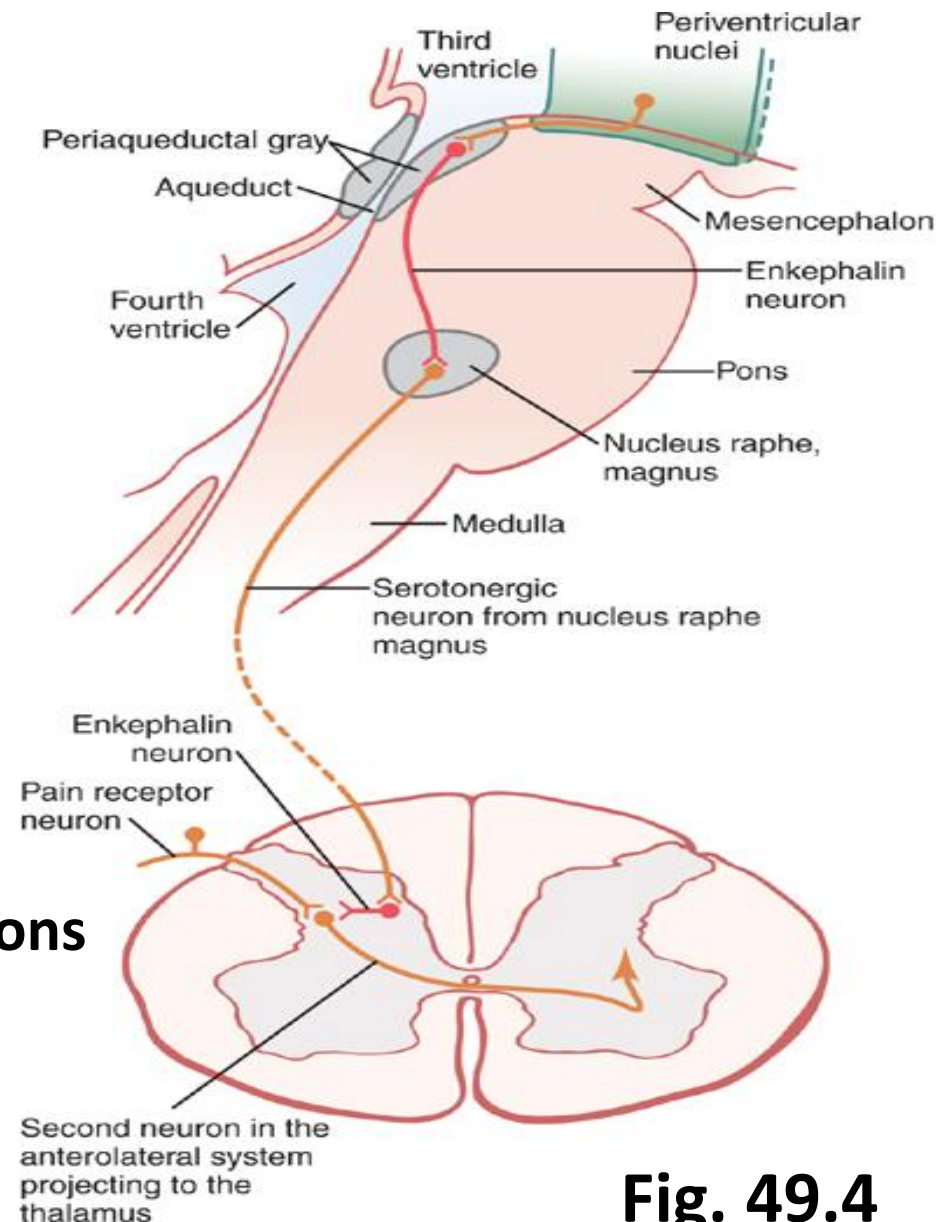
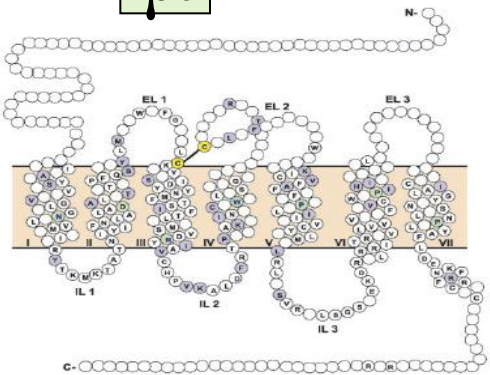


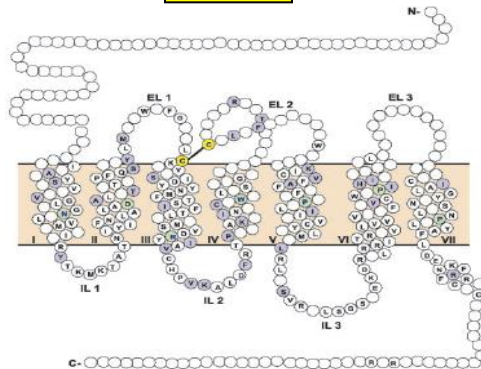
Fig. 49.4

Endogenous Opioid Peptides & Opioid Receptors

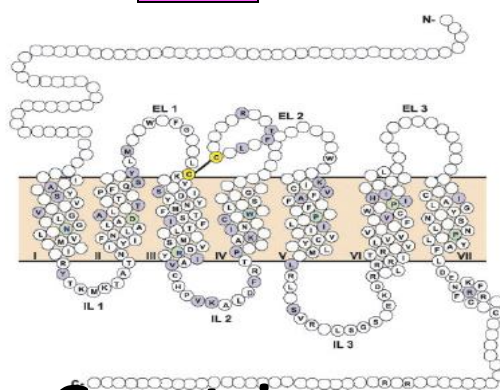
μ mu



δ delta



K kappa



Endogenous Opioids

- **Endorphins**
- Enkephalins
- Dynorphins

■ Opioid receptors are G-protein coupled receptors

- CNS distribution:
- Cerebral cortex
 - Amygdala
 - Thalamus
 - Hypothalamus
 - **Midbrain (PAG)**
 - **Spinal cord**

■ **Periphery**

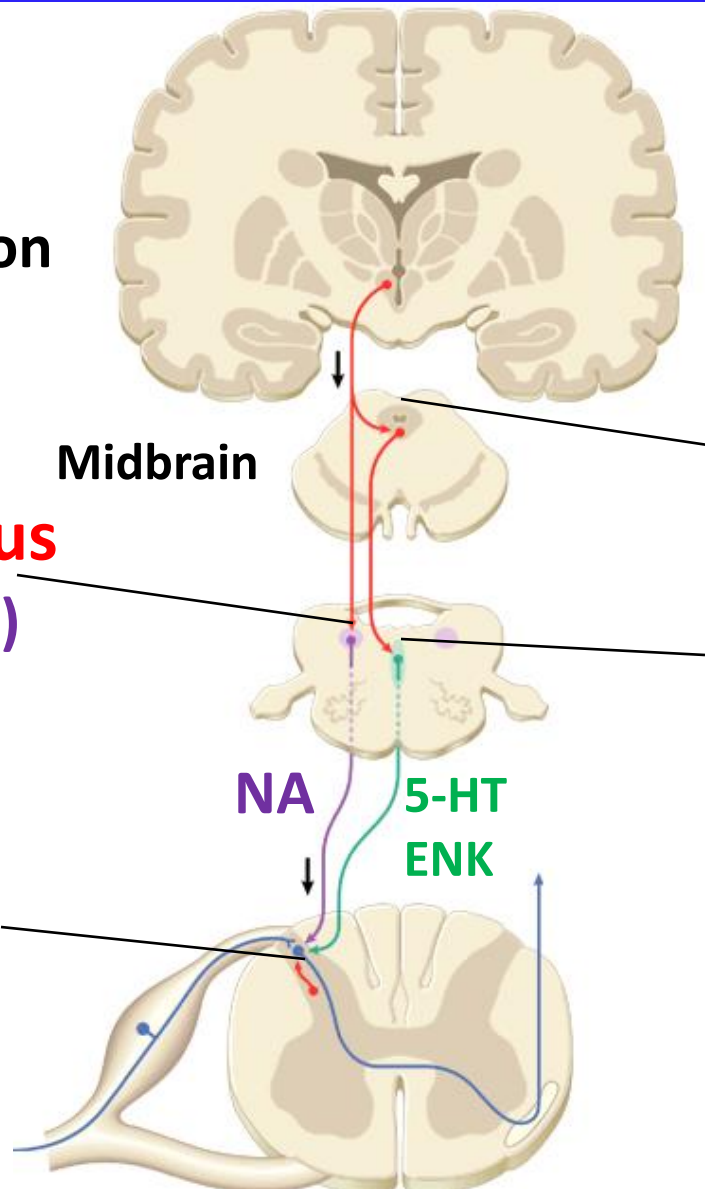
σ
sigma

Distribution of Endogenous Opioids and their Receptors

Distribution of mu receptors coincide with the distribution of ENK containing neurons.

locus coeruleus
(Noradrenaline)

Enkephalin-containing Interneuron
(not shown)



Midbrain

PAG
(Periaqueductal gray)

Raphe nucleus
(Serotonin)

NA

5-HT
ENK

Sites of actions of Opiates on pain transmission

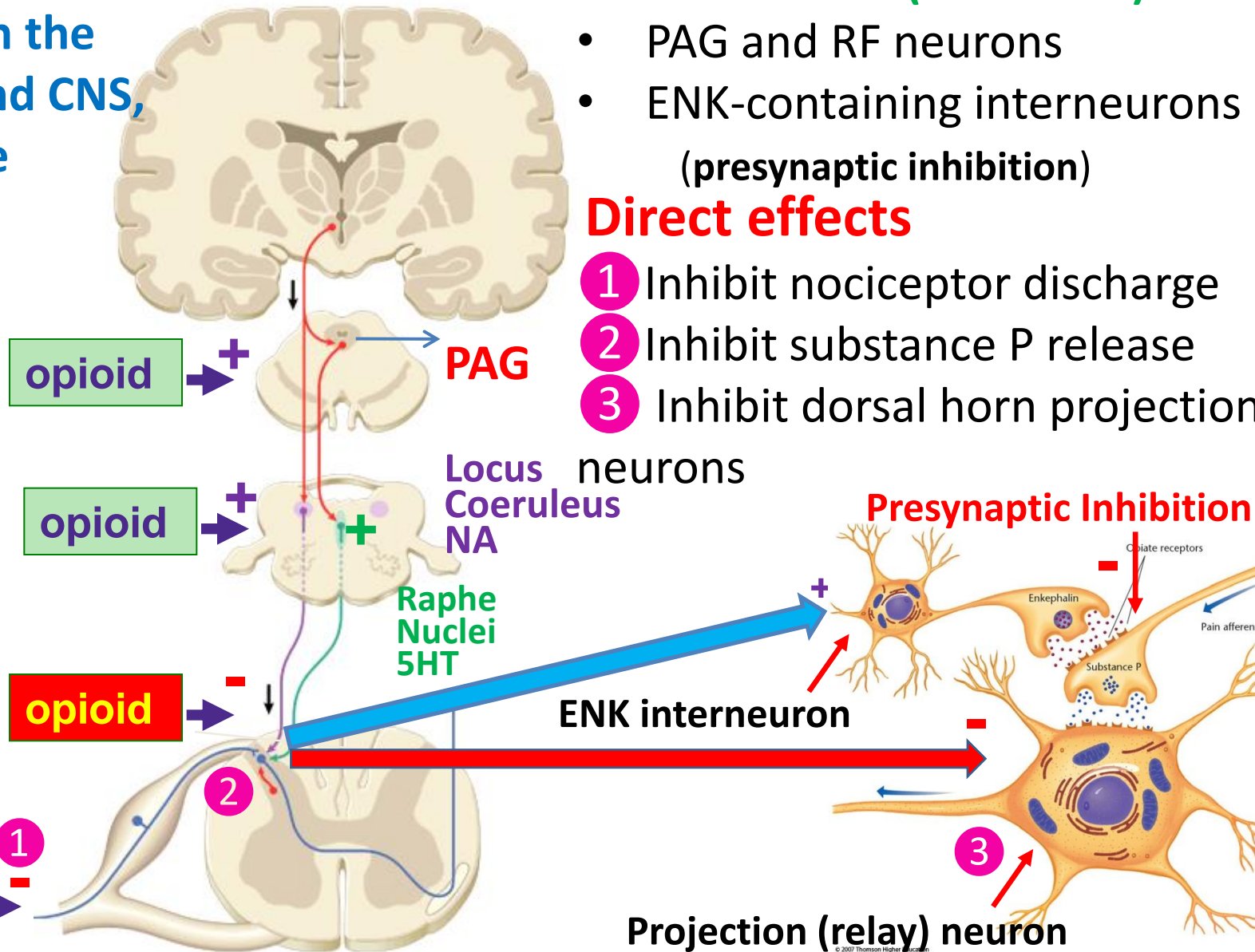
Opiates inhibit the link between the periphery and CNS, and enhance descending inhibition

Indirect effects (activation)

- PAG and RF neurons
- ENK-containing interneurons (presynaptic inhibition)

Direct effects

- 1 Inhibit nociceptor discharge
- 2 Inhibit substance P release
- 3 Inhibit dorsal horn projection



See next slide

Sites of actions of Opiates on pain transmission

- They exert their analgesic effects by acting at various sites in the peripheral & CNS
- Inhibit pain transmission both directly and indirectly:

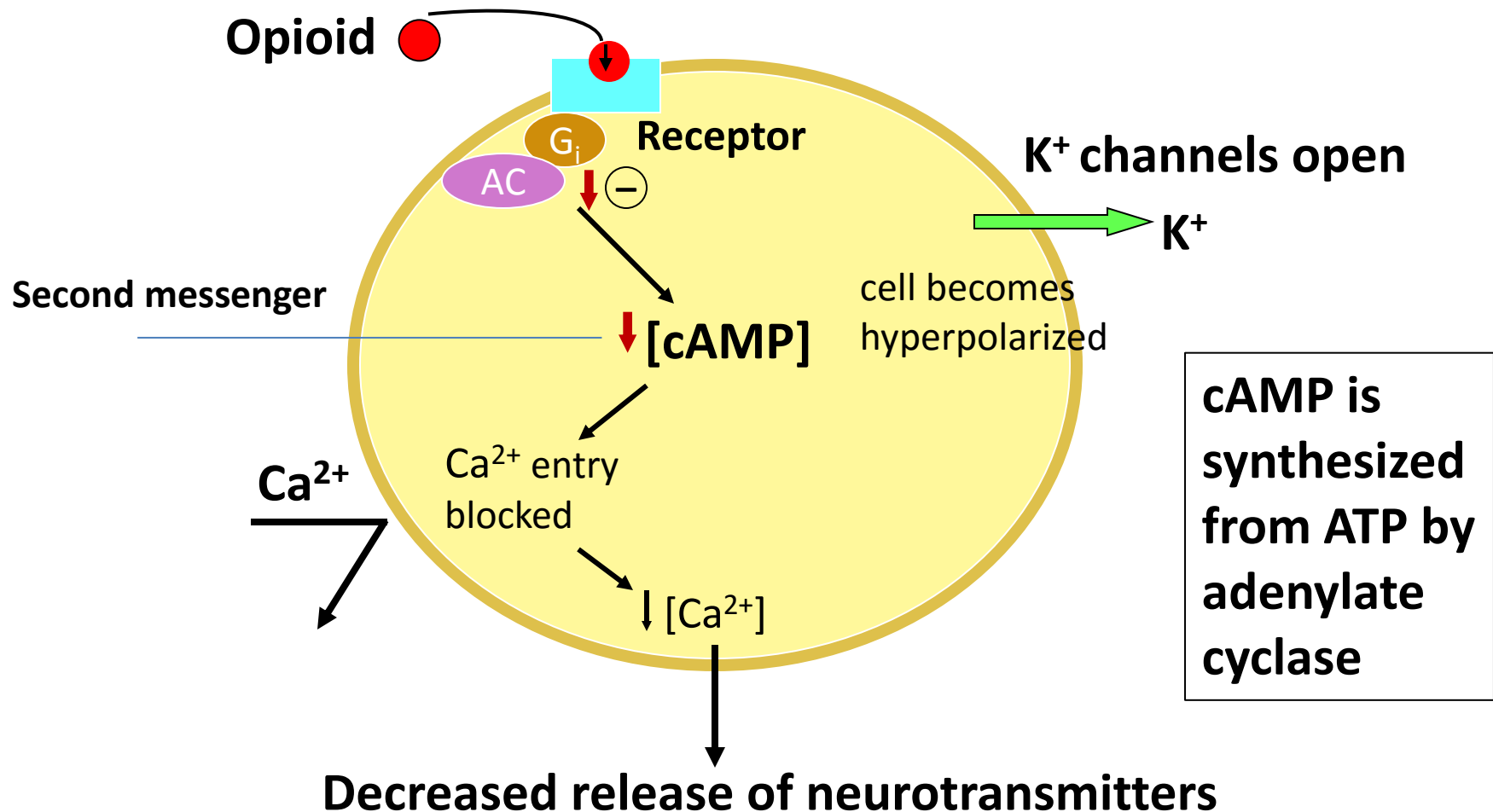
A. Direct Effects

- ① Inhibit discharge of nociceptive neurons (both their spontaneous activity & evoked activity to noxious stimuli)
- ② Inhibit release of SP from the central terminals of nociceptors .
- ③ Cause inhibition of dorsal horn projection neurons or spinothalamic neurons that convey the pain signal into the thalamus

B. Indirect Effects

- ① Activate the descending inhibitory pathway by exciting PAG neurons
- ② Activate neurons in brain stem which release NE and serotonin which can suppress pain transmission directly or indirectly via activation of the ENK containing inhibitory interneurons.

Cellular Actions of Opioids



- Reduce cAMP synthesis by inhibiting **adenylate cyclase** (AC).
- Facilitate opening of K channels causing hyperpolarization
- Inhibit opening of Ca²⁺ channels → inhibition of transmitter release.

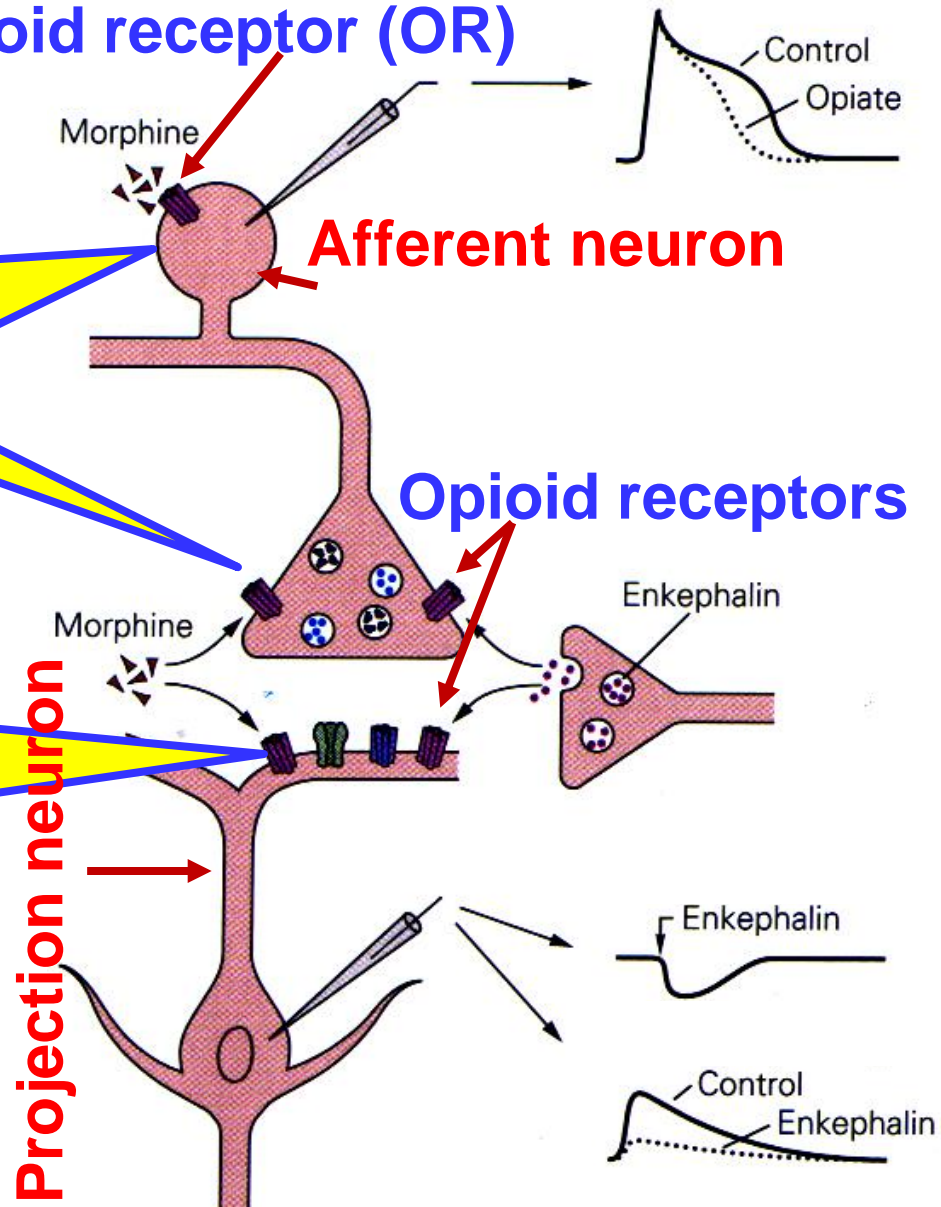
Pain Modulation: Effects of opioids

Activation of opioid receptors on cell bodies of DRG neurons and on pre-synaptic terminals causes a decrease in Ca^{++} influx resulting in a decrease in release of **glutamate & Substance P**

Activation of post-synaptic ORs hyperpolarizes the projection neuron by causing an increase in K^{+} conductance

↓ duration and size of the EPSP in the projection neuron

Opioid receptor (OR)



Pain Modulation

What is Pain Modulation ?

A **decrease** or **an increase** in the sensation of pain caused by **inhibition** or **facilitation** of pain signal.

INHIBITION: nociceptive input can be inhibited by:

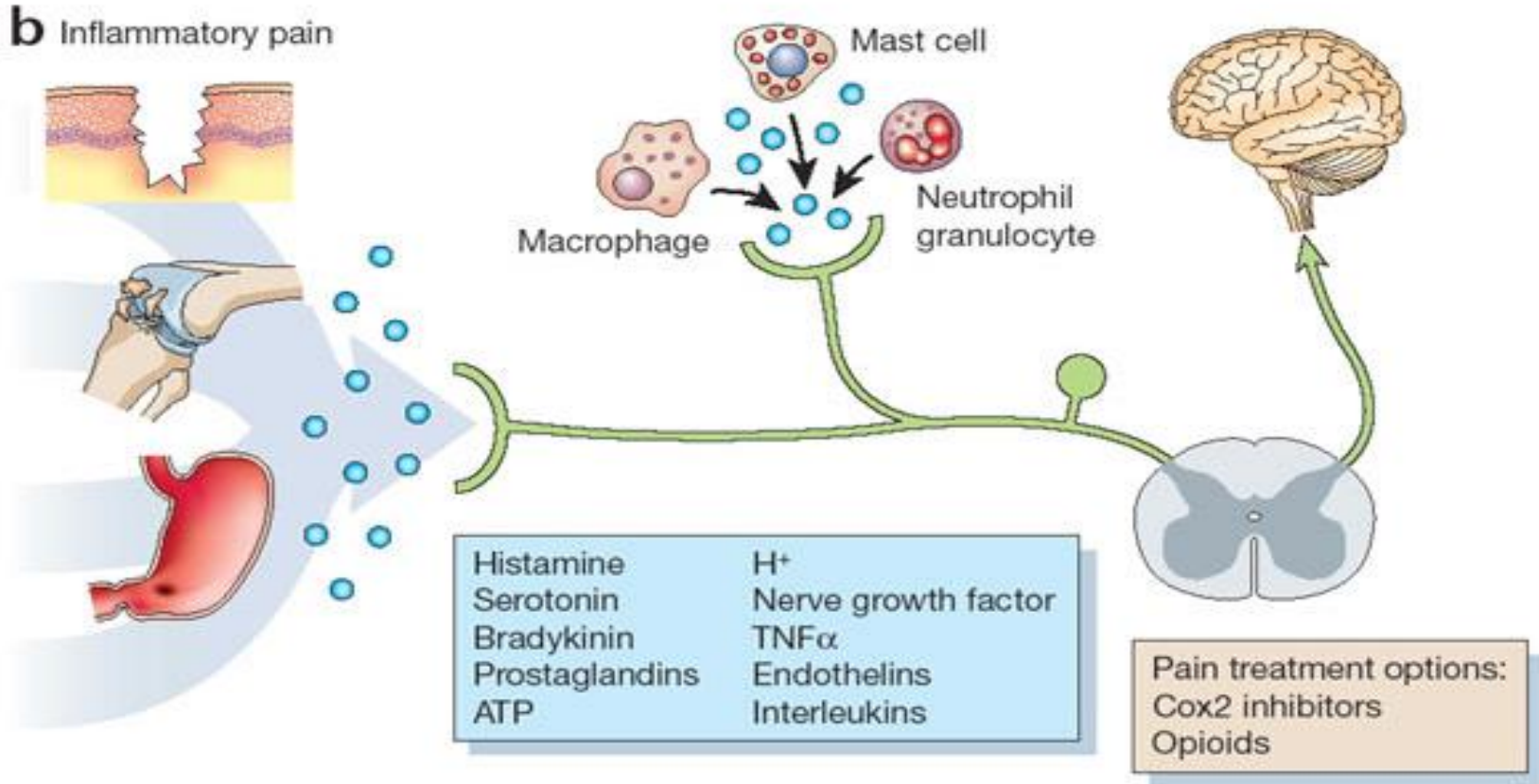
- 1 Spinal (segmental) inhibition: **Gate control theory**
- 2 Supra-spinal (descending) inhibition

FACILITATION

- 3 Peripheral sensitization (release of chemicals after tissue injury)
- 4 Central sensitization (Dis-inhibition)

Pain Facilitation: Peripheral Sensitisation

Inflammatory mediators can directly activate nociceptors or cause their sensitization (decreased threshold)



Peripheral sensitization also occurs during neuropathic pain states

What is Neuropathic Pain ?

“Pain initiated or caused by a primary lesion or dysfunction in the nervous system” (IASP), 1994

➤ **Features of NP**

- More than 5% of the world population
- Resistant to the current analgesic therapy
- Can persist for years

➤ **Classification of NP:**

- Central NP: Damage of CNS
- Peripheral NP: damage of PNS

➤ **Clinical Symptoms of Peripheral NP**

Hyperalgesia, Allodynia & Spontaneous Pain

Diseases that may cause Neuropathic Pain

- Infection (e.g. postherpetic neuroalgia caused by shingles)
- HIV
- Autoimmune diseases (e.g. multiple sclerosis)
- Vascular disease (e.g. stroke)
- Cancer.
- Metabolic disease (diabetes)
- Trauma/lesion (axotomy or nerve entrapment).
- Chemotherapy

Herpes zoster



Varicella zoster virus

Herpes simplex

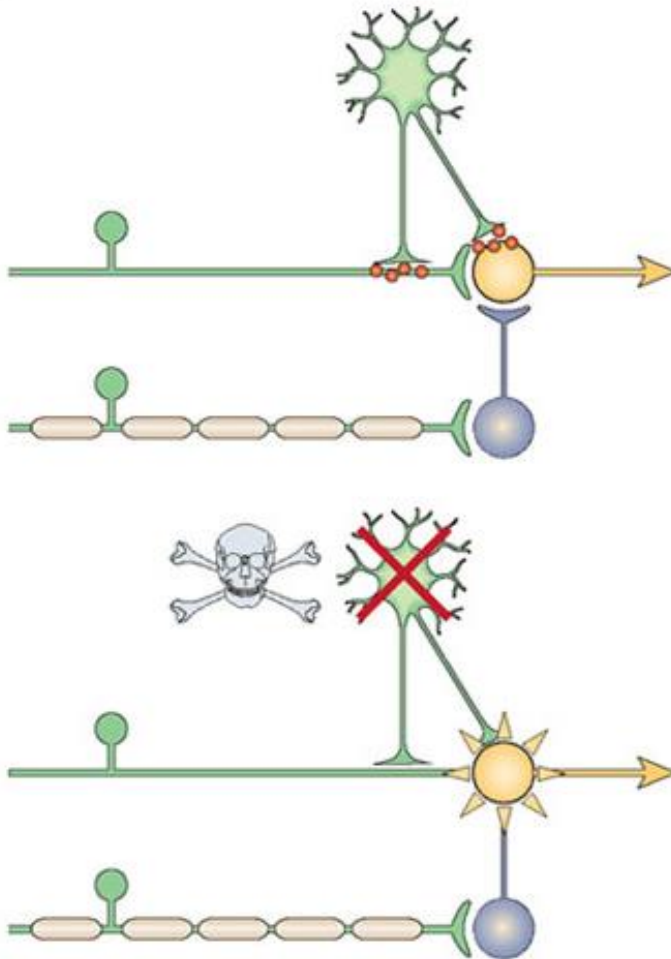
(does not cause NP)



Herpes simplex virus

Pain Modulation: Dis-inhibition

d Loss of inhibition

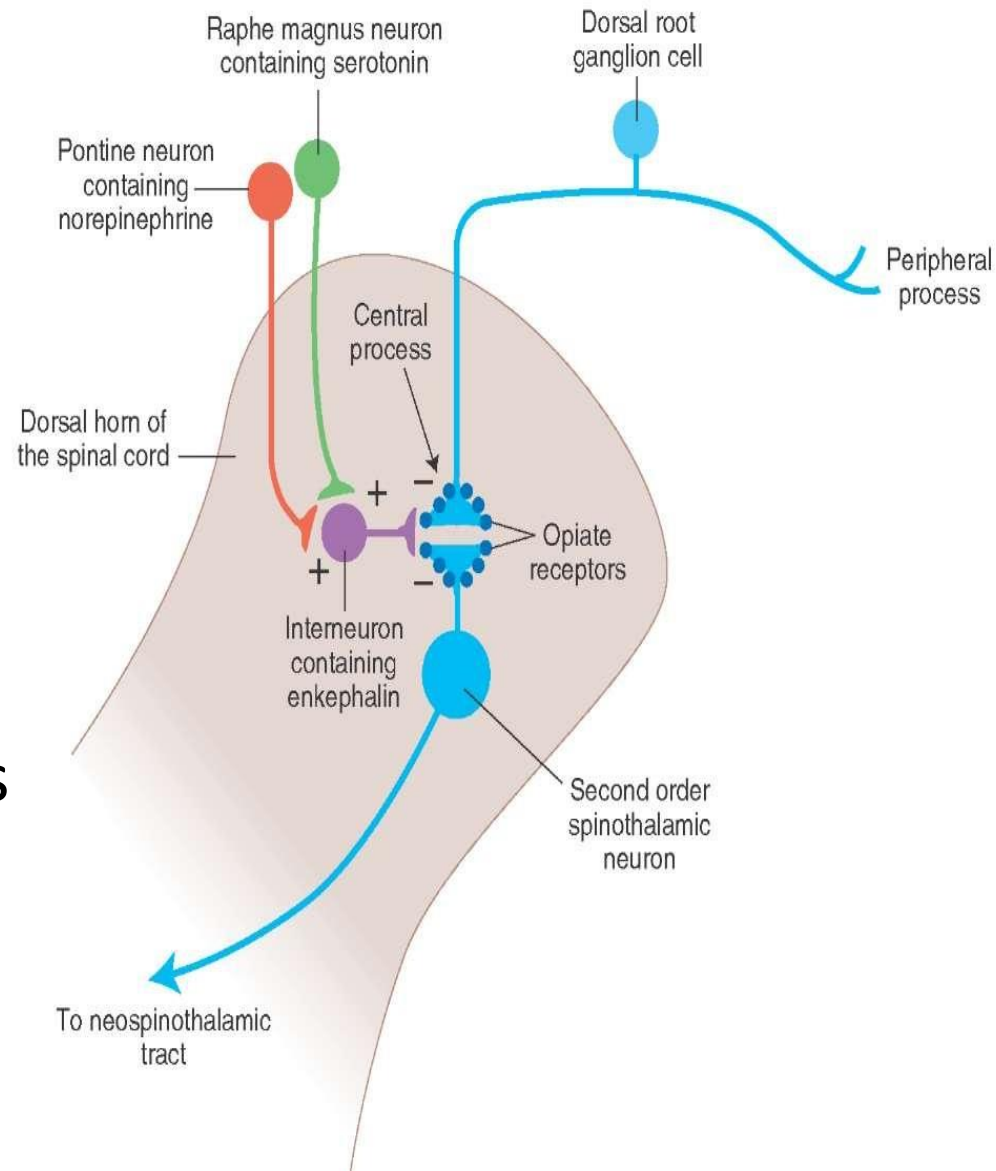


- Pain transmission is controlled by **inhibitory interneurons**
- Loss of these inhibitory interneurons after excessive release of **glutamate**.
- Result in increased excitability of projection neurons and thus **enhanced pain**

Pain Modulation: Neurotransmitters

- Serotonin
- Noradrenaline
- Enkephalin

- ❖ The serotonergic and noradrenergic neurons are crucial in the supra-spinal pain modulation
- ❖ Destroying these neurons with neurotoxins blocks the analgesic actions of opioids



Summary

- Pain can be modulated by the balance of activity between nociceptive and non-nociceptive afferent inputs (**the gate control theory**)
- Pain can be controlled by central mechanisms through pain control descending **inhibitory** pathways
- Endogenous opioids contribute to the pain control system
- Serotonin and noradrenaline are the other non-opioid neurotransmitters that are involved in pain control mechanisms
- Pain modulation is bidirectional: can be **inhibited** or **facilitated** during chronic pain states

Thank You

