



For Brain "Inflammations" Including Concussions?

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Abstract

Stunned and startled by the relief of acute arthritis pain by topical steroids, speculations are offered for any and all disorders possibly related to "inflammatory processes." I found myself wondering and using the word "imaginary" (as Darwin used it--pp 66 and 71 of *The Origin*) such that whatever has an inflammatory element might be greatly helped by steroids. Steroids might reduce the need for strong pain medications.

What happened to me?

How to stop pain? My answer is startling for an 80 year old retired physician who never heard or realized how simple it was...at least for me this one time, which was not imagination. Try topical steroid cream. So at 80 years old, I have arthritic aches and pains off and on, which respond acceptably to Acetaminophen, Aspirin, Tylenol, and Naproxen. I rarely need to take more than one tablet weekly. At next flare up, I take a different one, believing that "tolerance" is a big problem for all pain meds-Tolerance leads to higher dosing and stronger meds which lead to opioid use, more tolerance, then addiction and abuse. (That is how I used to treat patients with new pain complaints--rotate non-opioids weekly.)

Both of my knees have been replaced because of deep-sea diving bends in the Navy. So I have come to use heel-walking [1] for whatever starts to ache-believing paraspinal muscle exercise by heel-walking increases circulation and neurological activation everywhere with relief if needed (Actually, occasional 30 seconds of heel-walking works for mild aches anywhere and is not imaginary either). But recently, my right hand (slightly deformed by arthritis) began to throb, get numb, tingle and hurt so bad that it woke me up and I could not get back to sleep, even after 3 Tylenols in 30 min. My hand was stiff and I could barely lift anything or move thumb and fingers. The pain was worse than when my knees were replaced. Wow. If I had an opiate, I would have taken it. I was hurting so bad at 1 A.M., heel-walking never entered my mind as I paced around.

Unable to remain in bed, I am moaning seated at my computer checking messages with the hurting hand uselessly held up high. Then my concerned wife, unintentionally awakened by my movements, offered me a homeopathic cream she uses. I read the label and thought, how does a topical cream like this penetrate into her painful joints? I remembered a tube of topical triamcinolone in my cabinet and remember it is an anti-inflammatory agent-so if a topical homeopathic remedy gets absorbed and works, why would not powerful triamcinolone (Imagination?). I squirted about 3 inches on the back of my painful useless hand & wrist; and about 1 inch into my palm. I then massaged it all into my hurting hand working especially where it hurt. I went back to bed, and suffered for about 15 minutes before feeling some relief. But in an hour, I was up again, better but not good enough and I repeated the triamcinolone massage with another 3 plus 1 inches of it. Back to bed and slept well! Up at 7 AM, my hand is tender and stiff, but I could fix my breakfast and the pain was hardly a problem. After breakfast and reading the morning paper, I went about the rest of the day doing everything I usually do until 5 PM (including lifting well a five gallon can of shingle sealer). Surprised at my improvement, I then started to write this up.

My hand felt comfortable but a little stiff as usual and little finger deformity as usual. But overall, it is like none of this happened. Two external massages of a little triamcinolone onto painful areas may reduce inflammation causing pain. Totally surprised, I looked up "steroids and pain" to find such is well documented but why did I never hear of this during fifty years of medical practice? There are even topical hydrocortisone preparations available over-the-counter promoted for "arthritis pain relief" (but none were available at a local drugstore so I bought the 1% hydrocortisone for dermatologic pain to see how it would work).

Topical steroids may be a simple process to use before oral pain meds and before opioids especially. And, why is it not first in pain treatment protocols? I have done the topical 1%

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hydrocortisone twice for early mild beginning of pain of the wrist in the six months since I first used the triamcinolone. Otherwise, I do whatever I want with my wrist now.

Imagination

If pain persistence is linked to inflammation, should not stopping the inflammation help? For minor sprain/strain/cramp after limping off the field? If any disorder is linked to inflammation, from acute concussion, acute psychosis, post-traumatic stress disorder, gender disorders, and so on, even perhaps to autism spectrum disorders, should steroids be given a try? And should we rub a little on the head after a concussion? Should an oral or IV small dose be given after medical/surgical treatments known to have pain sequelae? Or the 21 tab 4 mg methylprednisolone packet but taken prone or immediately after a concussion? And for mental illnesses because of the current "inflammation" theories of mental illness? My imagination runs a little wild may be. We need to find out. (I read about "Prevacus" in Sports Illustrated 11/20/17 which is trying to develop neurosteroids to be administered through the nose to reduce concussion inflammation! Until they do so, the rubbing of one's gums and oral cavity with a dab of topical hydrocortisone, triamcinolone, or other steroid might be helpful... or just enough absorbed to help-- and the mouth

offers more absorption area than the nose!) Finally, the Myofascial/injection pain relief procedures promoted today may stimulate local release of natural steroids (and some of the injections actually contain steroids!)-Anyway, topical steroids to the manual procedures may improve response! And I have not even thought of using anabolic steroids topically.

Whatever, but with pain, low dose or topical steroids are worth a try-cheap, easy, quick, but read cautions and warnings about it and any medication you ever use. If it does not work, do not continue, and check in with your doctor regardless.

I am just amazed that discrete trials of topical (or even systemic) steroids are not the first pain treatment and for suspected inflammatory linked disorders. I want to imagine such will help some as much as it helped me. Even with psychoses like schizophrenia, post traumatic stress, et al-a brief acute course of steroids AND an Amytal Interview or equivalent...perhaps for drug abusers also...they end up "self-medicating" by street drugs.

Reference

1. Samuel A Nigro. "Ten (Eleven...) New Universal Public Health Measures". Int J Ped & Neo Heal. 2017;1(4).