



University of New England College of Osteopathic Medicine

Nociception and Pain: Peripheral and Spinal Cord Levels



*The University of New England
College of Osteopathic
Medicine*



Pain



Pain

- Acute Pain – Physiological Pain – Eudynia
 - “Ouch” pain
 - Sensitization
 - Remission



Pain

- Acute Pain – Physiological Pain – Eudynia
 - “Ouch” pain
 - Sensitization
 - Remission
- Chronic Pain – Clinical Pain – Maldynia
 - Bad tissue / Bad neurons or Both
 - Structural change in the nervous system
 - Functional change in the nervous system

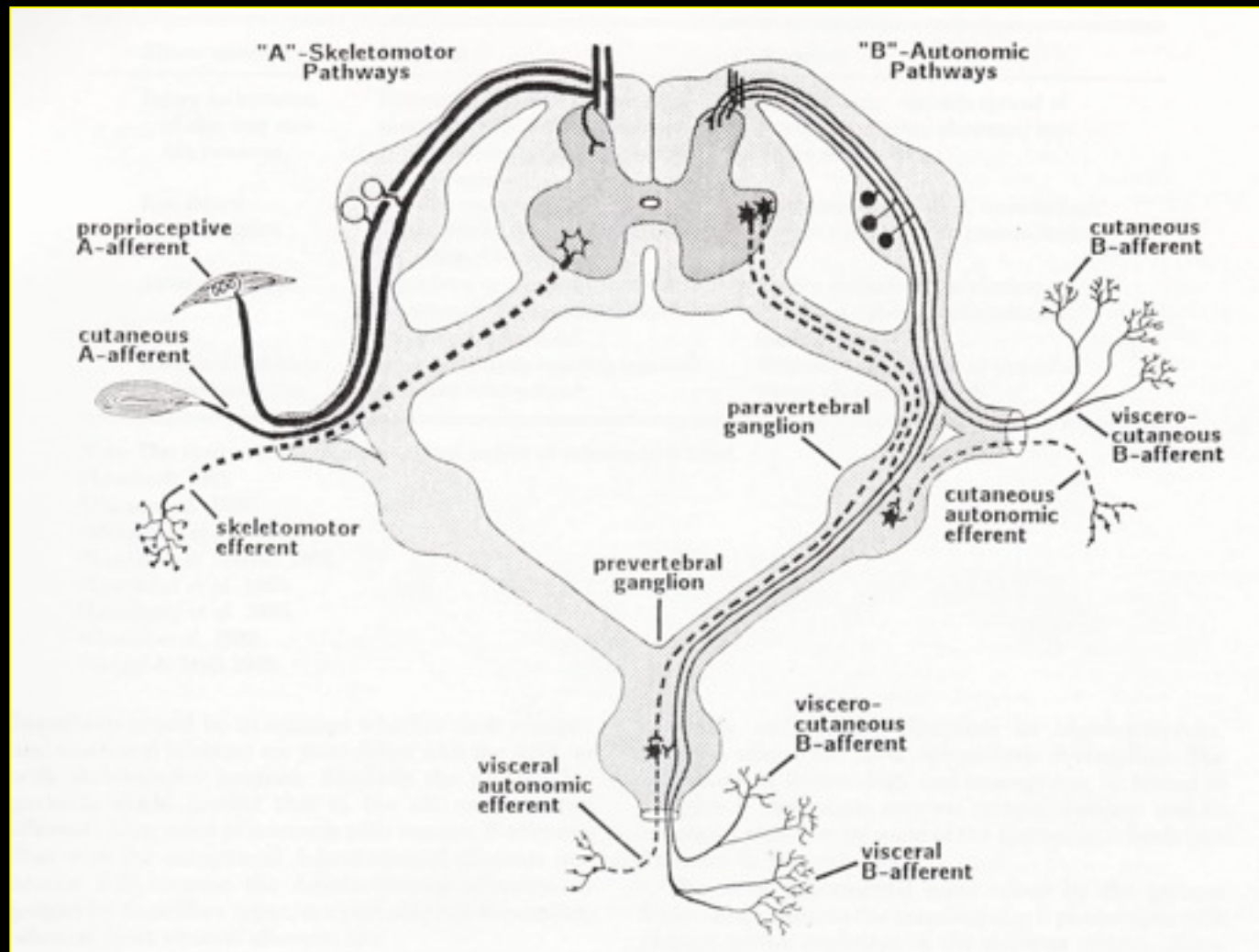


Pain

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 - “Ouch” pain
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- Chronic Pain – Clinical Pain – Maldynia
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Primary Afferent Fibers



Precht and Powley, Behav. Brain Sci. 13:289-331, 1990

Small Fiber Location



PAN Ending

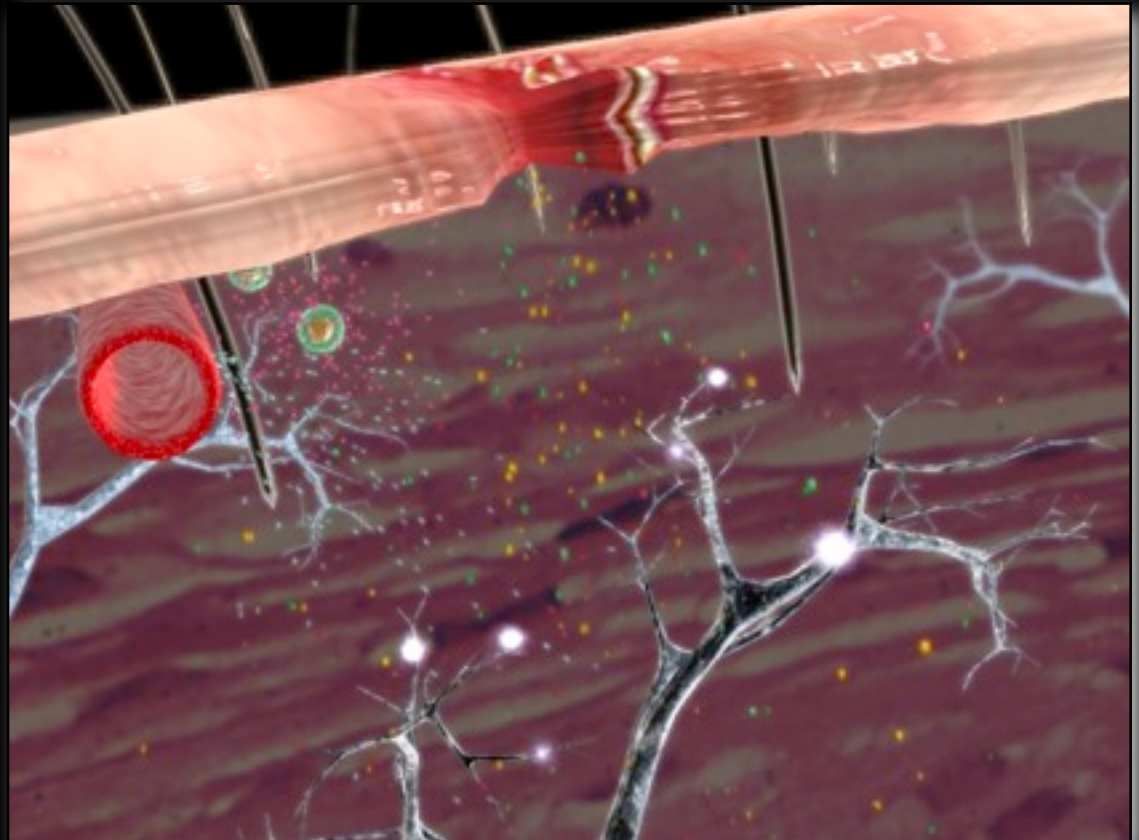


Sheath

Chemoreceptors

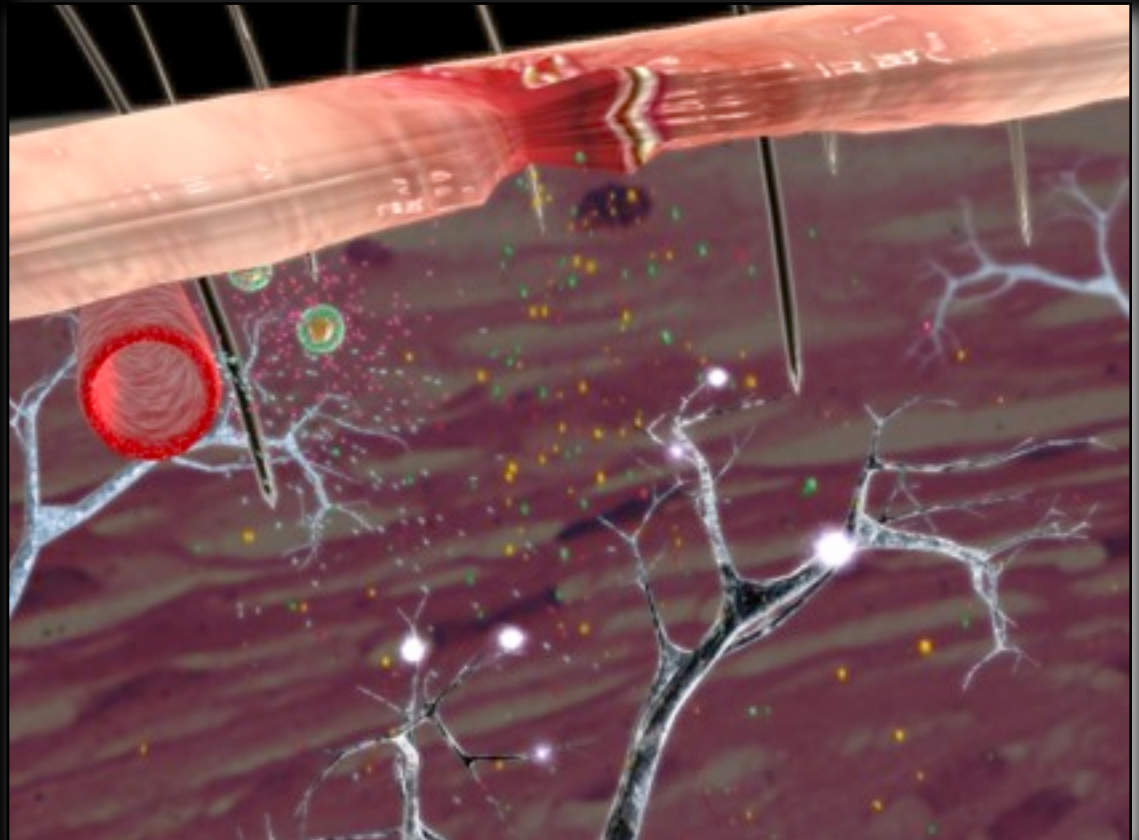
Factors Activating PANS

- Bradykinins
- Histamines
- Prostaglandins
- Serotonin
- H^+ and K^+
- Cytokines
- ATP
- Neuropeptides



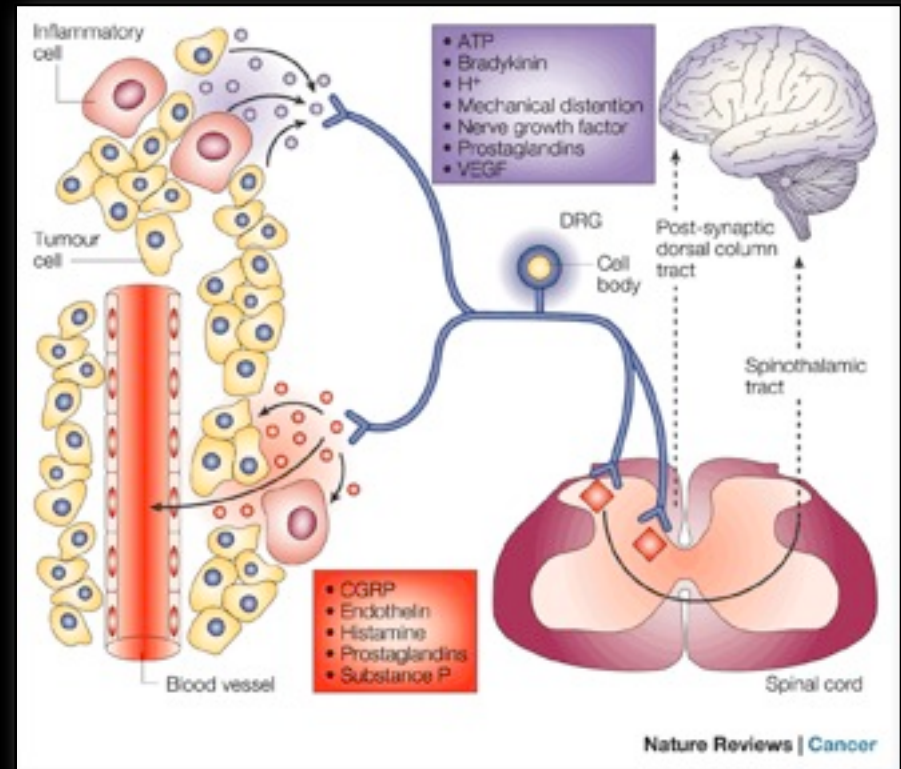
Factors Mediating Vasodilation

- Bradykinins
- Histamines
- Prostaglandins
- Serotonin
- H^+ and K^+
- Cytokines
- ATP
- Neuropeptides



Neurosecretory Function of PANS

- Substance P
- Calcitonin gene-related polypeptide
- Somatostatin

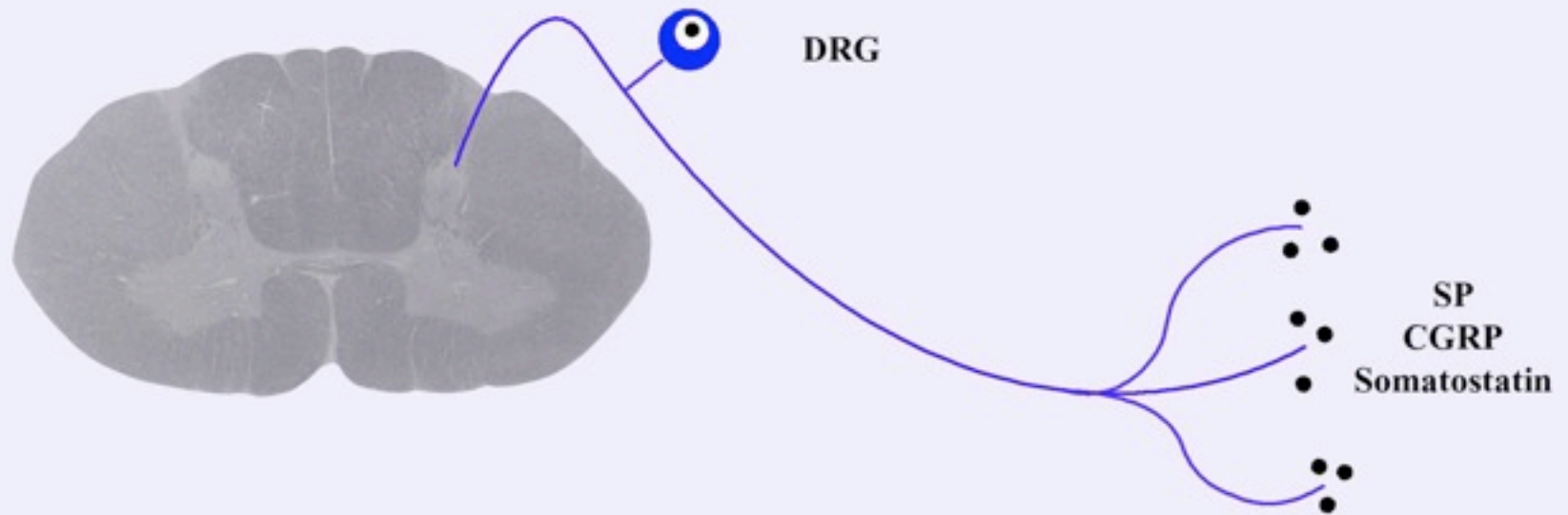


[Molecular mechanisms of cancer pain](#)

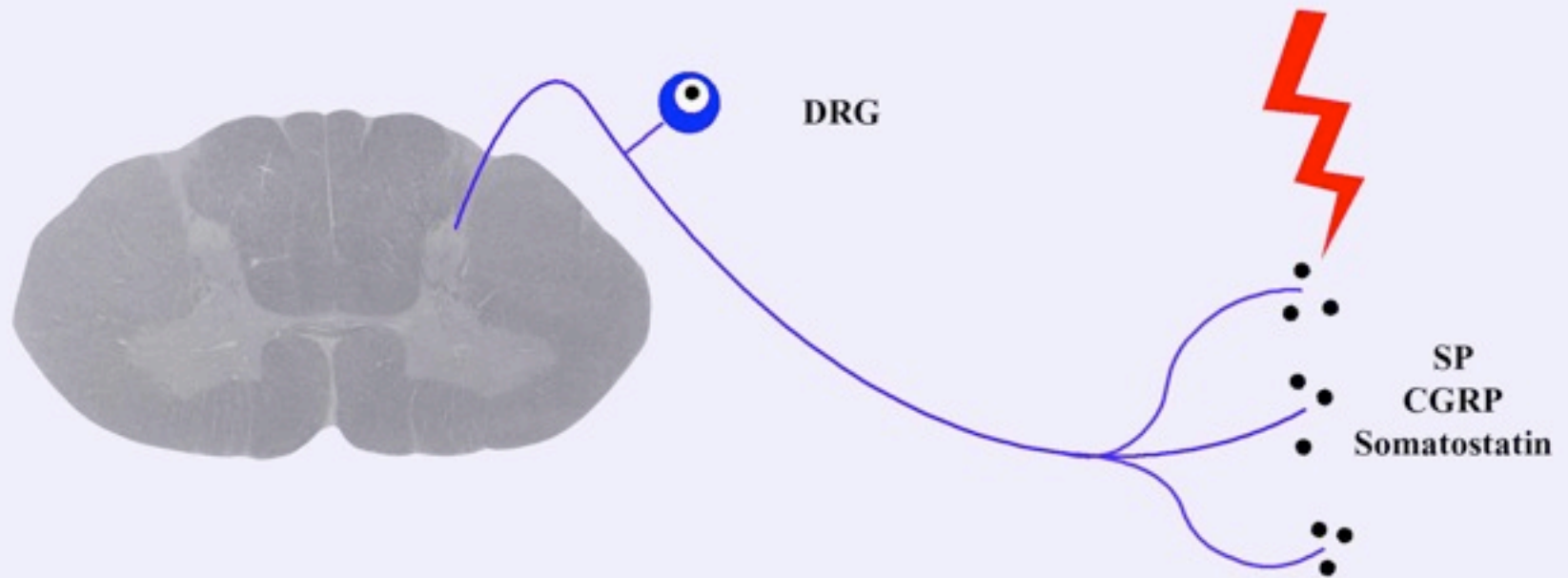
Patrick W. Mantyh, Denis R. Ciohisy, Martin Koltzenburg & Steve P. Hunt

Nature Reviews Cancer 2, 201-209 (March 2002)

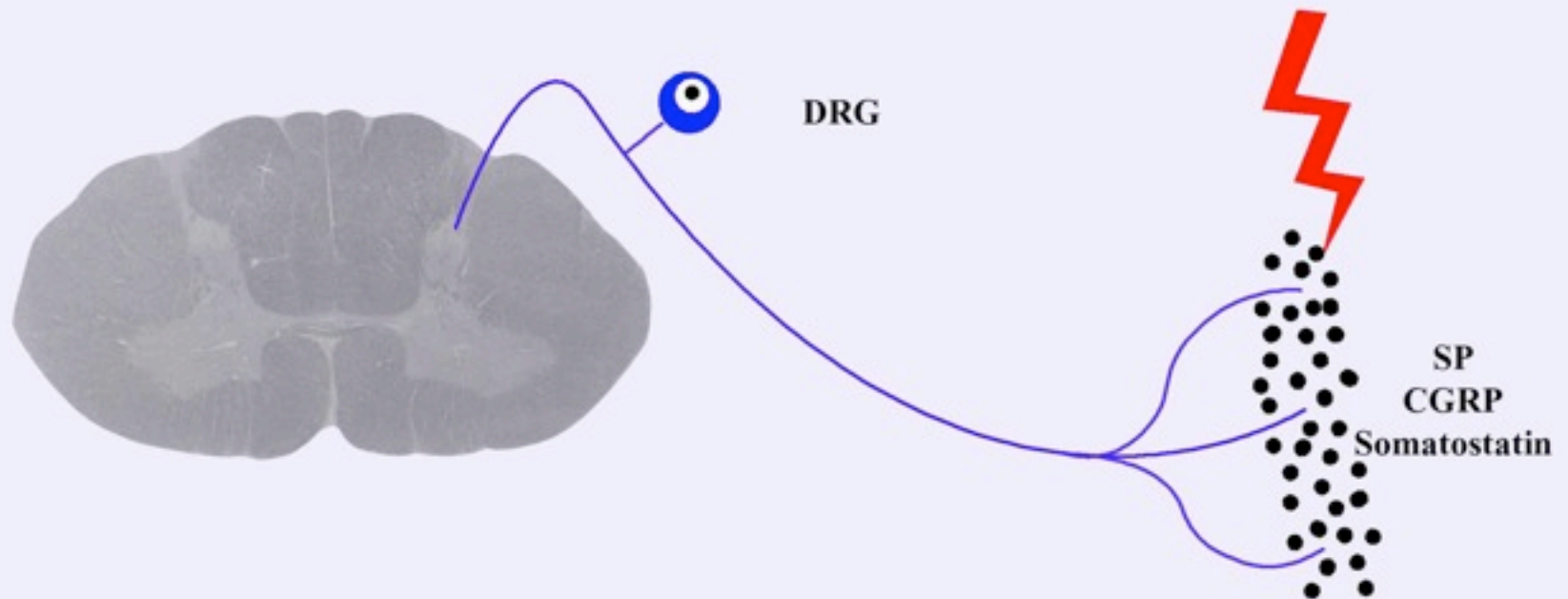
Properties of the Primary Afferent Nociceptor



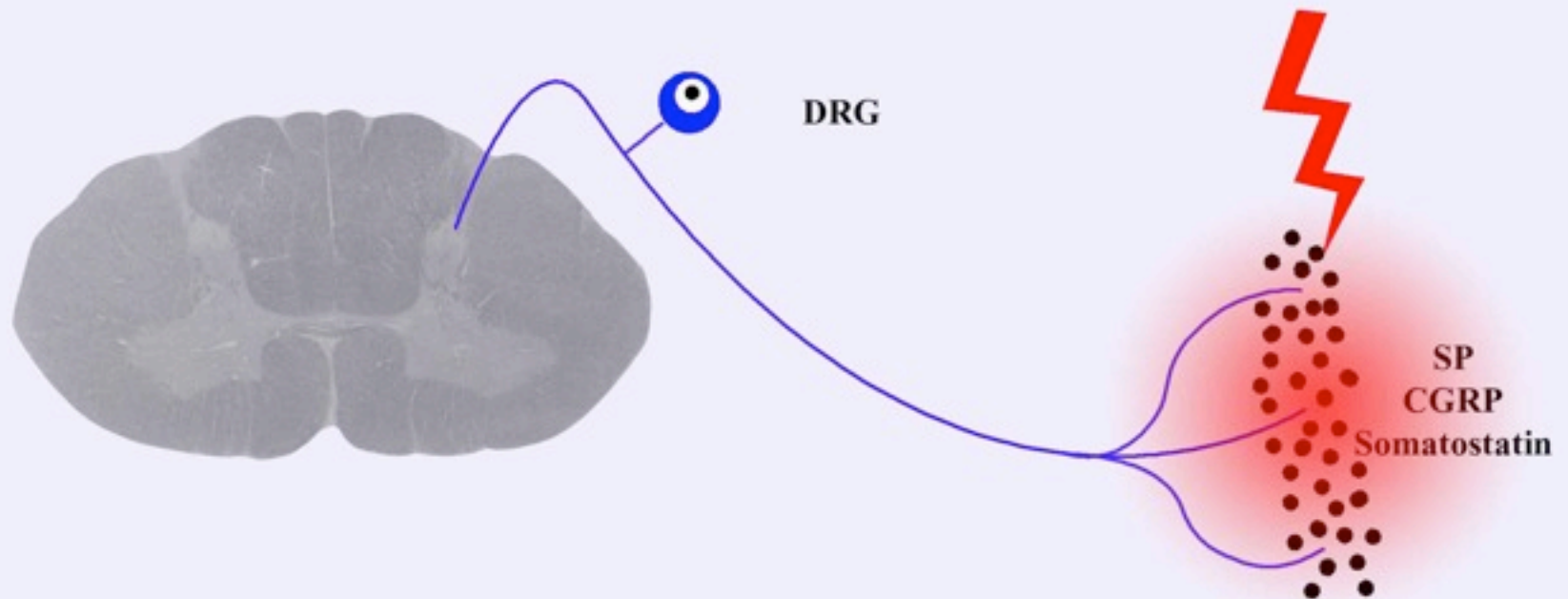
Properties of the Primary Afferent Nociceptor



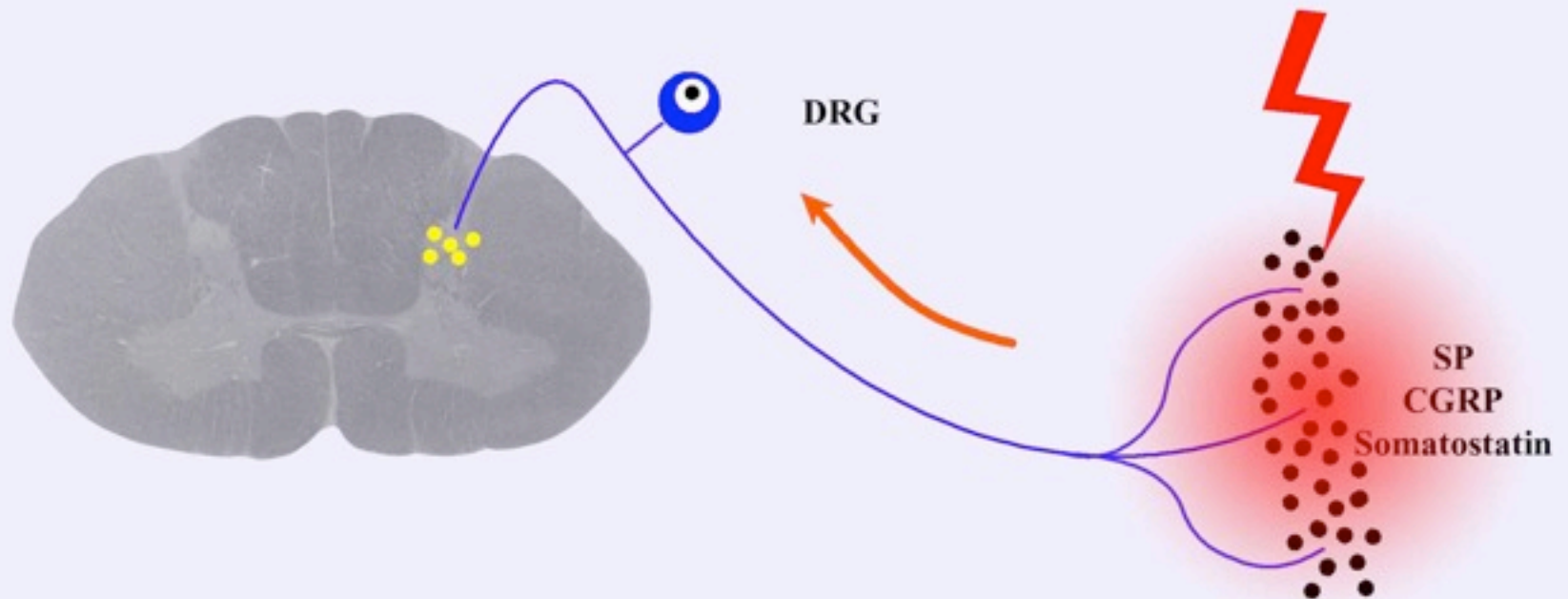
Properties of the Primary Afferent Nociceptor



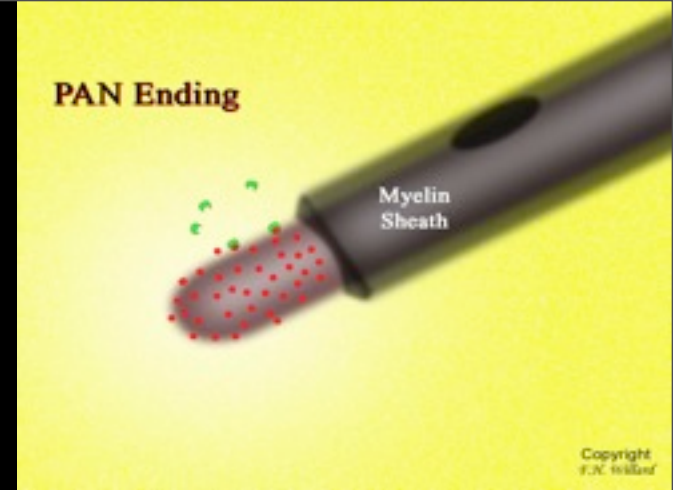
Properties of the Primary Afferent Nociceptor



Properties of the Primary Afferent Nociceptor

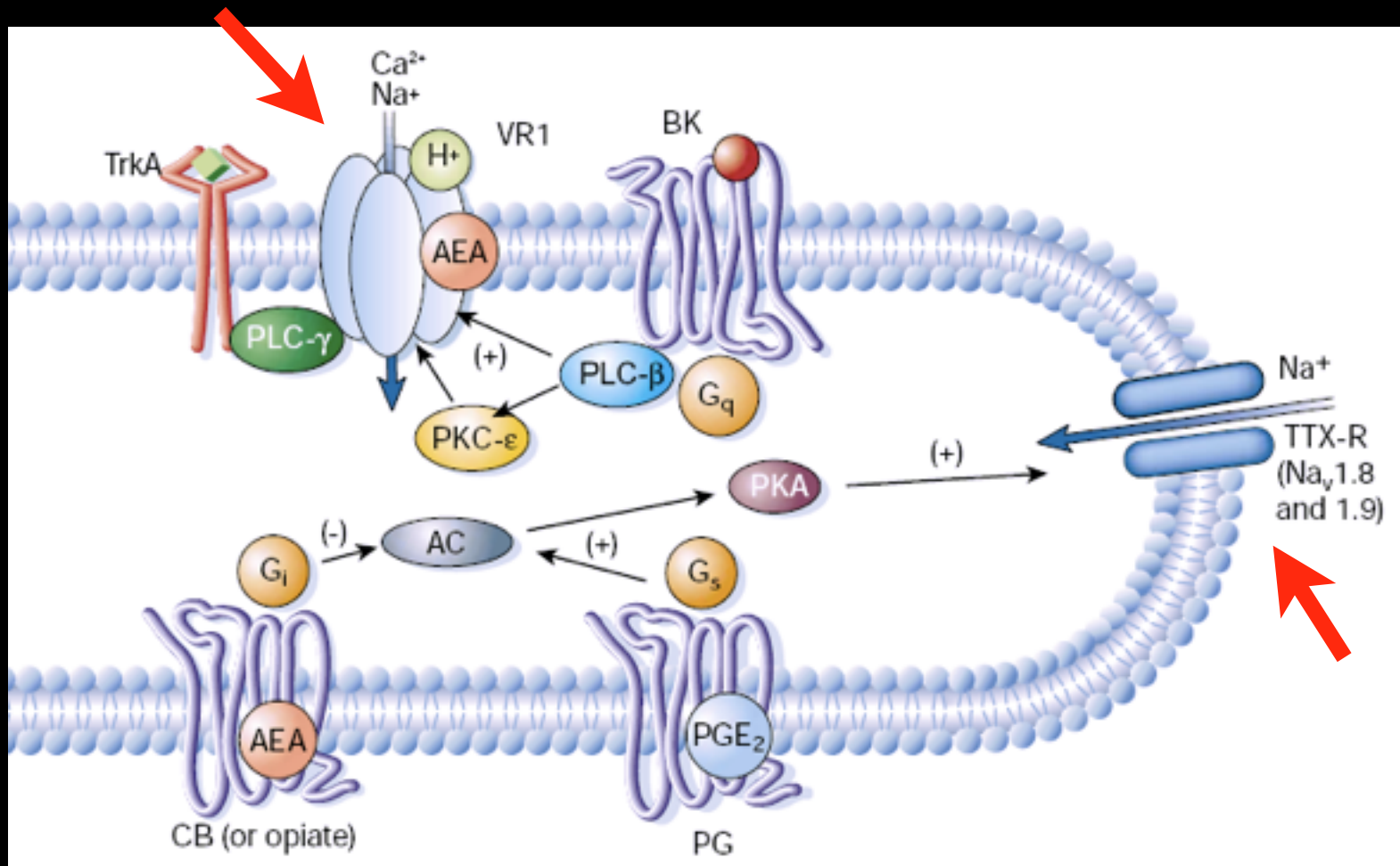


PAN Receptors Categories

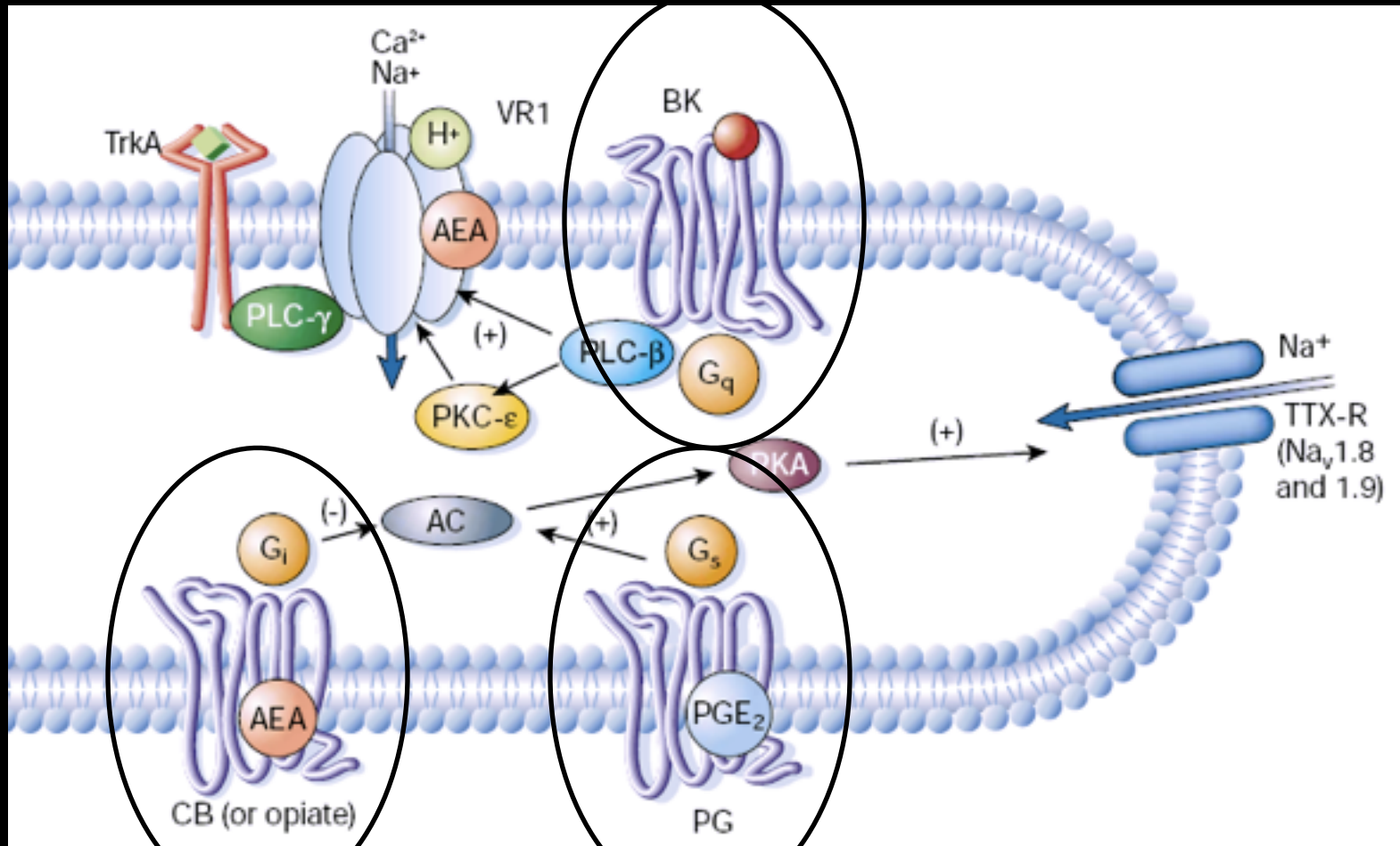


- G-Protein Coupled
 - Bradykinins, 5HT, PGE₂, cannabinoids, ATP (P2Y)
- Ligand-gates Ion Channels (VR1, TTX-R, ASIC)
 - ATP (P2X), H⁺, vanilloids
- Cytokine receptors / Receptor tyrosine kinases
 - IL-1, TNK- α , NGF, GDNF, BDNF

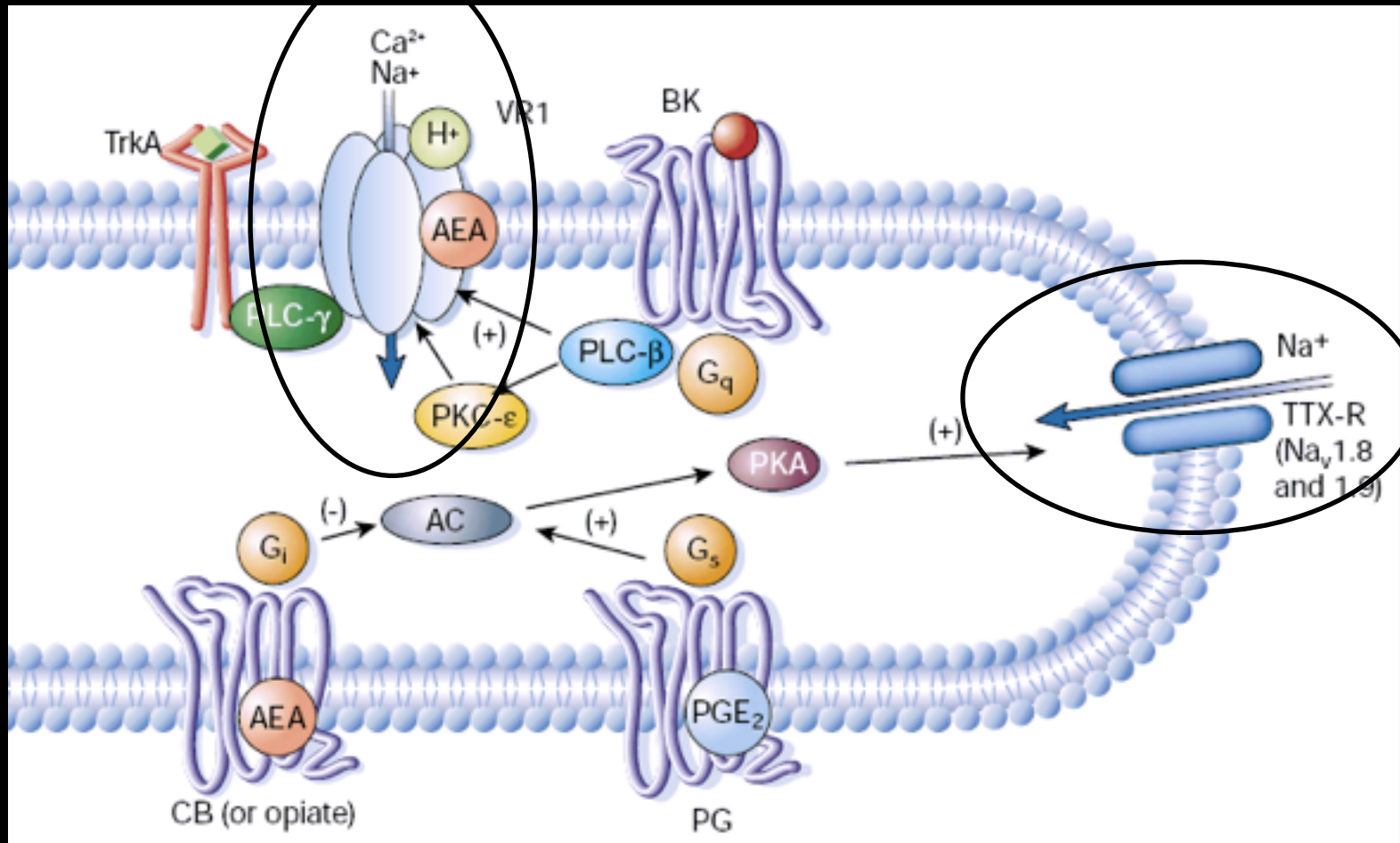
Receptor Mechanisms



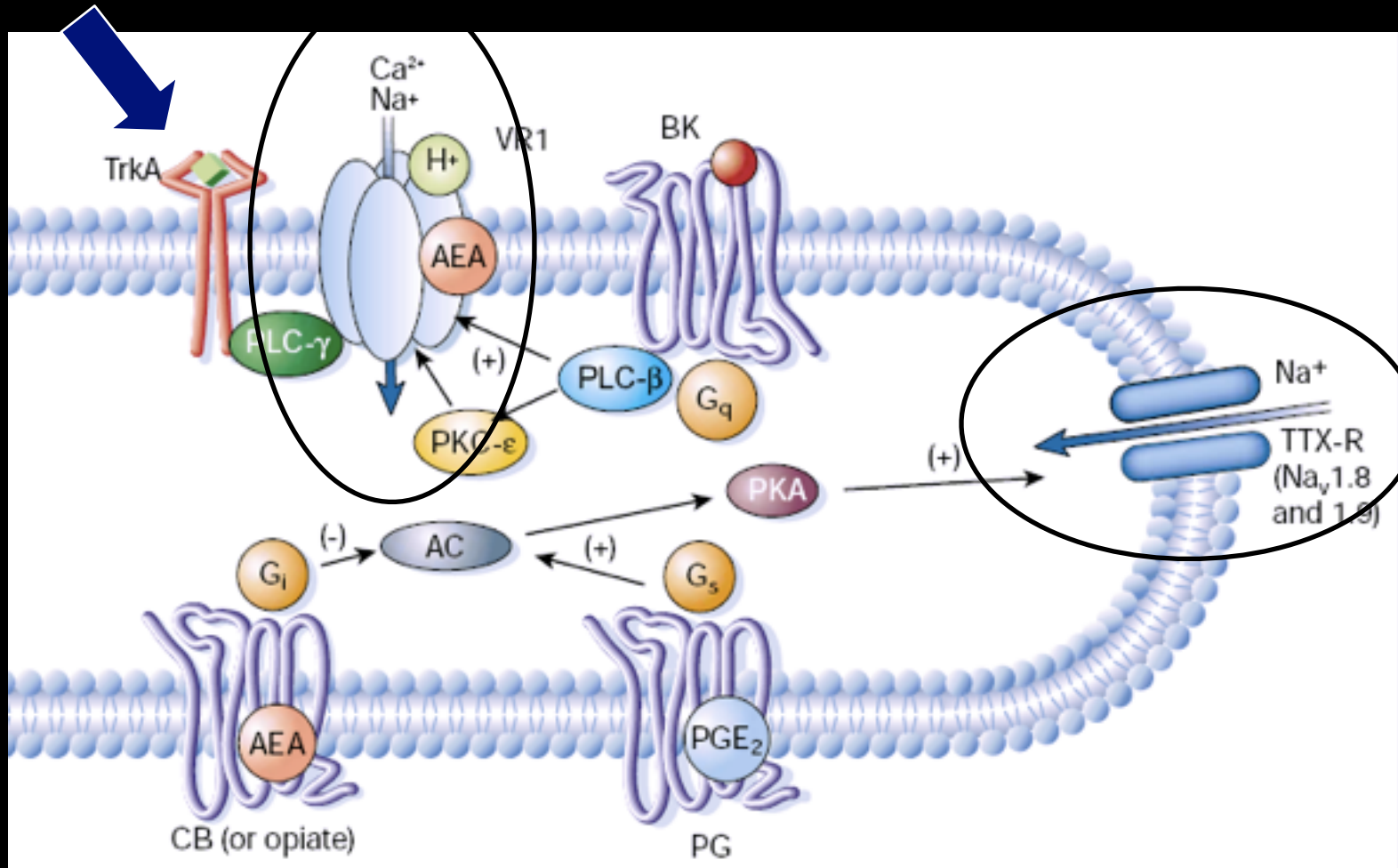
G-Proteins

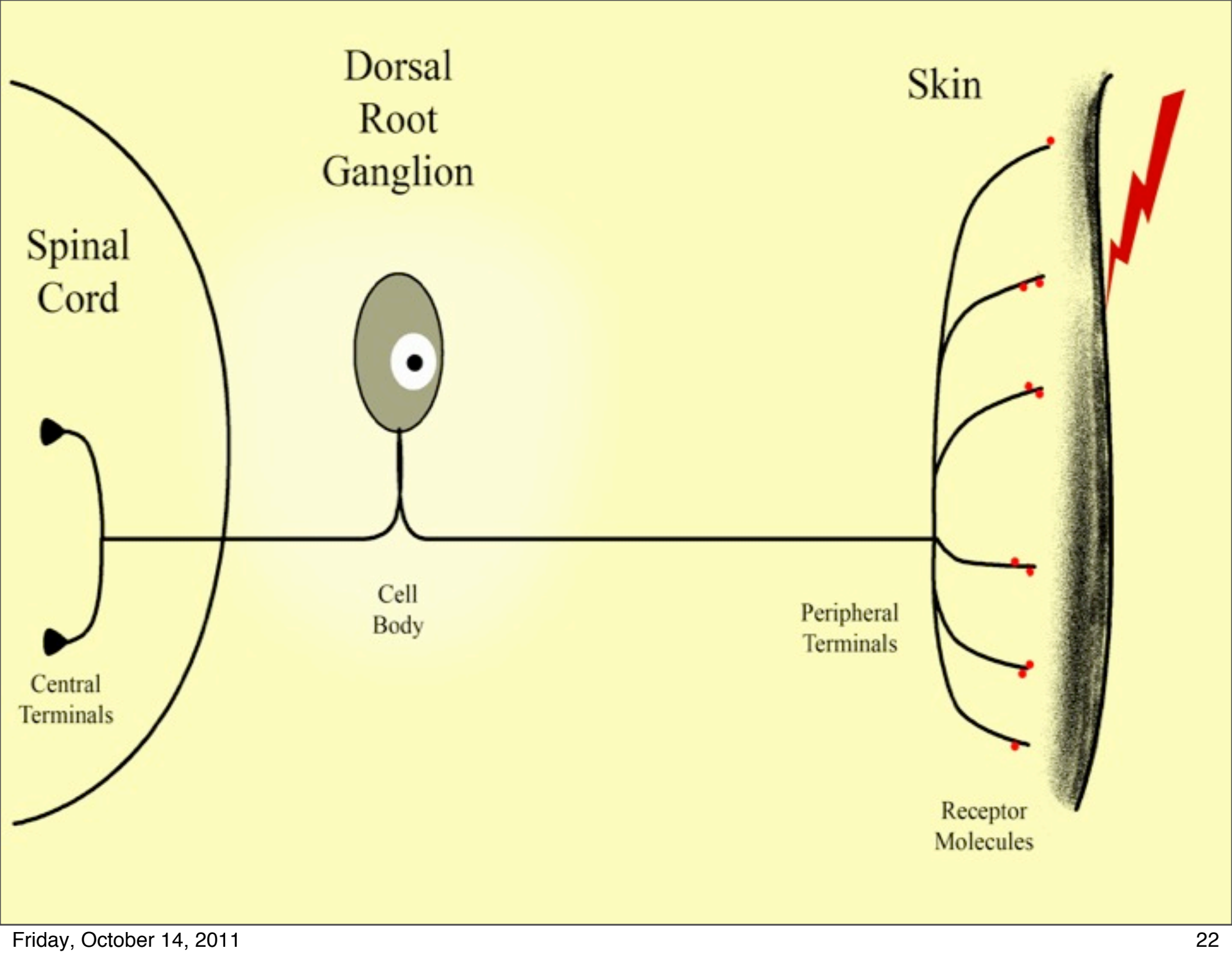


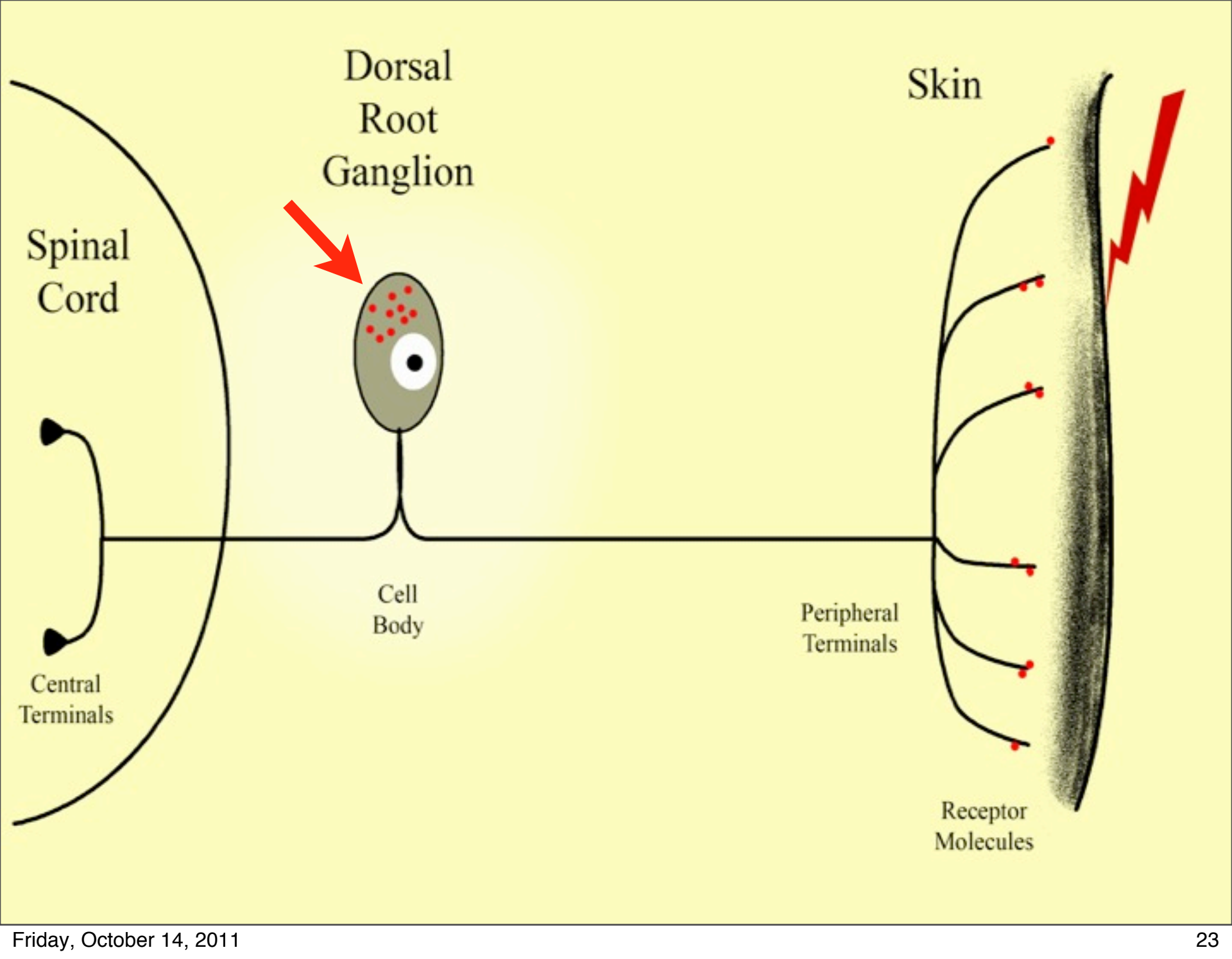
Ligand-Gate, Ion Channels

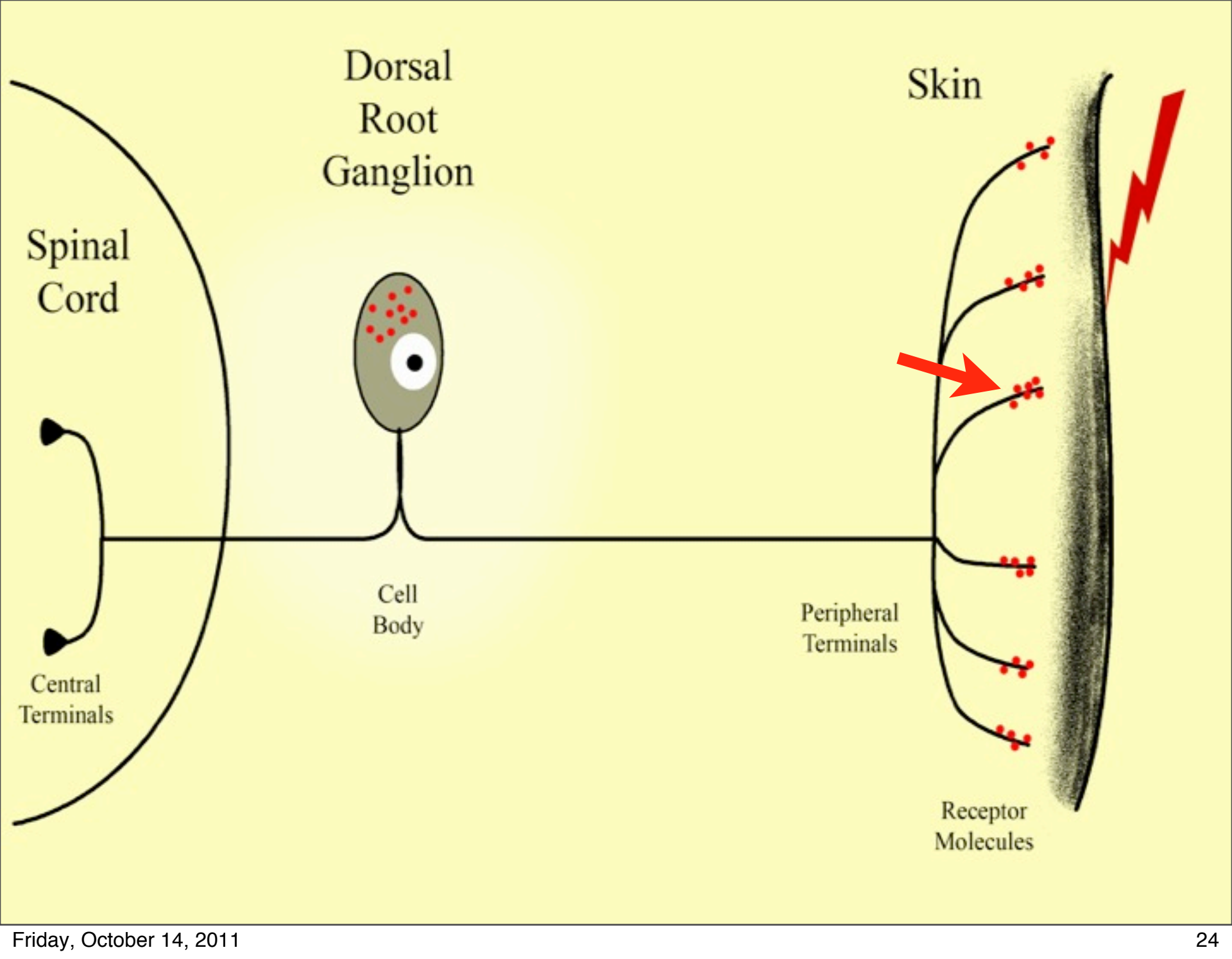


Ligand-Gate, Ion Channels









PAN Activation

- Activation of channel property modifiers
- Gene induction and altered channel properties

Results of PAN Activation



“Peripheral Sensitization”

Results of PAN Activation

- Lowering of thresholds



“Peripheral Sensitization”

Results of PAN Activation

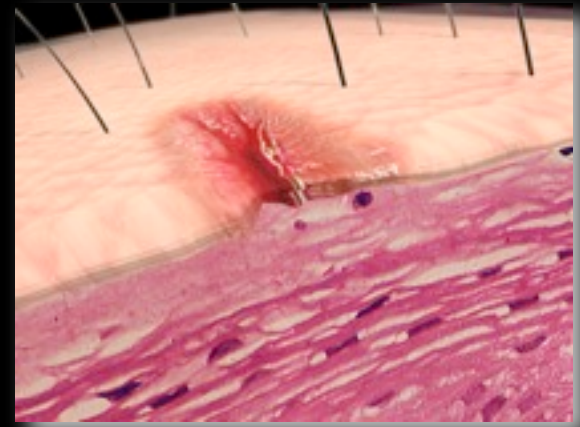
- Lowering of thresholds
- Development of hyperalgesia



“Peripheral Sensitization”

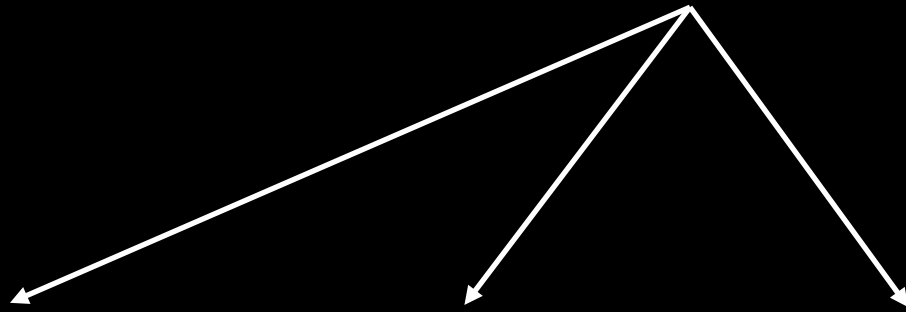
Neurogenic Inflammatory Cycle

Tissue
Inflammation



Neurogenic Inflammatory Cycle

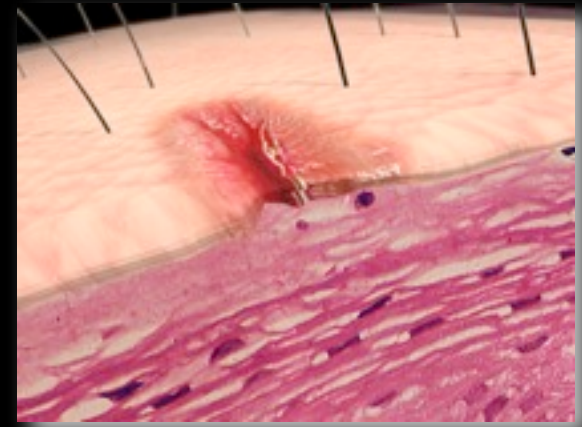
Tissue
Inflammation



Histamine

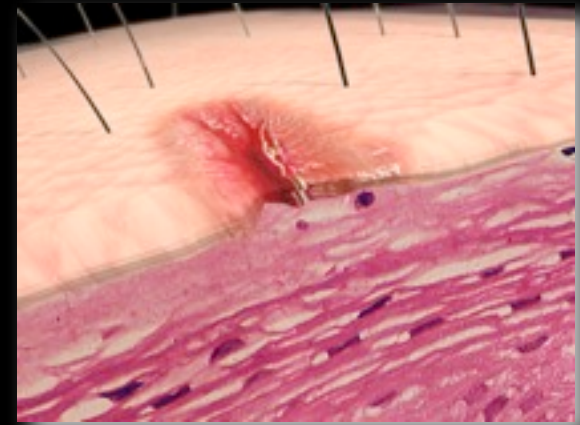
Bradykinin

Prostaglandins



Neurogenic Inflammatory Cycle

Tissue
Inflammation



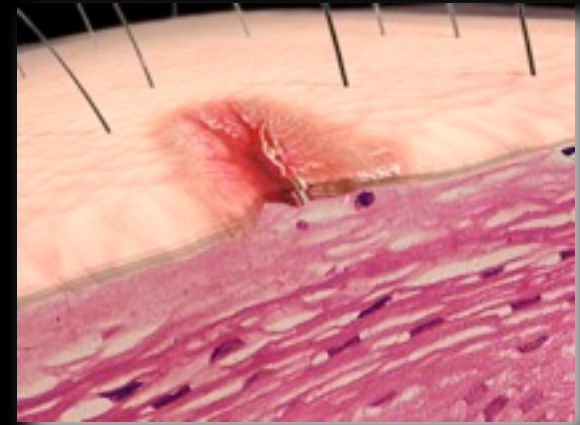
Histamine

Bradykinin

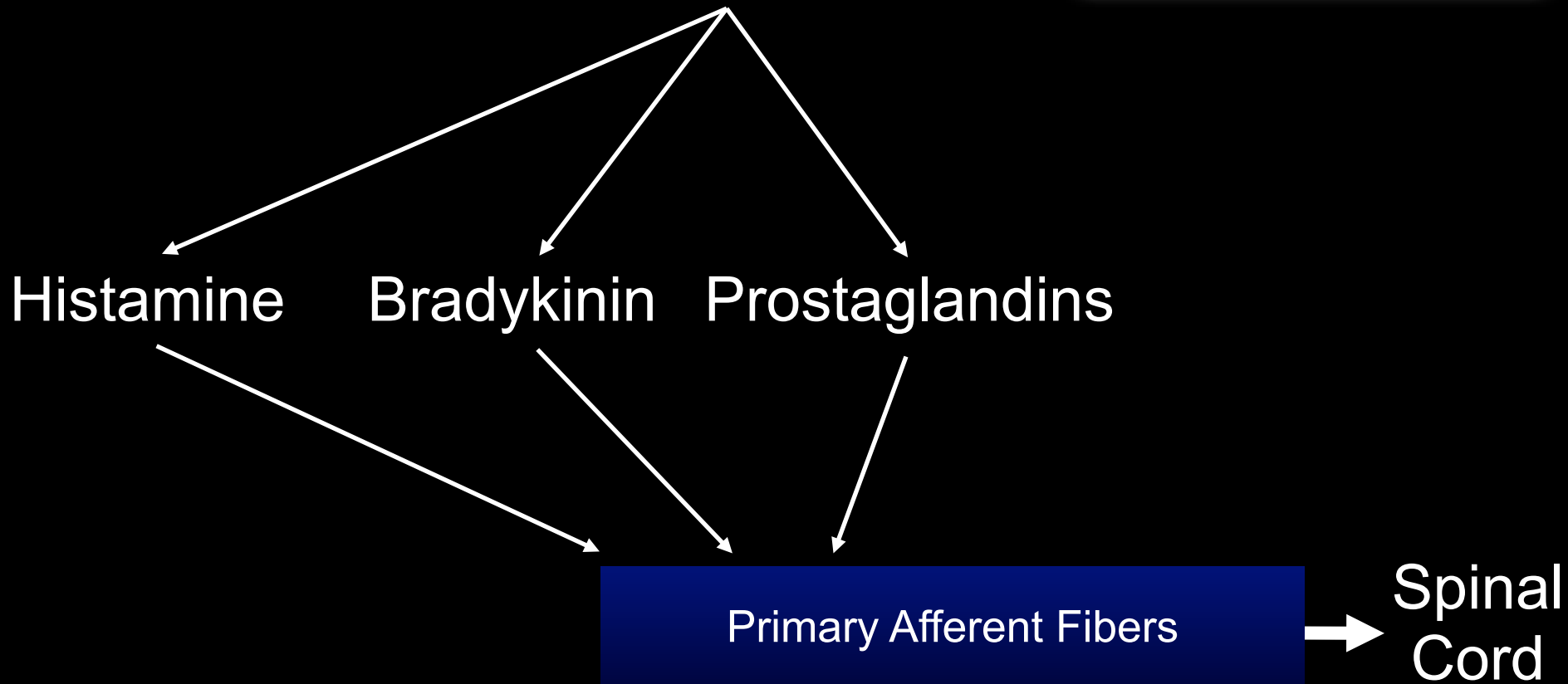
Prostaglandins

Primary Afferent Fibers

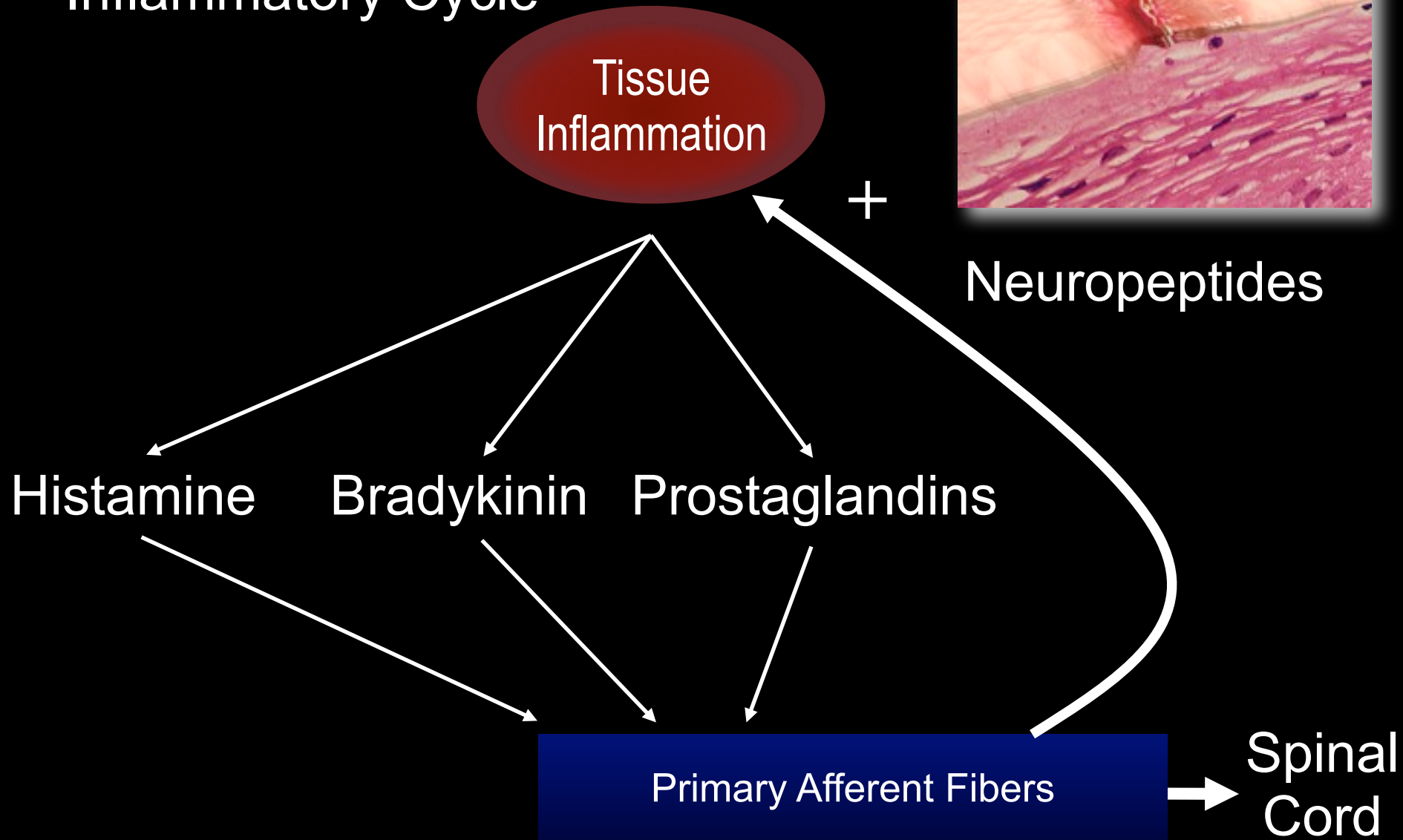
Neurogenic Inflammatory Cycle



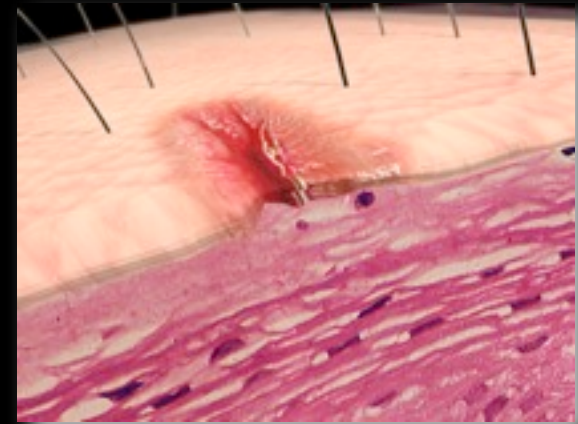
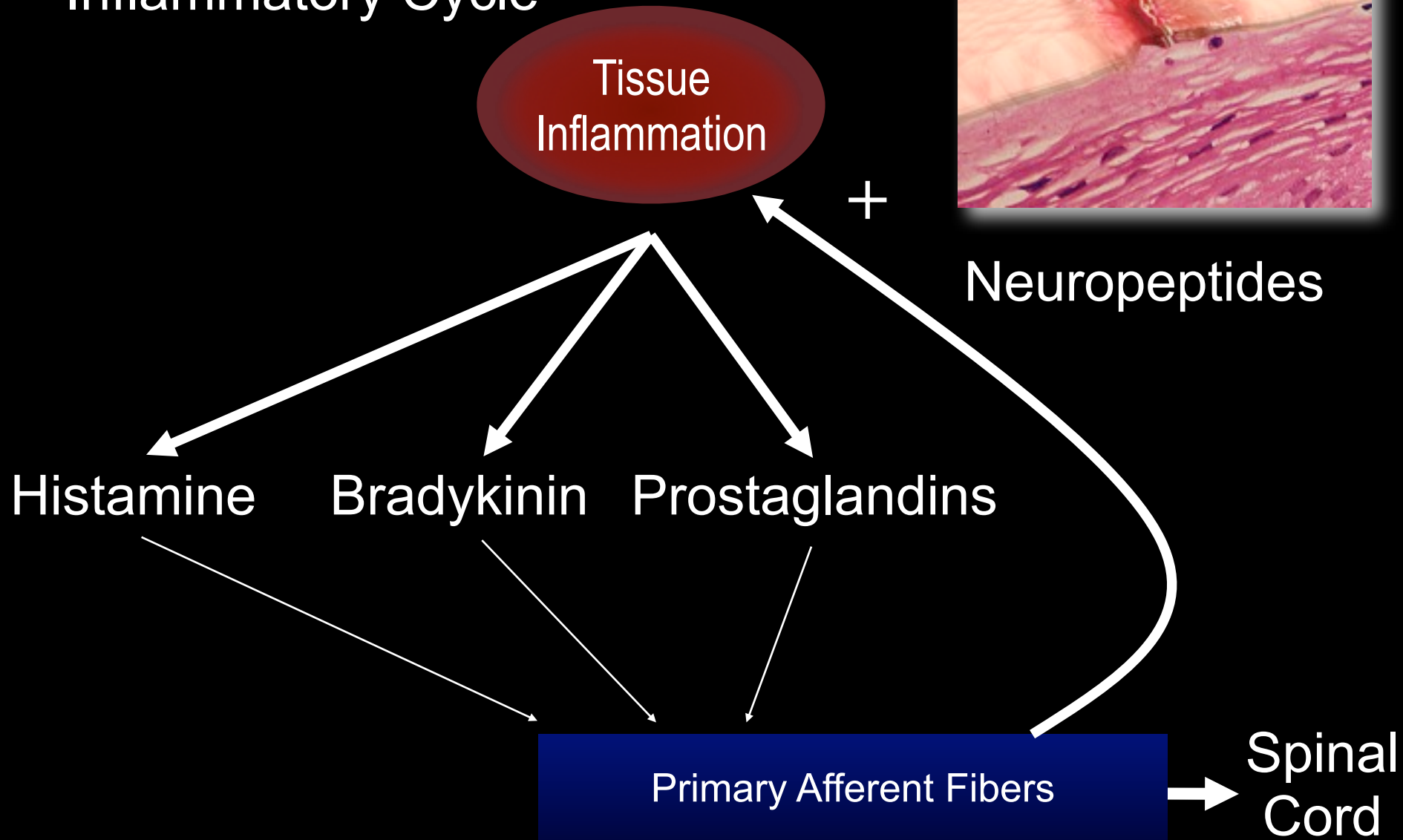
Tissue
Inflammation



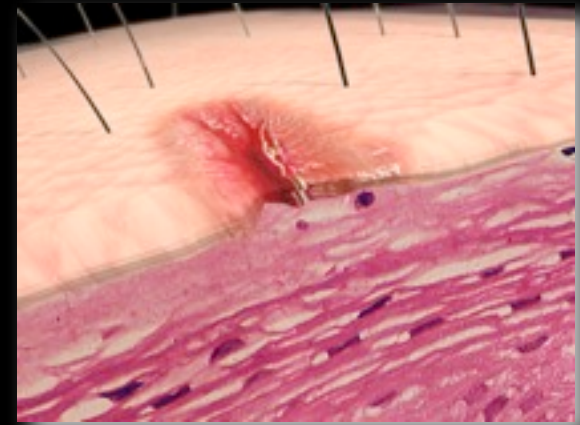
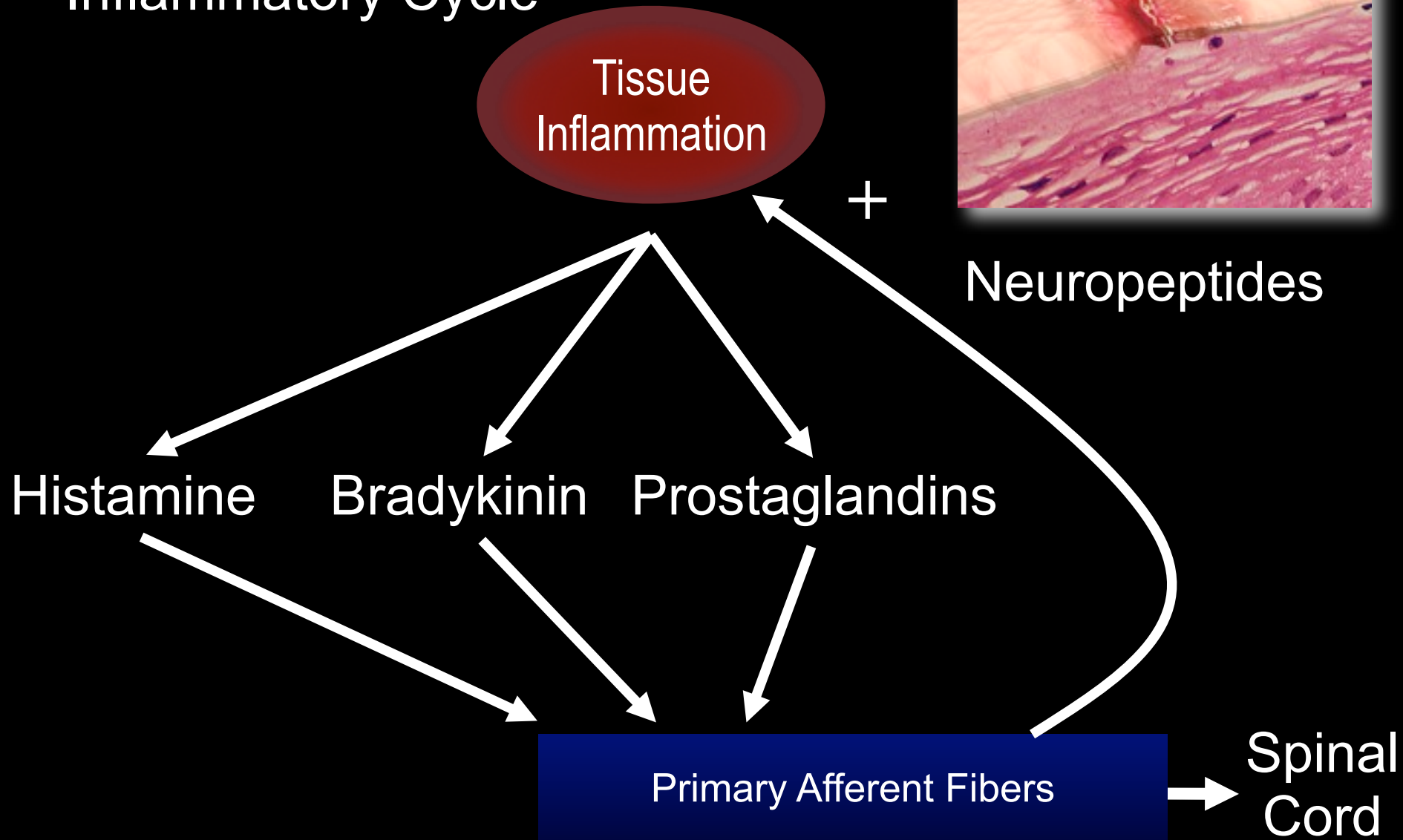
Neurogenic Inflammatory Cycle



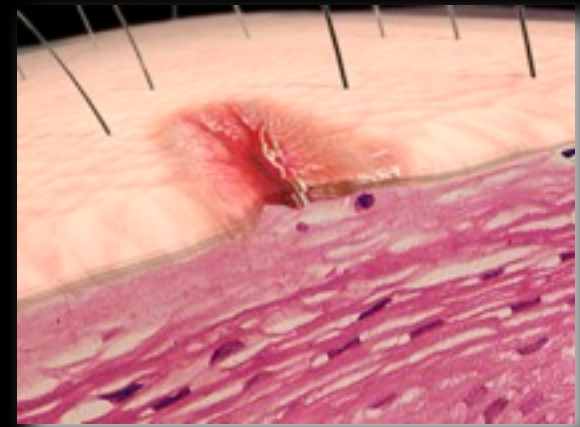
Neurogenic Inflammatory Cycle



Neurogenic Inflammatory Cycle



Neurogenic Inflammatory Cycle



Tissue Inflammation

+

Neuropeptides

Histamine

Bradykinin

Prostaglandins

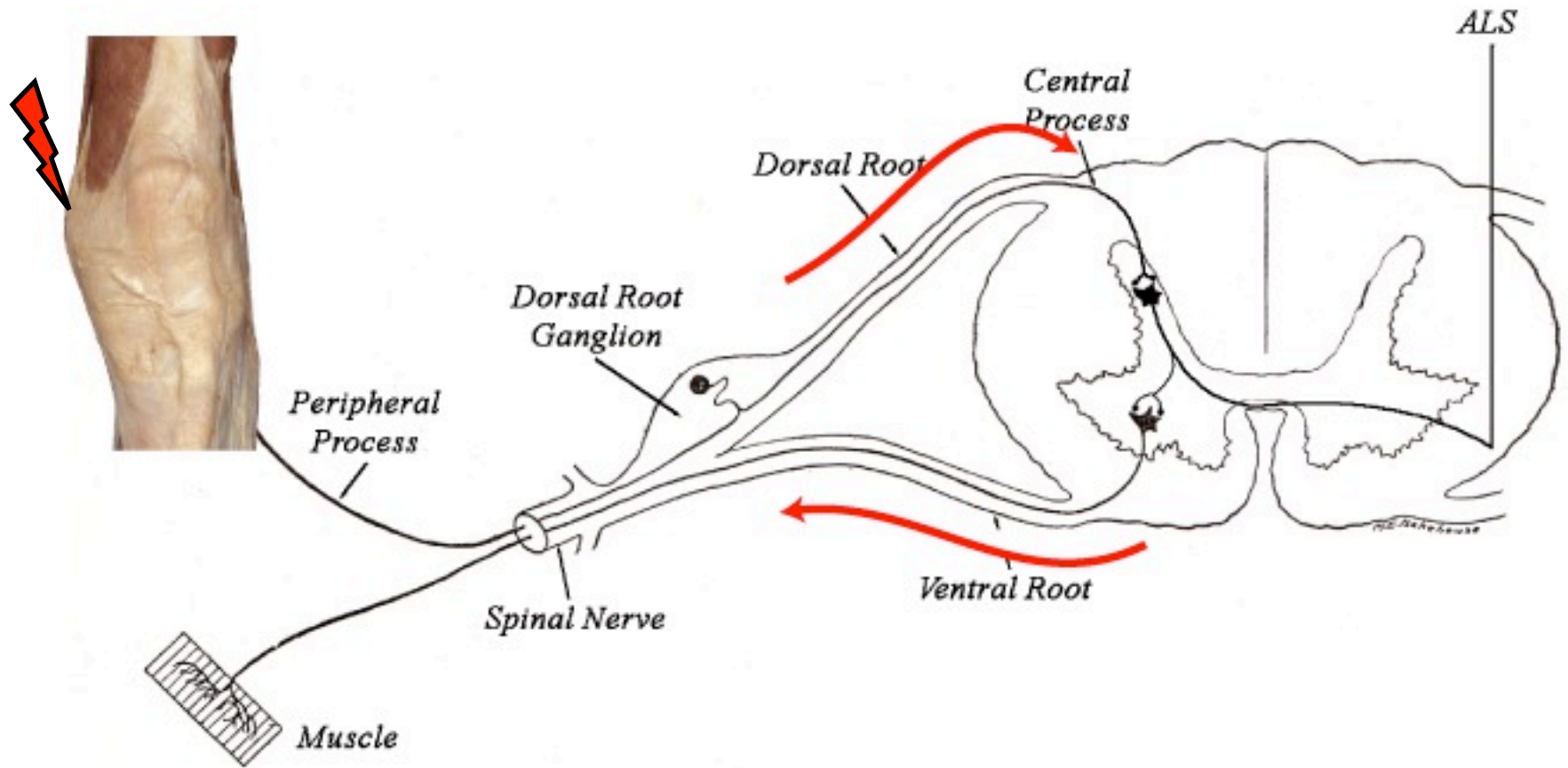
Sensitized
Primary Afferent Fibers

Spinal
Cord

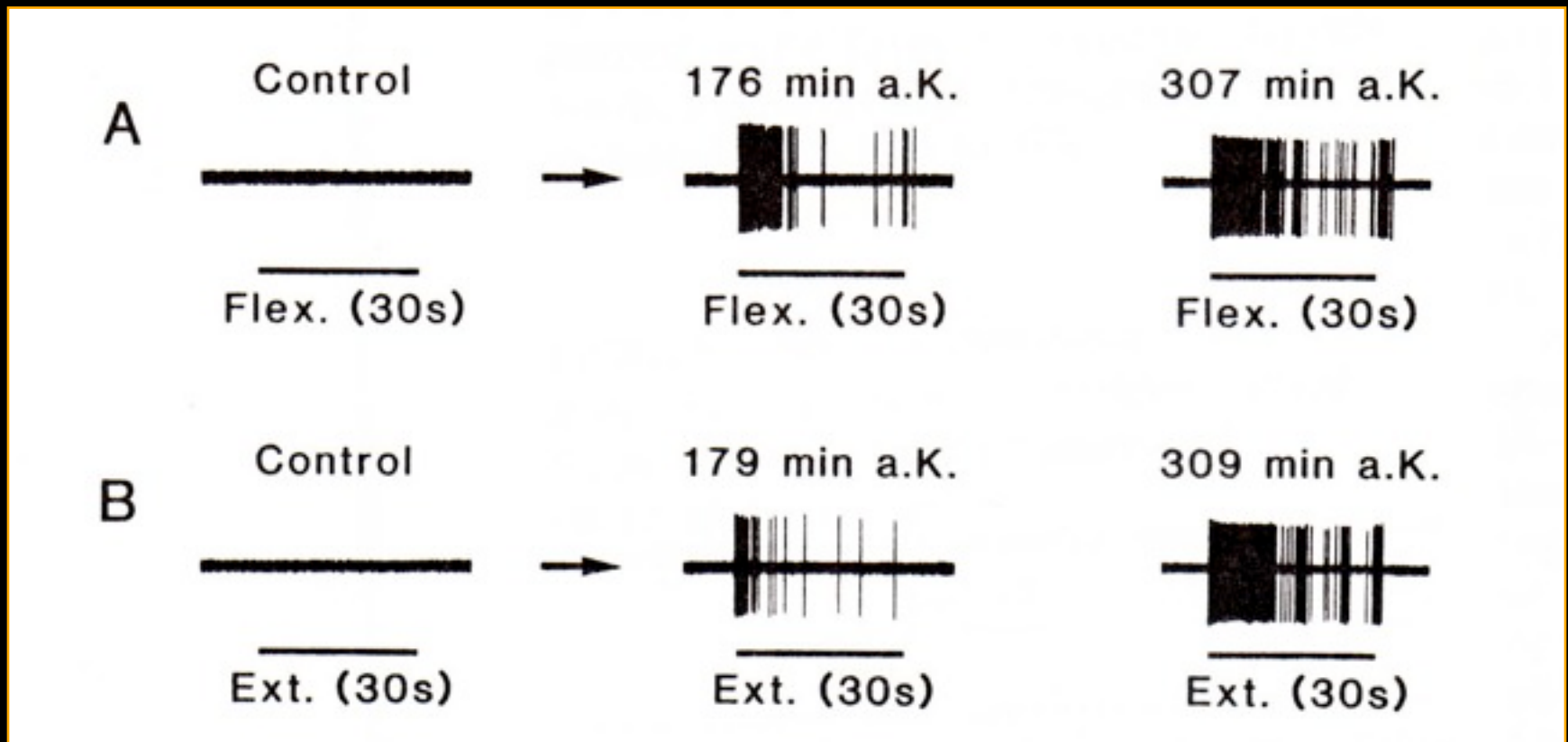
Results of Tissue Irritation

- Lowering of activation thresholds for small caliber, primary afferent fibers
- Peripheral sensitization
- Development of primary hyperalgesia

Motoneuron Facilitation



Motoneuron Facilitation



He *et al.*, J. Neurophysiology 59:326-340, 1988

Facilitation:

Clinical Observation

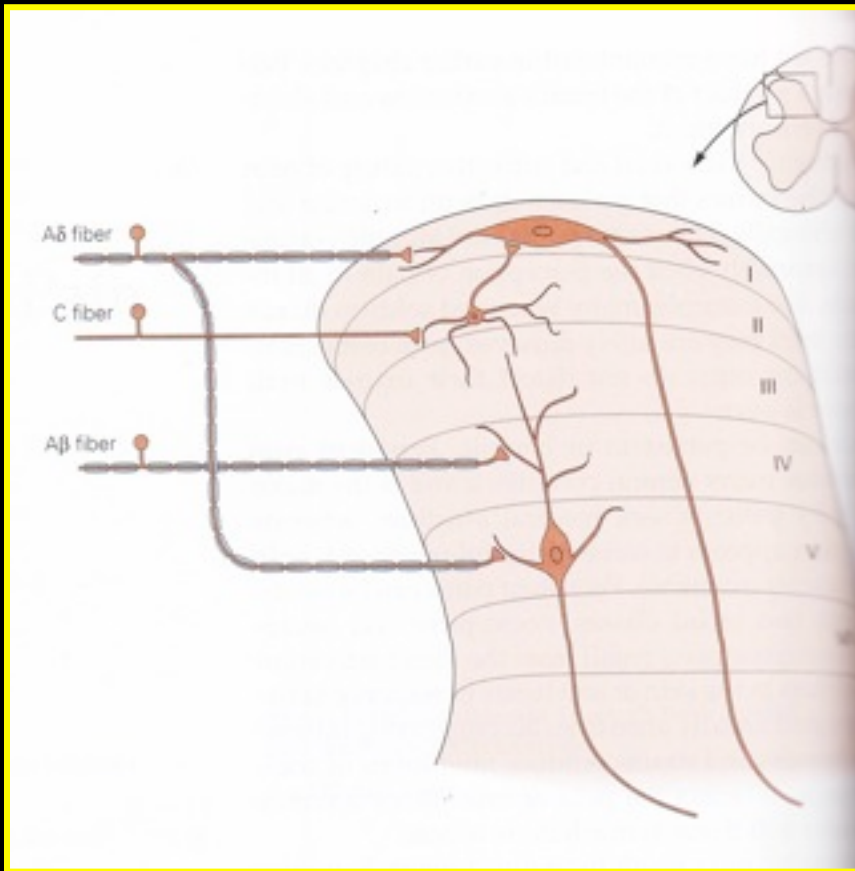
Objective - Somatic dysfunction

Subjective - Pain

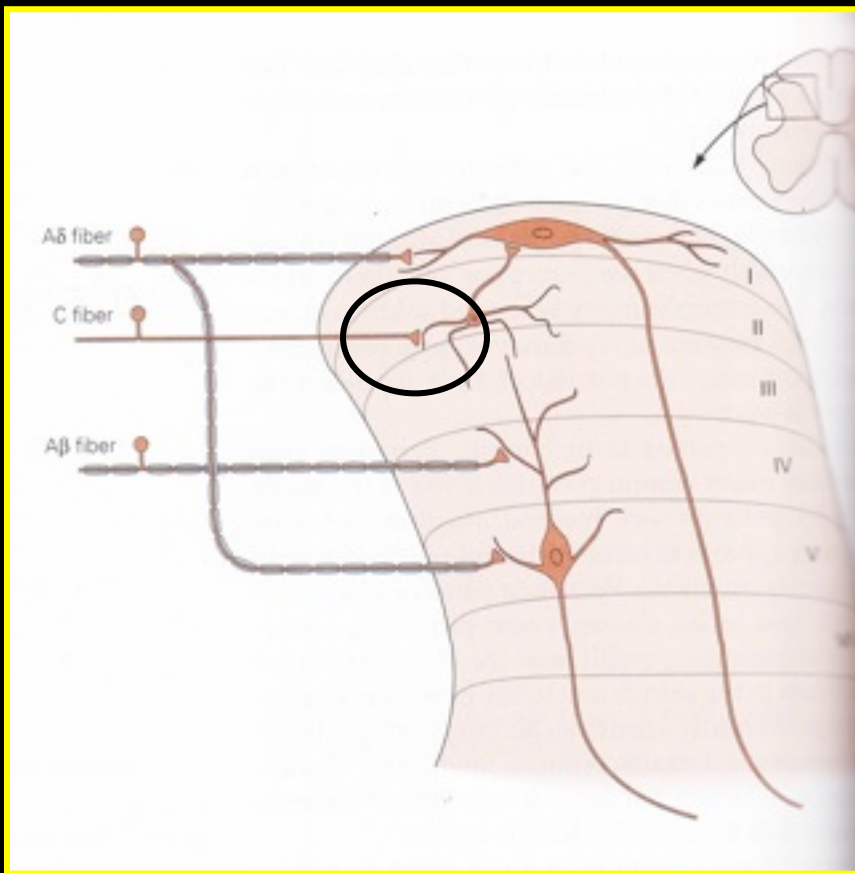
Sensitization:

Physiological Event

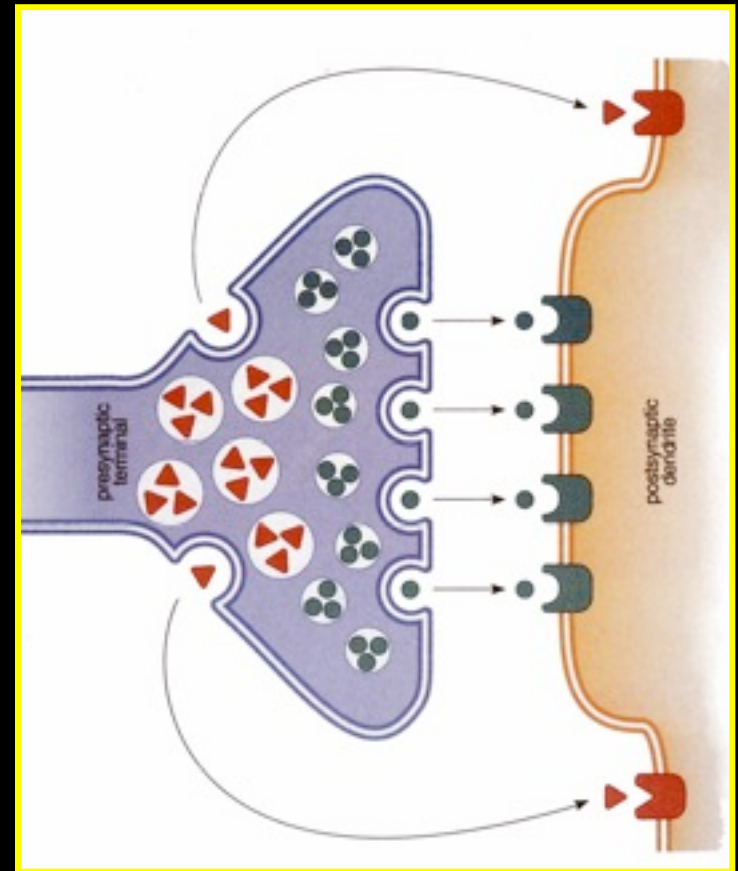
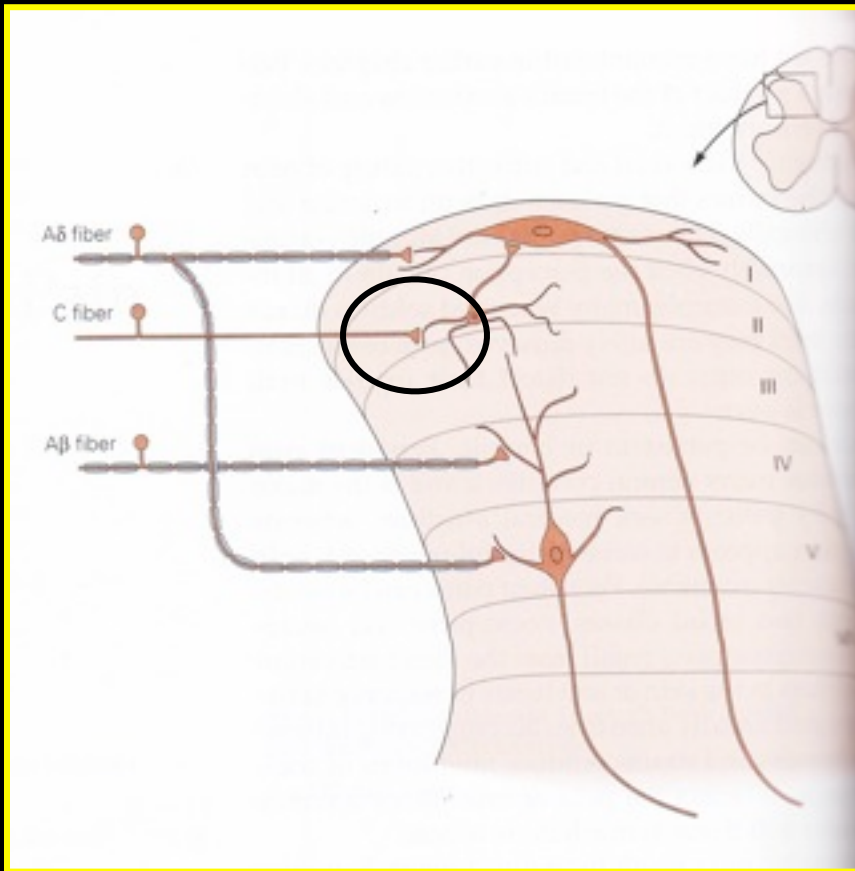
Dorsal Horn



Dorsal Horn

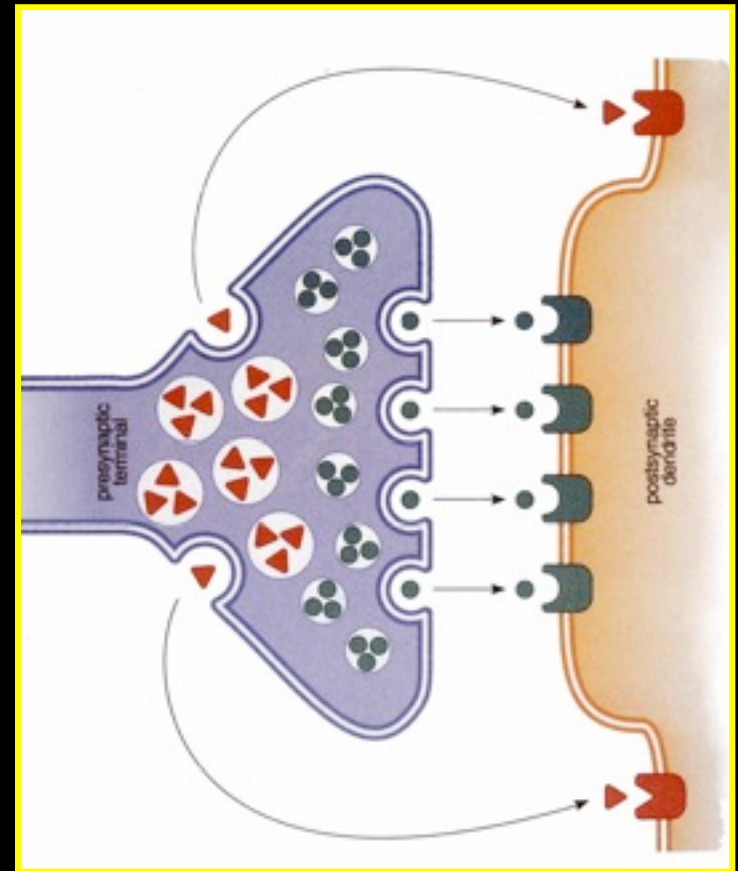


Dorsal Horn



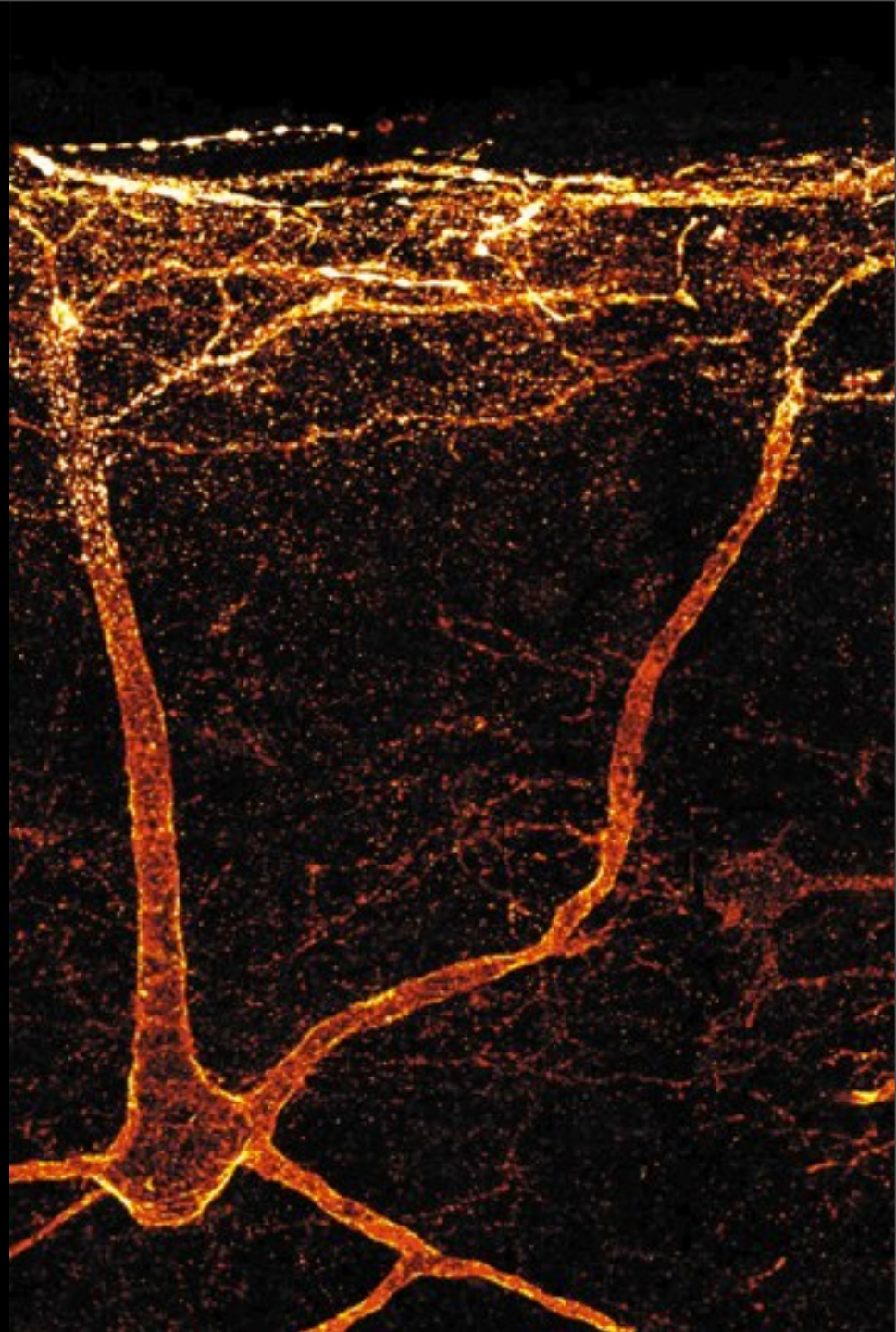
Release of Neurotransmitters

- Amino acids
 - Fast transmission
- Neuropeptides
 - Slow transmission



Spinal Facilitation - *Mechanisms*

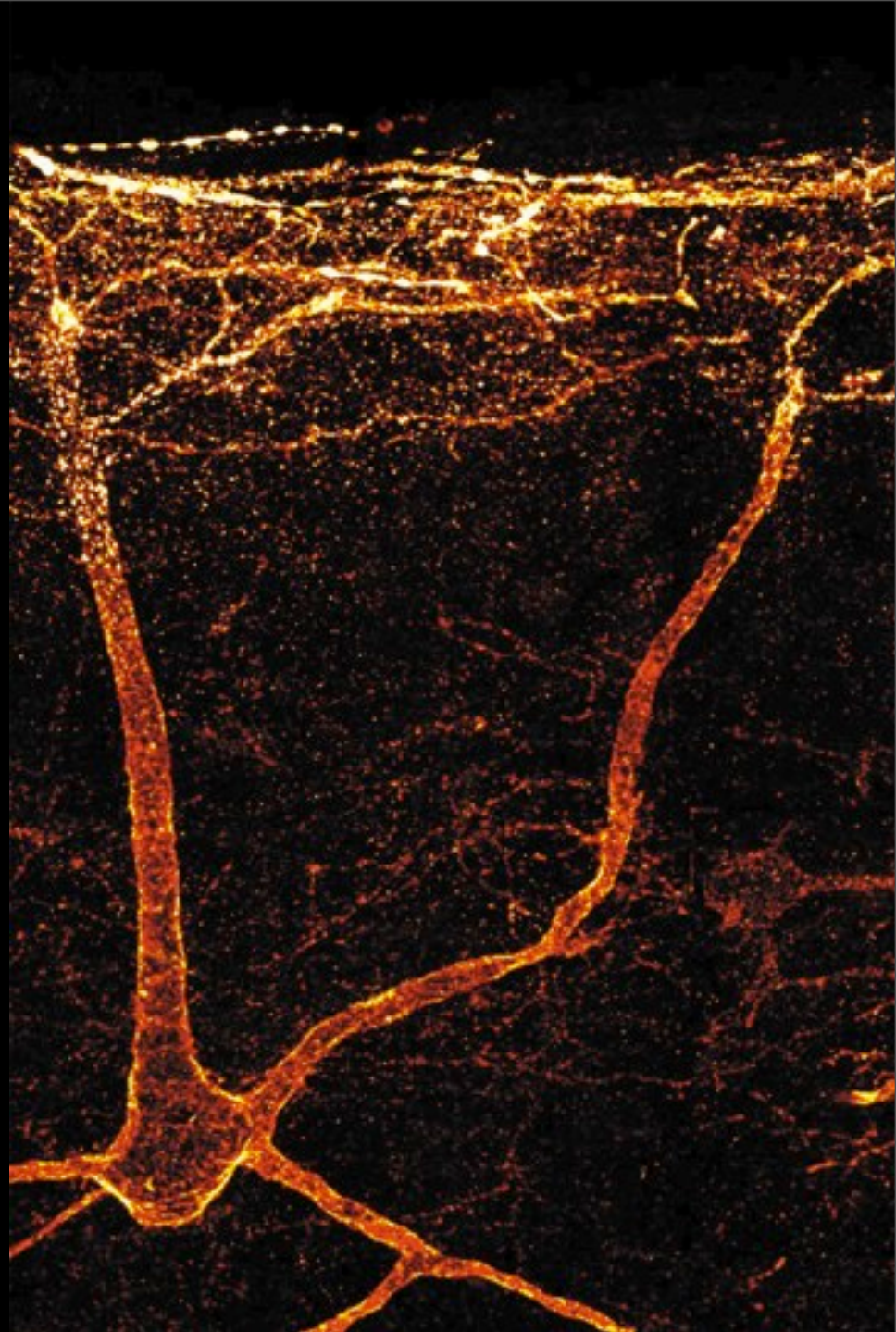
Hunt SP, Mantyh PW (2001) The
molecular dynamics of pain control. Nat
Rev Neurosci 2: 83-91.



Spinal Facilitation - *Mechanisms*

- Neuropeptide release

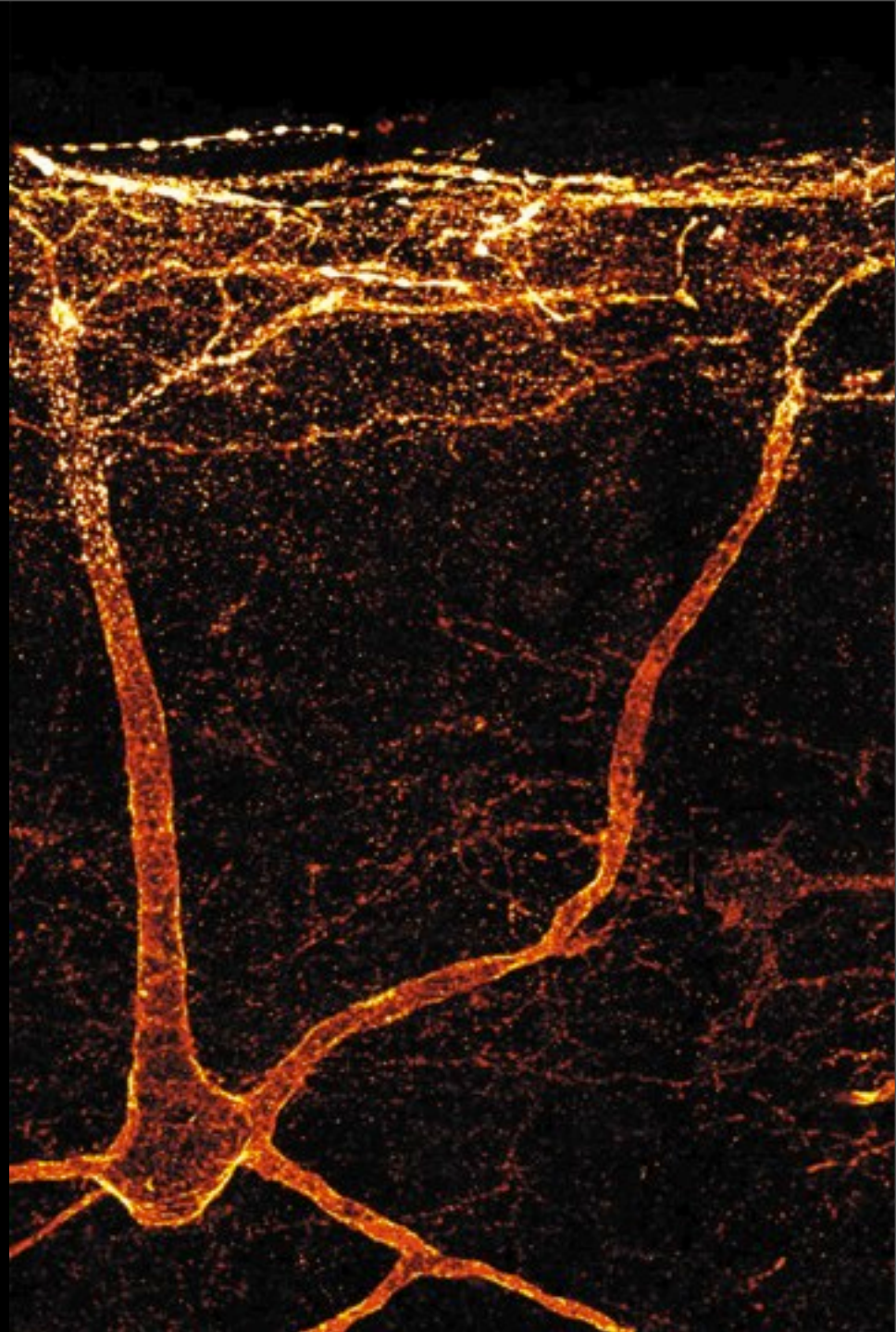
Hunt SP, Mantyh PW (2001) The molecular dynamics of pain control. *Nat Rev Neurosci* 2: 83-91.



Spinal Facilitation - *Mechanisms*

- Neuropeptide release
- Internalization of neuropeptide receptor

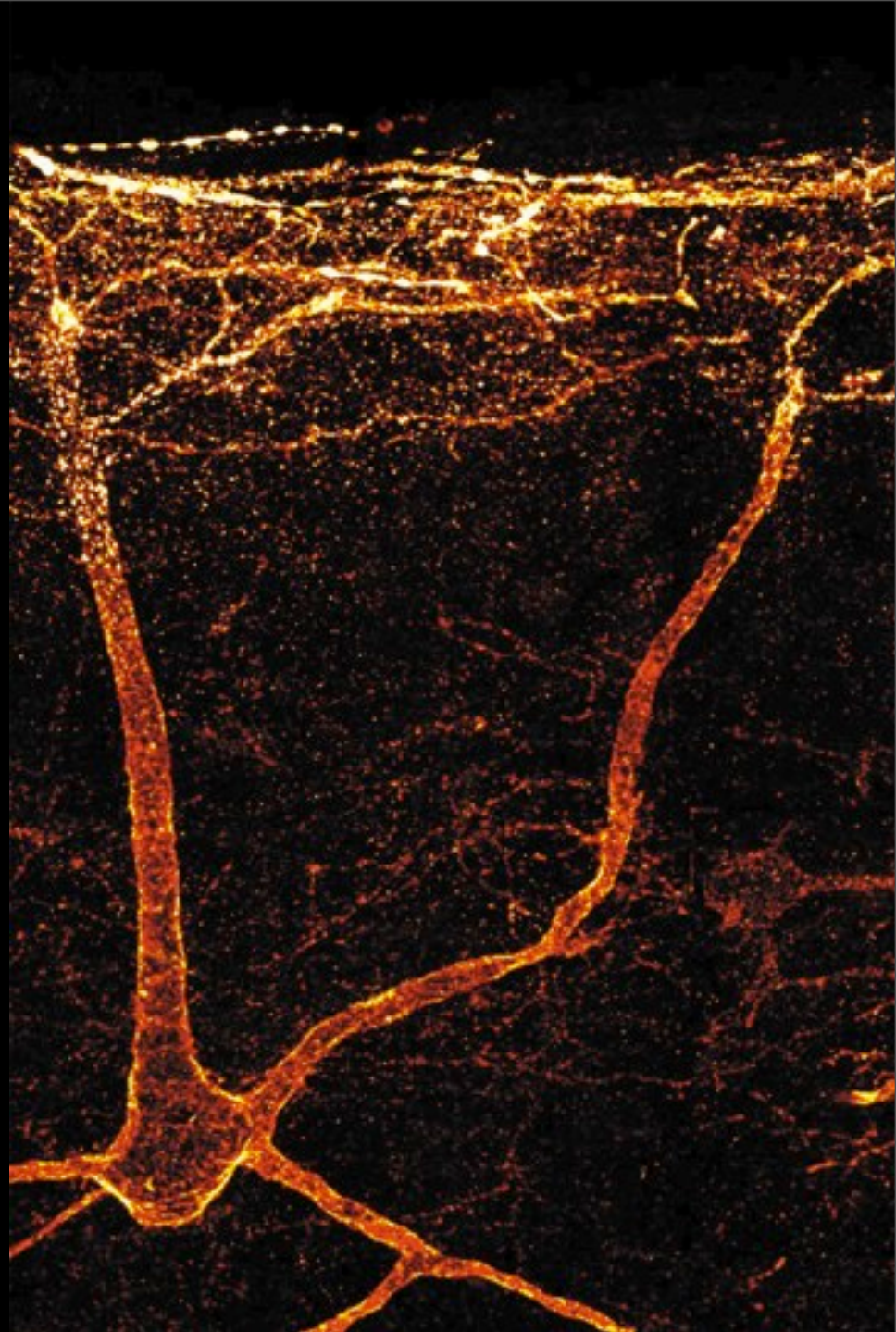
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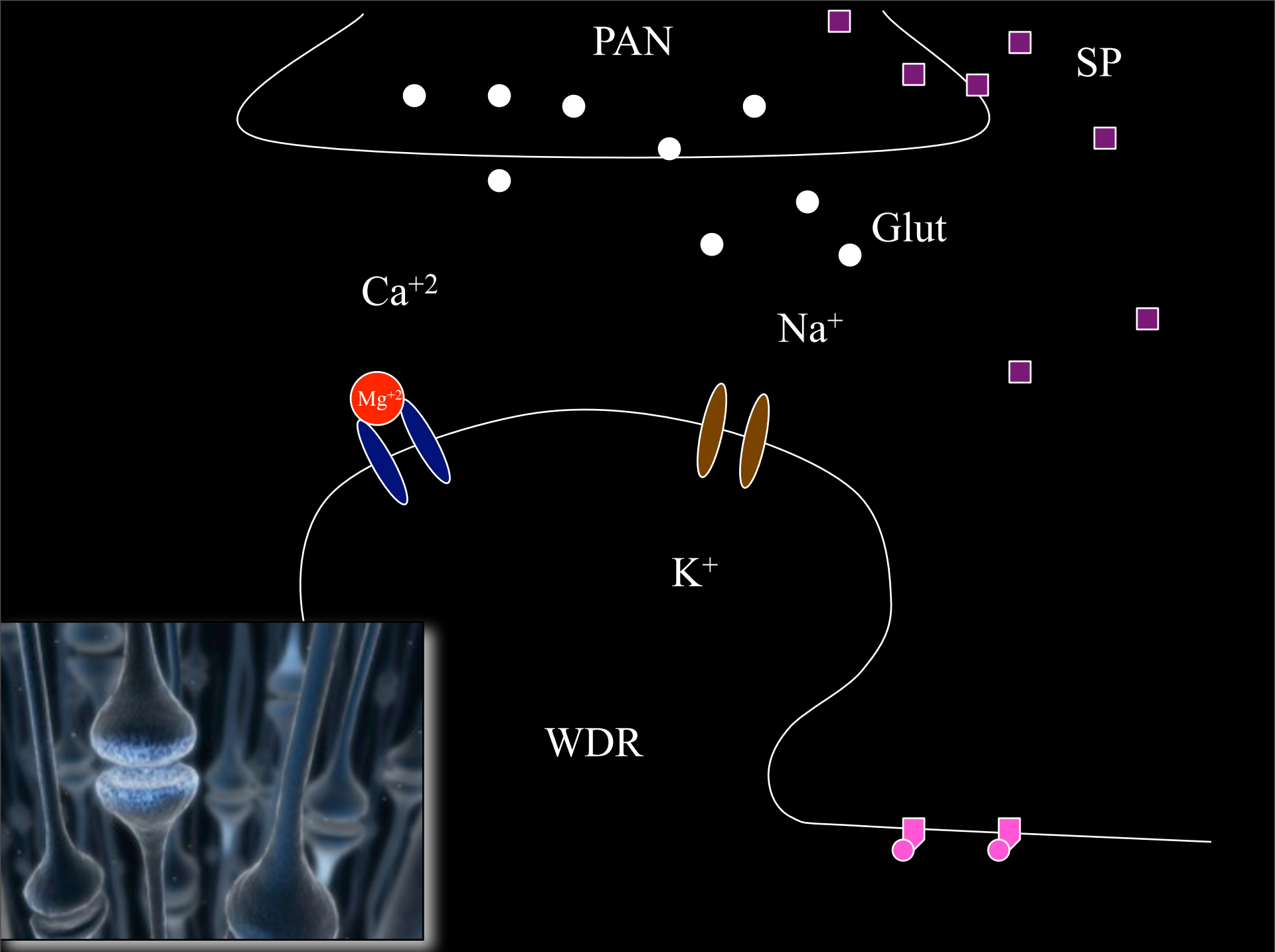


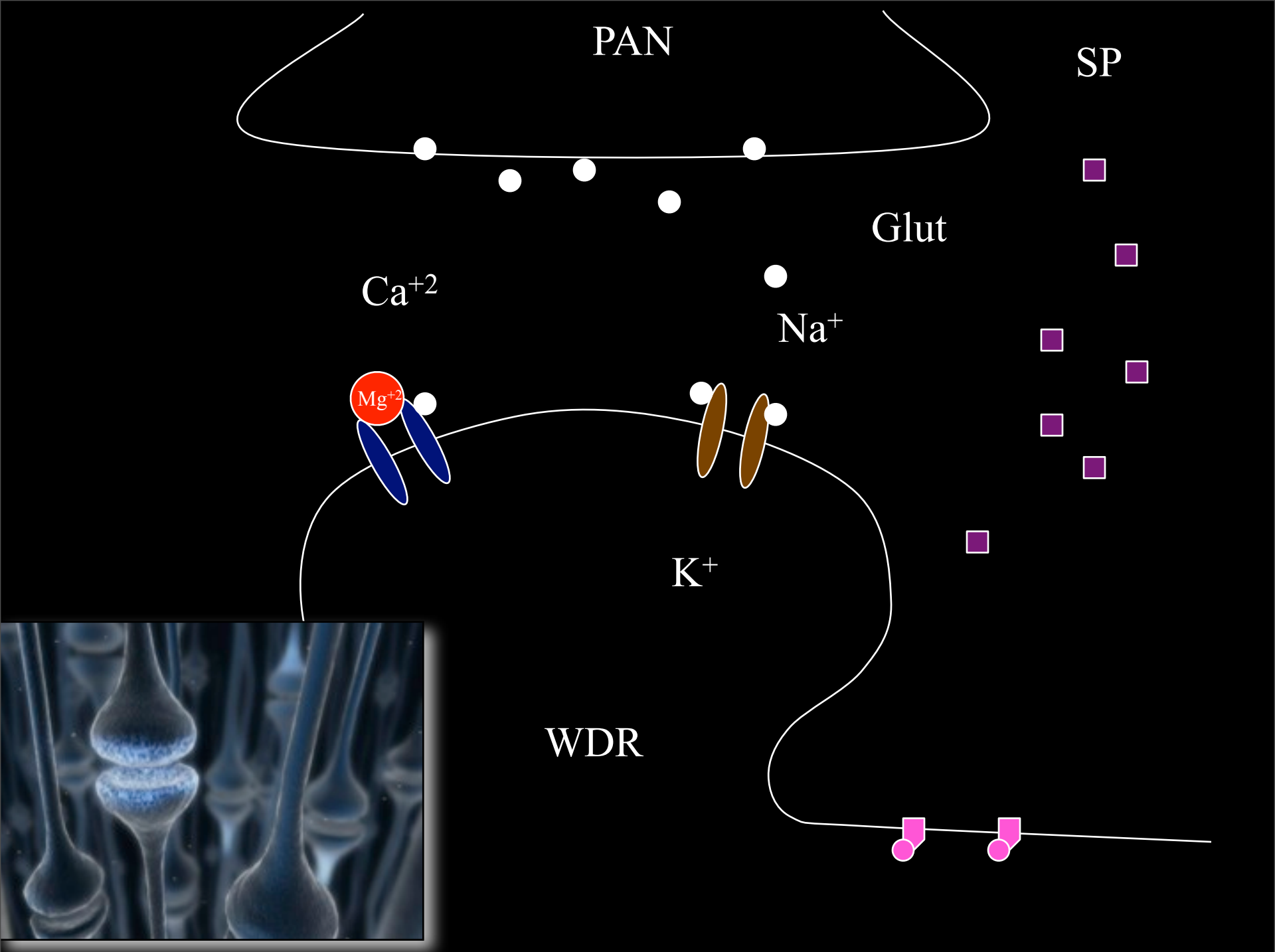
Spinal Facilitation - *Mechanisms*

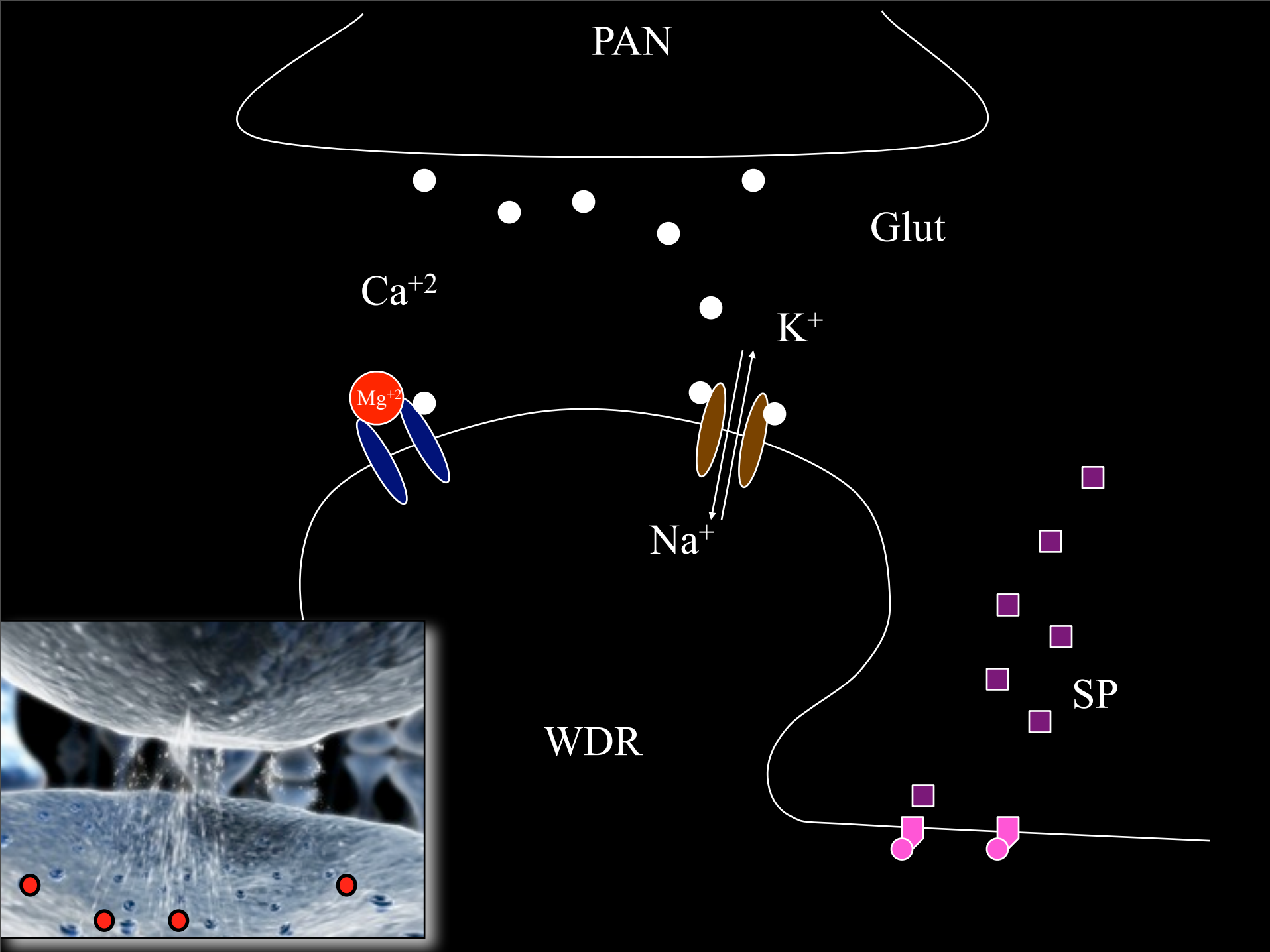
- Neuropeptide release
- Internalization of neuropeptide receptor
- Hormone-like activity

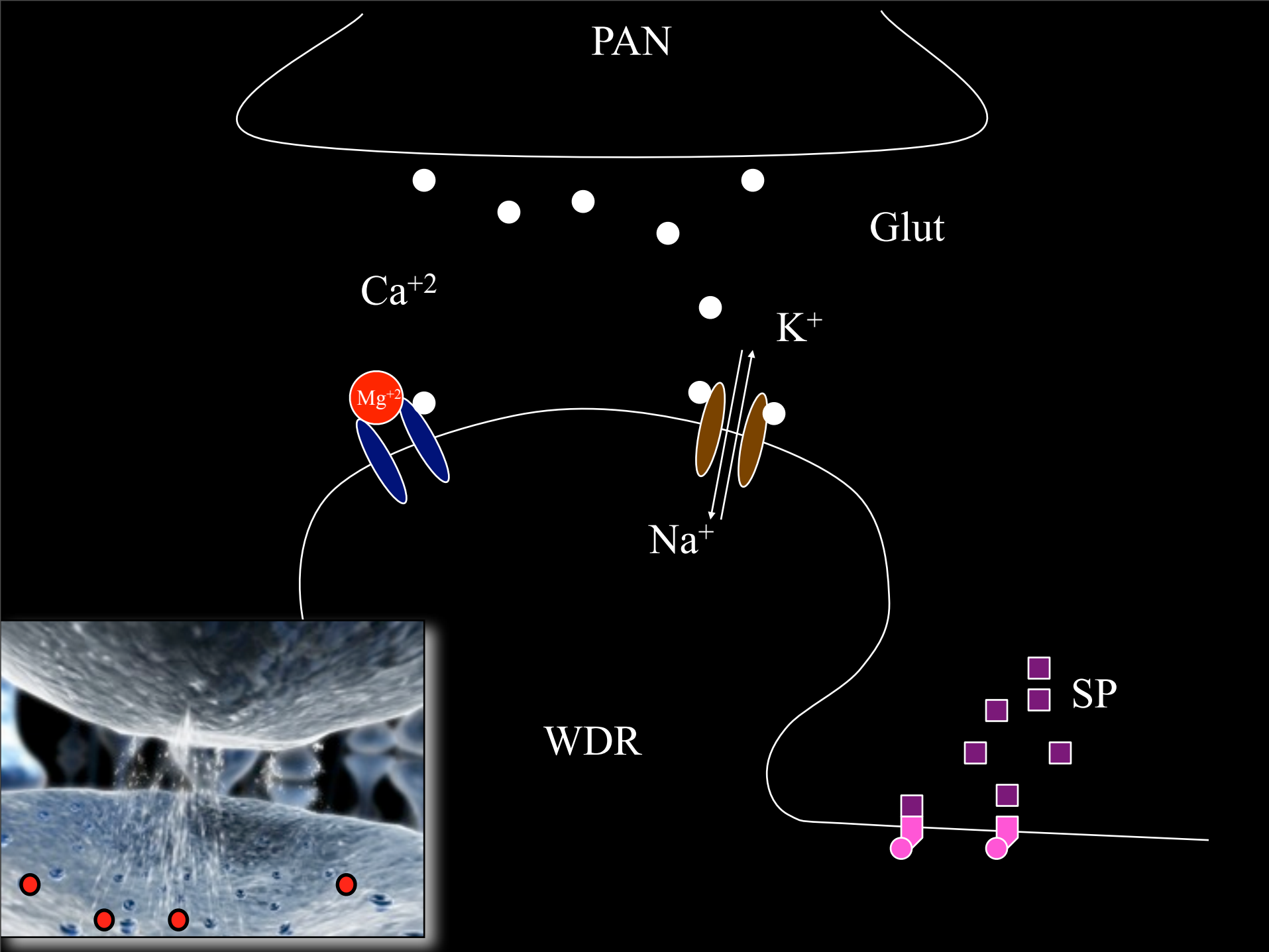
Hunt SP, Mantyh PW (2001) The molecular dynamics of pain control. *Nat Rev Neurosci* 2: 83-91.

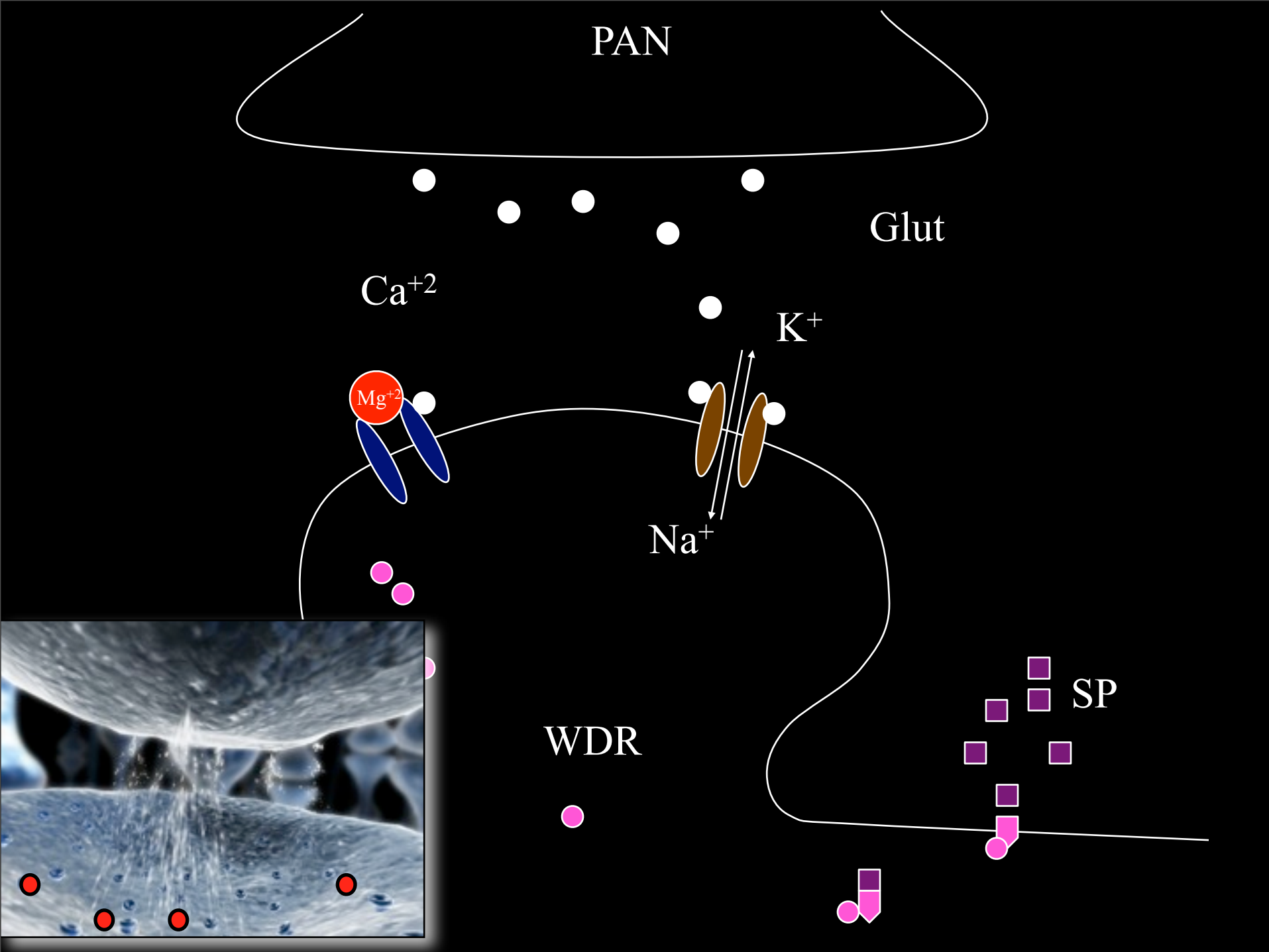


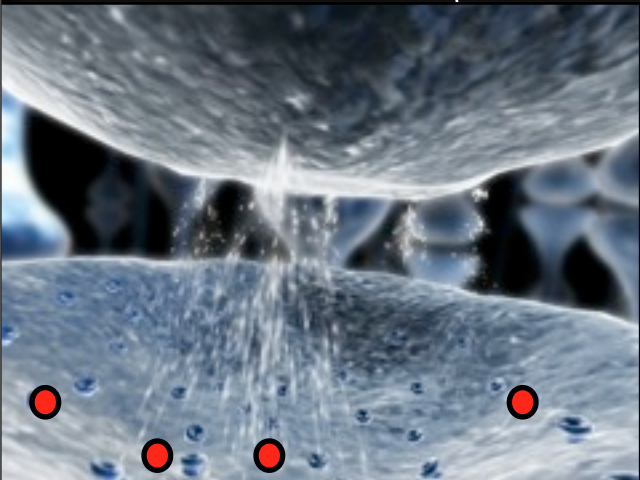
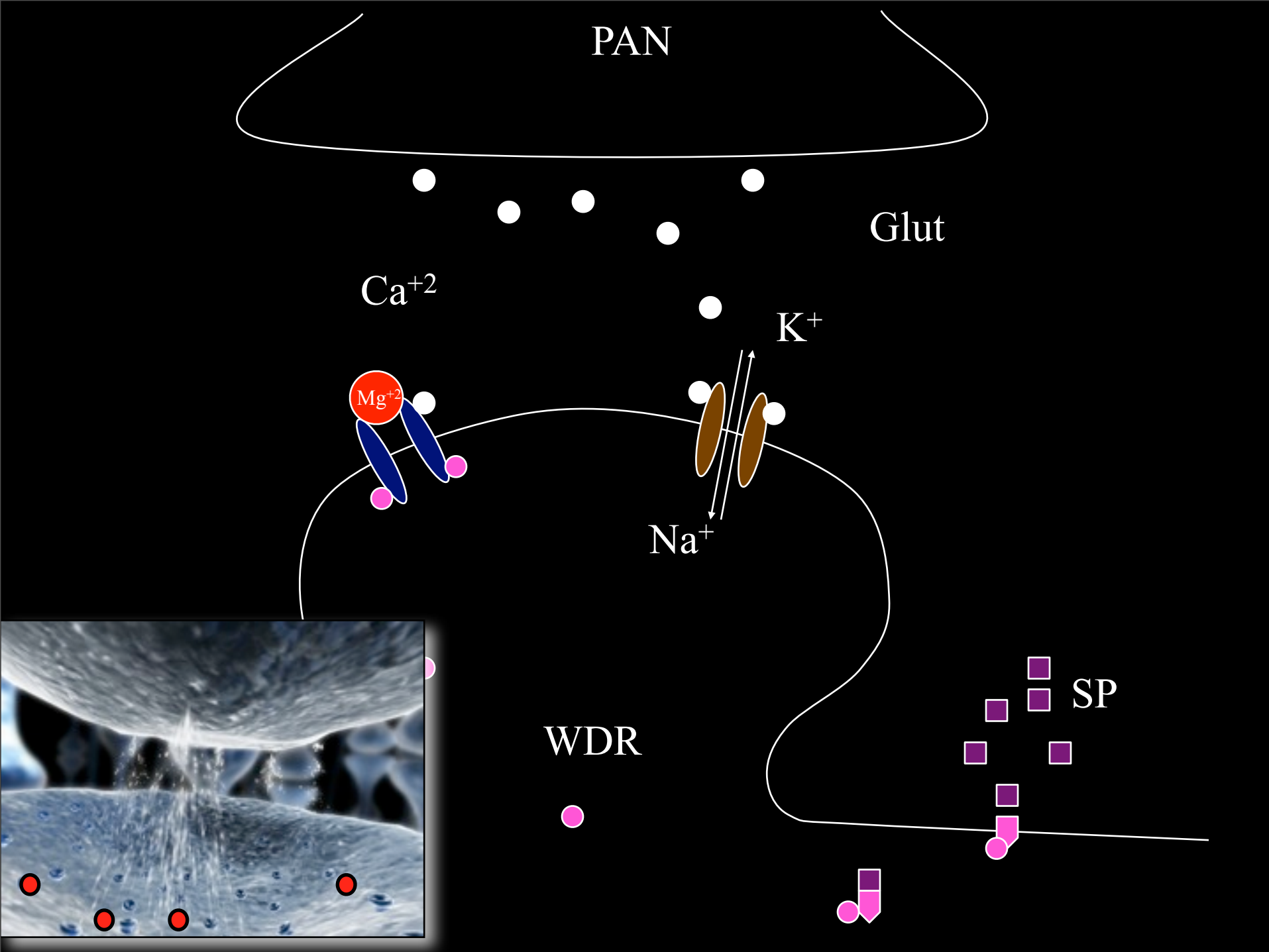


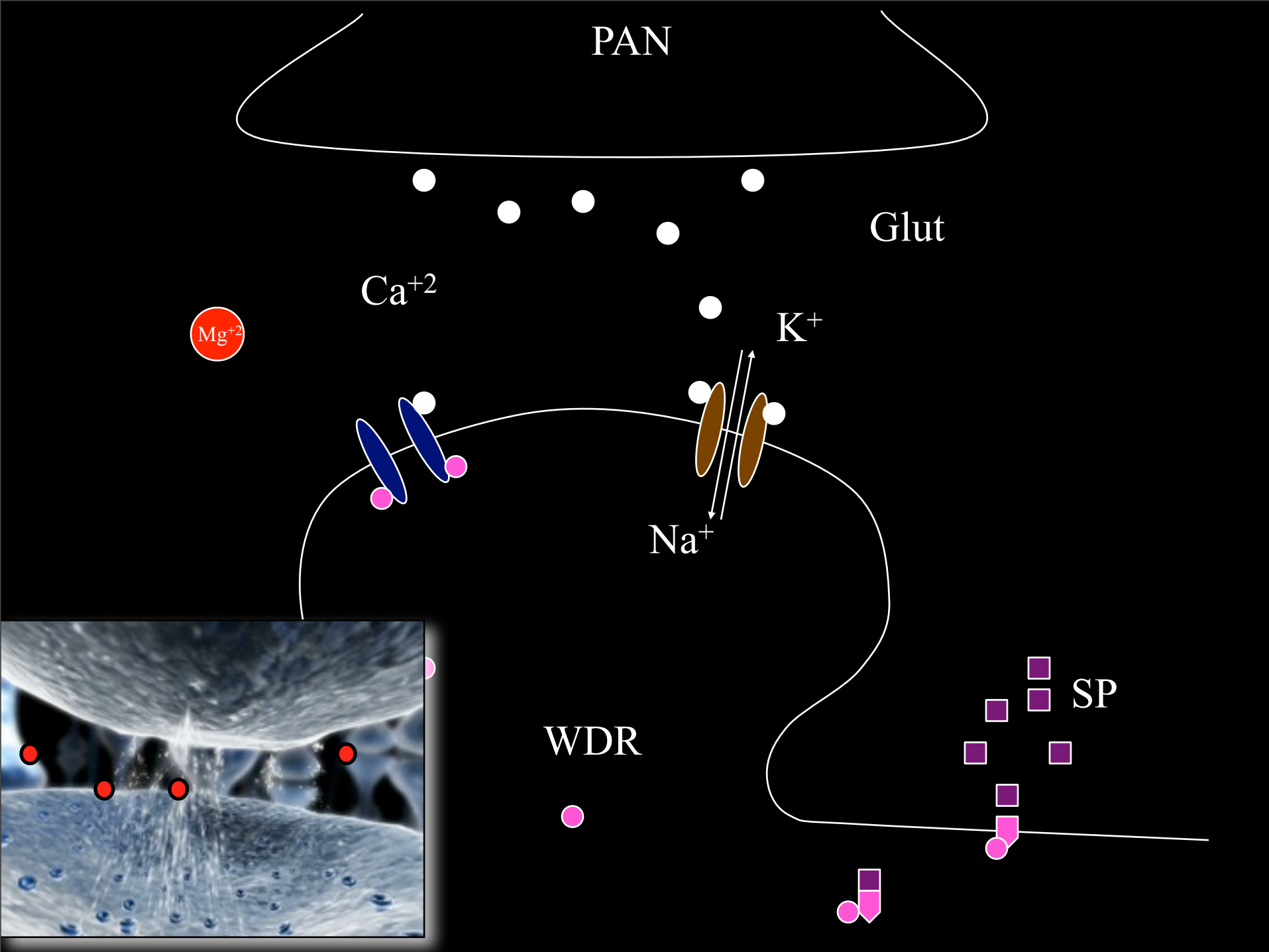


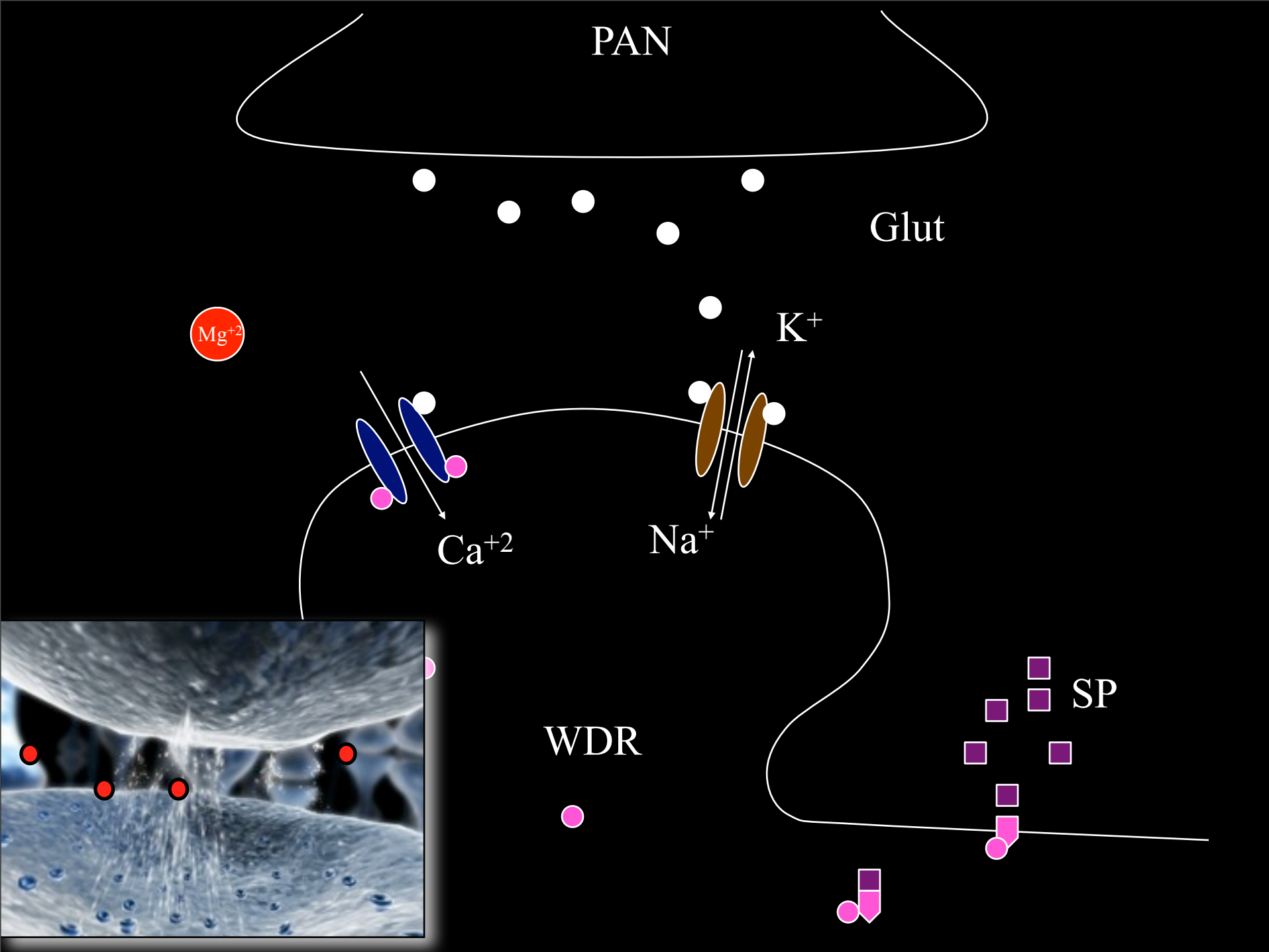


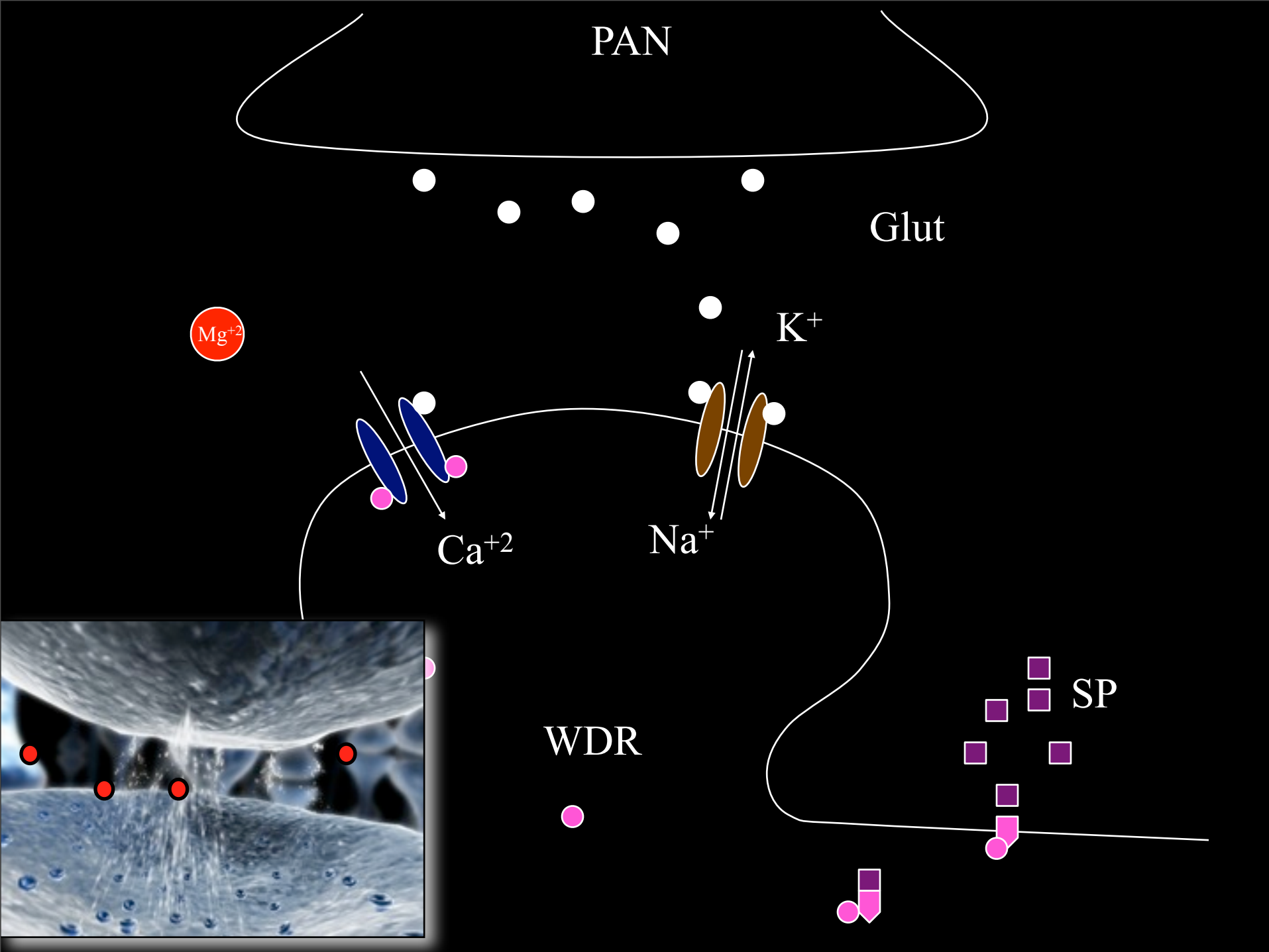








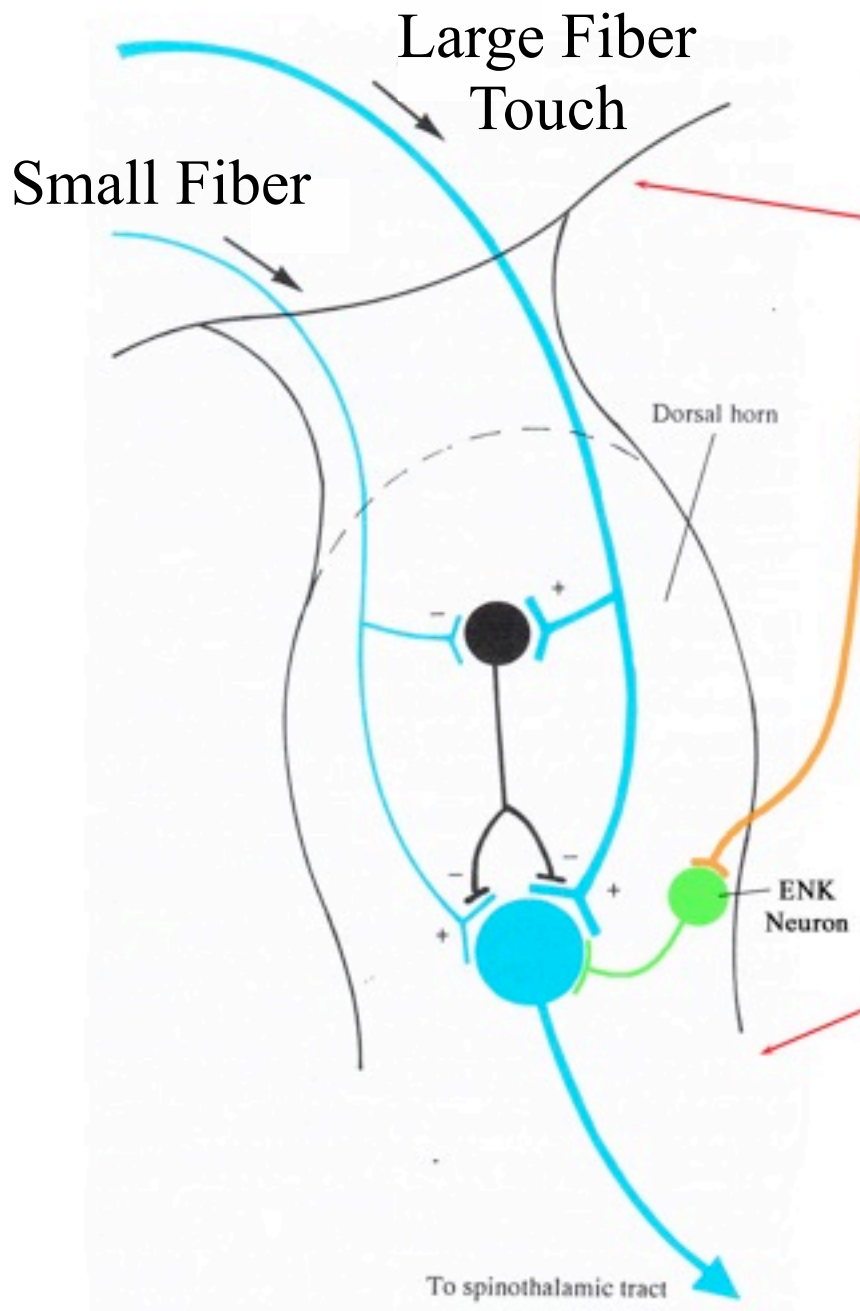




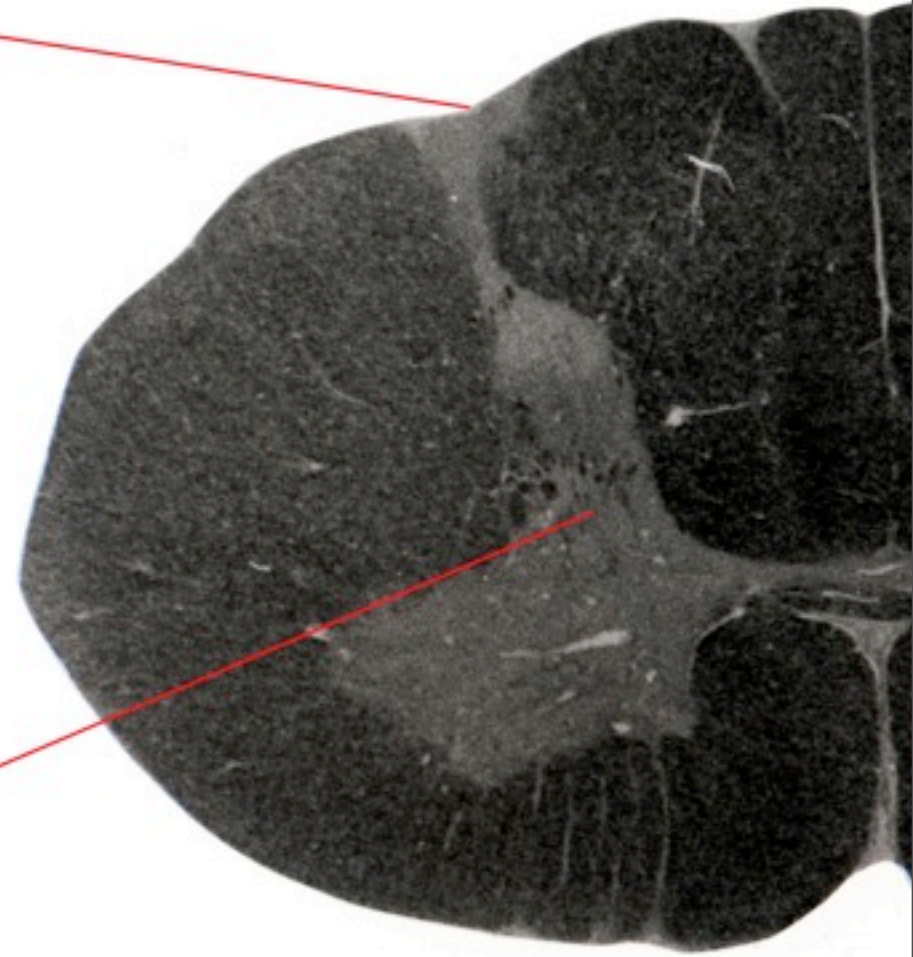
Spinal Memory System

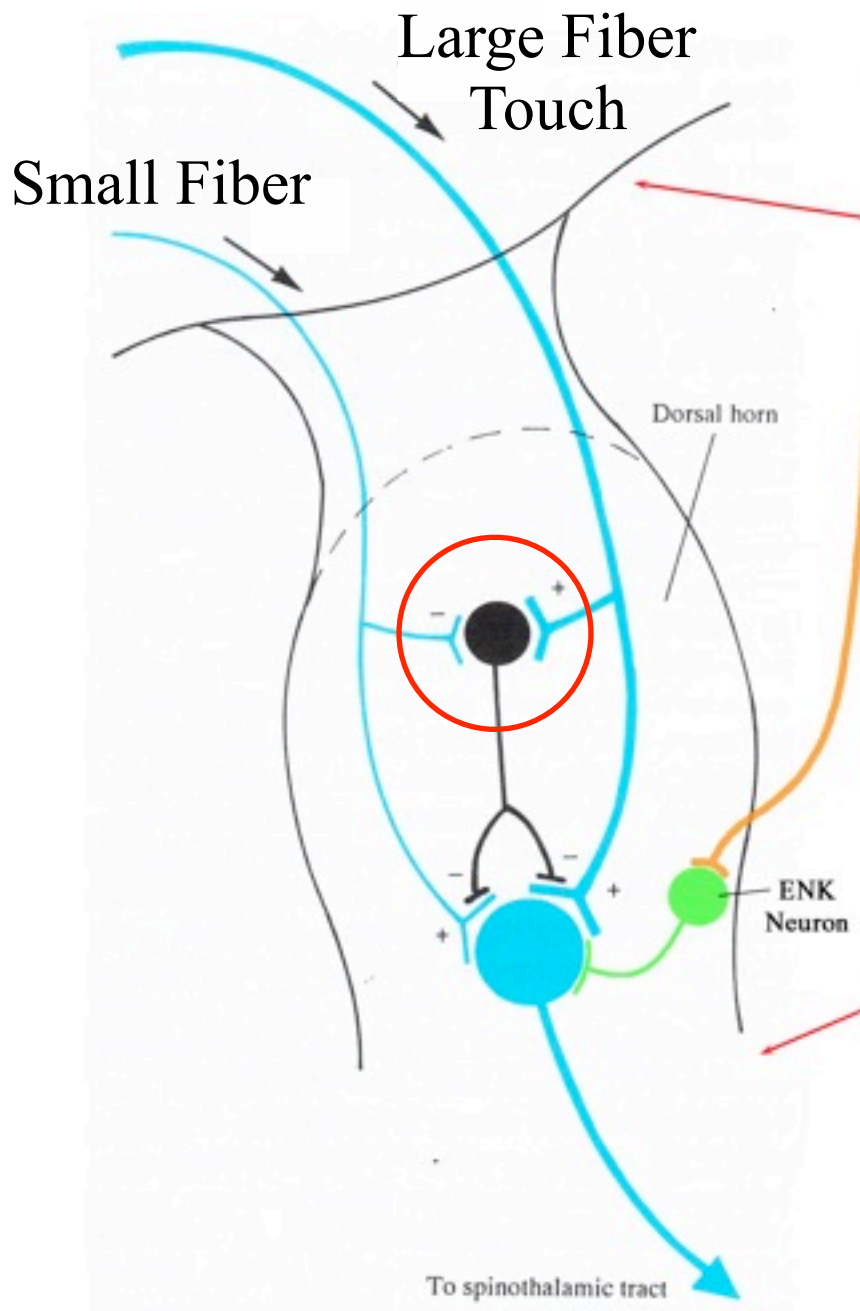
- Transcription-independent:
 - Wind-up
 - Classic sensitization
 - Long-Term Potentiation

- Transcription-dependent:
 - New receptors
 - Membrane response enhancers

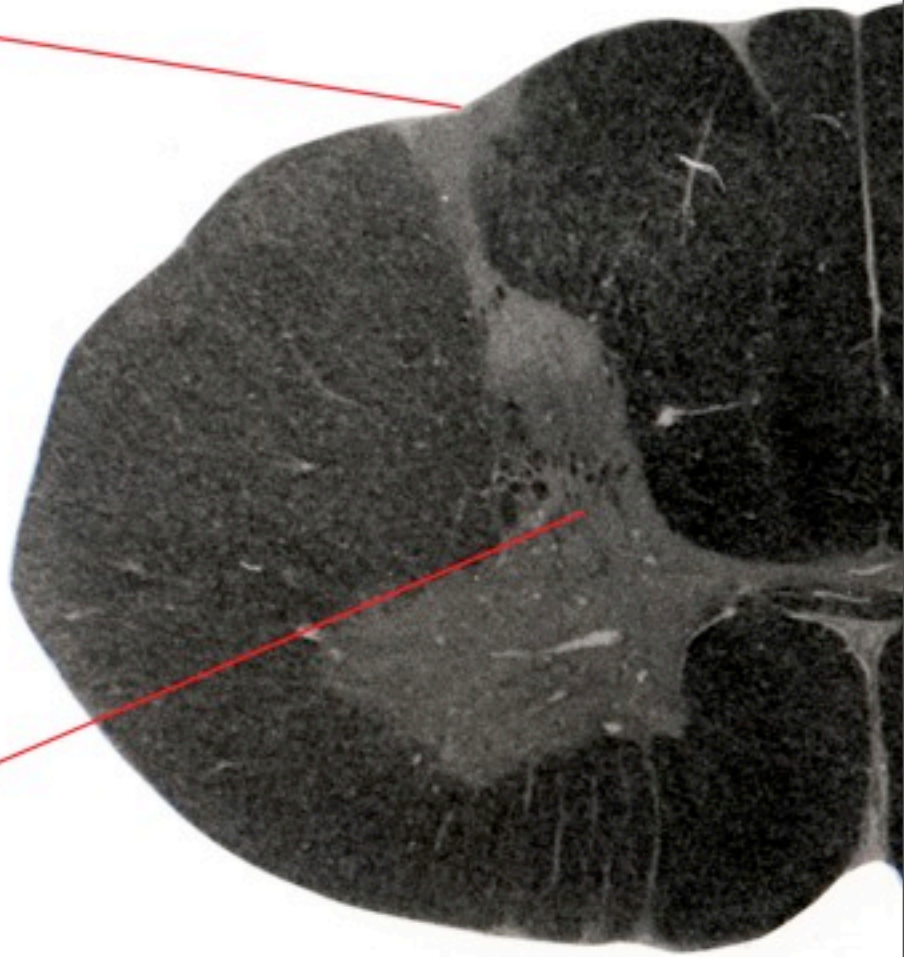


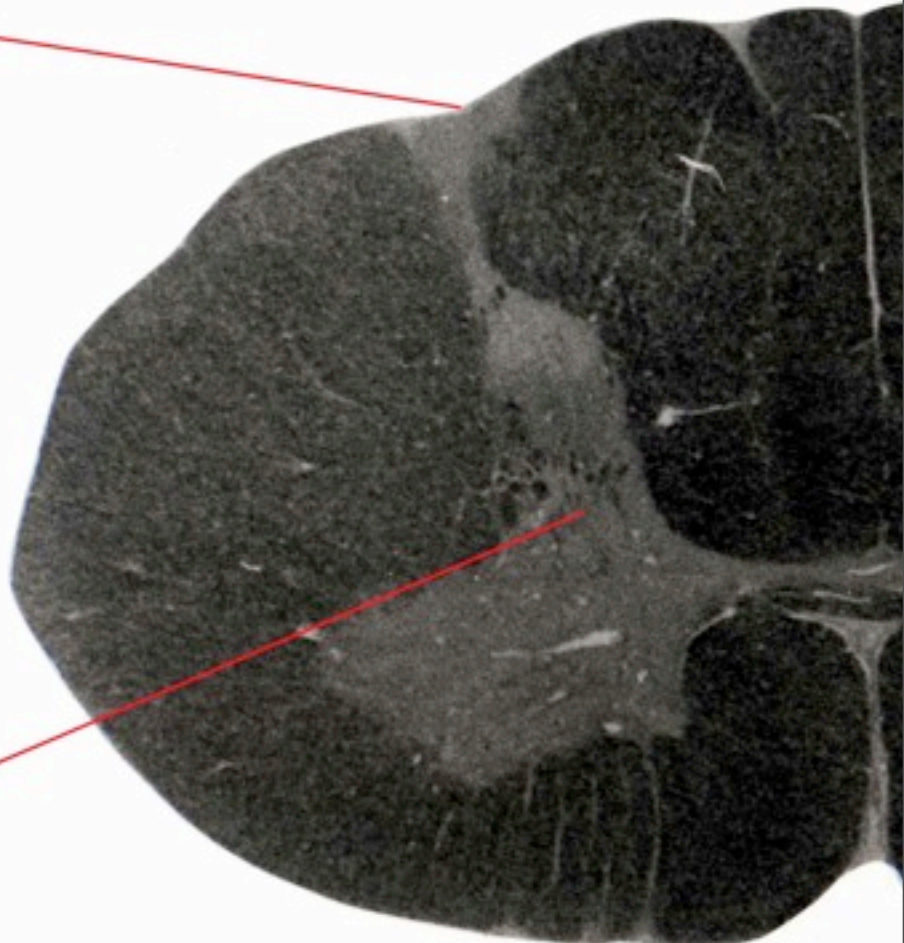
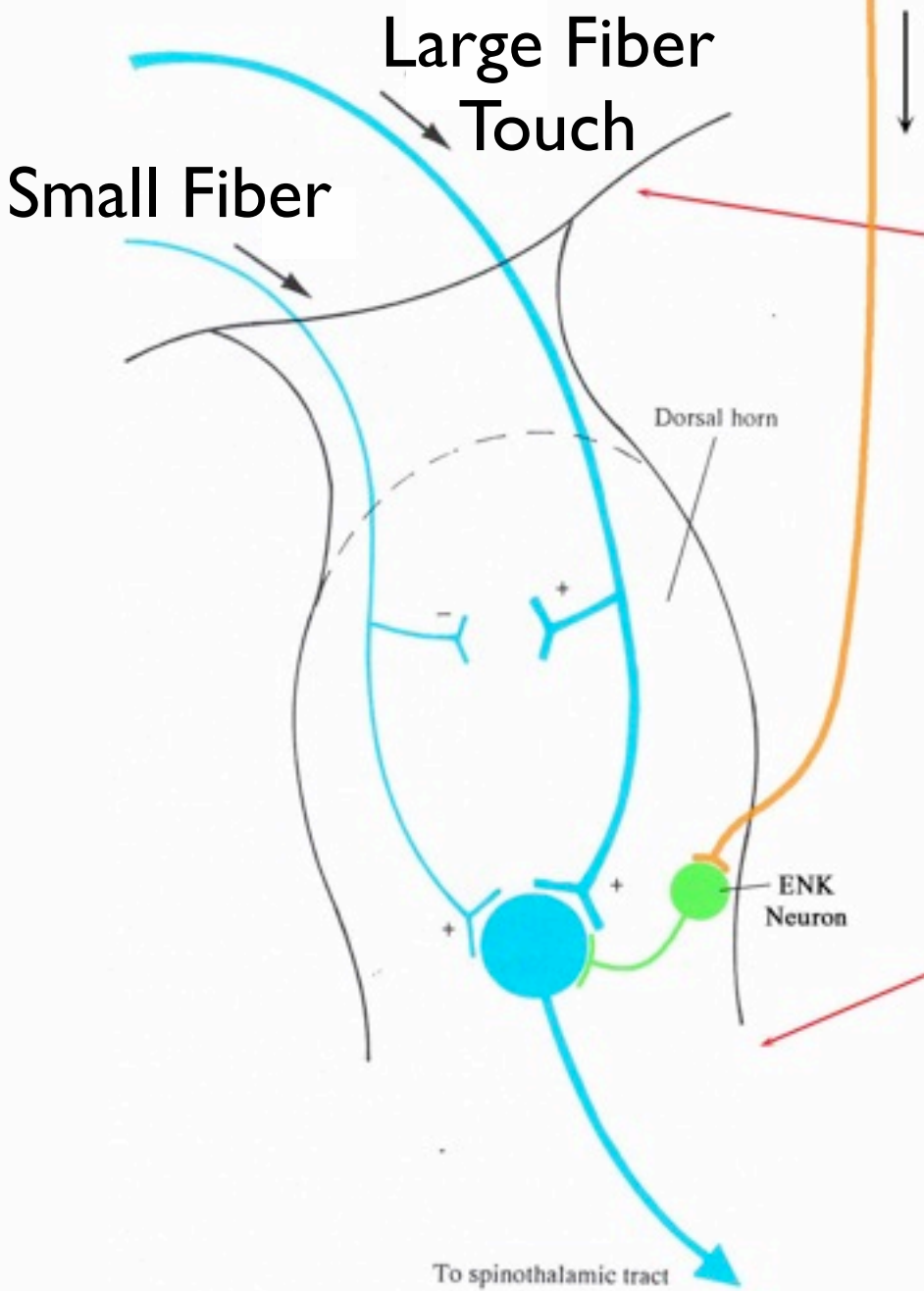
Raphe-spinal Tract





Raphe-spinal Tract





Loss of Inhibition on
the Segment

Neuropeptide Actions

Neuropeptide Actions

- Triggering of second messenger cascades
 - Opening of voltage-dependent channels
 - Calcium influx
-

Neuropeptide Actions

- Triggering of second messenger cascades
 - Opening of voltage-dependent channels
 - Calcium influx

 - Induction of immediate-early genes
 - Protein synthesis, e.g. Dynorphin
-

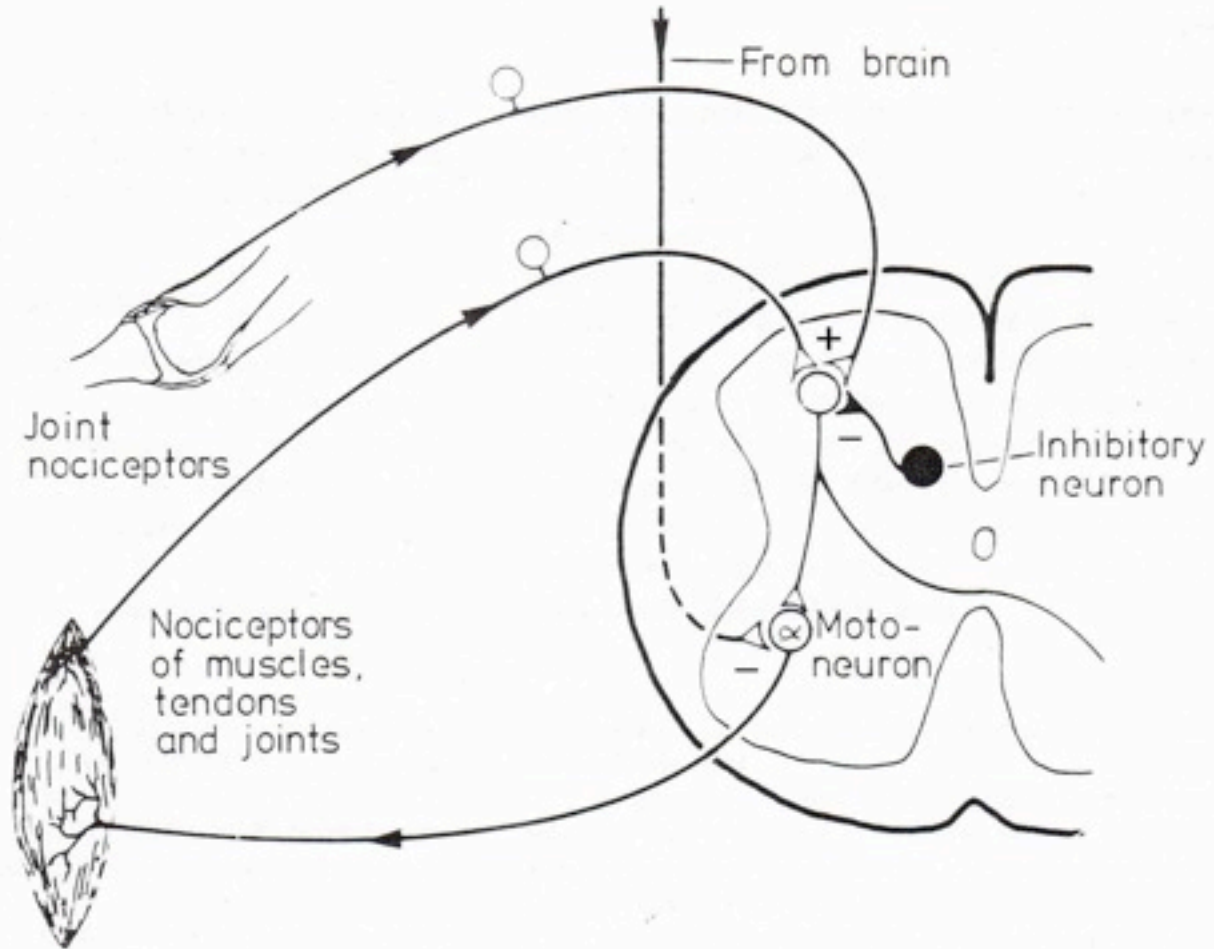
Neuropeptide Actions

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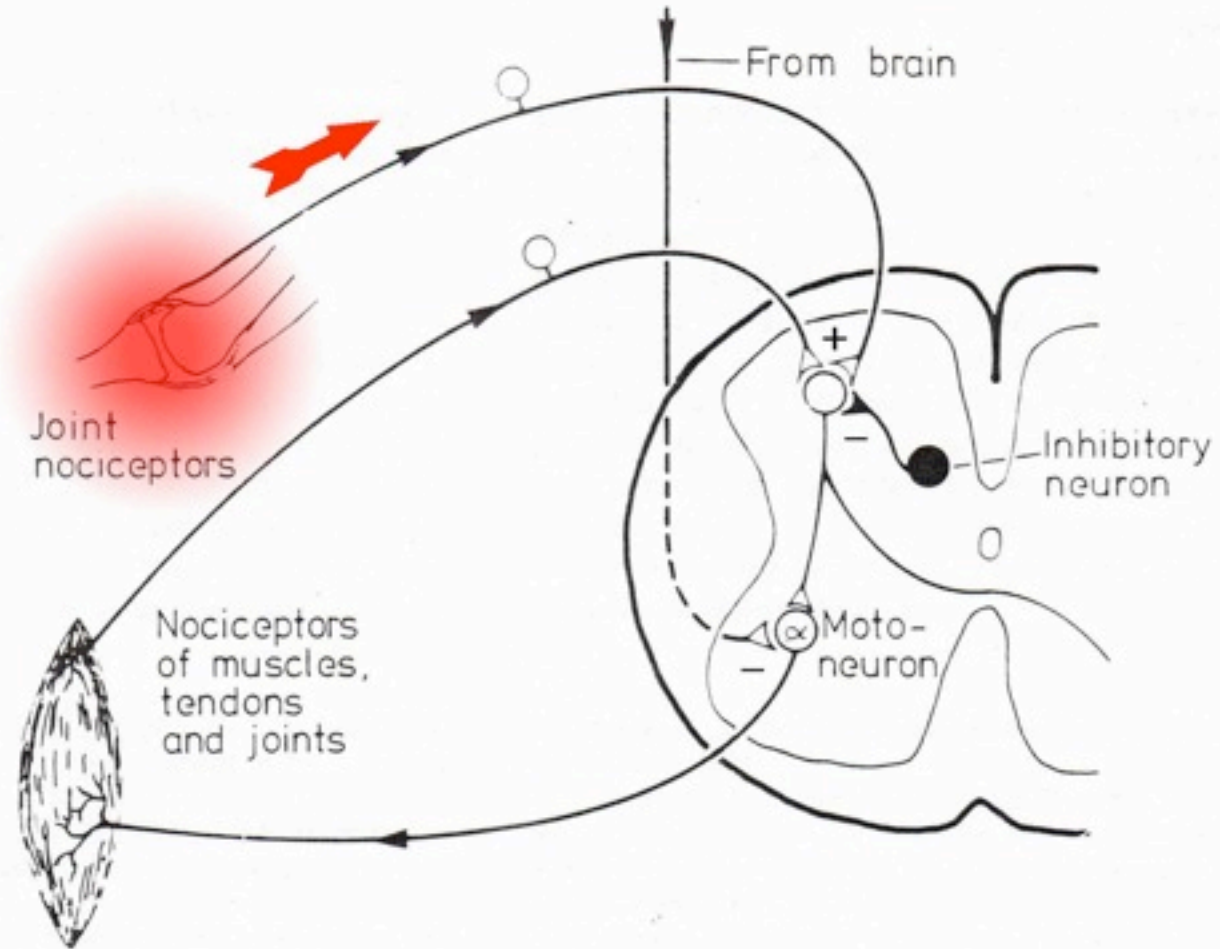
-
- Excitotoxicity and Cell Death
 - Apoptosis of inhibitory neurons

Spinal Facilitation



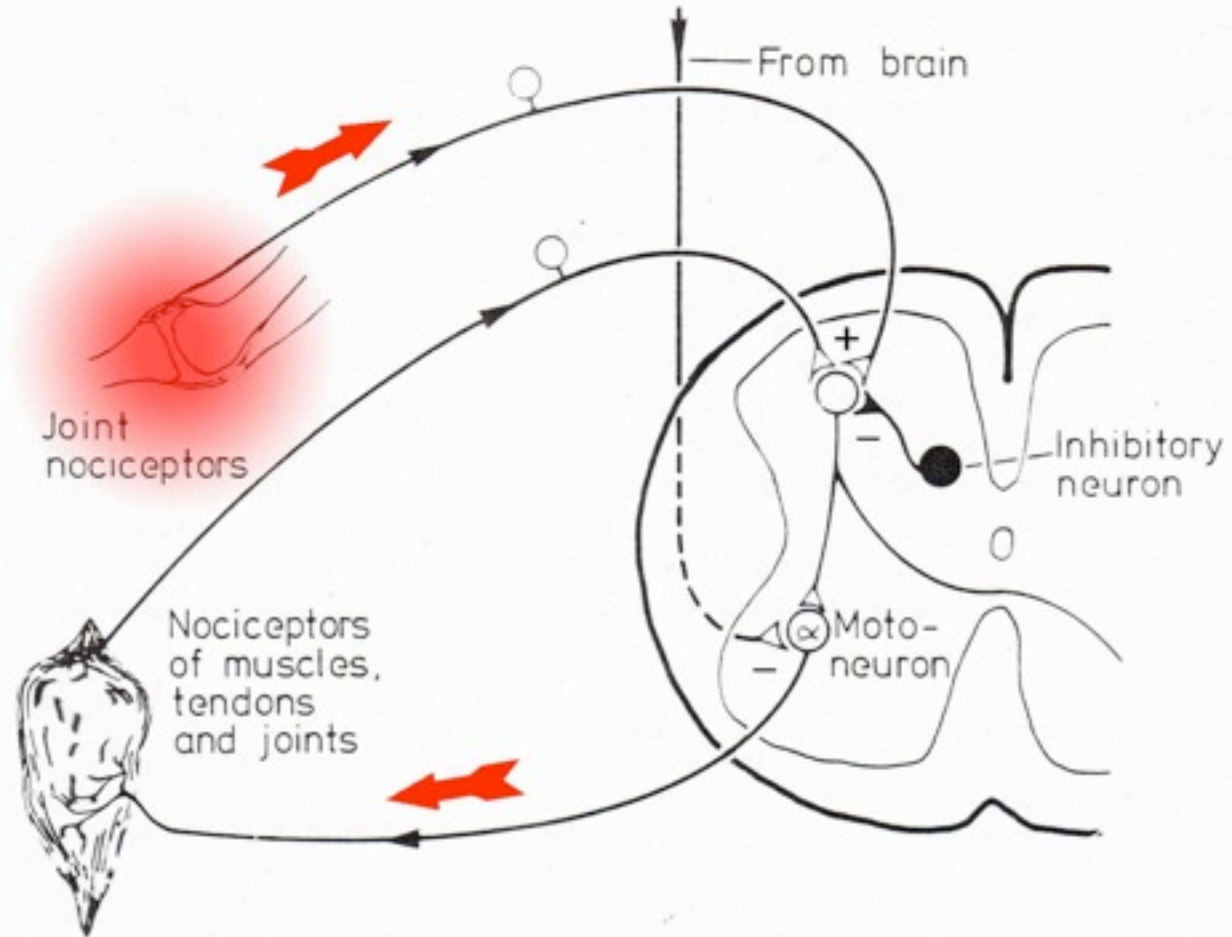
Zimmermann, Sem Arth. Rheu. 18:22, 1989

Spinal Facilitation



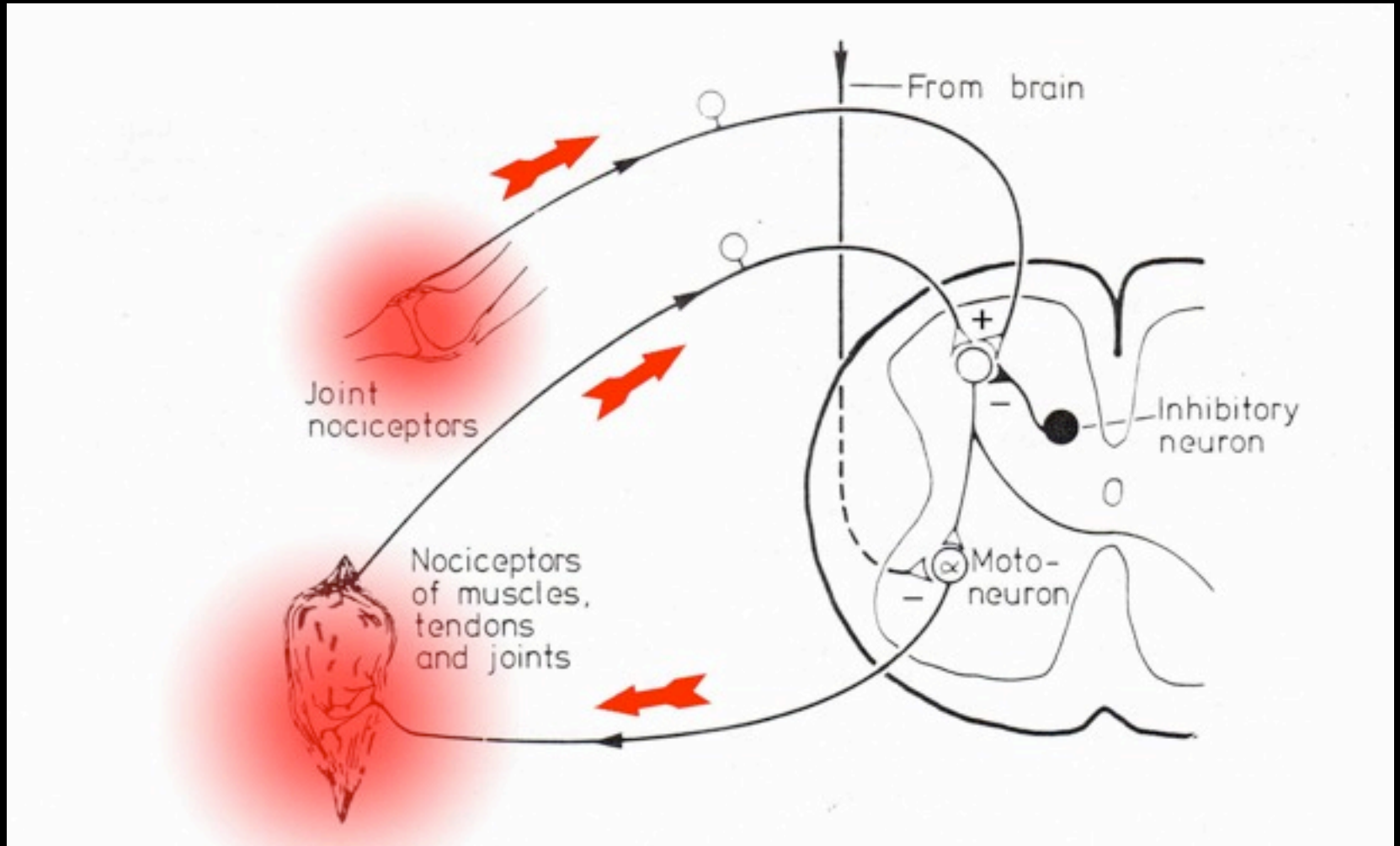
Zimmermann, Sem Arth. Rheu. 18:22, 1989

Spinal Facilitation



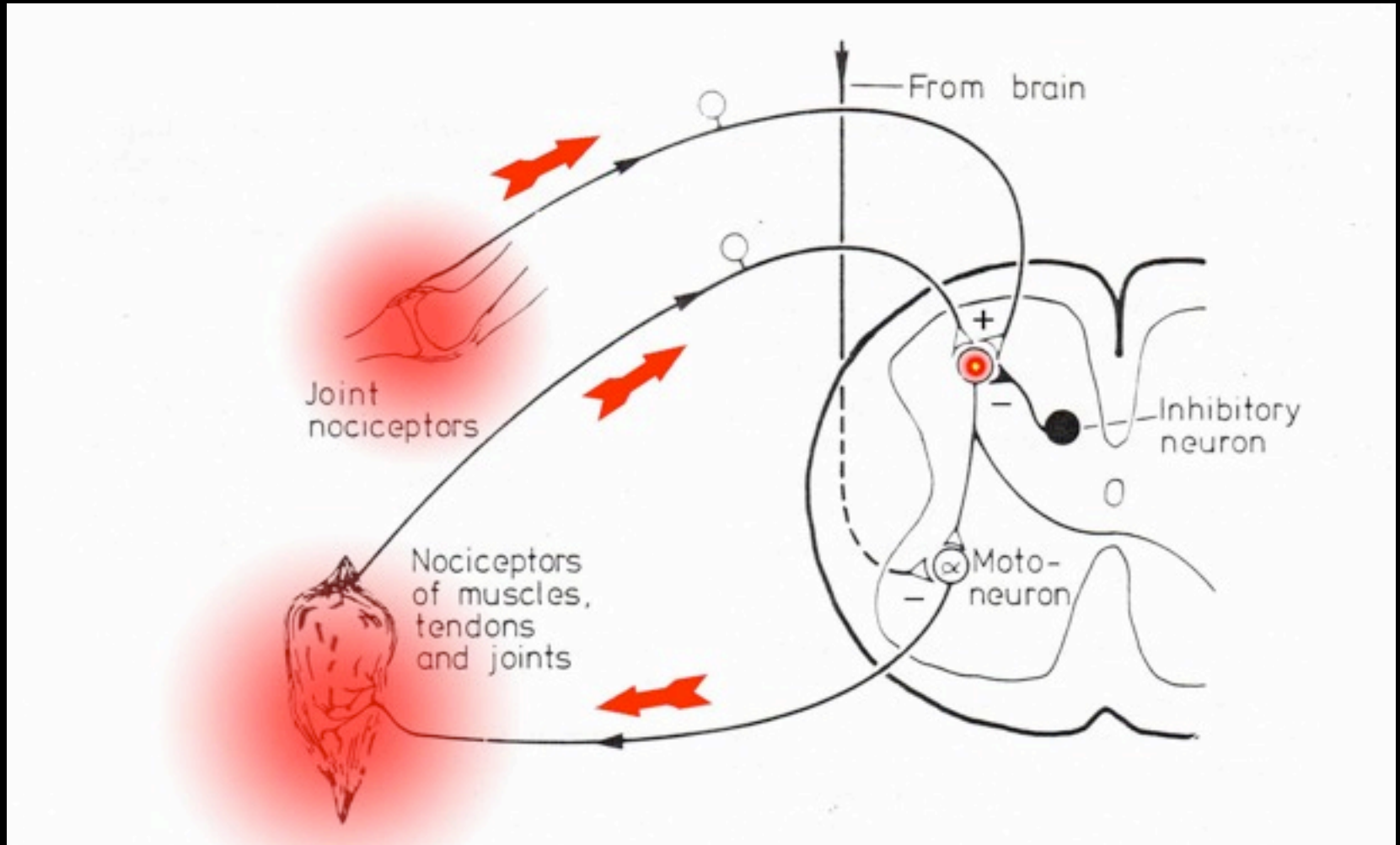
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Spinal Facilitation



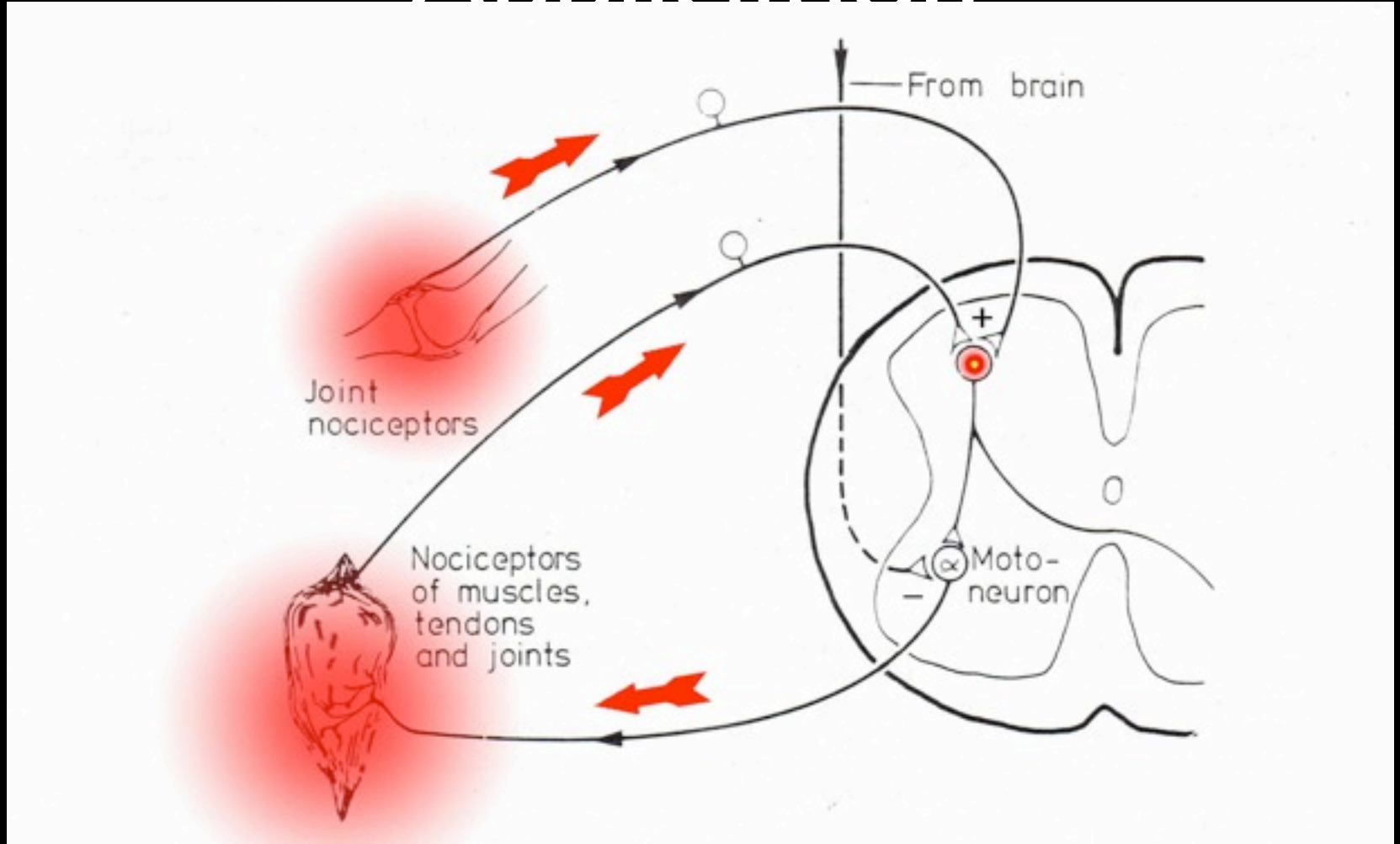
Zimmermann, Sem Arth. Rheu. 18:22, 1989

Spinal Facilitation



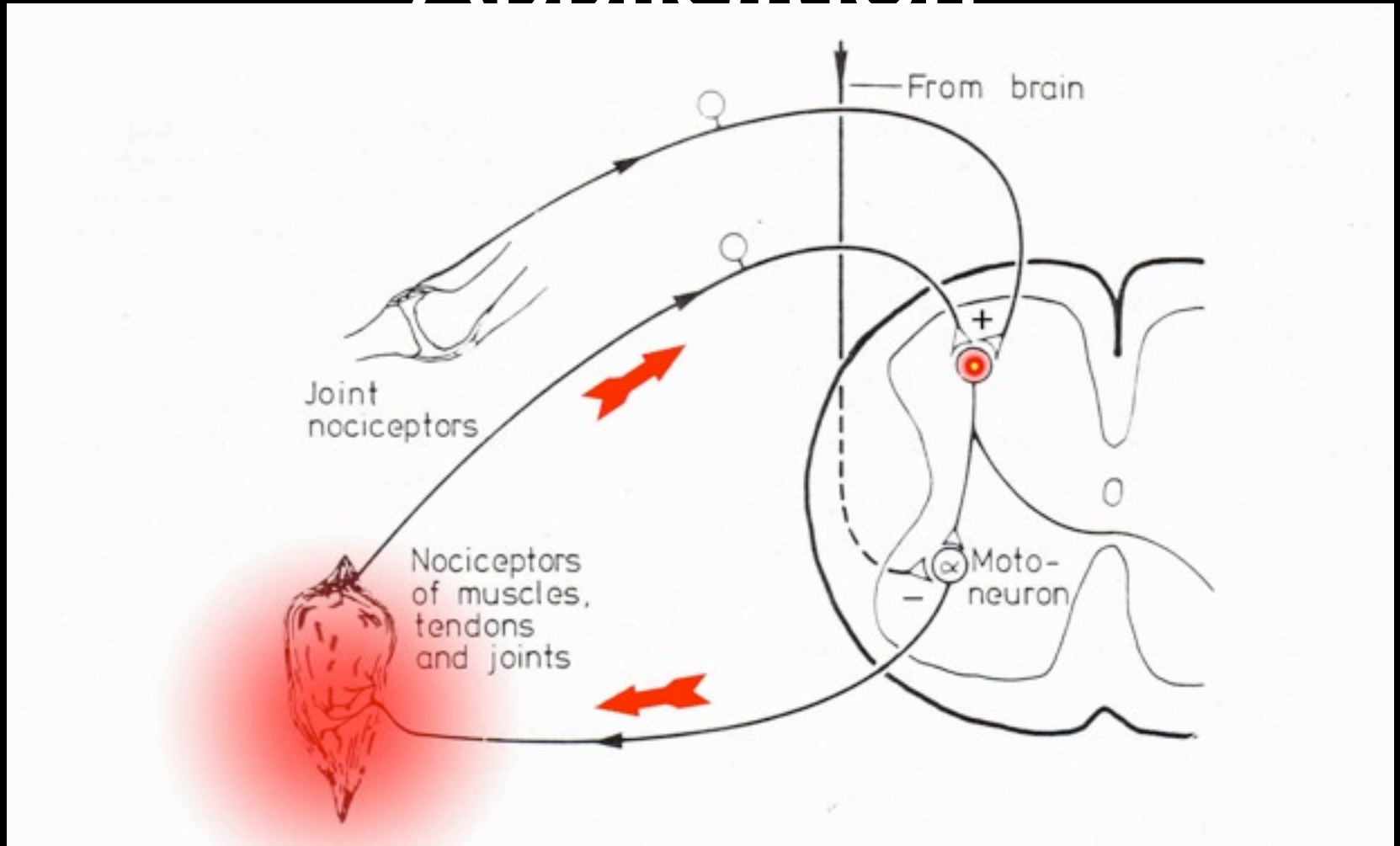
Zimmermann, Sem Arth. Rheu. 18:22, 1989

Spinal Facilitation - Application



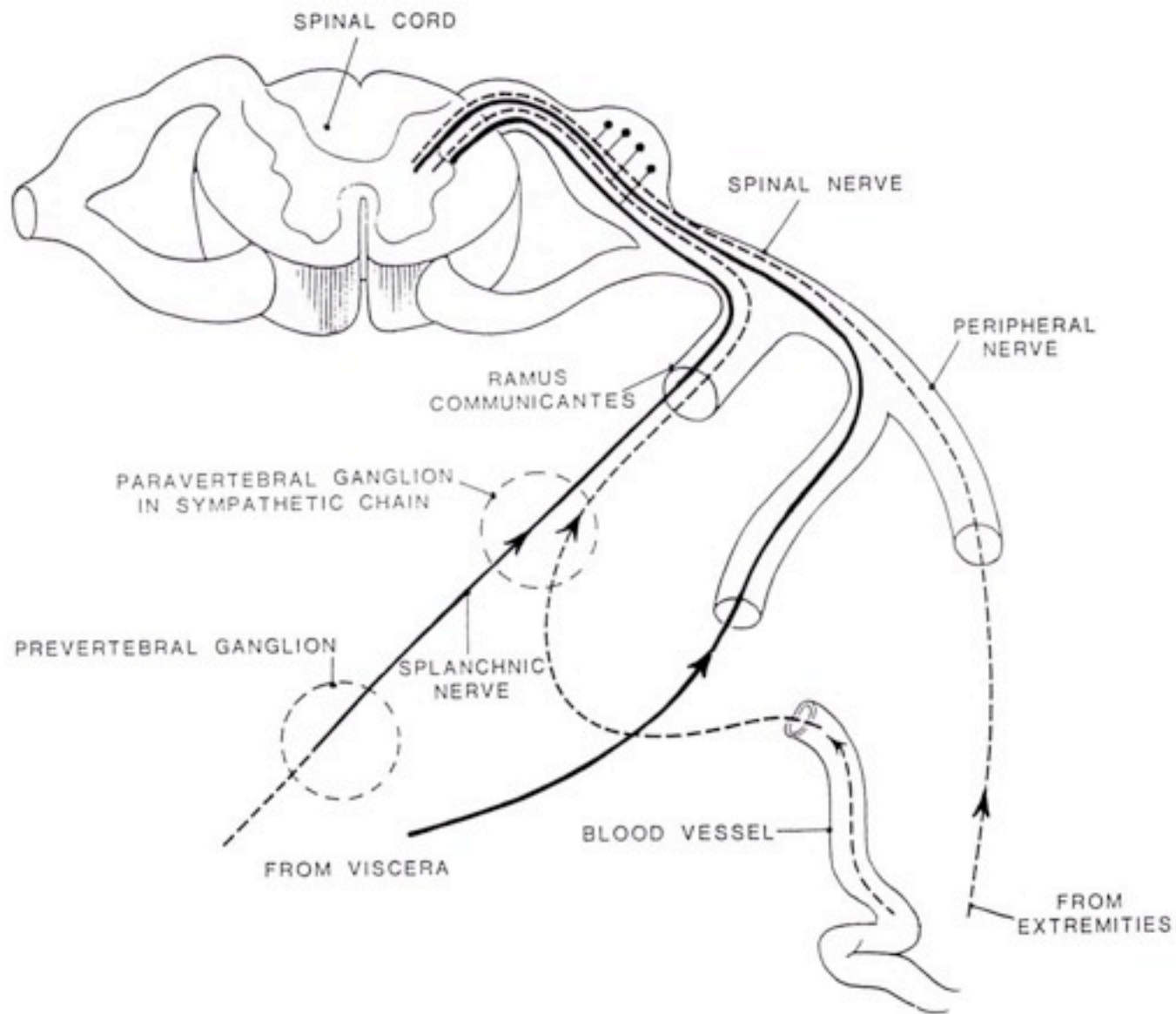
Zimmermann, Sem Arth. Rheu. 18:22, 1989

Spinal Facilitation - Application



Zimmermann, Sem Arth. Rheu. 18:22, 1989

Viscerosomatic Integration



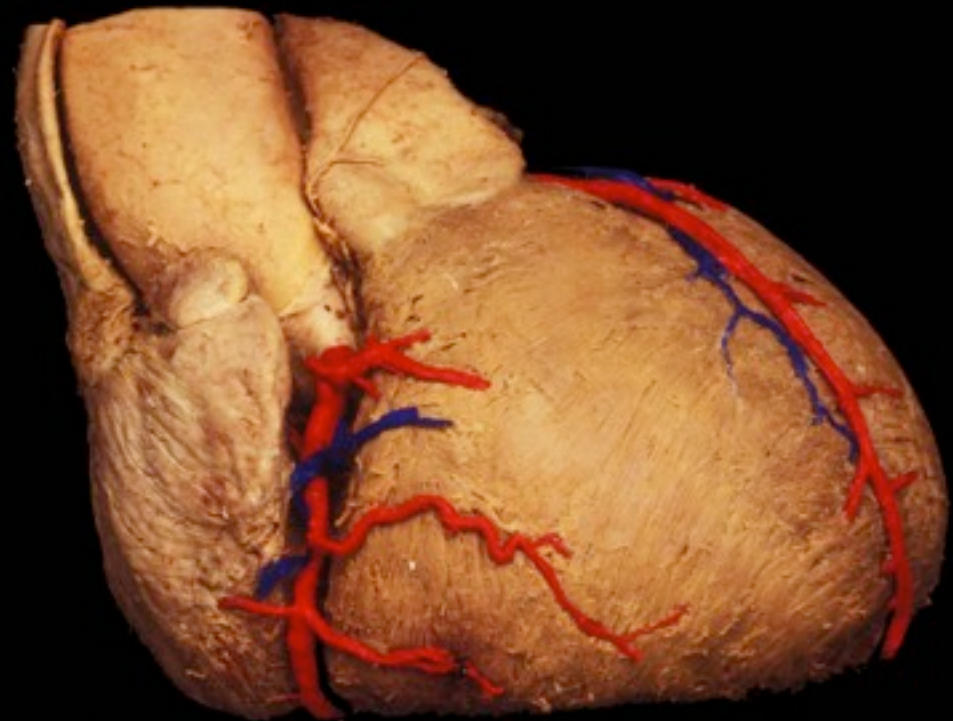
E. E. Benarroch, B. F. Westmoreland, J. R. Daube, T. J. Reagan, and B. A. Sandock.
Medical Neurosciences, Philadelphia:Lippincott Williams & Wilkins, 1999.

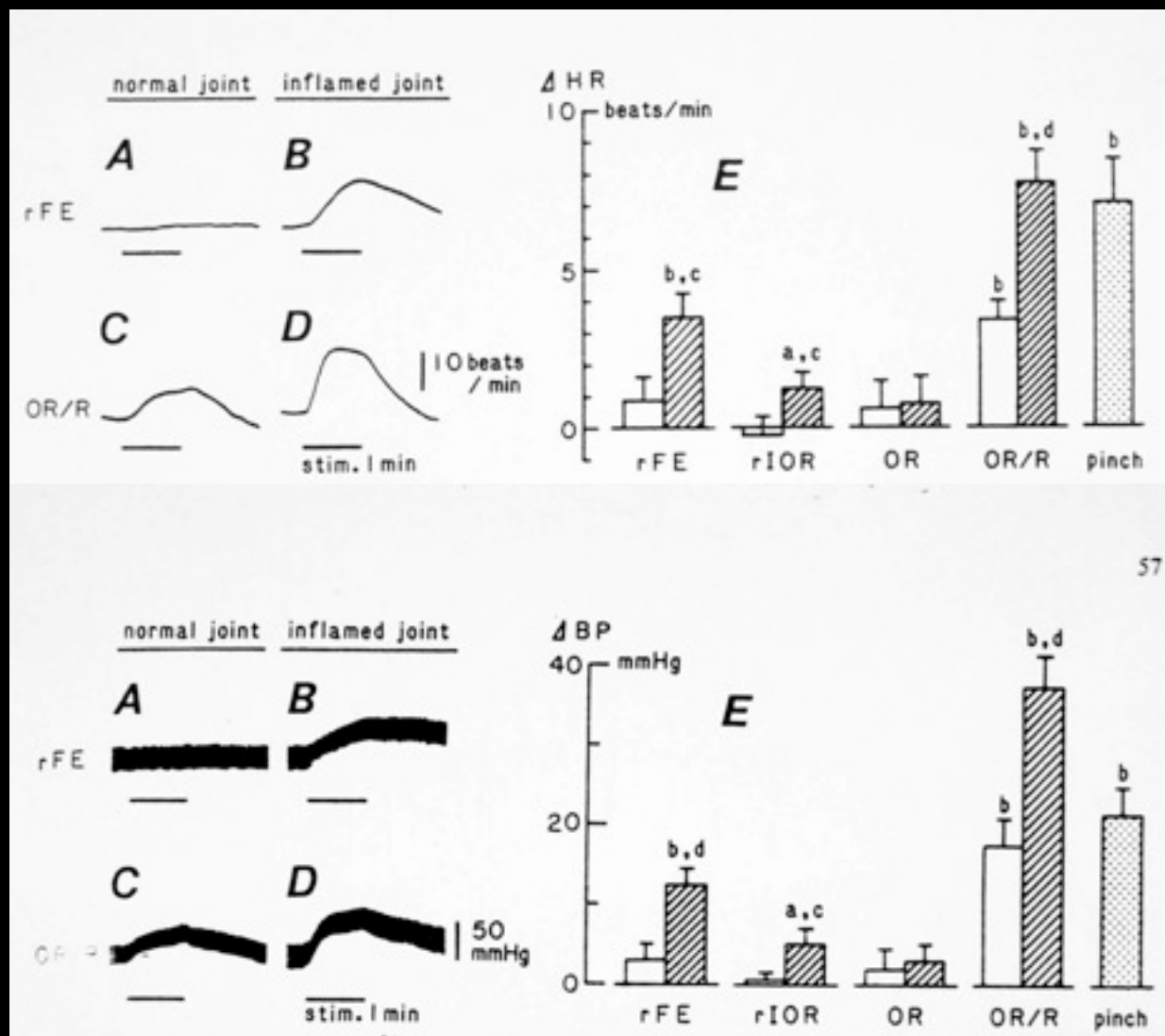
Clinical Presentation

- Viscerosomatic reflexes are **objective** findings mediated through the spinal cord.
- Referred pain is a **subjective** complaint representing nociceptive mapping in the spinal cord, thalamus, or cortex.

Somatocardiac Reflex

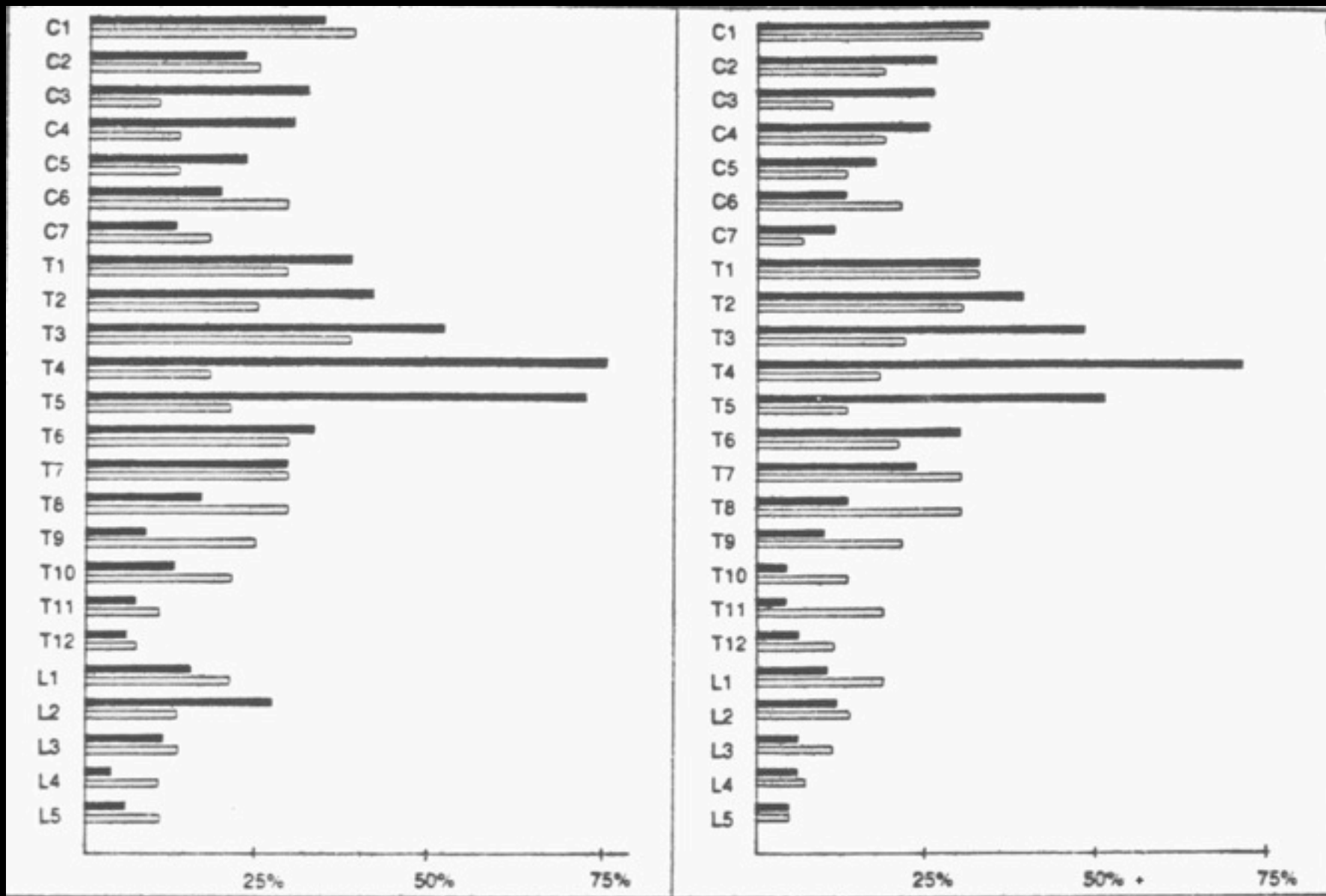
- Nociceptive somatic stimuli
- Elevation of heart rate and blood pressure



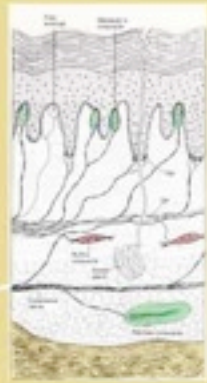


A. Sato, Y. Sato, and R. F. Schmidt. Changes in blood pressure and heart rate induced by movements of normal and inflamed knee joints. *Neurosci.Lett.* 52:55-60, 1984





J. M. Cox, S. Gorbis, L. M. Dick, J. C. Rogers, and F. J. Rogers. Palpable musculoskeletal findings in coronary artery disease: results of a double-blind study. *J.A.O.A.* 82:832-836, 1983



Skin
(Cutaneous Afferents)

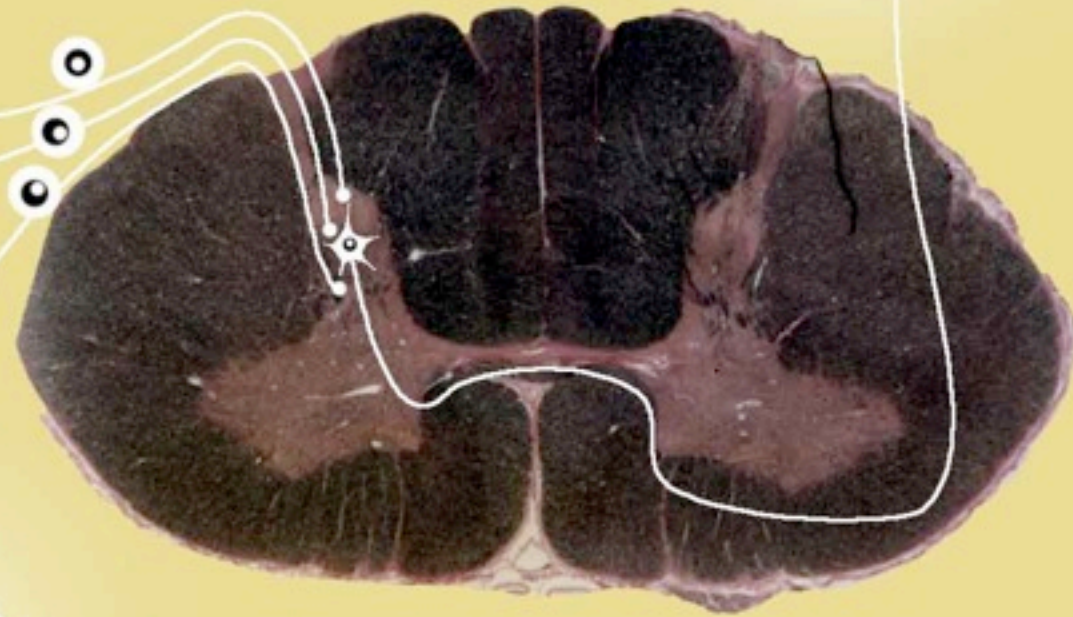


Thalamus

Joint
(Deep Somatic Afferents)

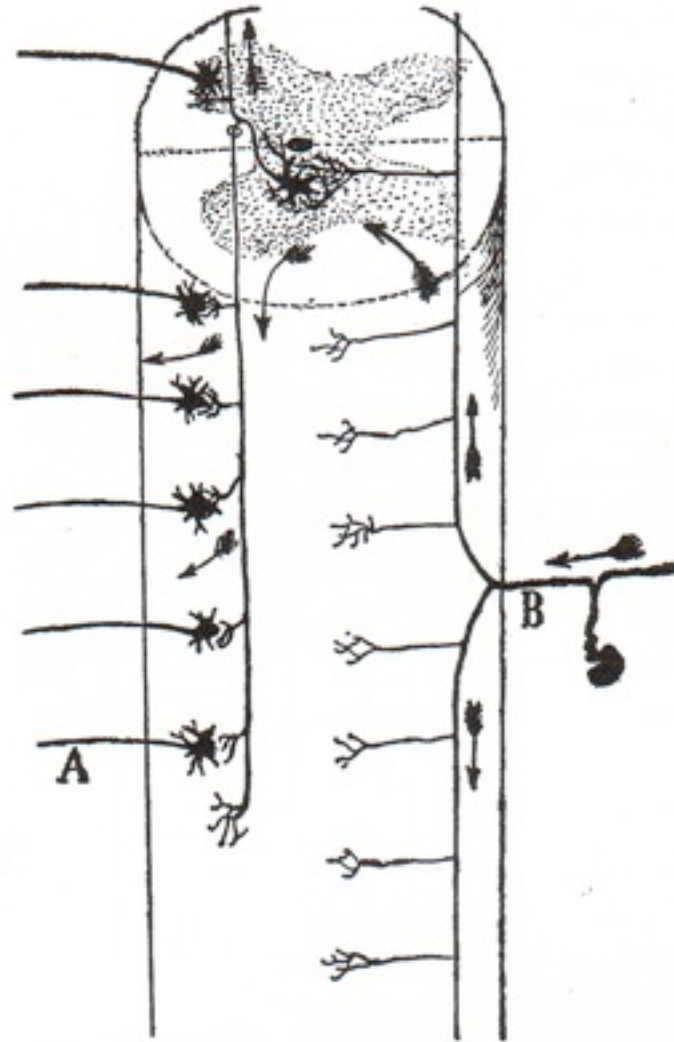


Heart
(Visceral Afferents)

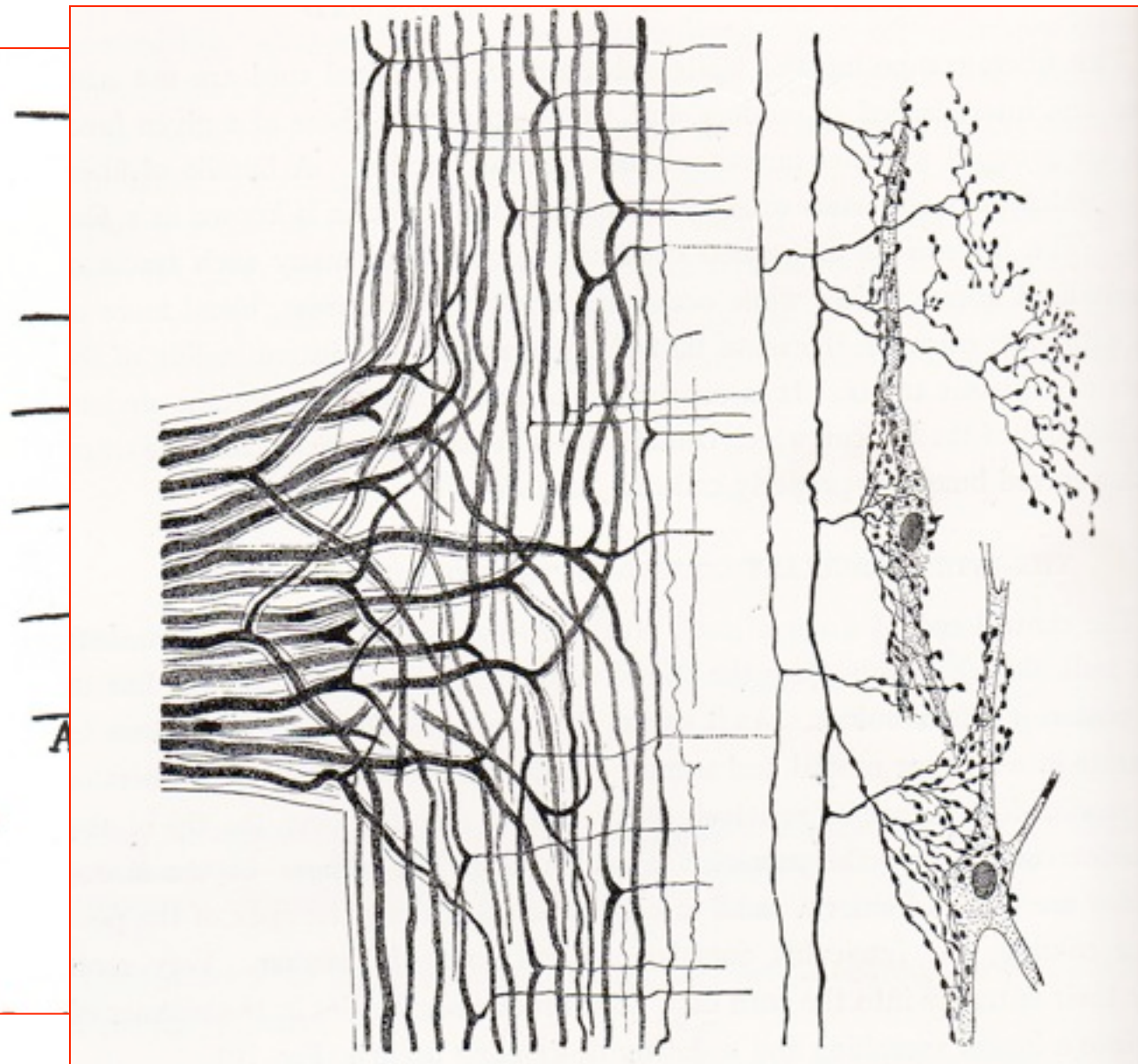


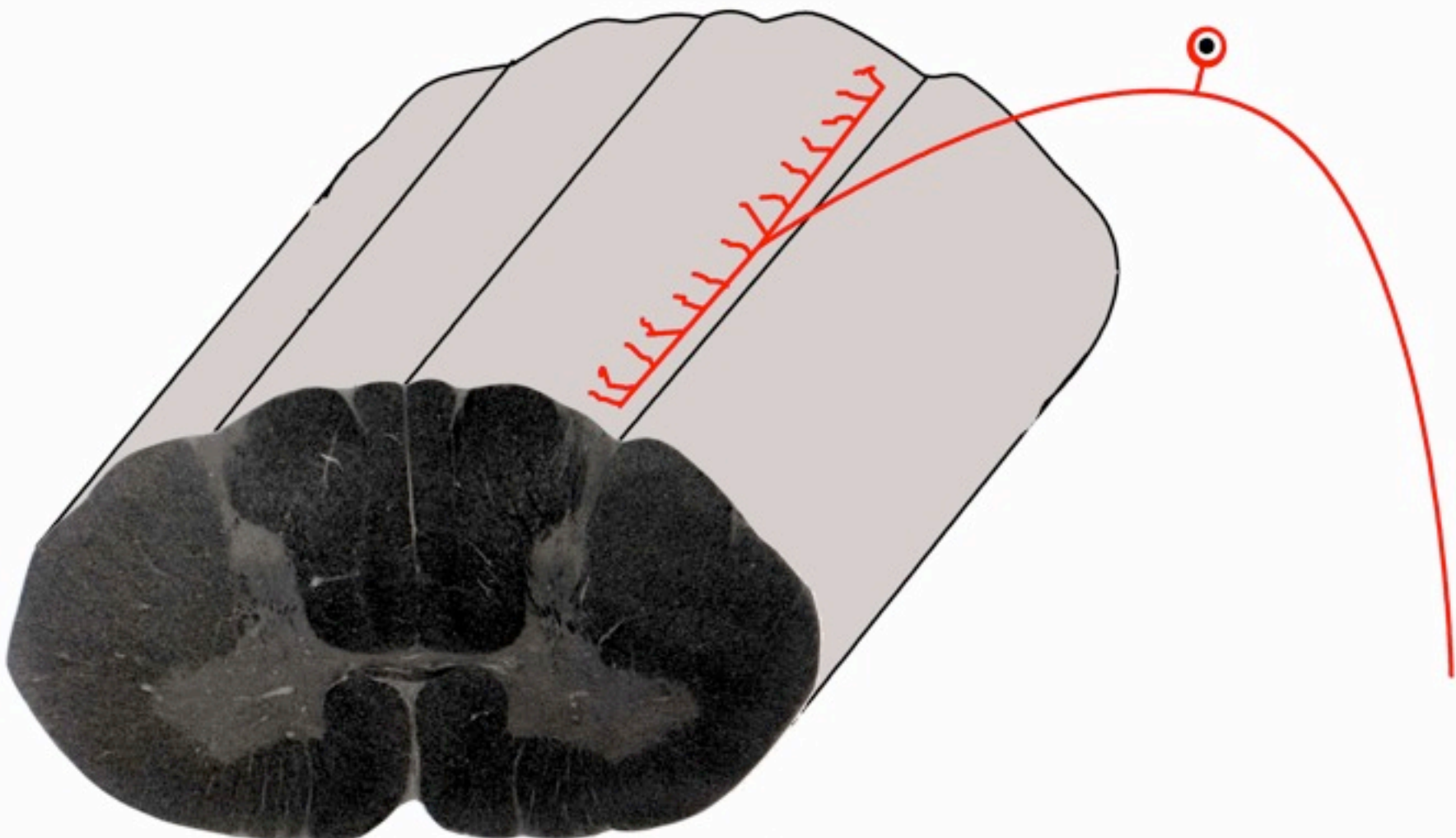
Referred Pain Mechanisms

Primary
Afferent
Branching



Primary
Afferent
Branching

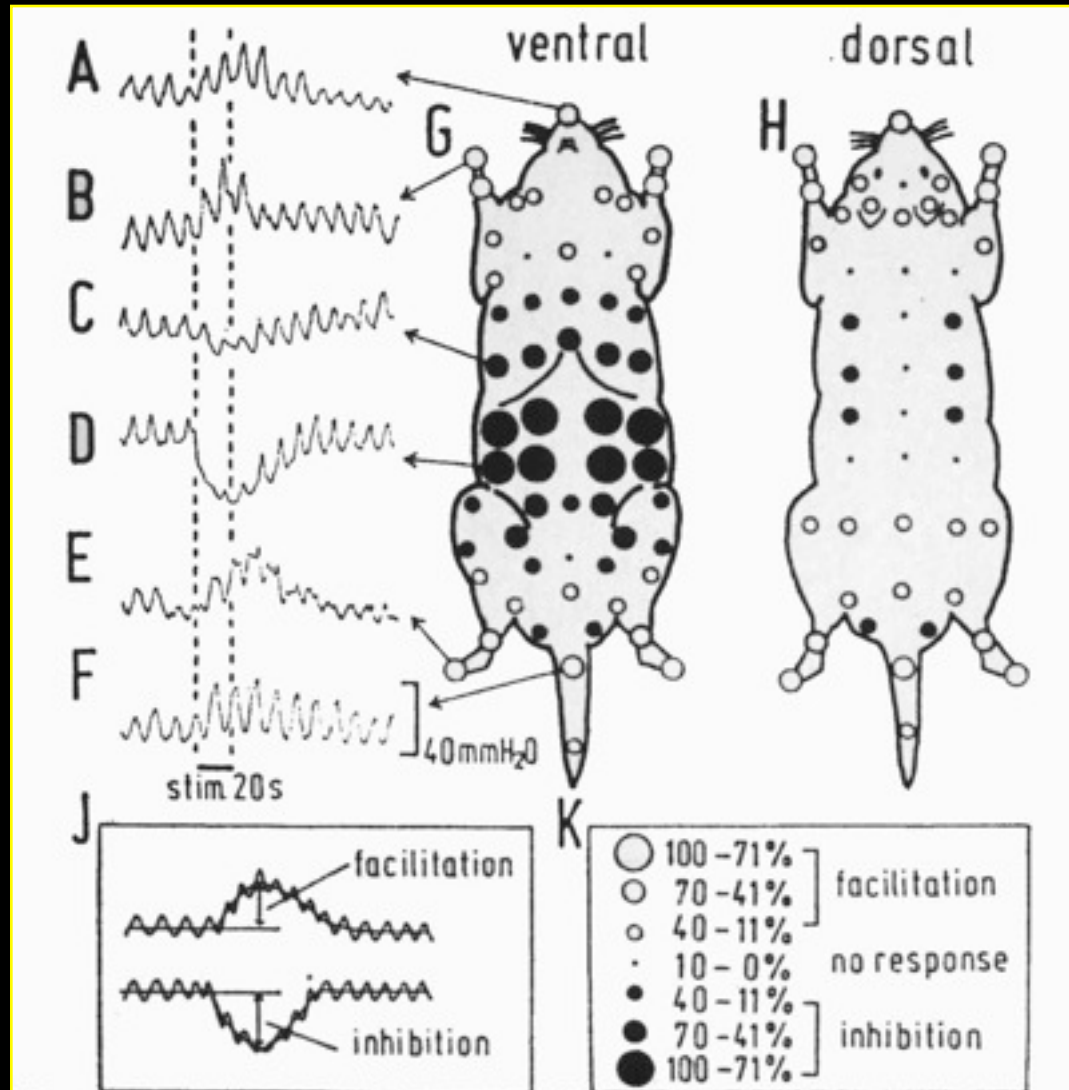




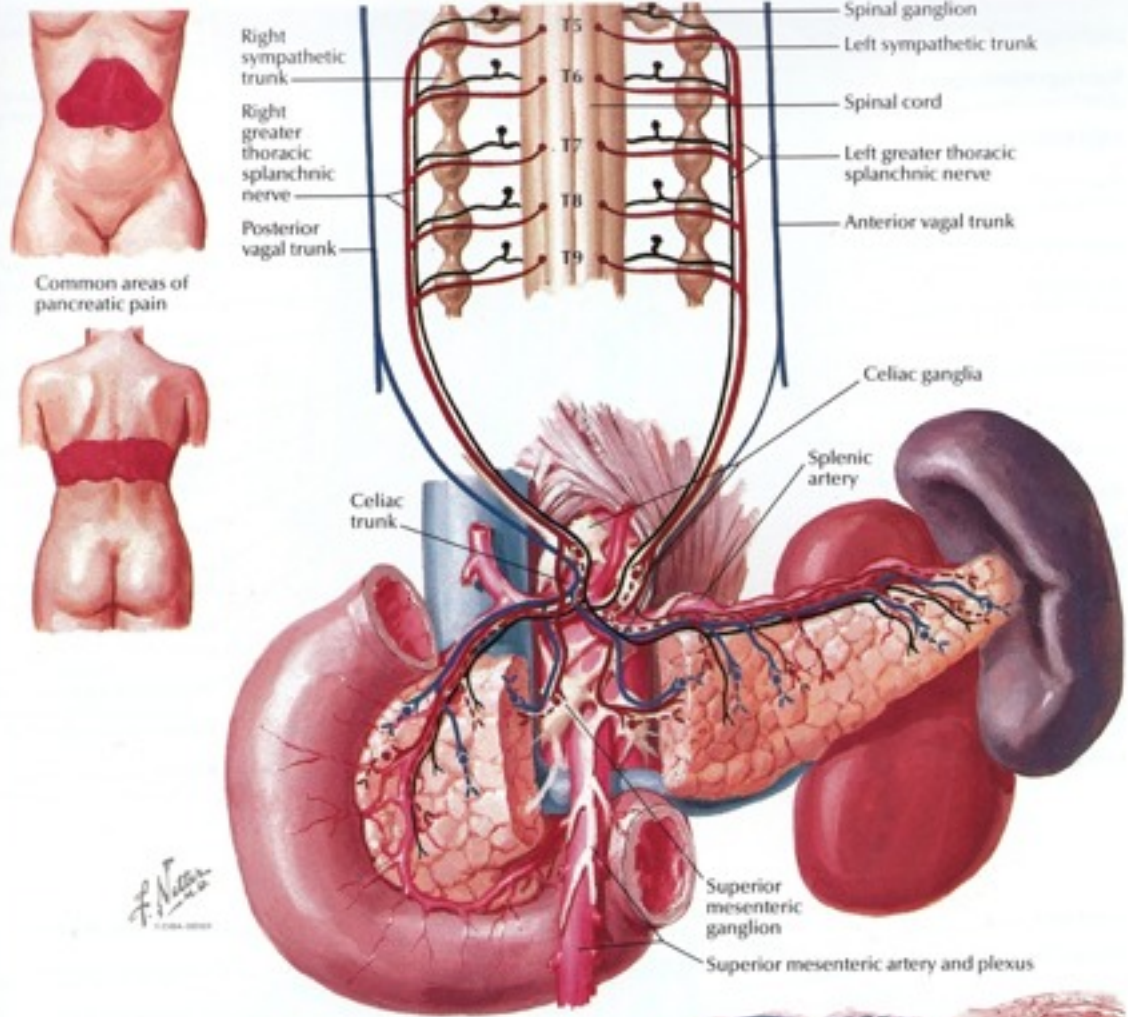
Somatogastric Reflex

- Nociceptive somatic stimuli
- Inhibition of peristalsis in the stomach





Y. Aihara, H. Nakamura, A. Sato, and A. Simpson. Neural control of gastric motility with special reference to cutaneo-gastric reflexes. In: *Integrative functions of the Autonomic Nervous System*, edited by C. Brooks, New York:Elsevier, 1979, p. 38-49.



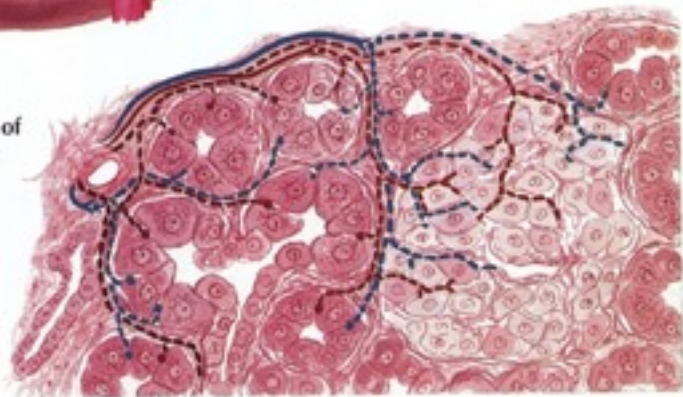
Common areas of pancreatic pain



F. Netter
© 1989

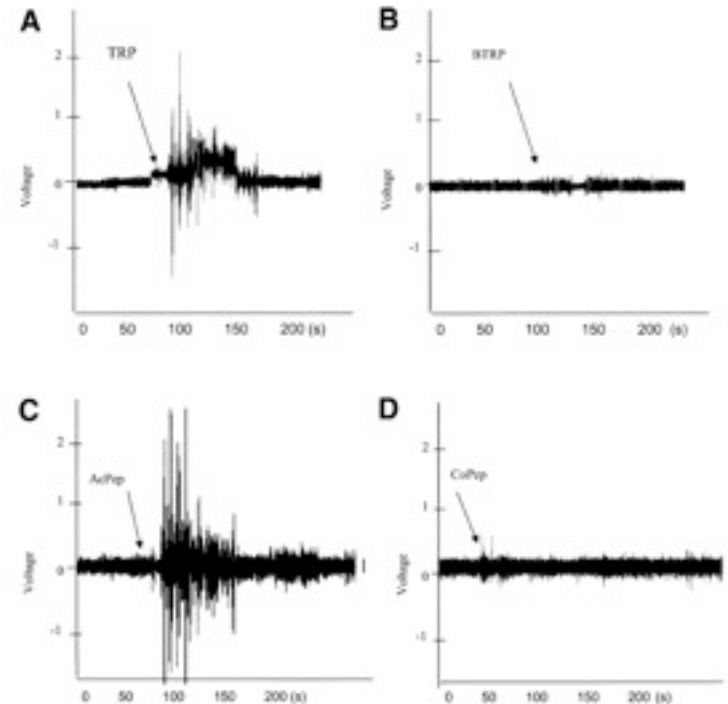
- Sympathetic fibers
 - Preganglionic ————
 - Postganglionic - - - - -
- Parasympathetic fibers
 - Preganglionic ————
 - Postganglionic - - - - -
- Afferent fibers ————

Schema of intrinsic nerve supply



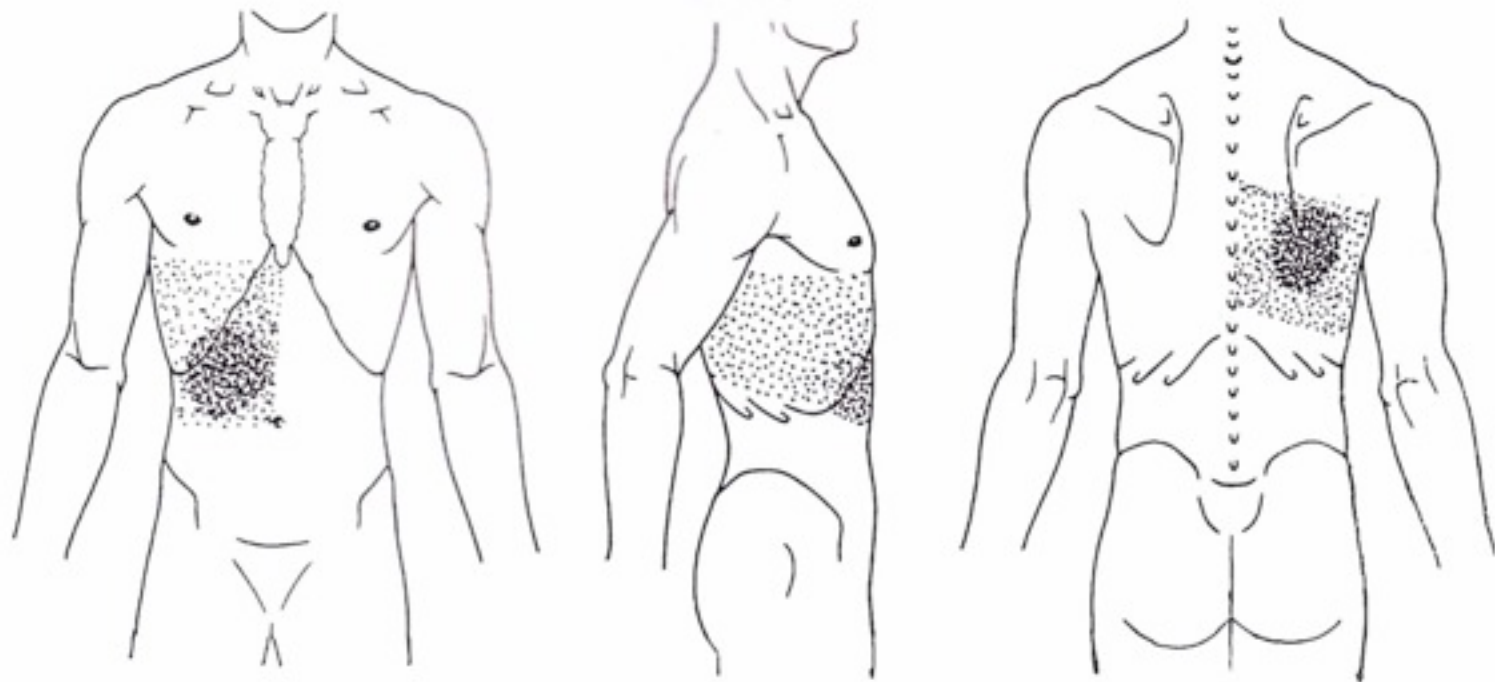
Pancreaticosomatic Reflexes

- Stimulation of the pancreatic duct with trypsin
- Enhance EMG activity in the acromiotrapezius muscle of the back



Hoogerwerf *et al.*,. Trypsin mediates nociception via the proteinase-activated receptor 2: a potentially novel role in pancreatic pain. *Gastroenterol.* 127 (3): 883-891, 2004.

Referred Gall Bladder Pain



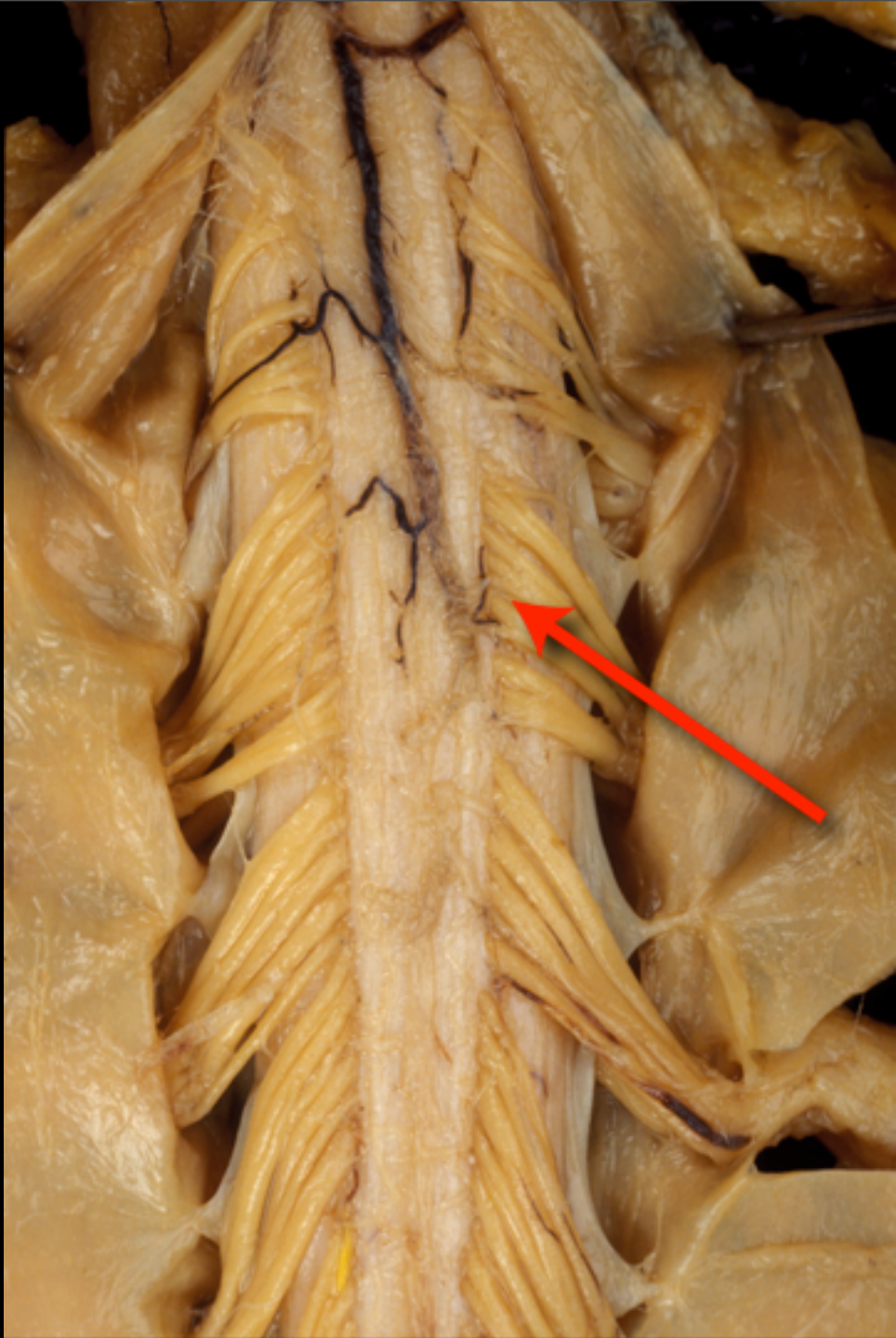
M. A. Giamberardino, G. Affaitati, and R. Costantini. Referred pain from internal organs. *Hdbk Clin.Neurol.* 81 (3rd Series):343-361, 2006

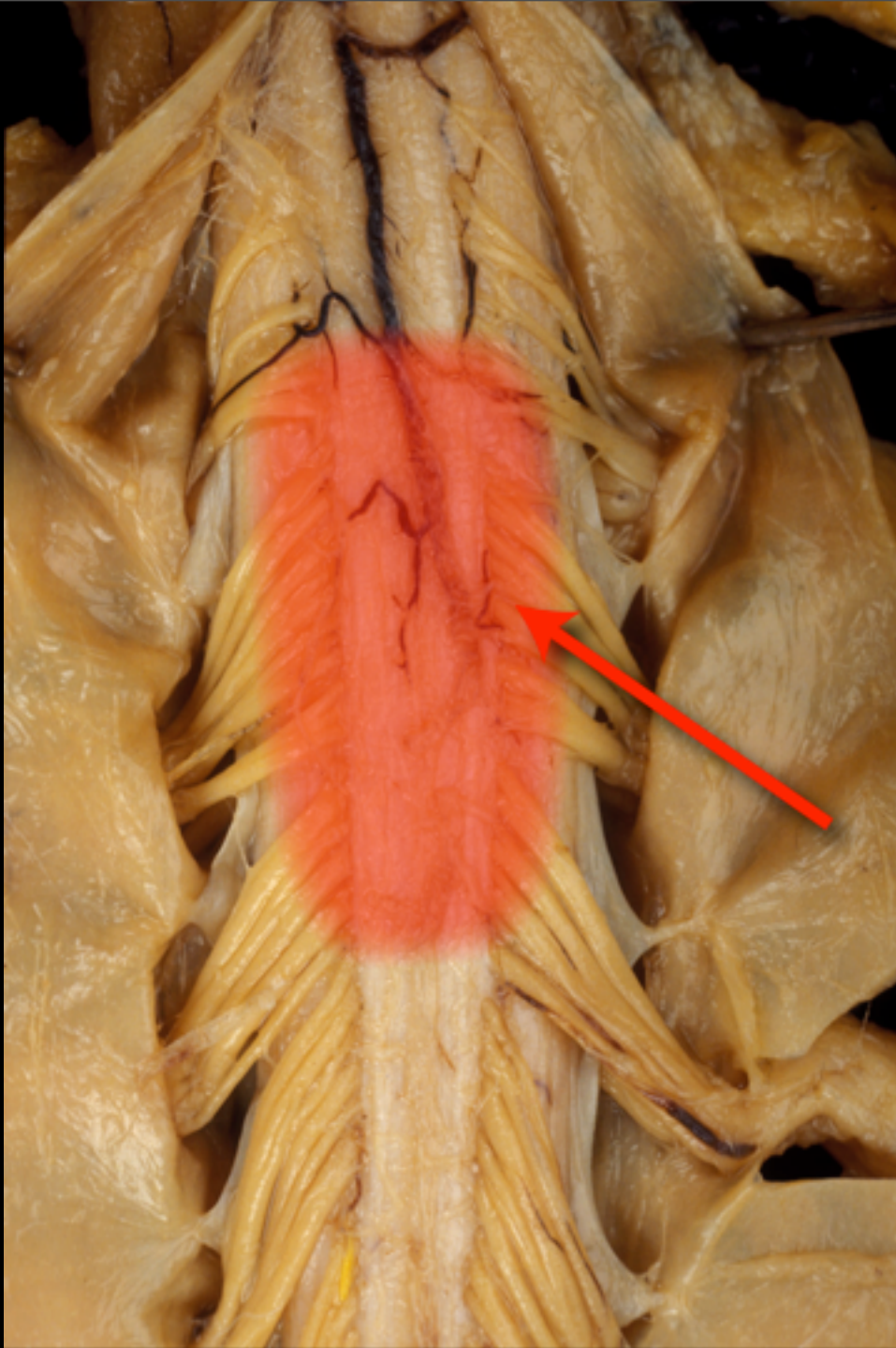
Trophic Changes

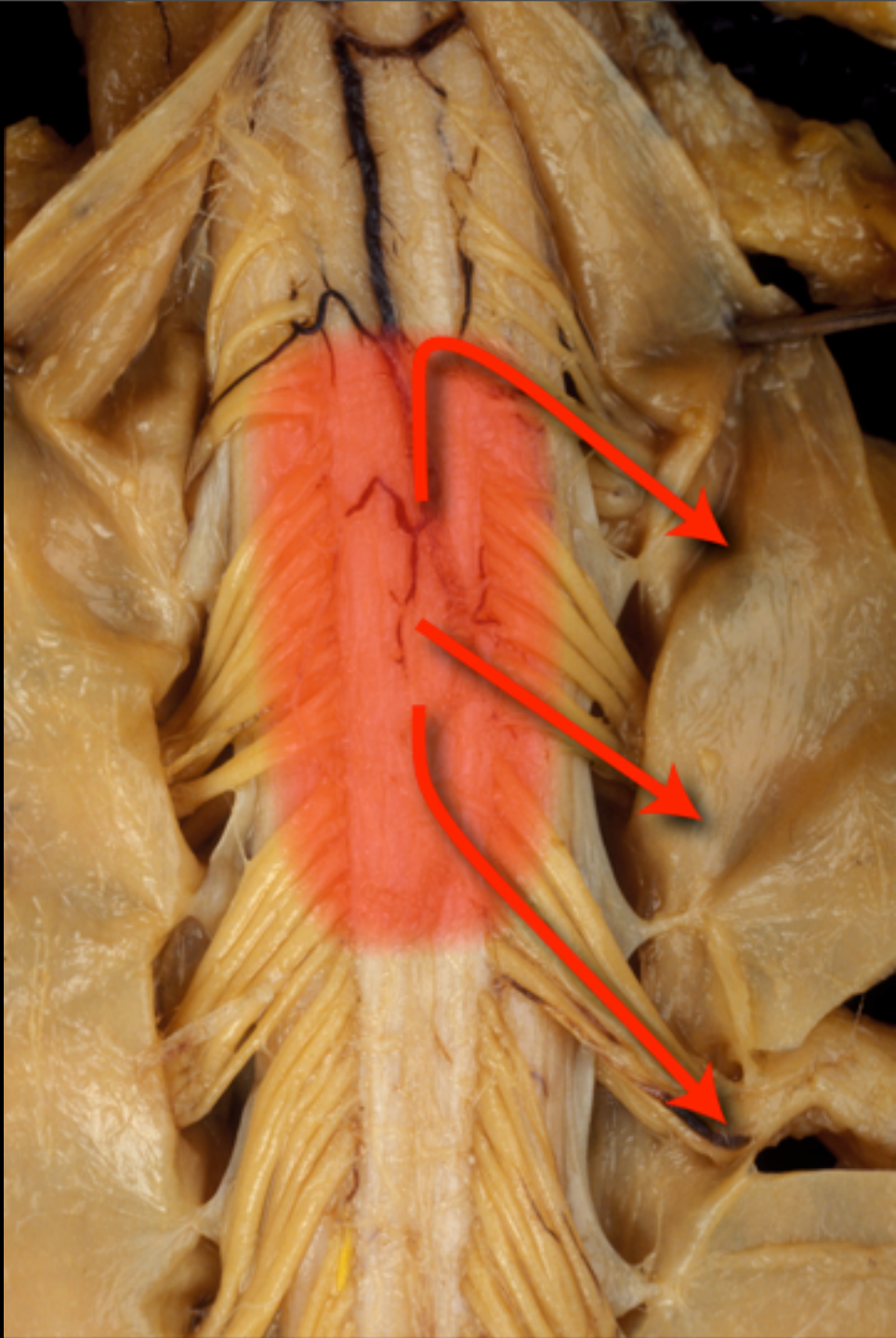
- Increased thickness of the subcutaneous tissue
 - Firmness not related to edema
- Decreased thickness in the associated muscle layers
 - Muscle atrophy
- Degree of change related to duration of painful episodes

M. A. Giamberardino, G. Affaitati, and R. Costantini. Referred pain from internal organs. *Hdbk Clin.Neurol.* 81 (3rd Series):343-361, 2006

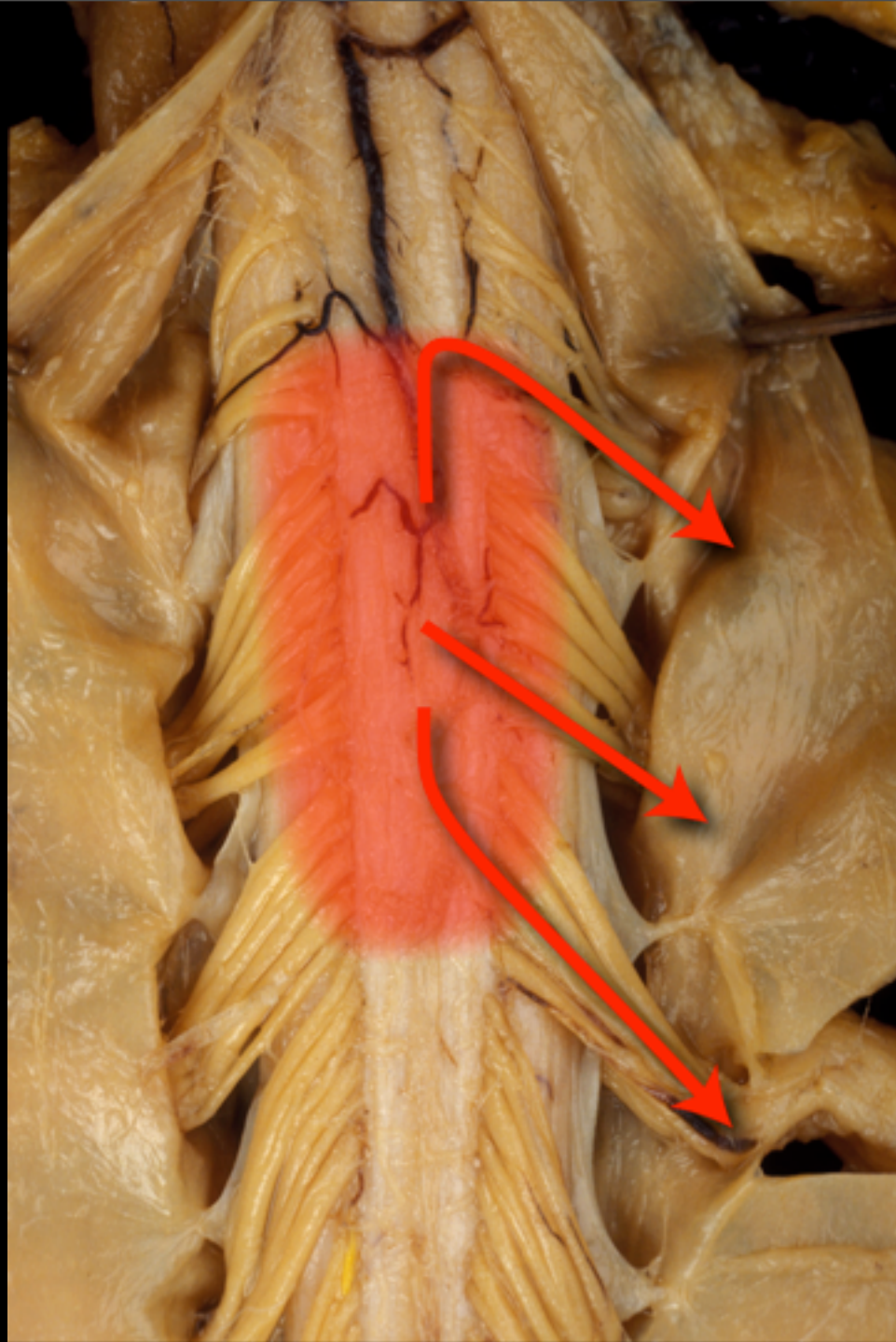






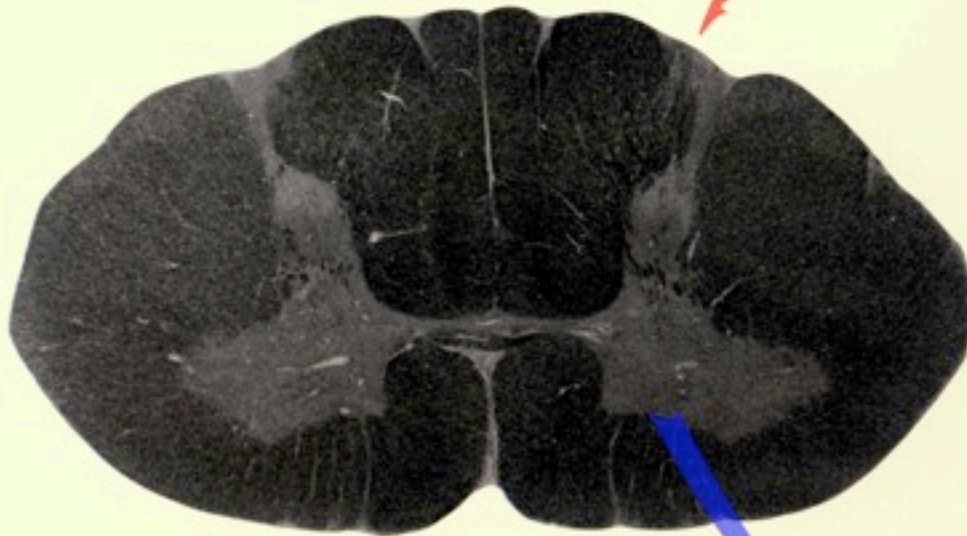


Dorsal Root Reflexes



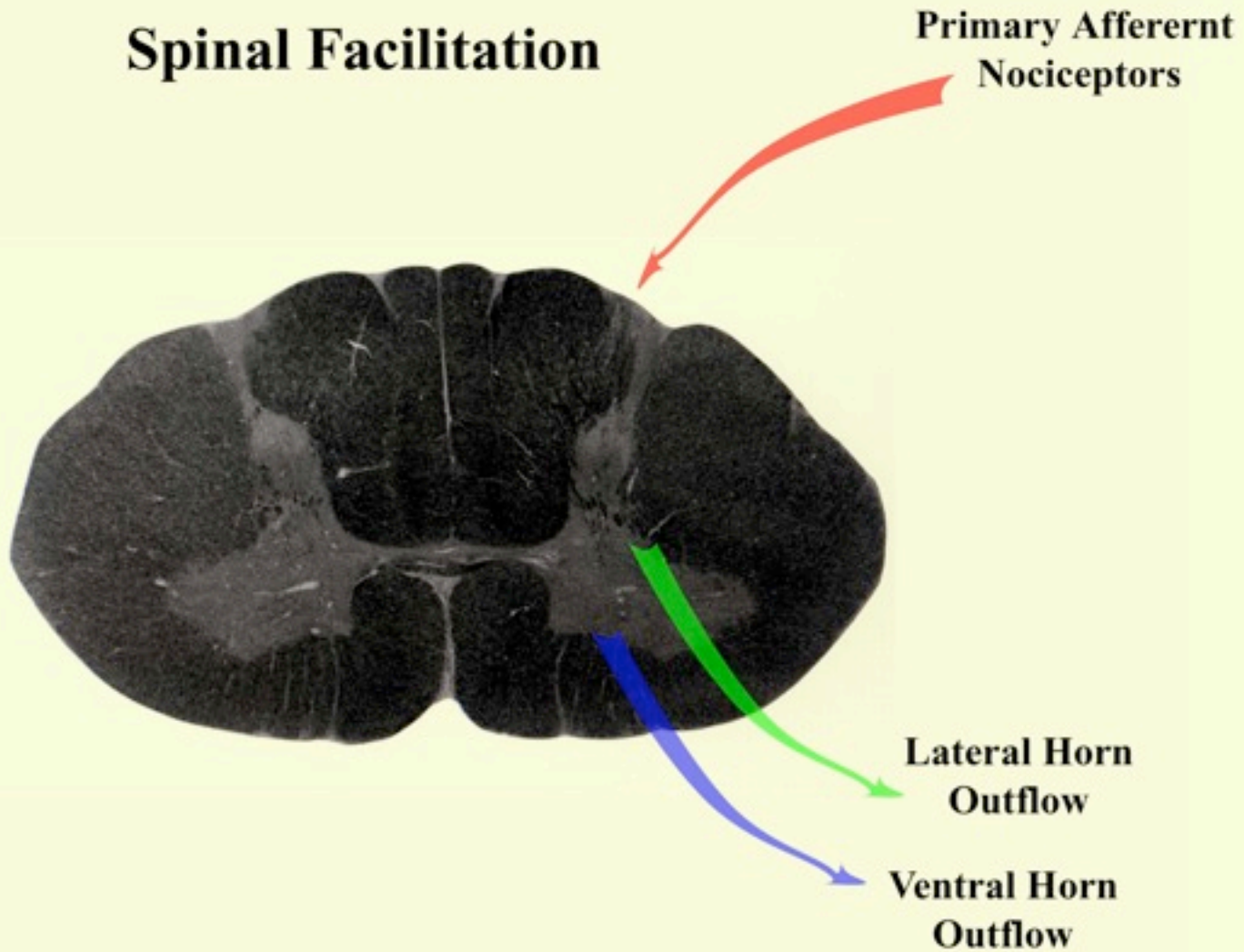
Spinal Facilitation

Primary Afferent
Nociceptors

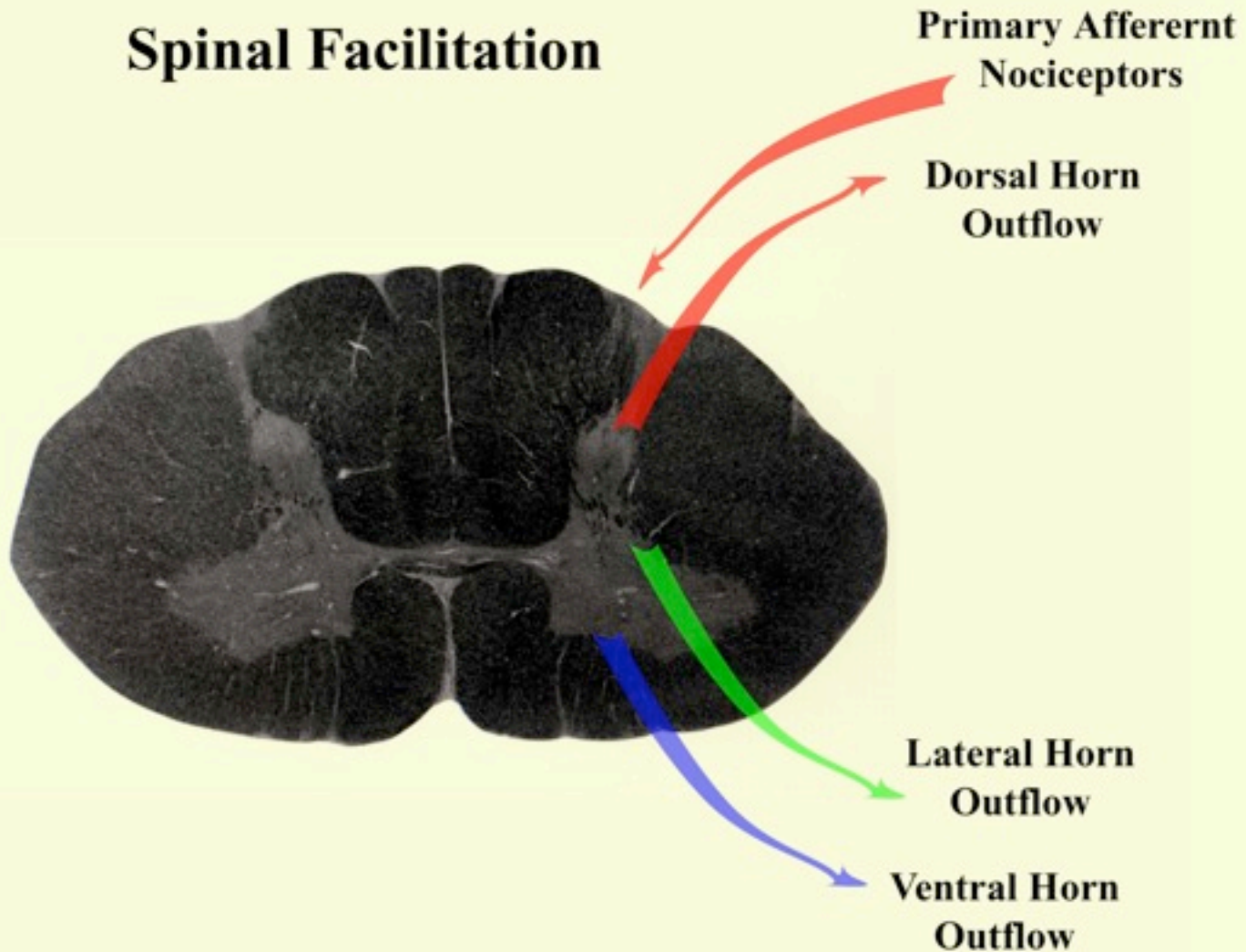


Ventral Horn
Outflow

Spinal Facilitation



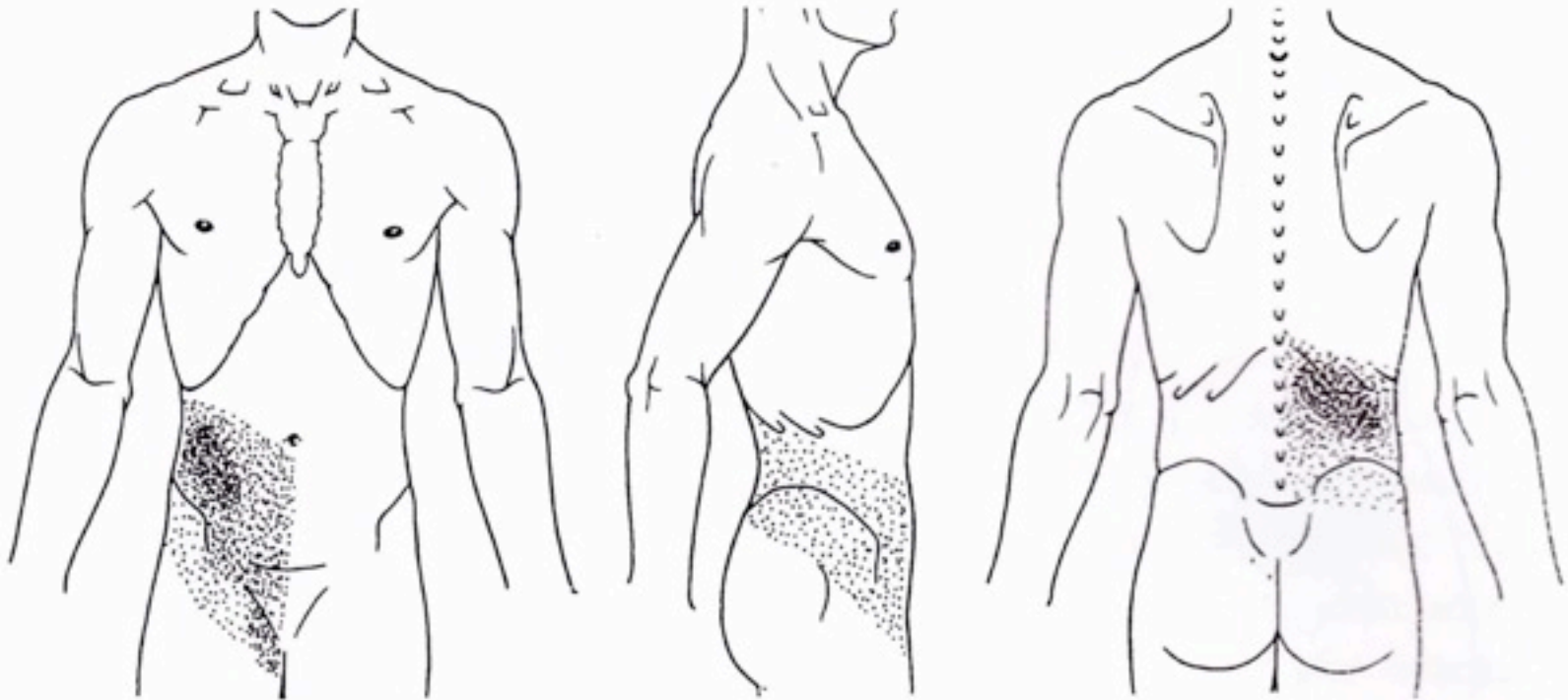
Spinal Facilitation



Nephrosomatic Reflexes

- Paraspinal muscle spasms
 - Low back region L1-L2
- Referred pain
 - Flank pain, L1-L2 distribution
 - Testicular pain in a male

Referred Urinary Tract Pain







Hydronephros and Viscerosomatic Integration

- Infants with unilateral hydronephros develop increased sensitivity to the abdominal skin reflex
 - K. A. Andrews, D. Desai, H. K. Dhillon, D. T. Wilcox, and M. Fitzgerald. Abdominal sensitivity in the first year of life: comparison of infants with and without prenatally diagnosed unilateral hydronephrosis. *Pain* 100 (1-2):35-46, 2002.



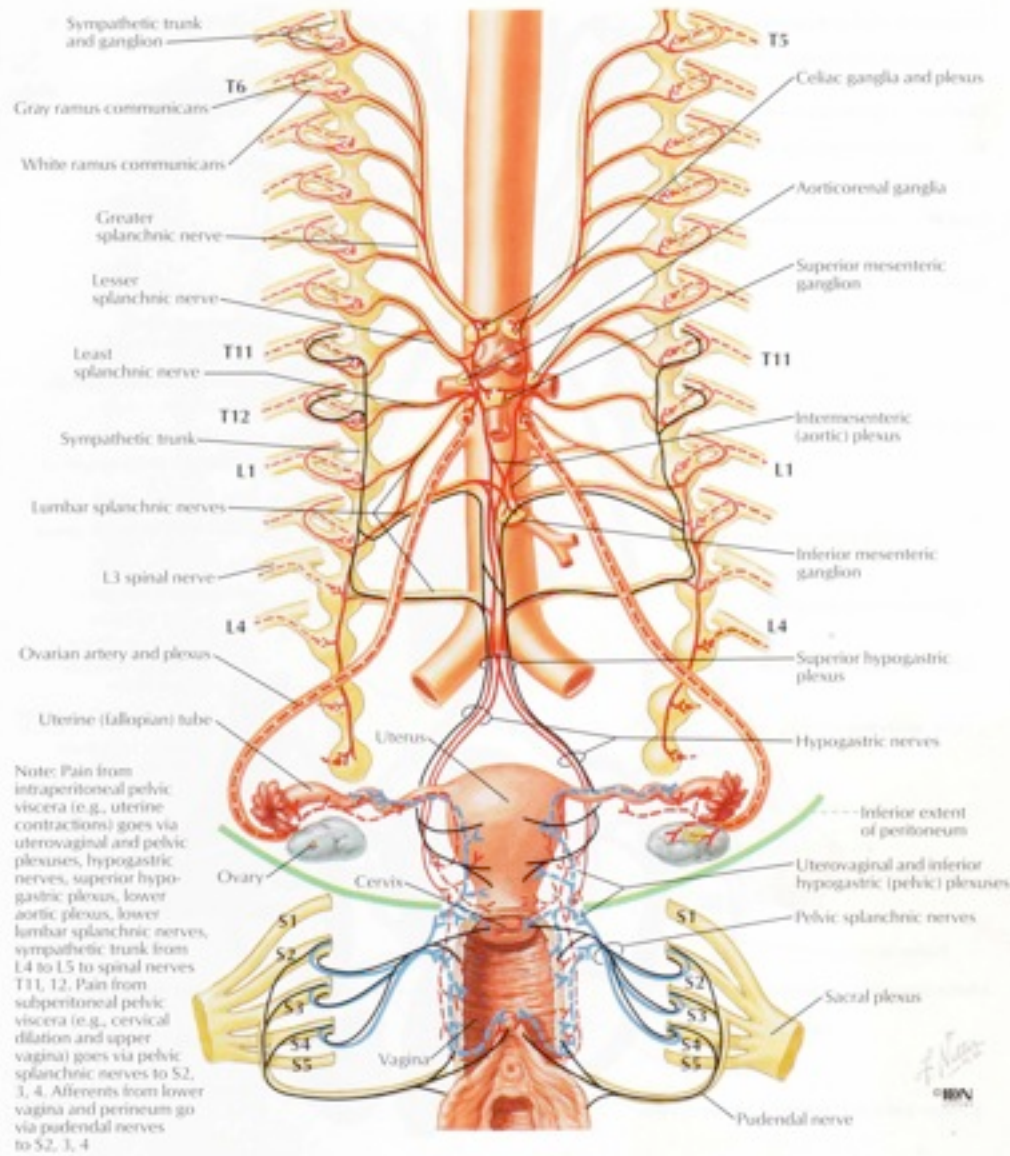


Female
Hypogastric
Plexus



Innervation of Female Reproductive Organs: Schema

SEE ALSO PLATE 153



Sympathetic fibers	Presynaptic	—	Parasympathetic fibers	Presynaptic	—	Afferent fibers	—
	Postsynaptic	- - -		Postsynaptic	- - -		

INNERVATION

PLATE 386

Visceral Afferent Flow From The Female Reproductive Tract



Visceral Afferent Flow From The Female Reproductive Tract

Hypogastric Plexus

Pelvic Splanchnic
Nerves

Pudental
Nerves



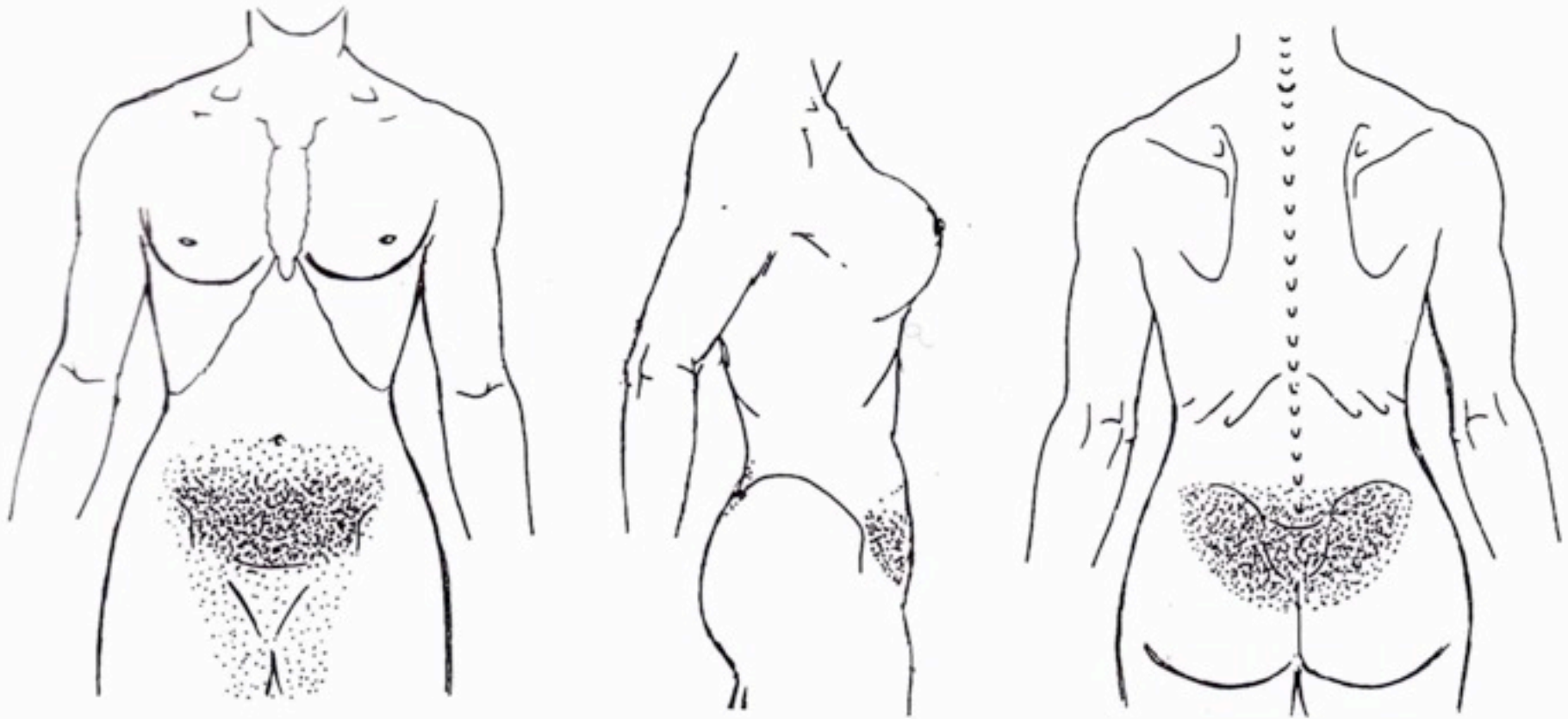
Sensory Innervation of the Female Reproductive Tract

- Ovaries
 - Low thoracic cord (T10-T11)
- Uterus and Uterine tubes
 - Thoracolumbar junction (T11-L2)
- Cervix and vagina:
 - Sacral cord (S2-S4)

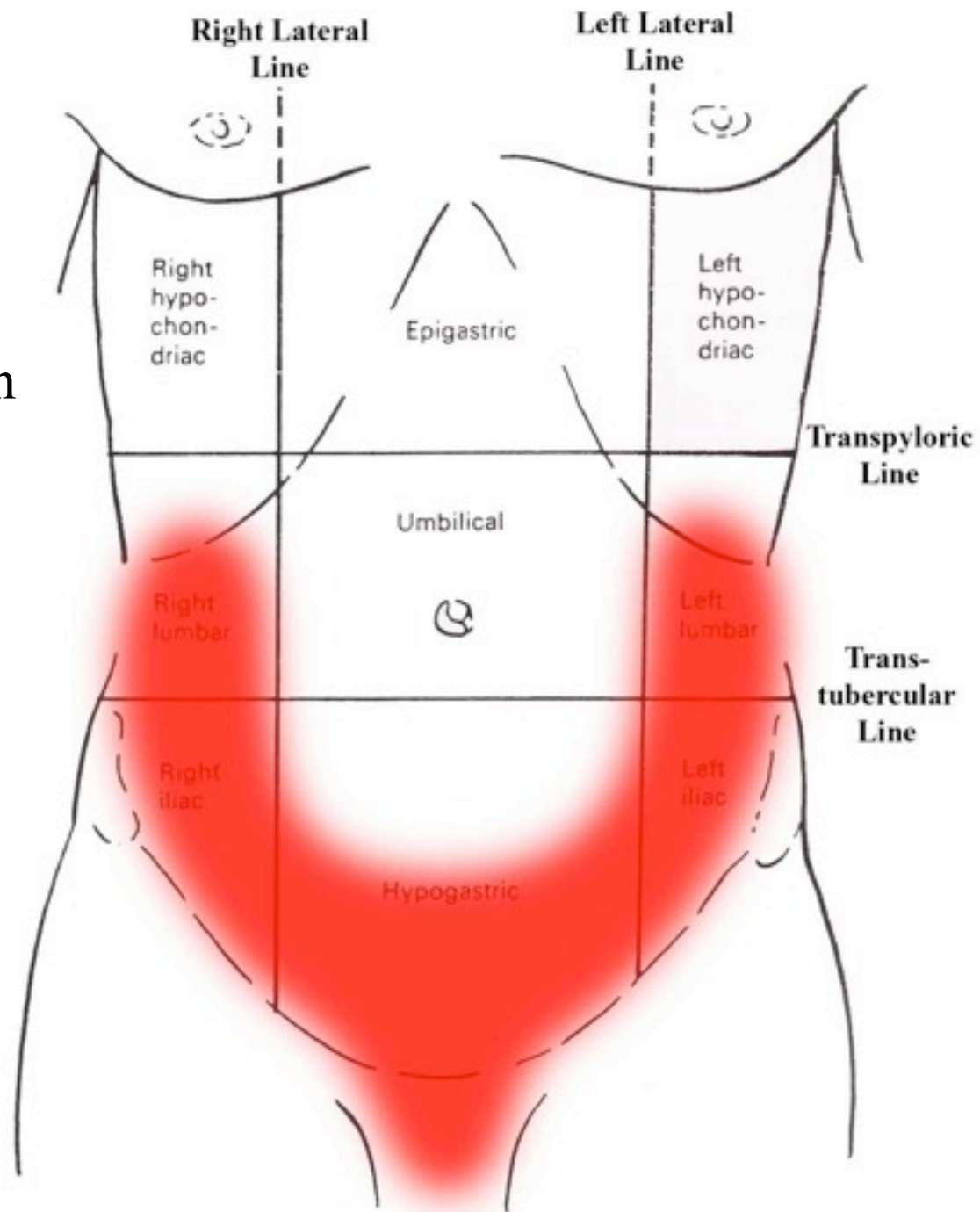
Uterosomatic Reflexes

- Paraspinal muscle spasms
 - Thoracolumbar junction and sacrum
- Referred pain
 - Thoracolumbar junction and sacrum

Referred Uterine Pain



Colonic Pattern



Referred Pain From The Uterus

Referred Pain From The Uterus

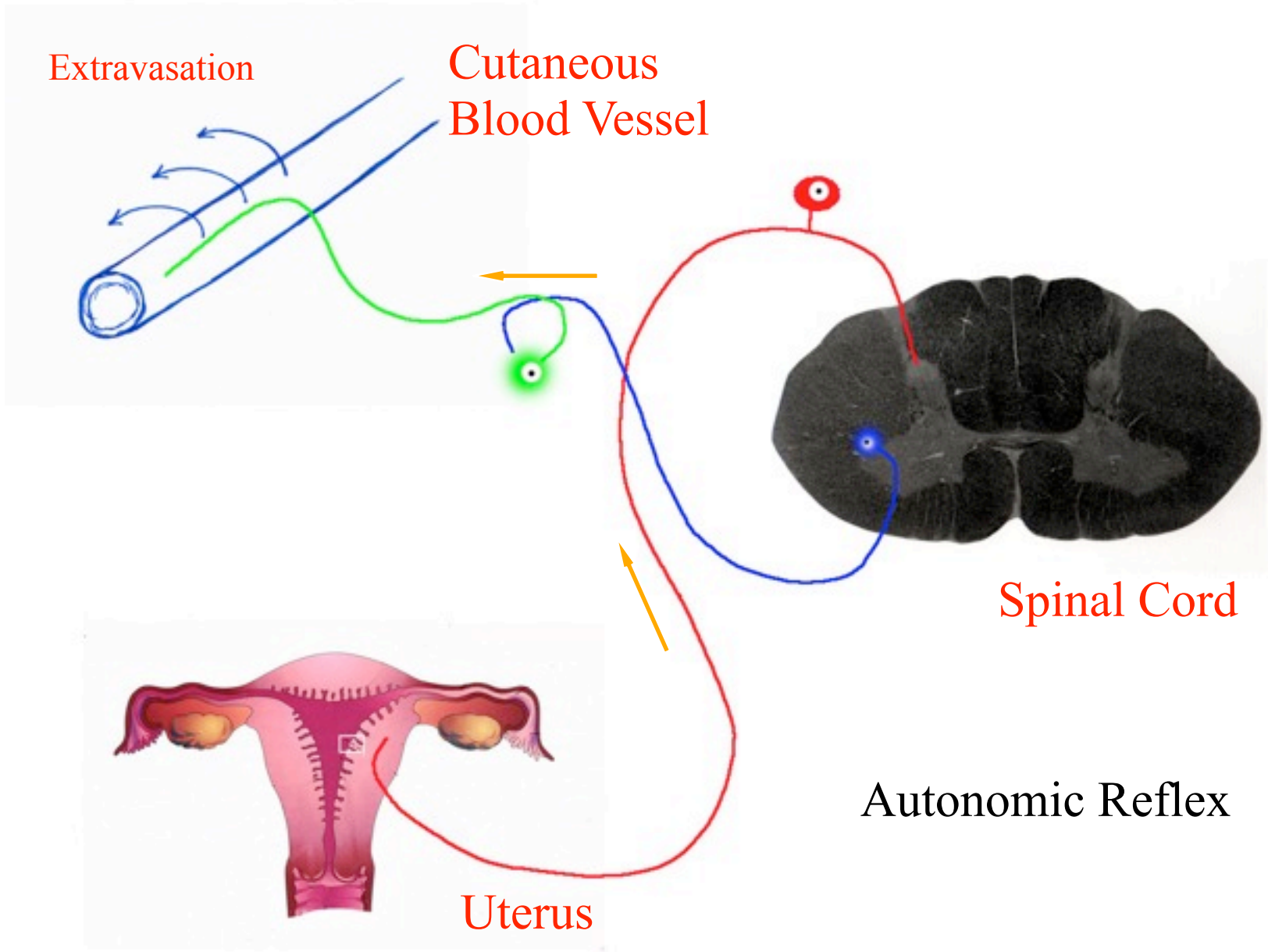
- Rats pretreated with Evans Blue vital dye

Referred Pain From The Uterus

- Rats pretreated with Evans Blue vital dye
- Subjected to noxious uterine stimulation

Referred Pain From The Uterus

- Rats pretreated with Evans Blue vital dye
- Subjected to noxious uterine stimulation
- Extravasation of dye over the low abdomen and back, sacral and perineal region
 - U. Wesselmann and J. Lai. Mechanisms of referred visceral pain: uterine inflammation in the adult virgin rat results in neurogenic plasma extravasation in the skin. *Pain* 73 (3):309-317, 1997.



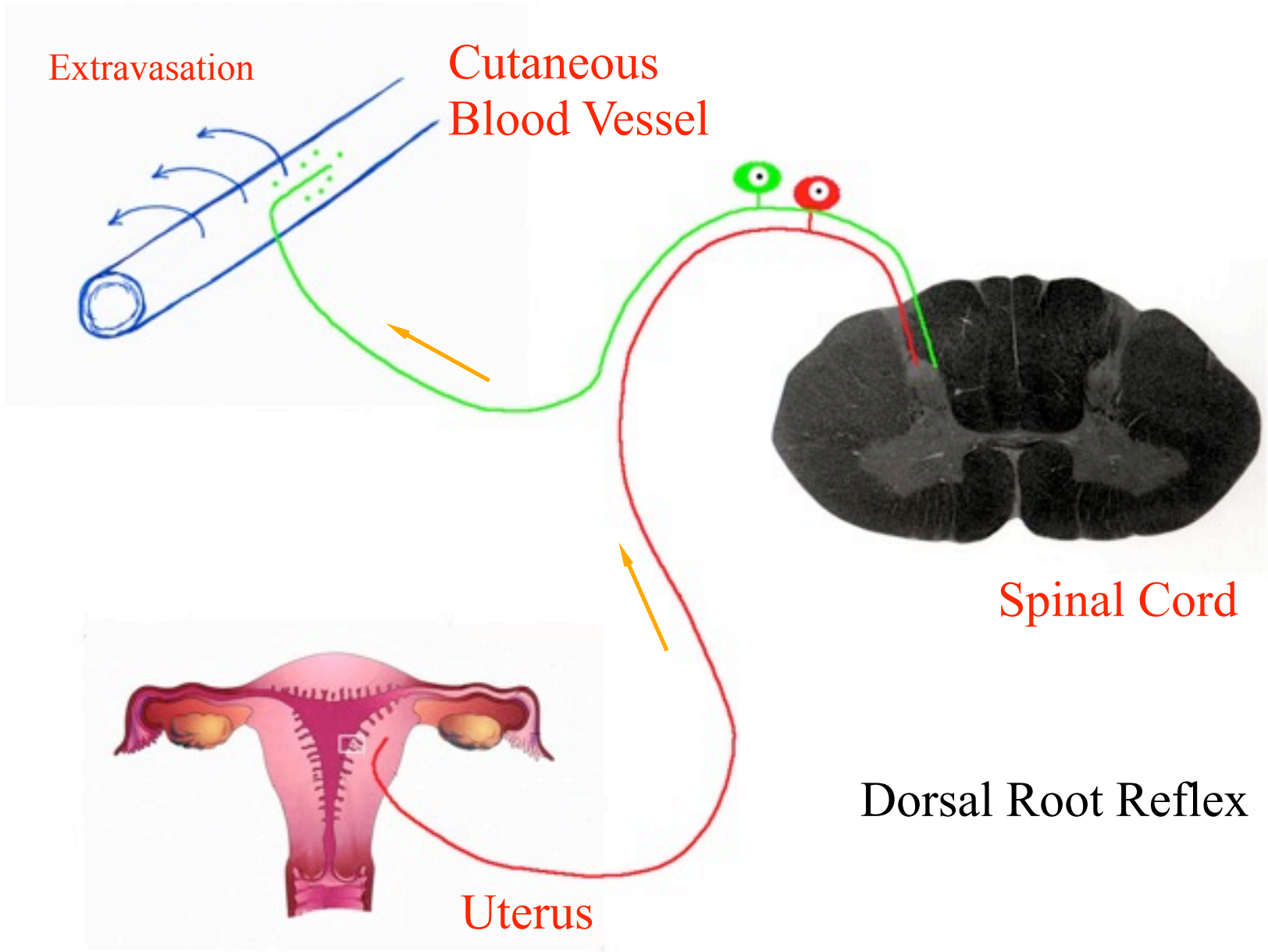
Extravasation

Cutaneous
Blood Vessel

Spinal Cord

Autonomic Reflex

Uterus



Extravasation

Cutaneous
Blood Vessel

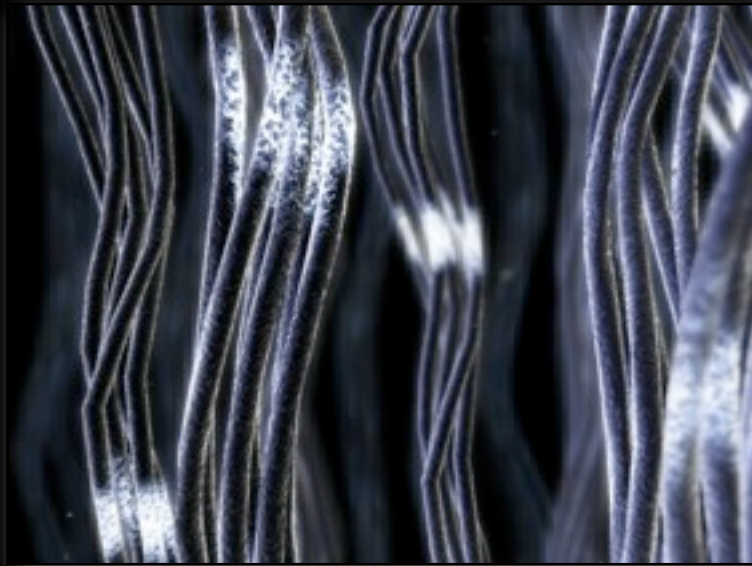
Spinal Cord

Dorsal Root Reflex

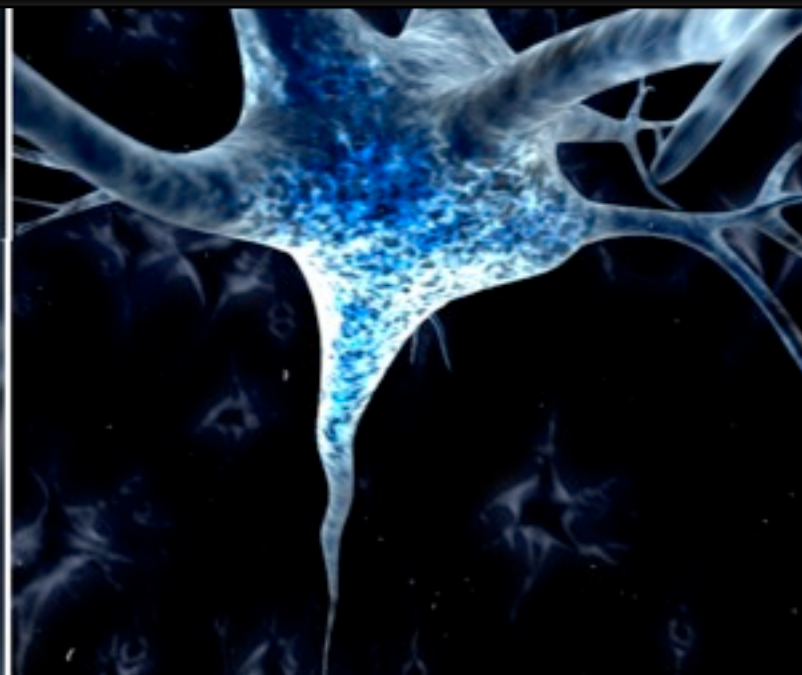
Uterus

Peripheral & Central Sensitization

Peripheral & Central Sensitization



Peripheral & Central Sensitization



This is a 41-y-o male with worsening
chest and epigastric pain

This is a 41-y-o male with worsening chest and epigastric pain

- Presents with intense, paroxysms of chest pain

This is a 41-y-o male with worsening chest and epigastric pain

- Presents with intense, paroxysms of chest pain
- History of failed back surgery

This is a 41-y-o male with worsening chest and epigastric pain

- Presents with intense, paroxysms of chest pain
- History of failed back surgery
- Increasing low back pain and leg weakness

This is a 41-y-o male with worsening chest and epigastric pain

- Presents with intense, paroxysms of chest pain
- History of failed back surgery
- Increasing low back pain and leg weakness
- Right testicular pain

Patient A

Patient A



Patient A

Patient B



Patient A



Patient B



GERDs

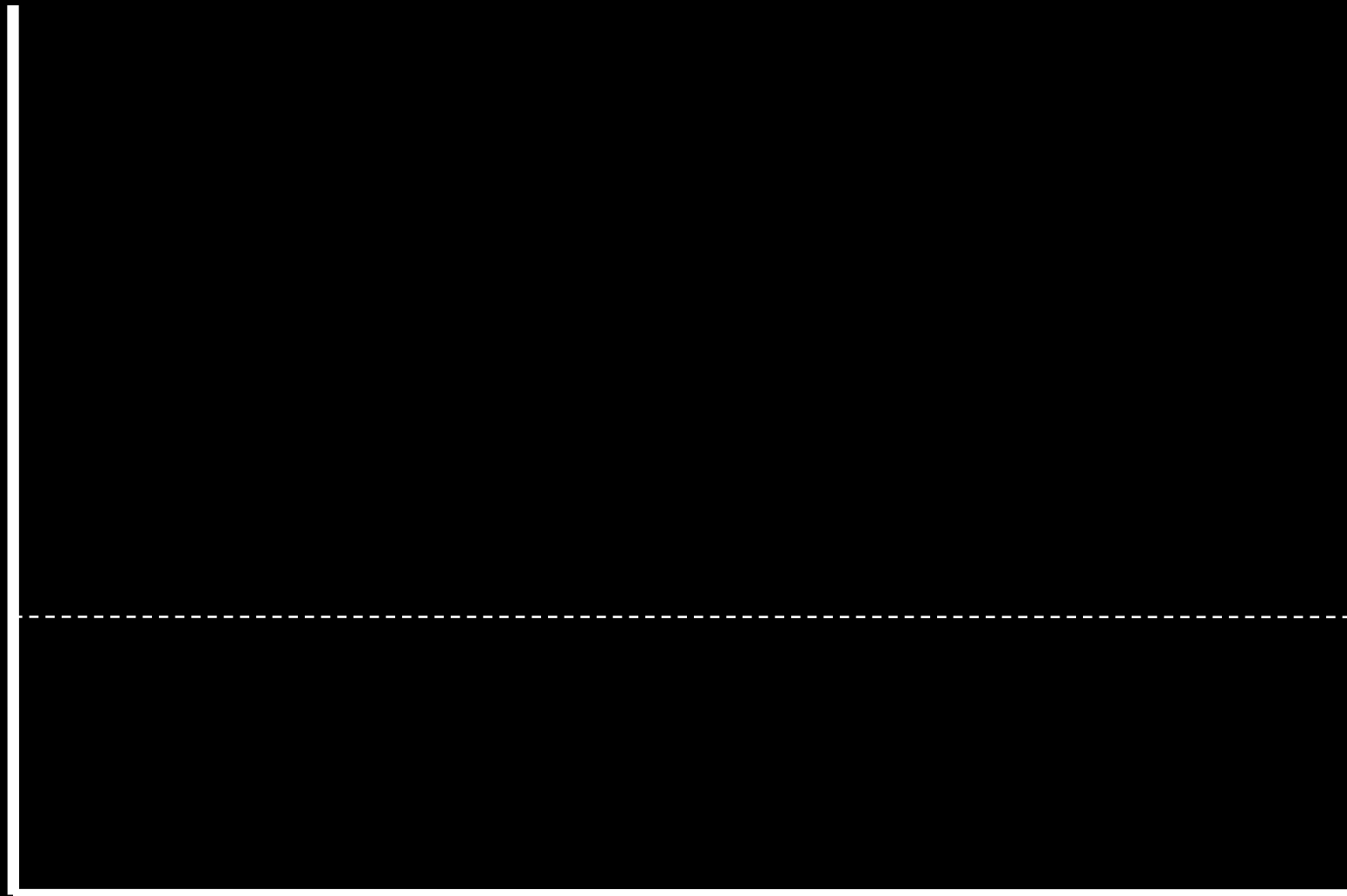
Patient A



Patient B



Facilitation

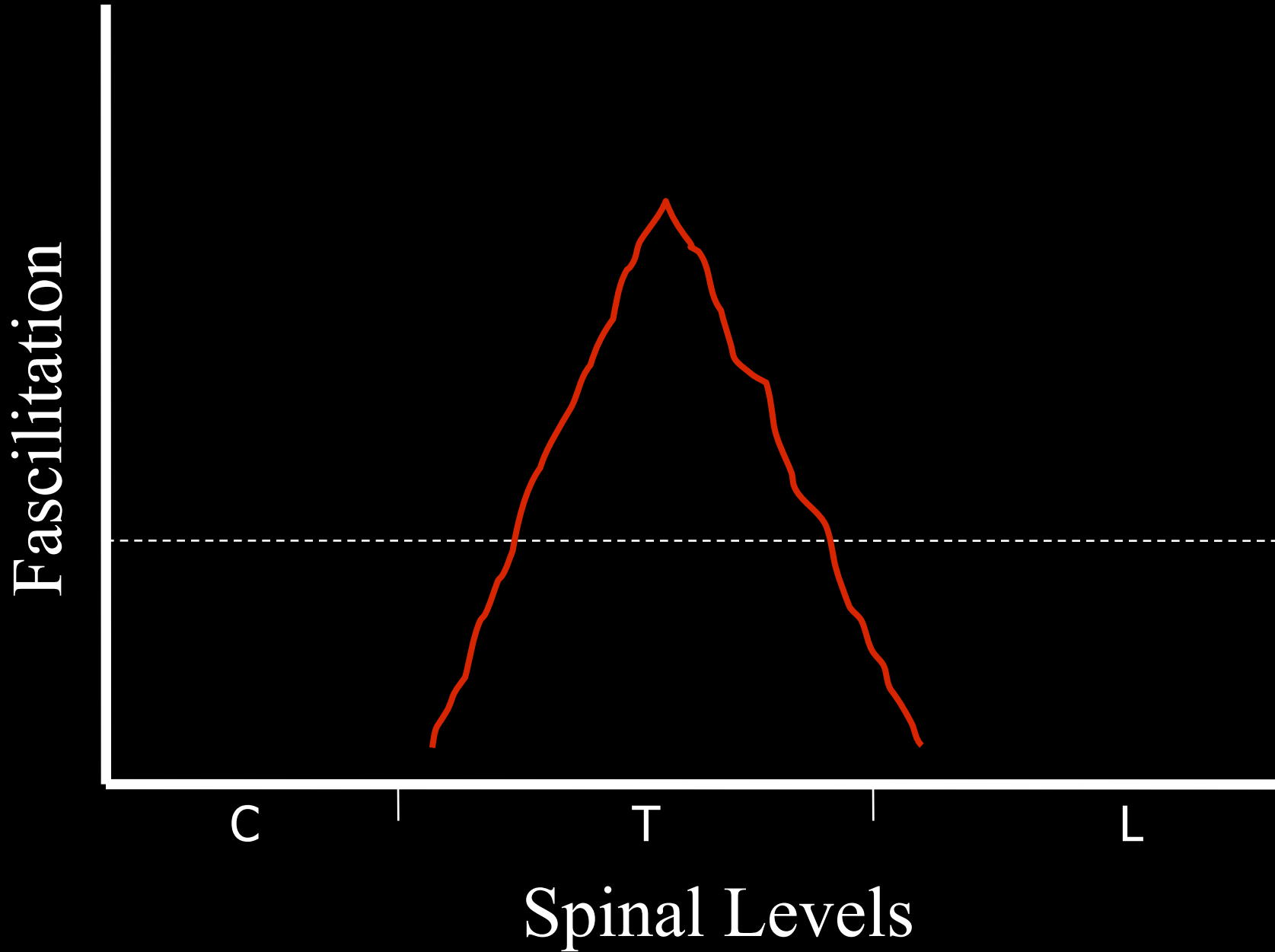


C

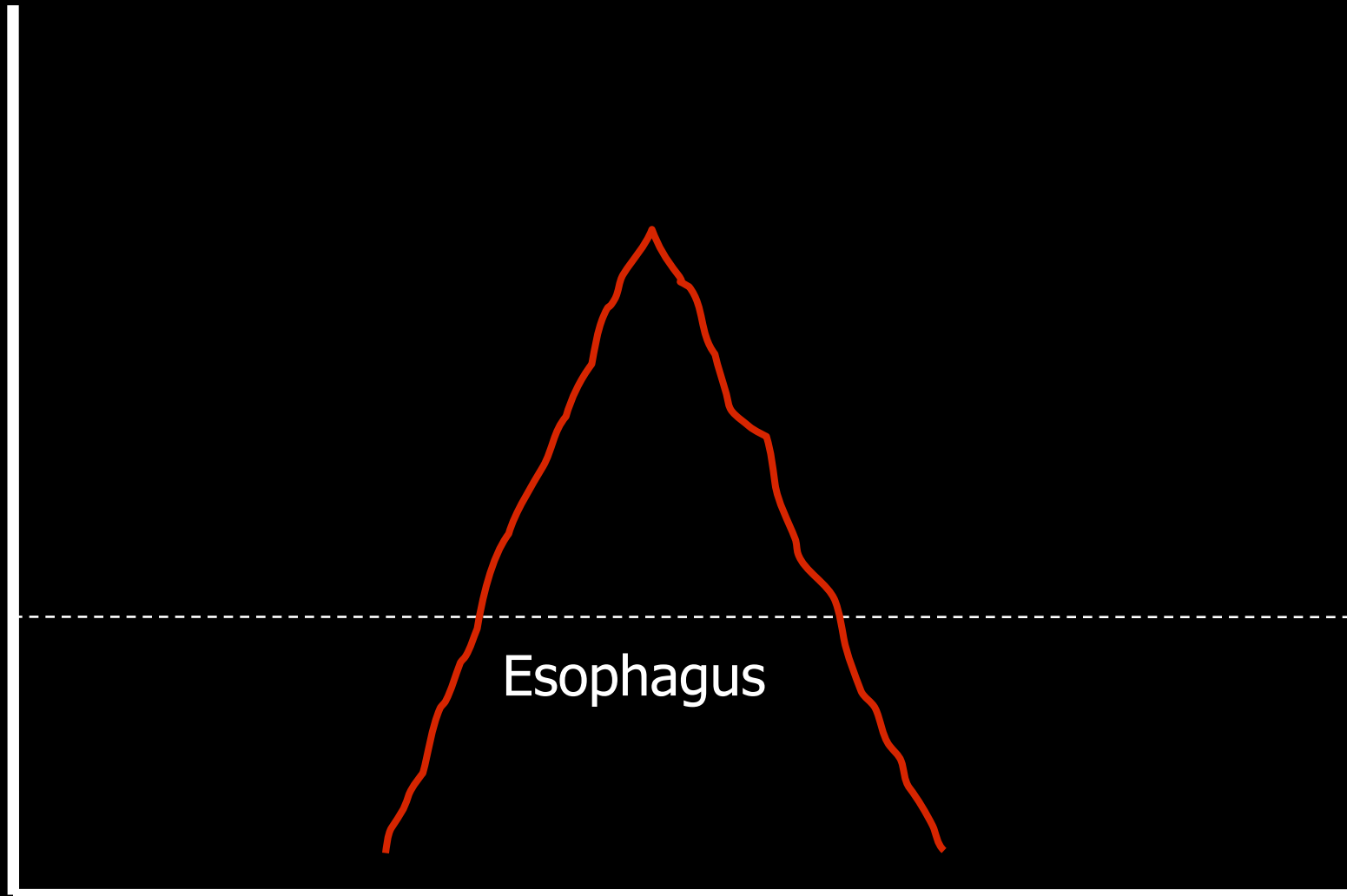
T

L

Spinal Levels



Fascilitation



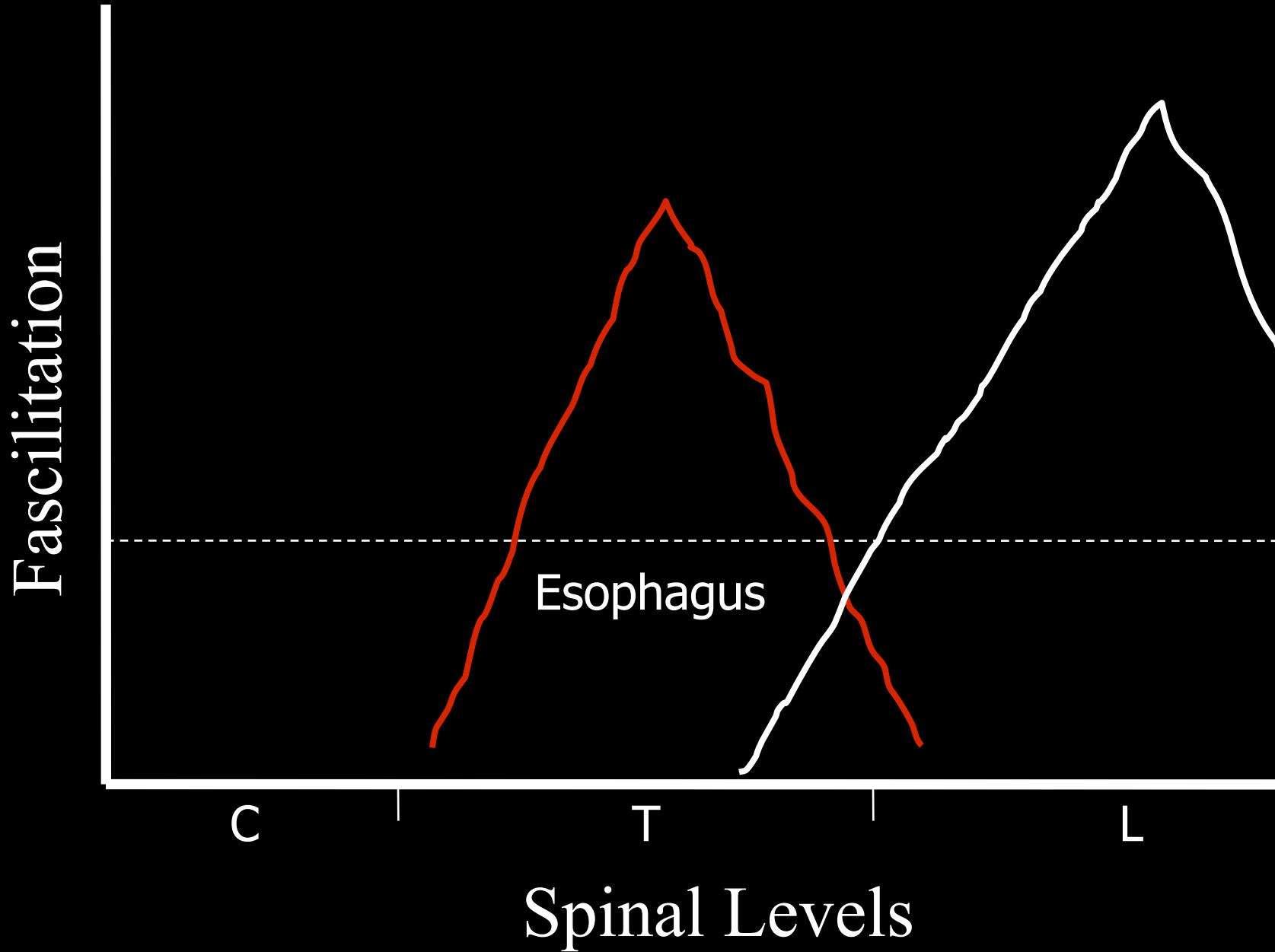
C

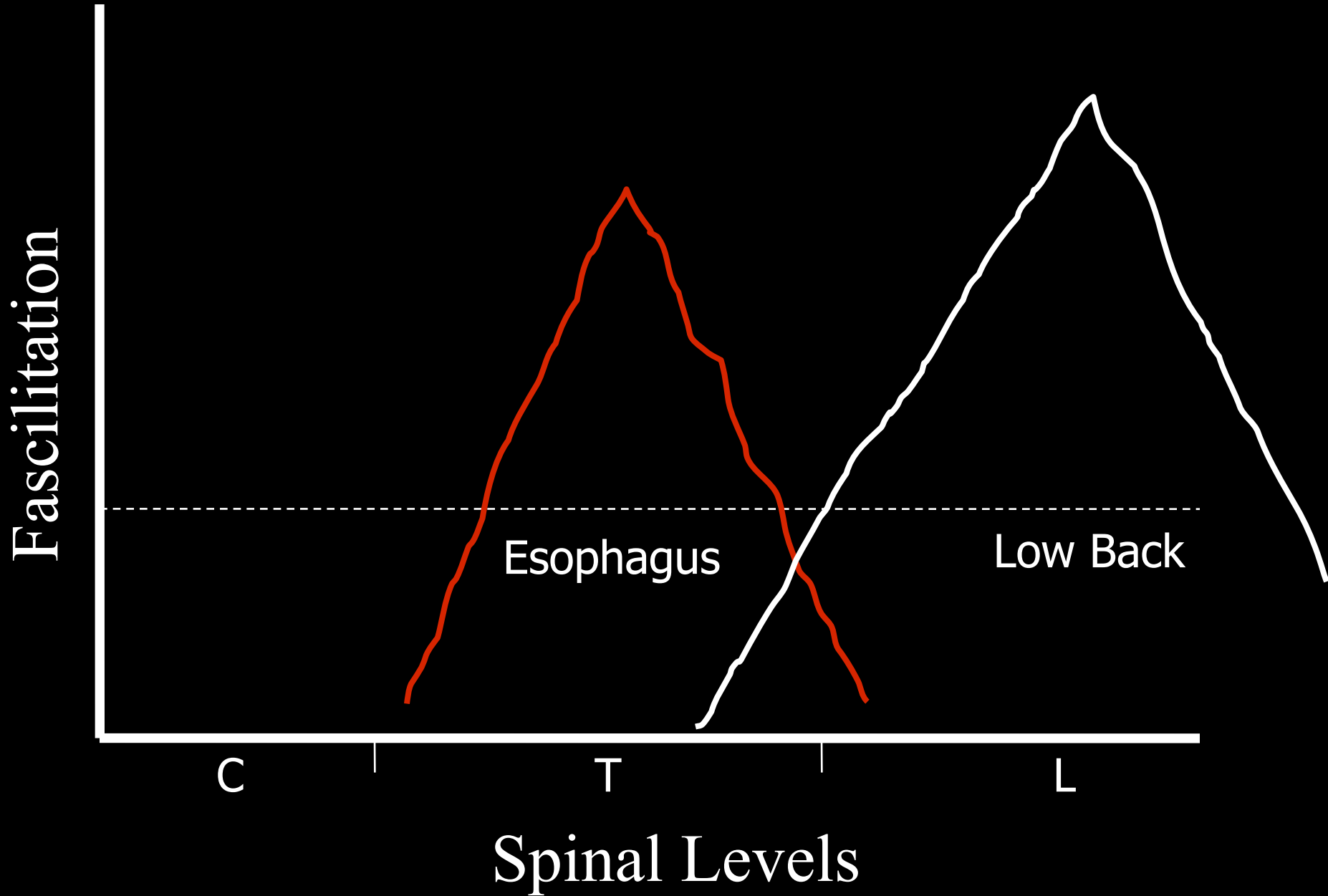
T

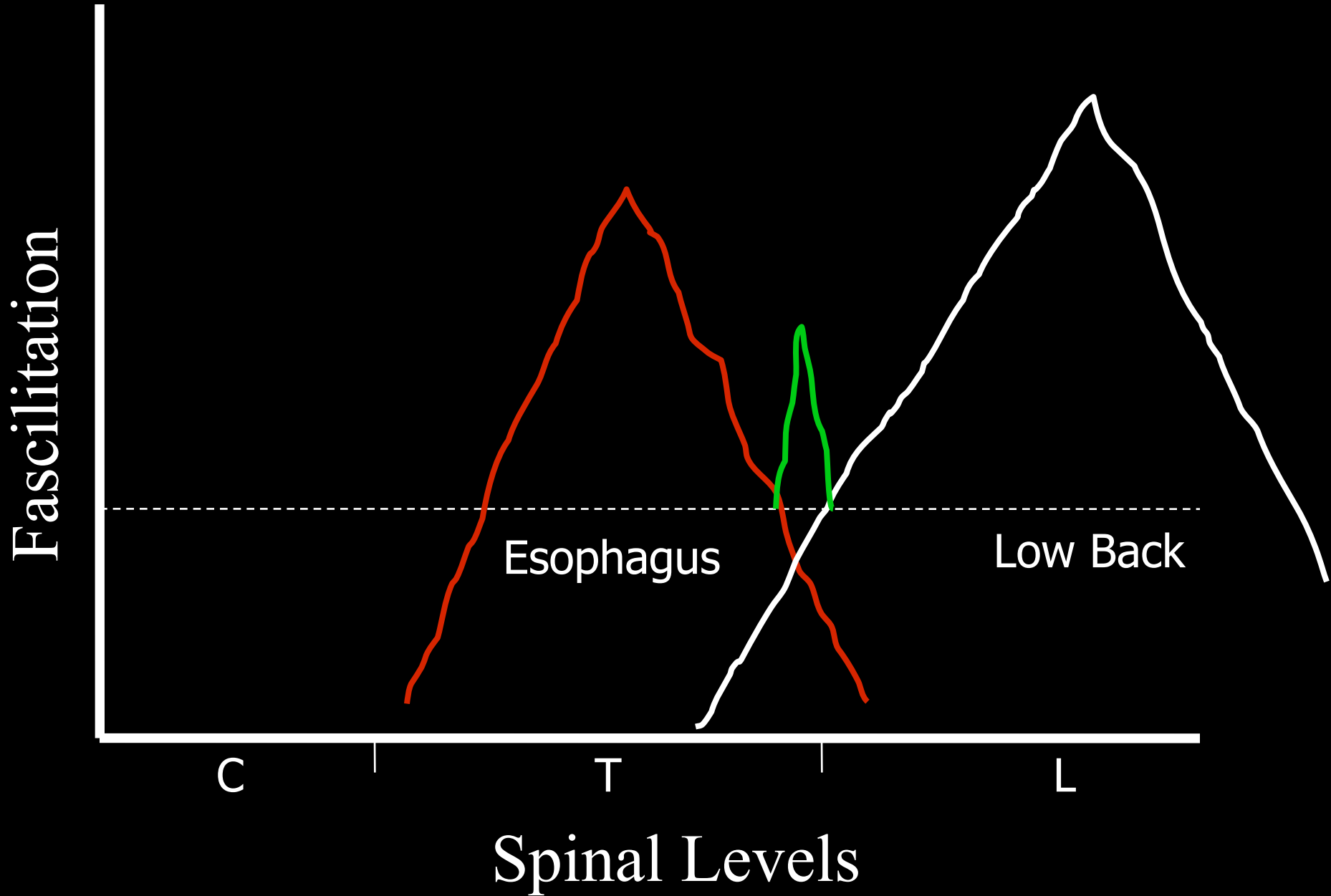
L

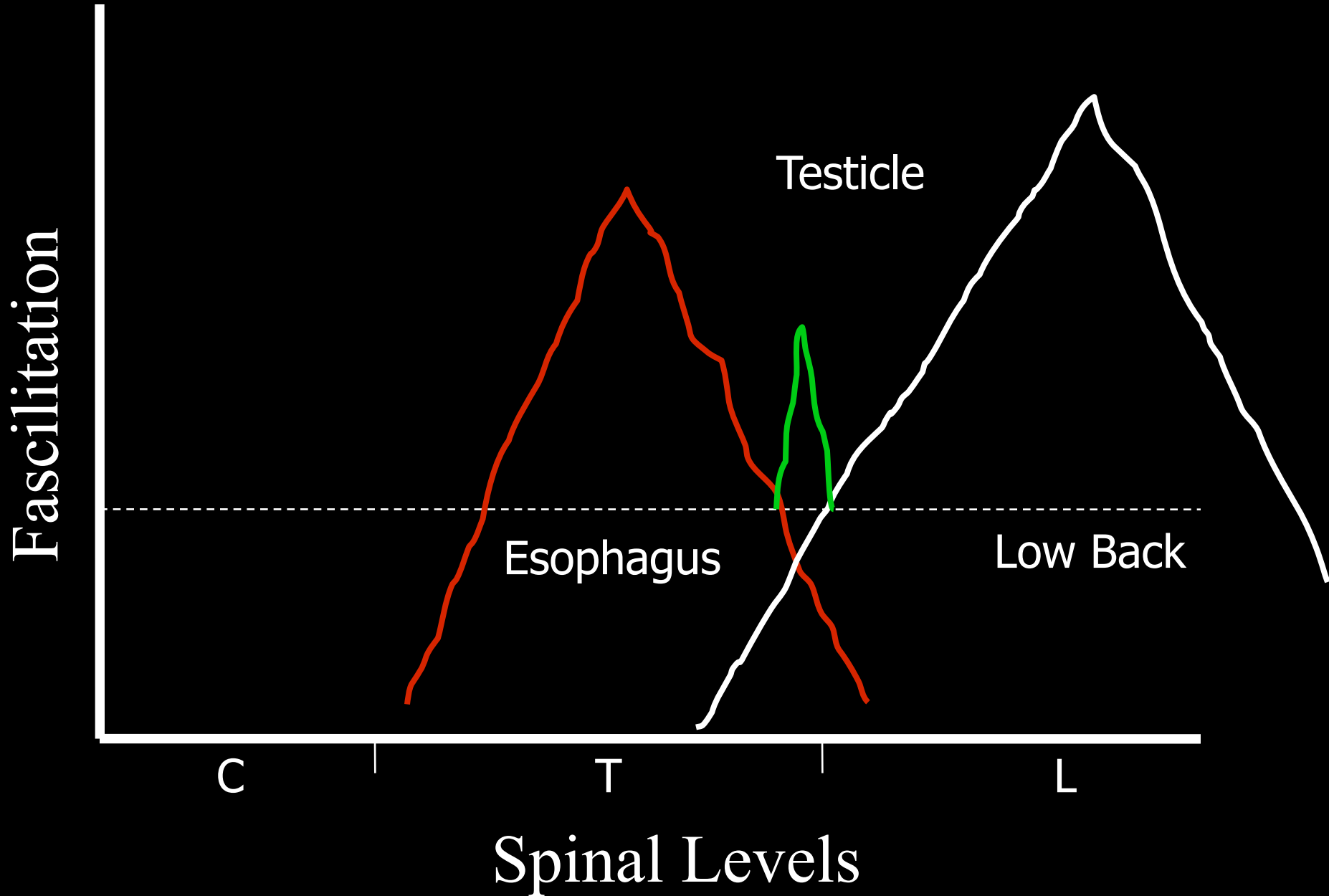
Spinal Levels

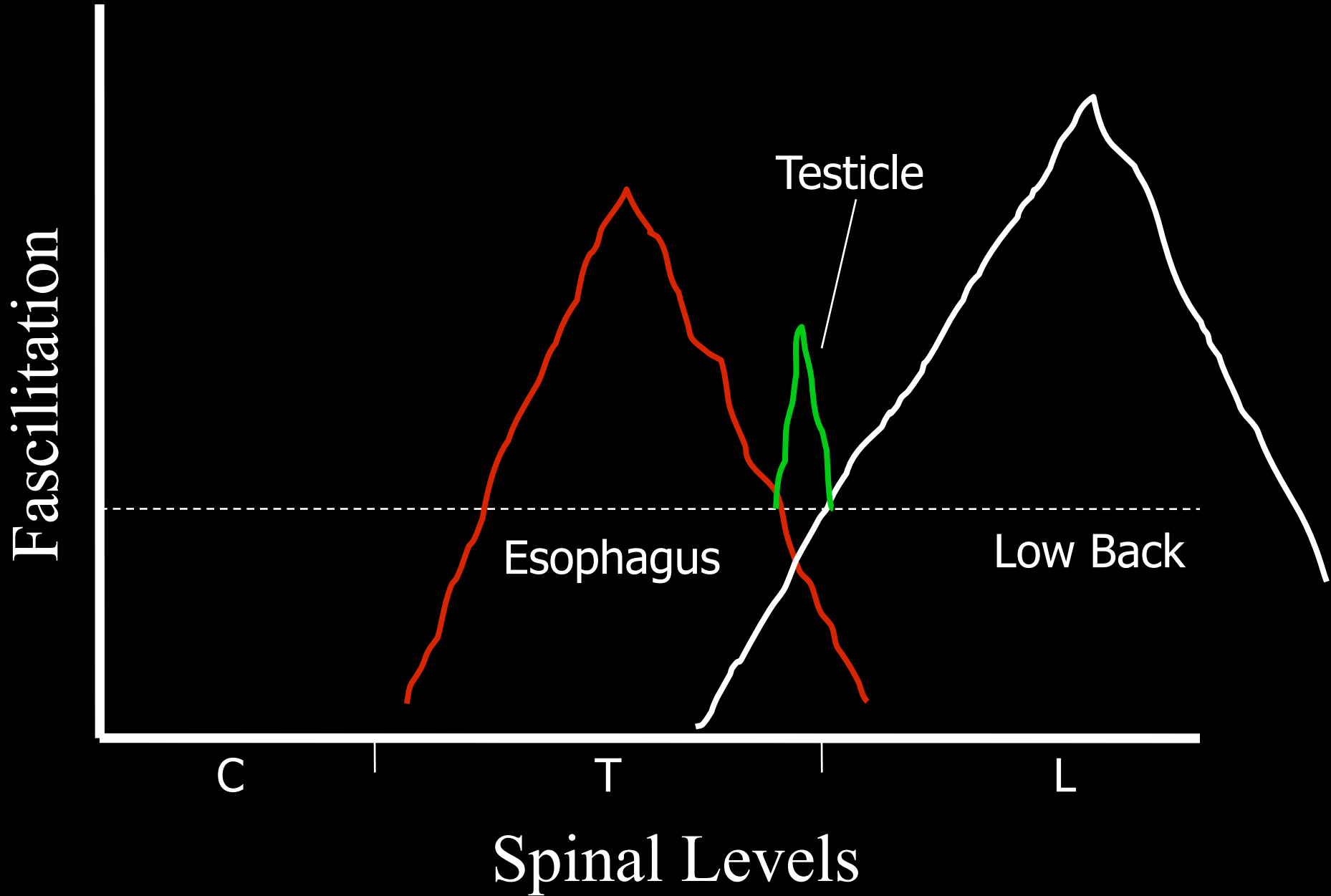
Esophagus





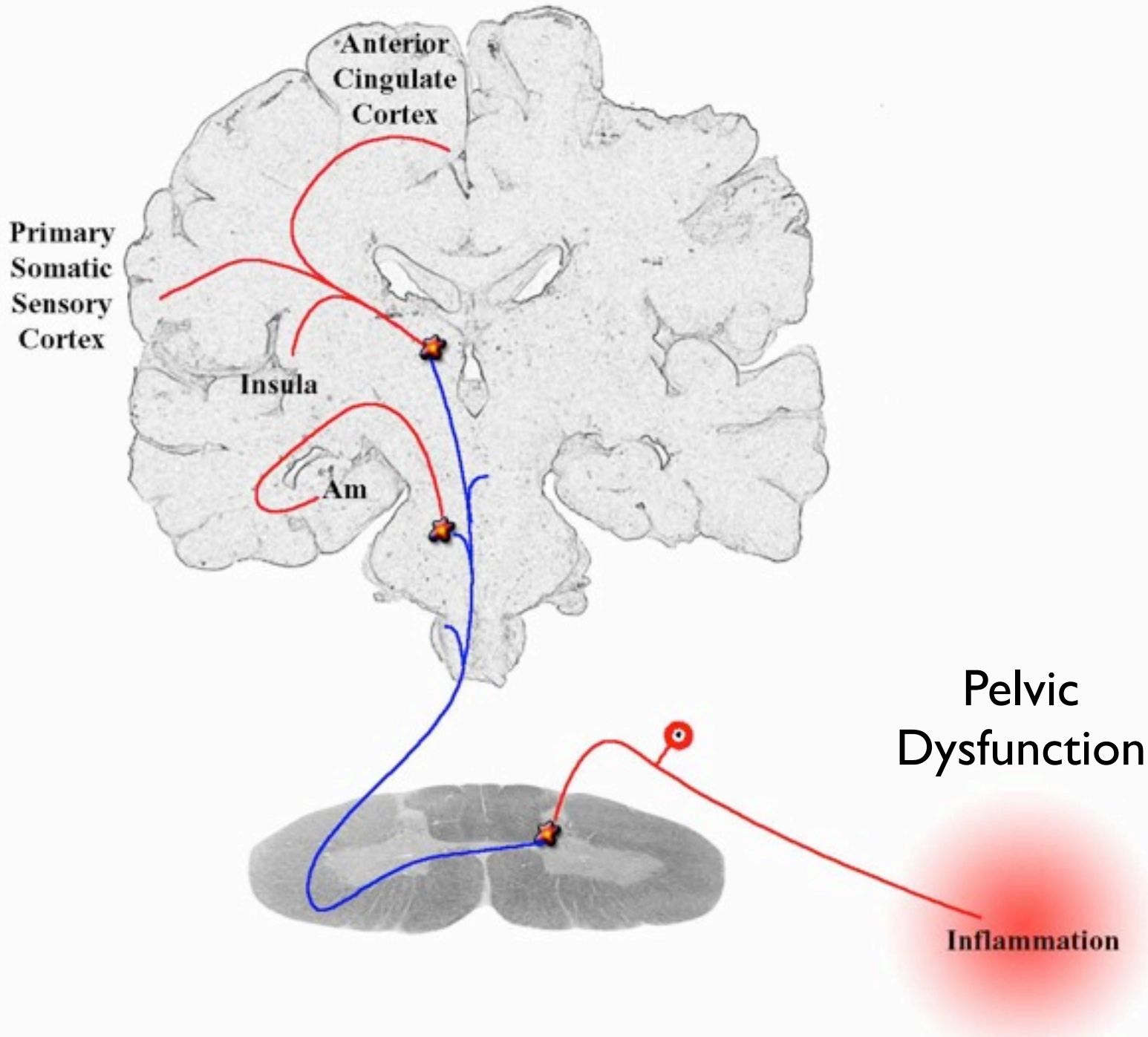








Central Processing Of Pain



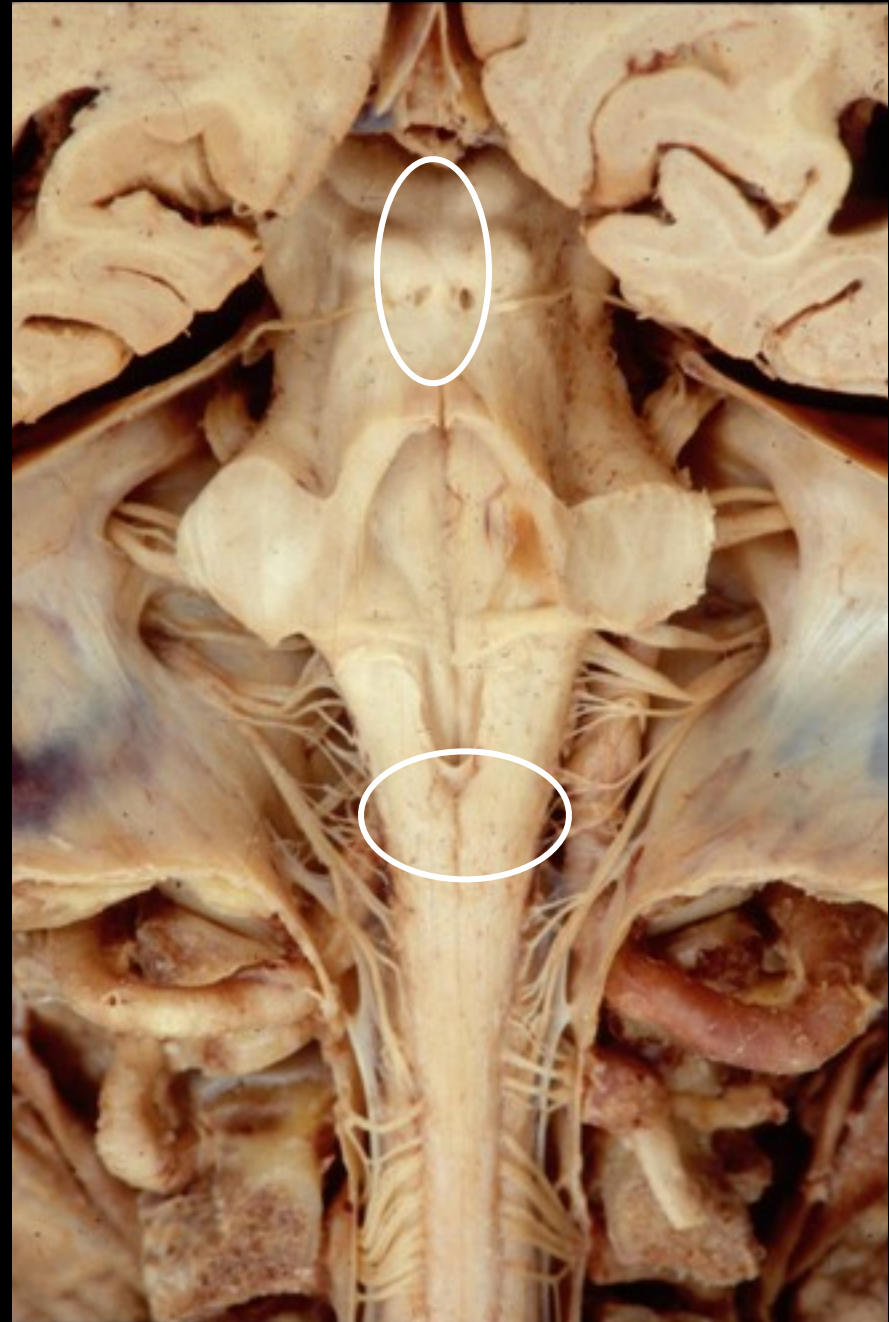
Pelvic Dysfunction

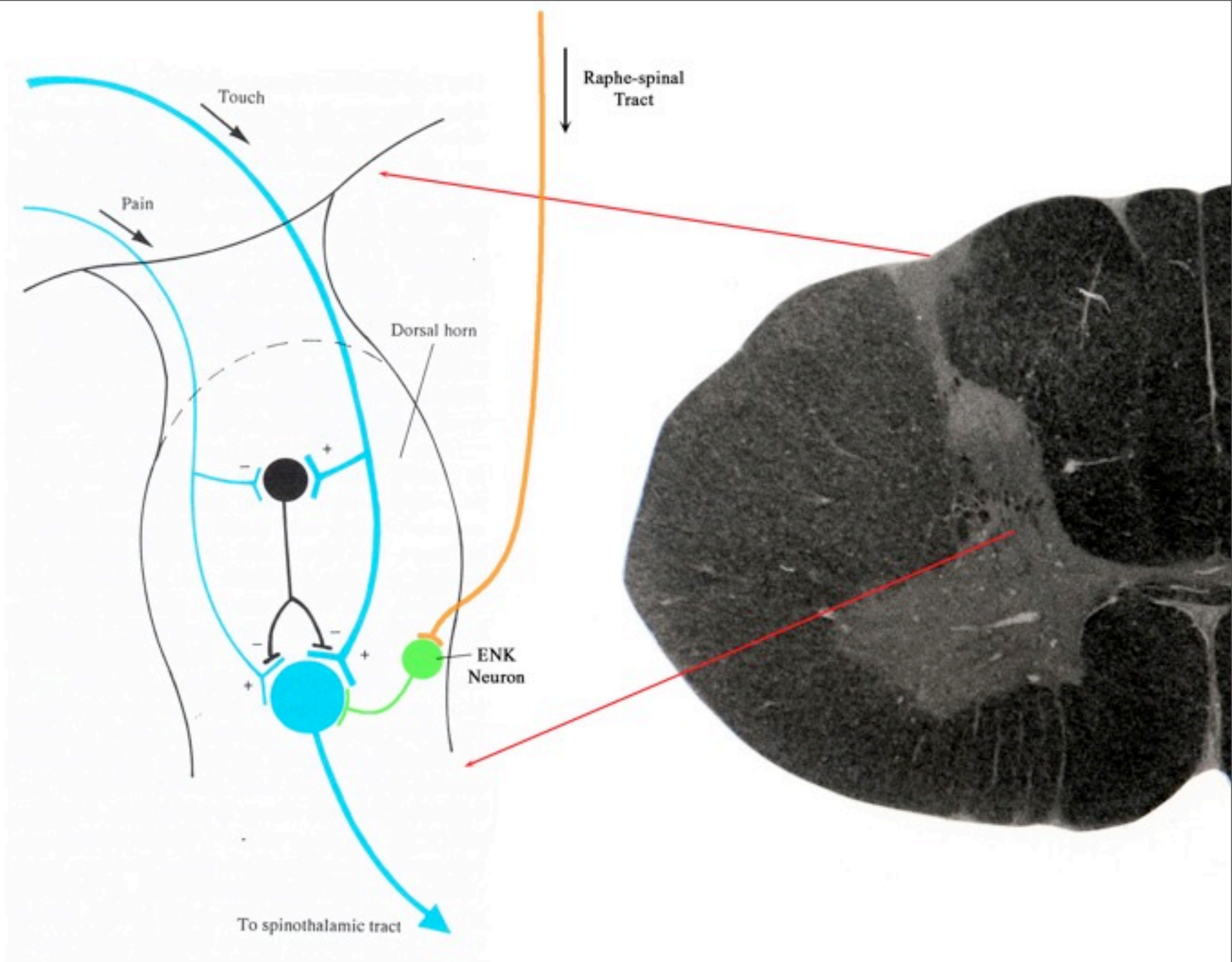
Inflammation

Descending Spinal Control Systems

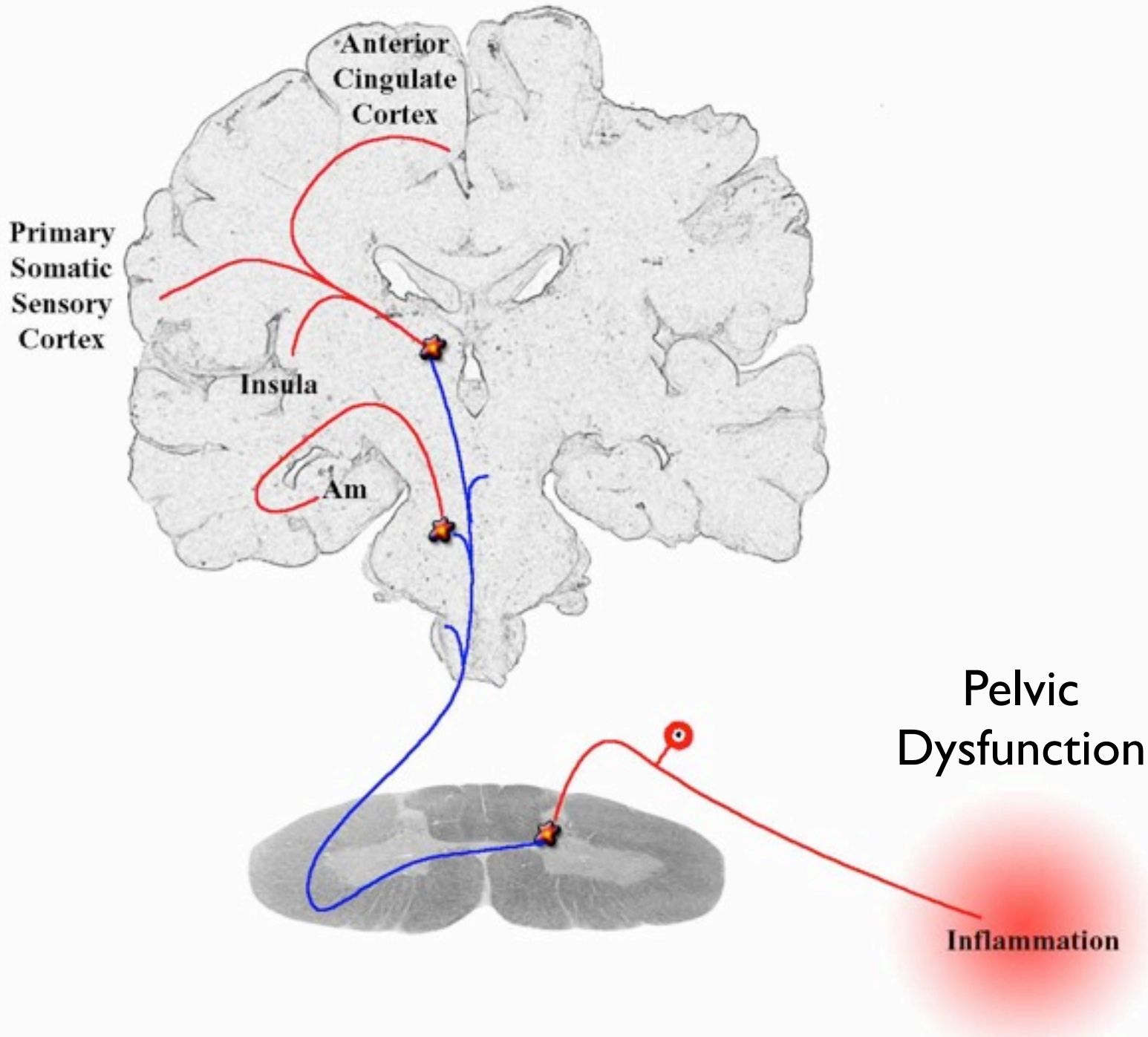
Endogenous Pain Control
Raphe-spinal system
Noradrenergic-spinal system

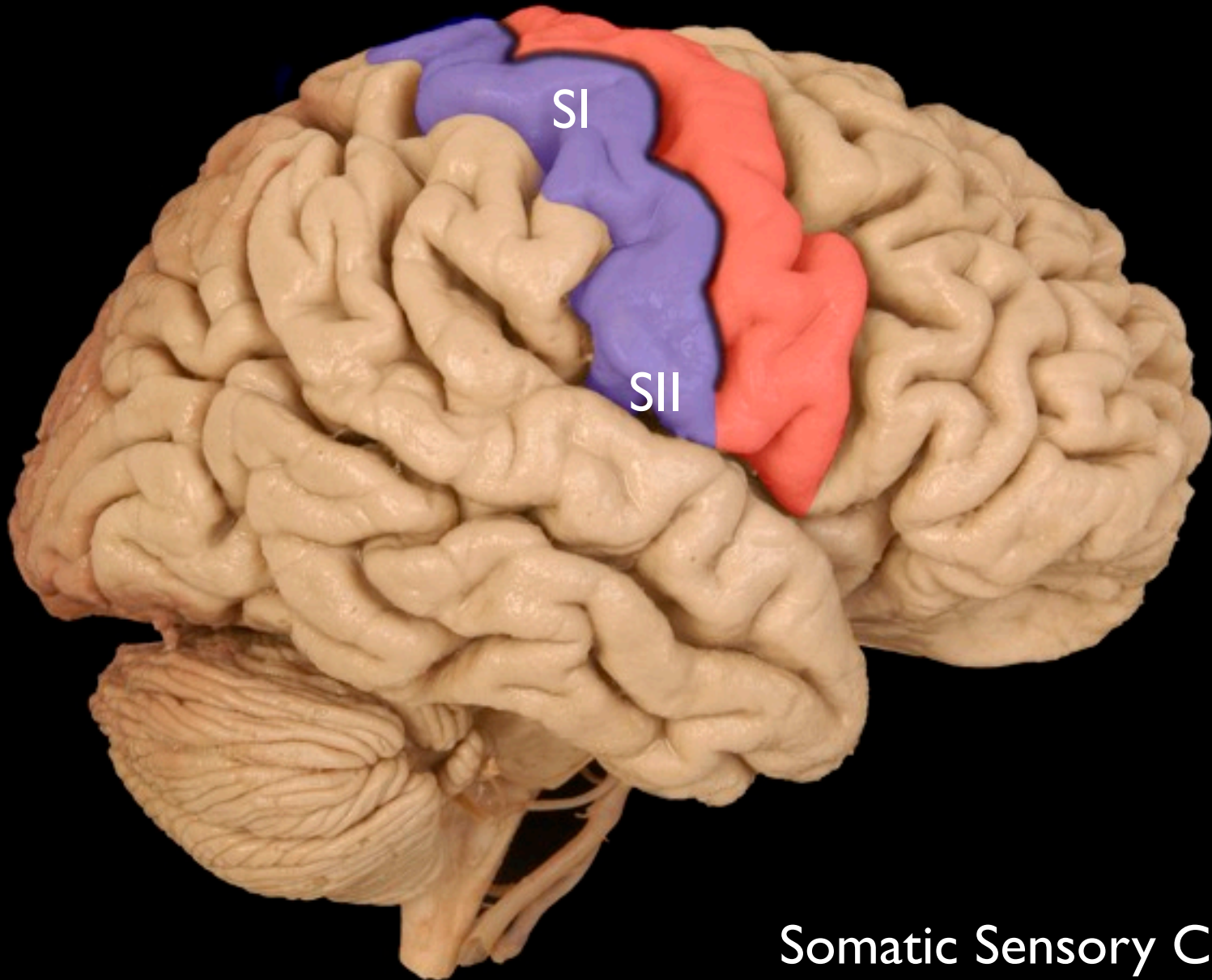
Diffuse Noxious Inhibitory
Control
Spino-Reticulospinal Loop





Pain and the Emotional Brain

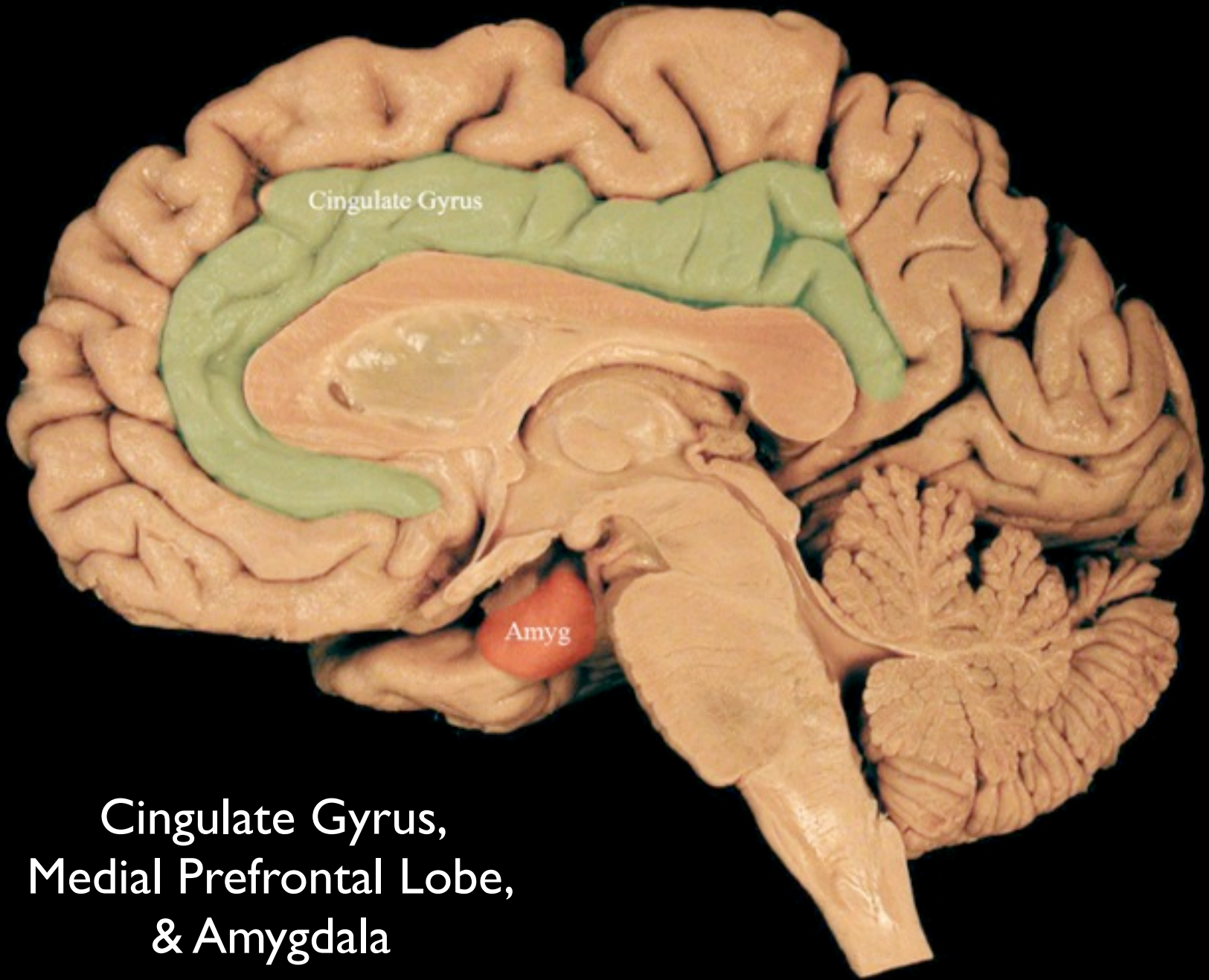




Somatic Sensory Cortex



Insular Cortex



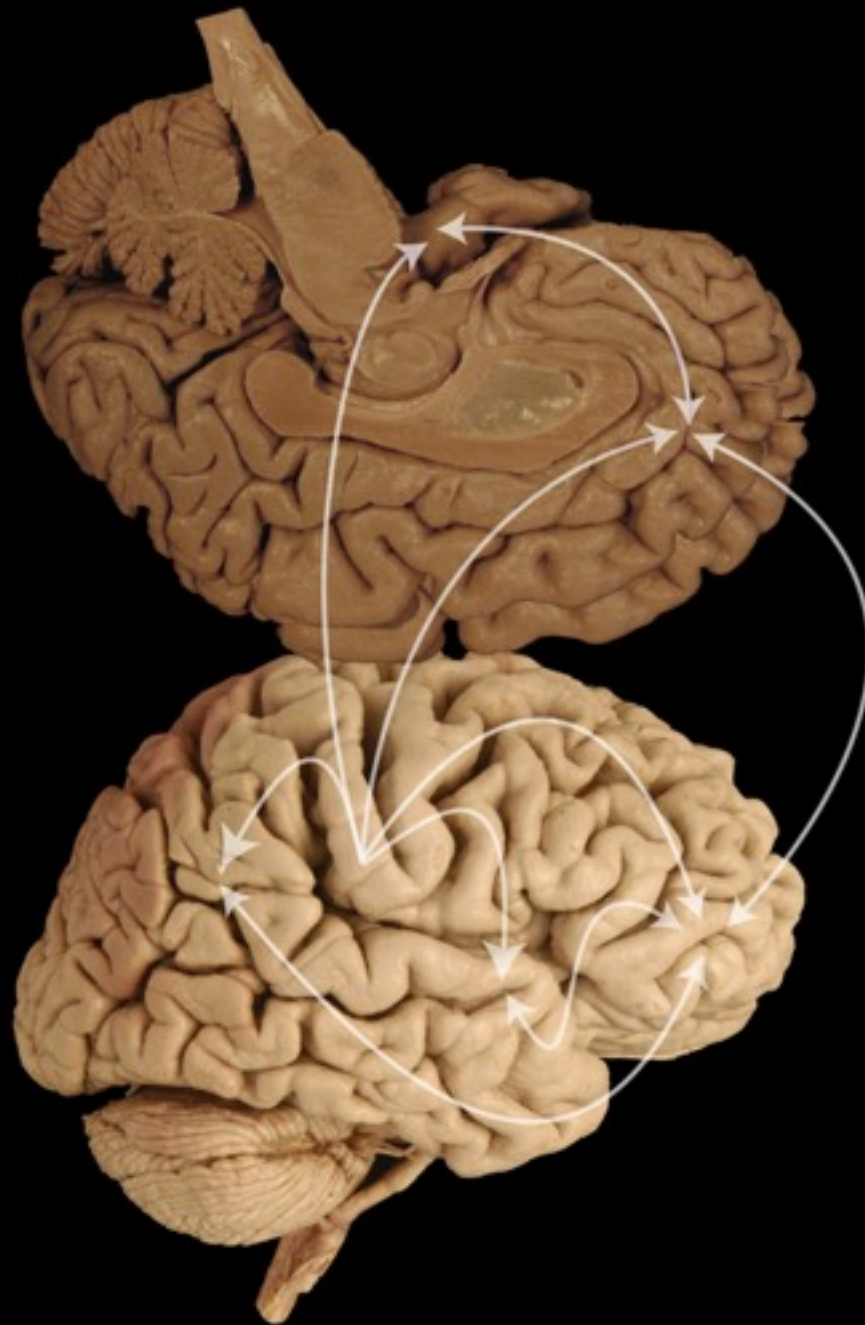
Cingulate Gyrus,
Medial Prefrontal Lobe,
& Amygdala

Dorsolateral Prefrontal Cortex



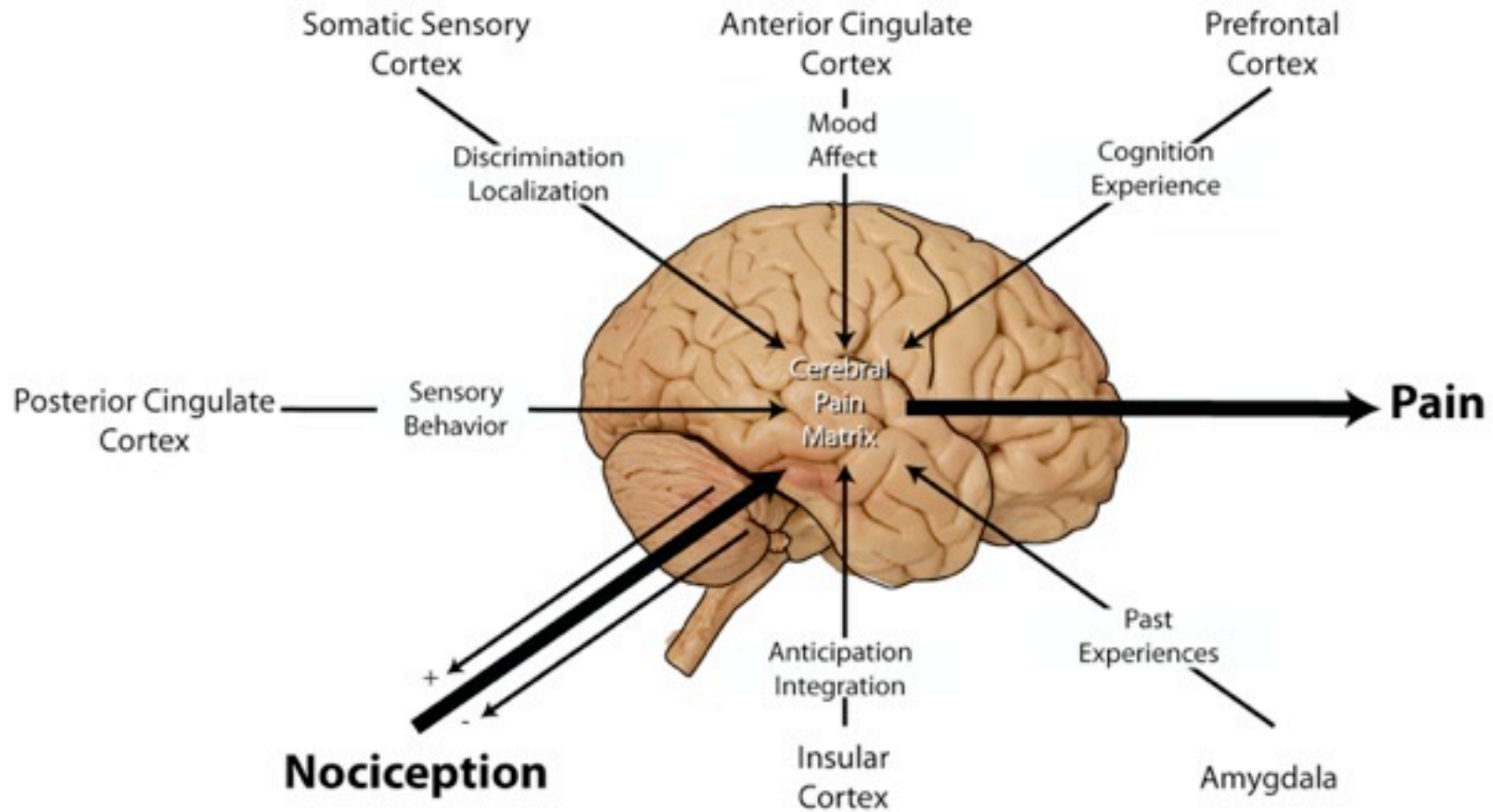
Orbital
Prefrontal
Cortex



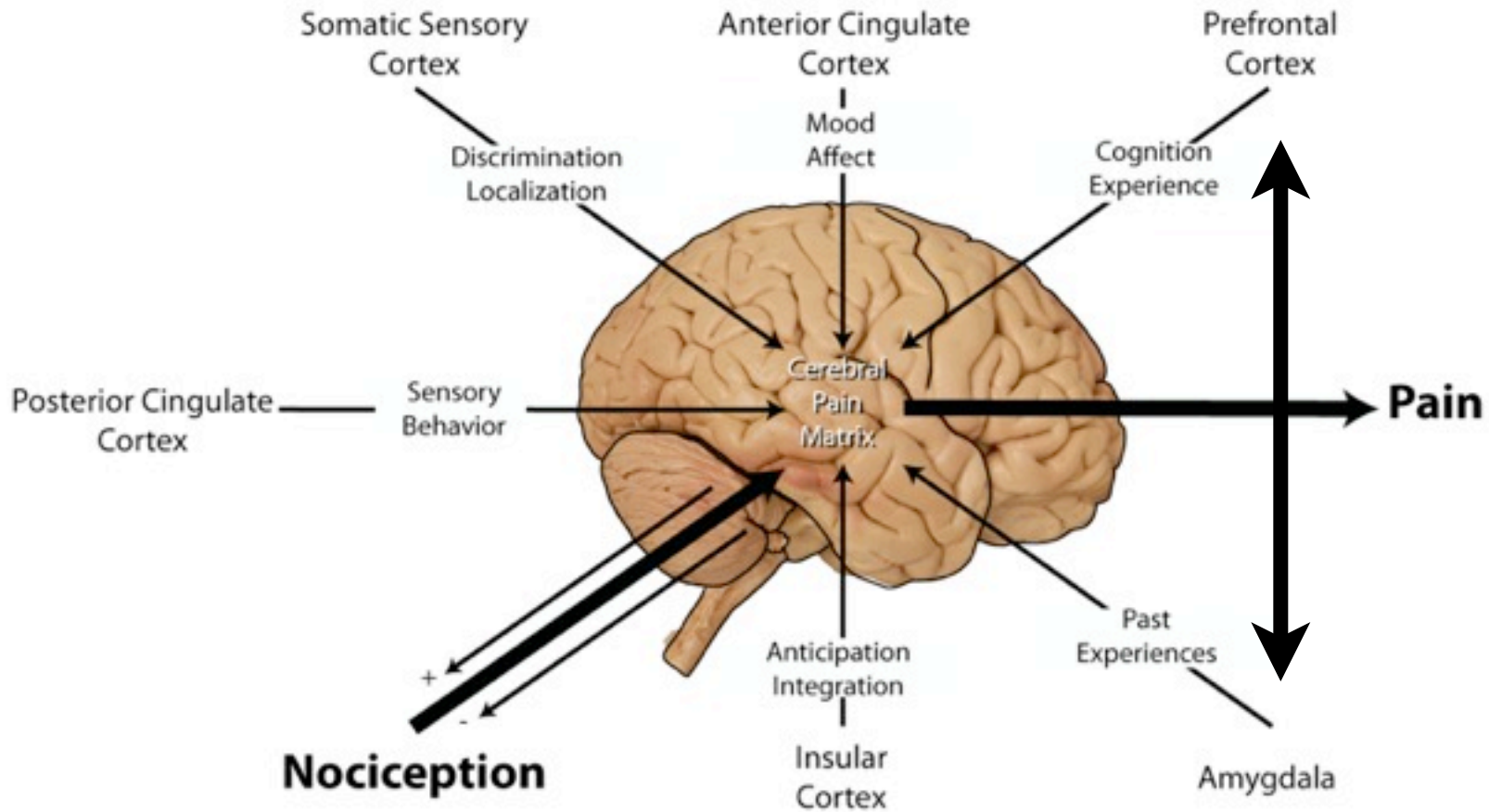


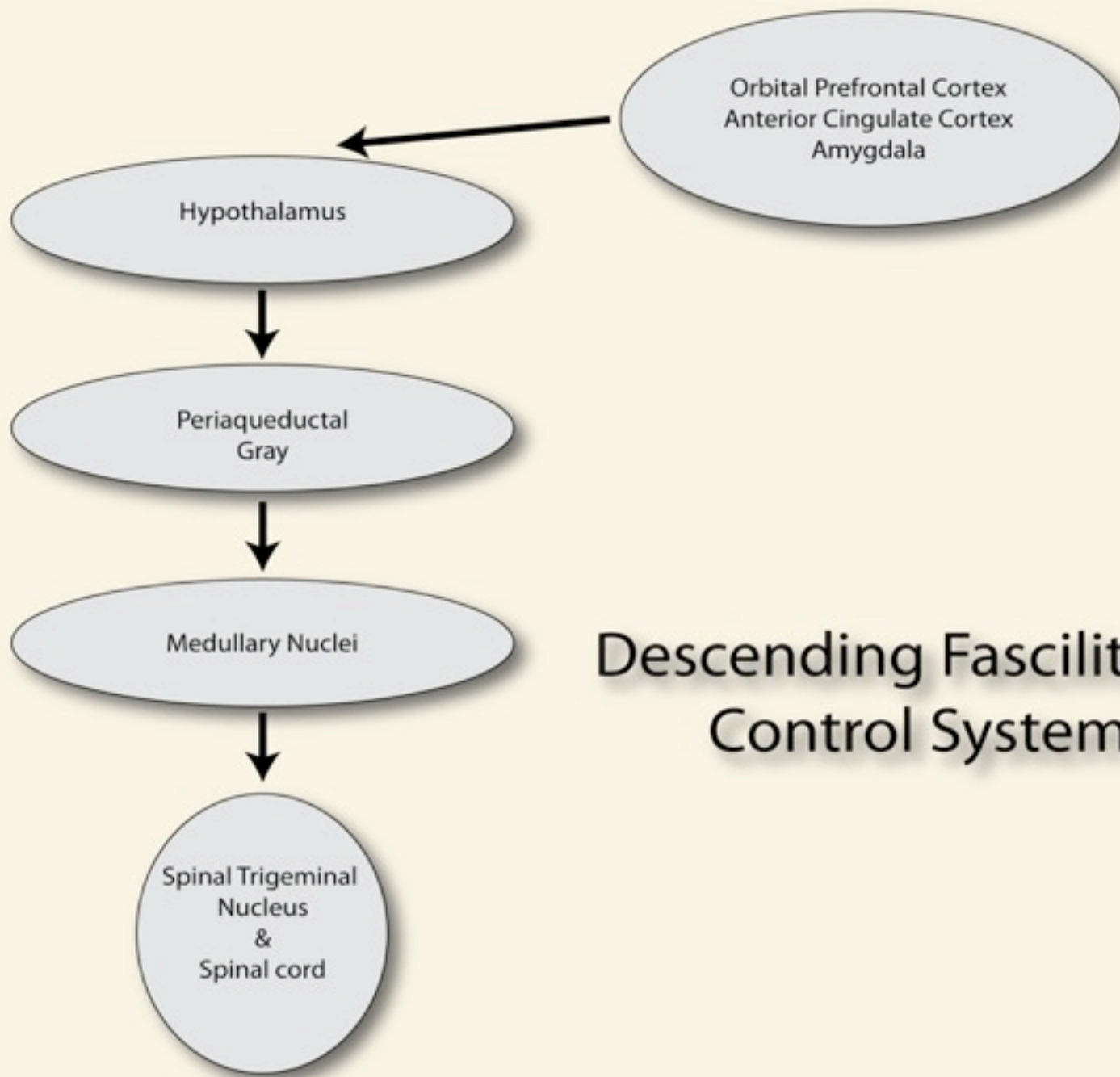
Pain Neuromatrix

Pain Neuromatrix

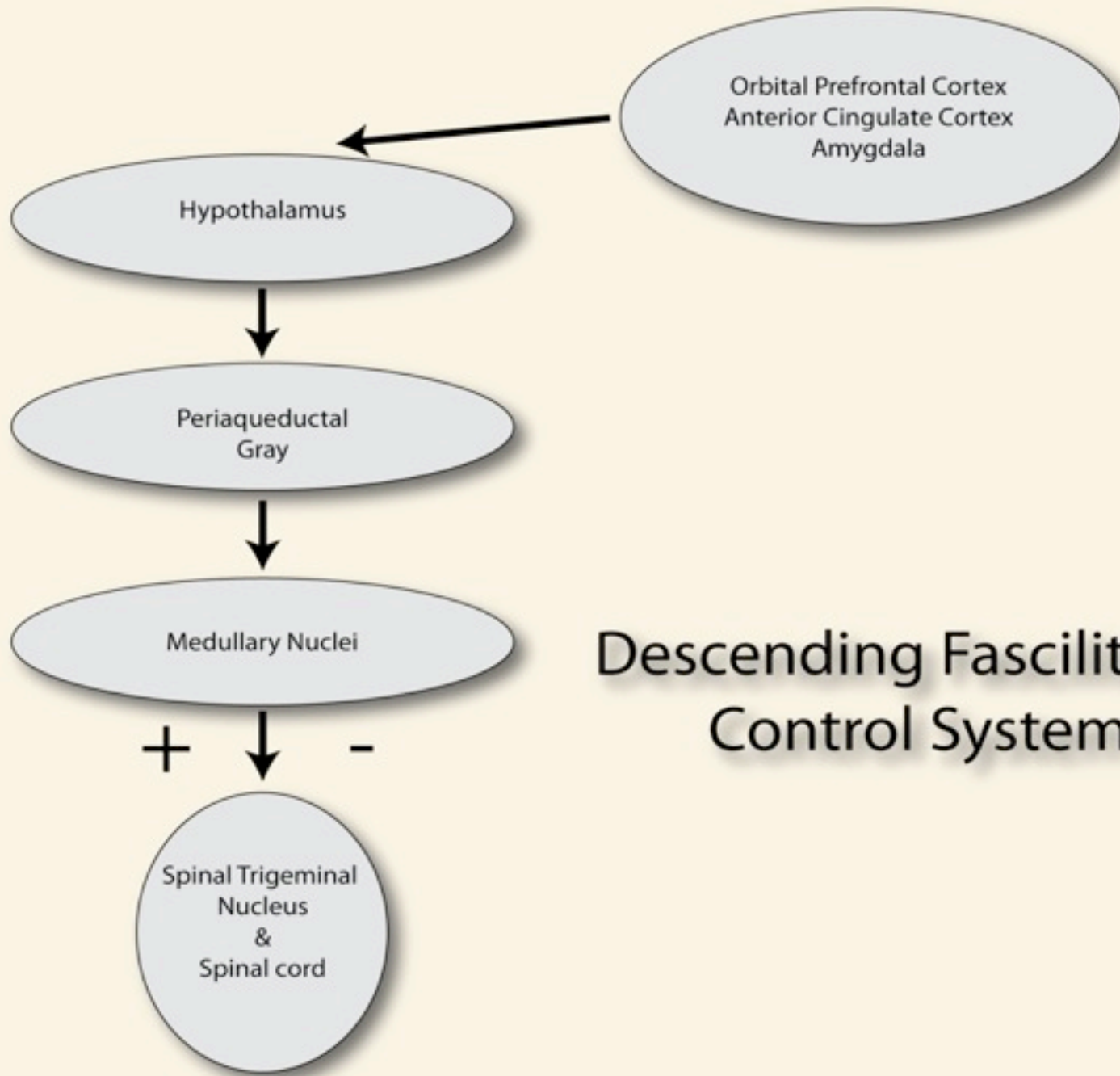


Pain Neuromatrix

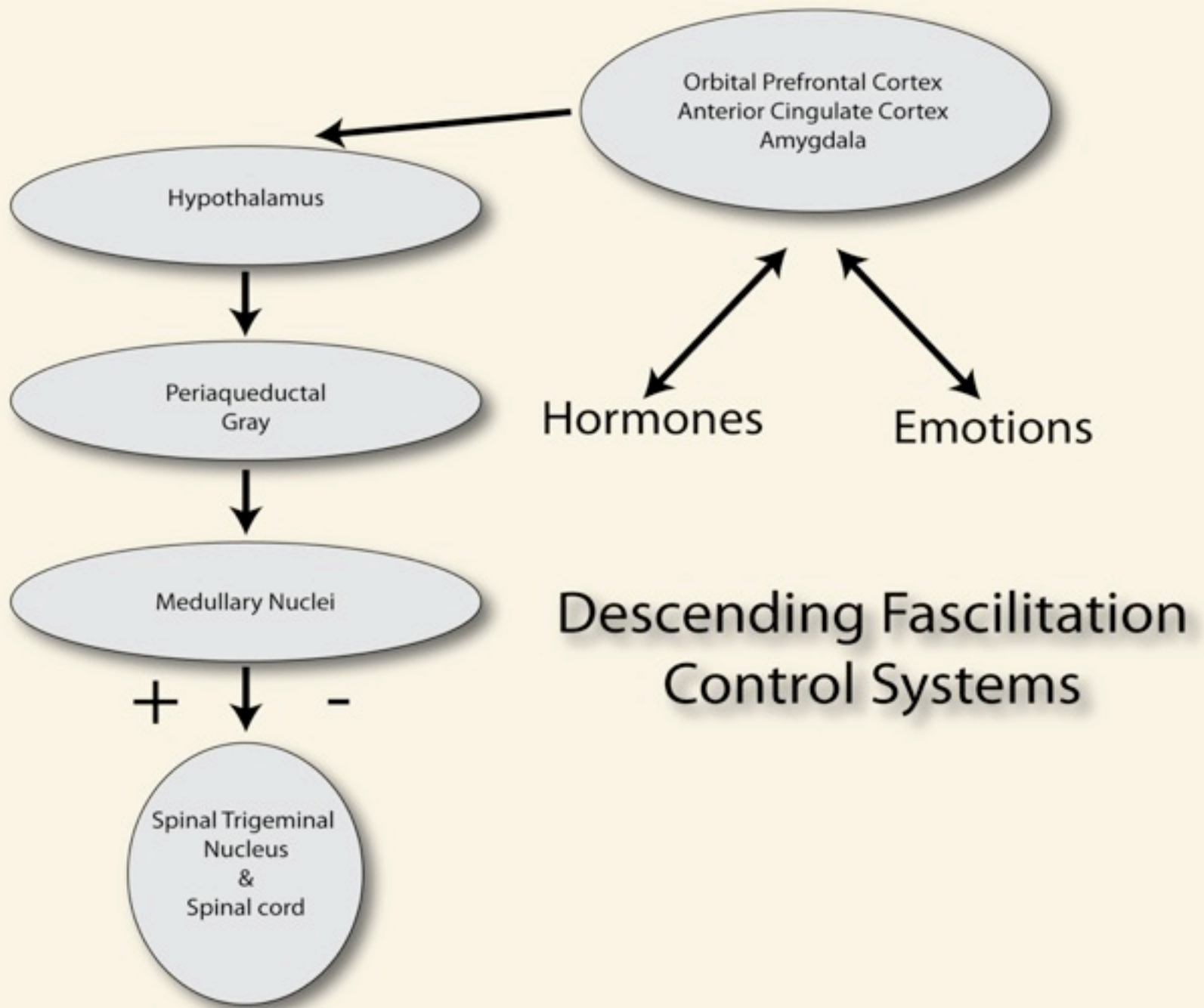


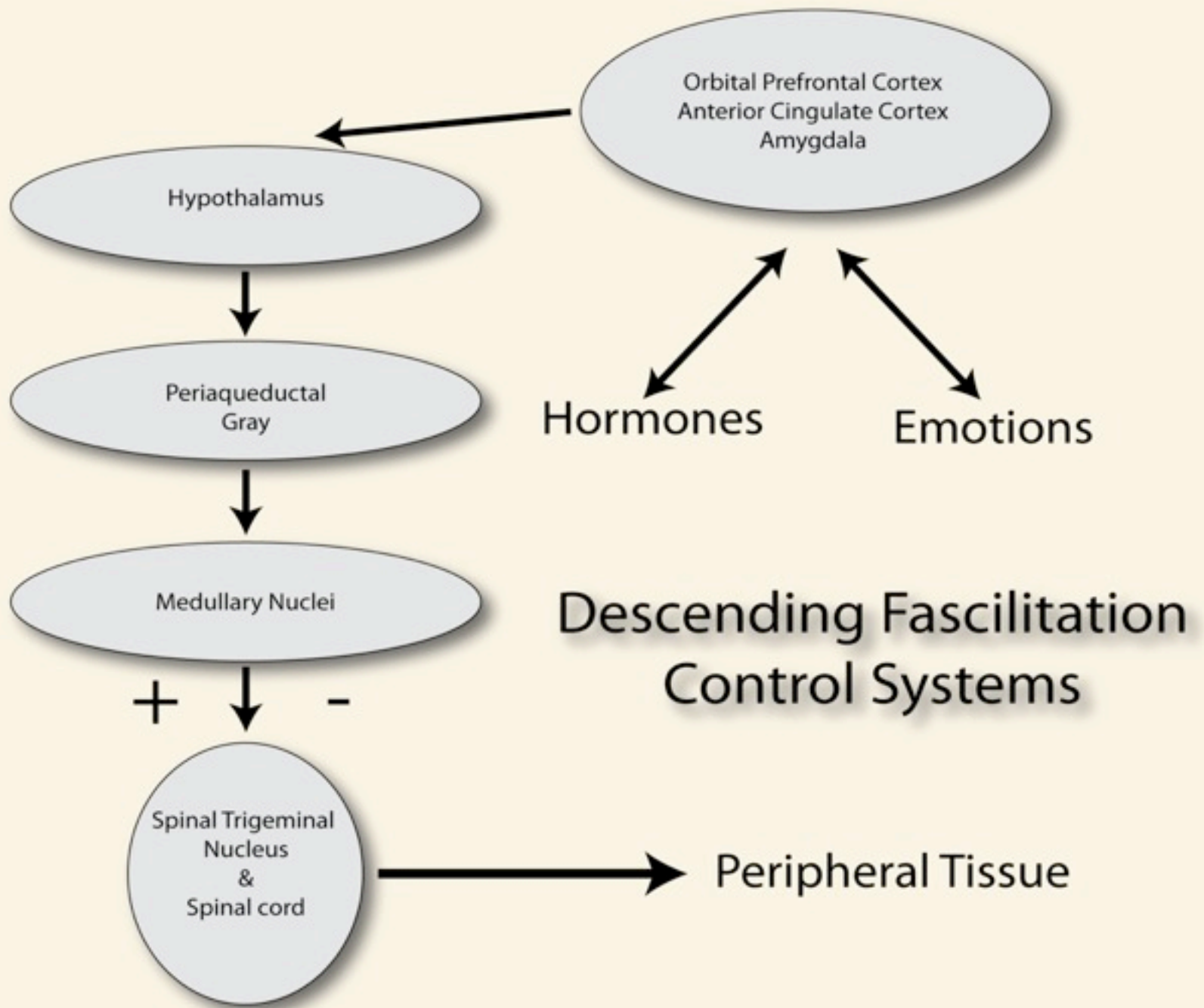


Descending Facilitation Control Systems

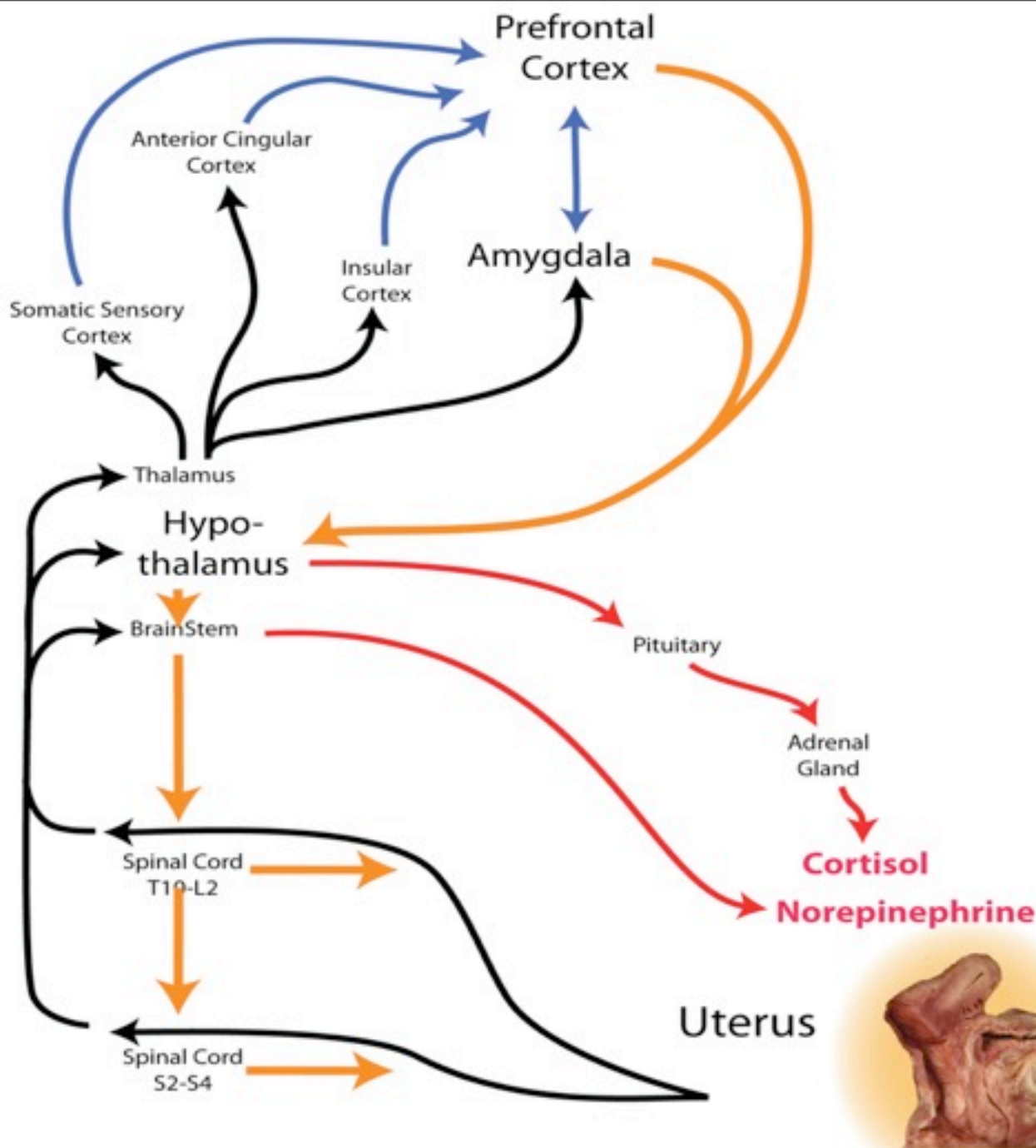


Descending Facilitation Control Systems





Pelvic Pain Circuit

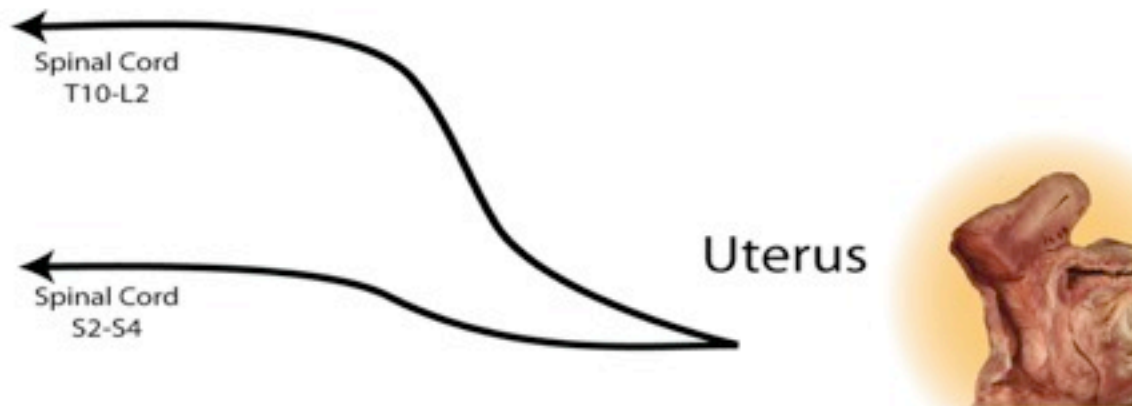


Pelvic Pain Circuit

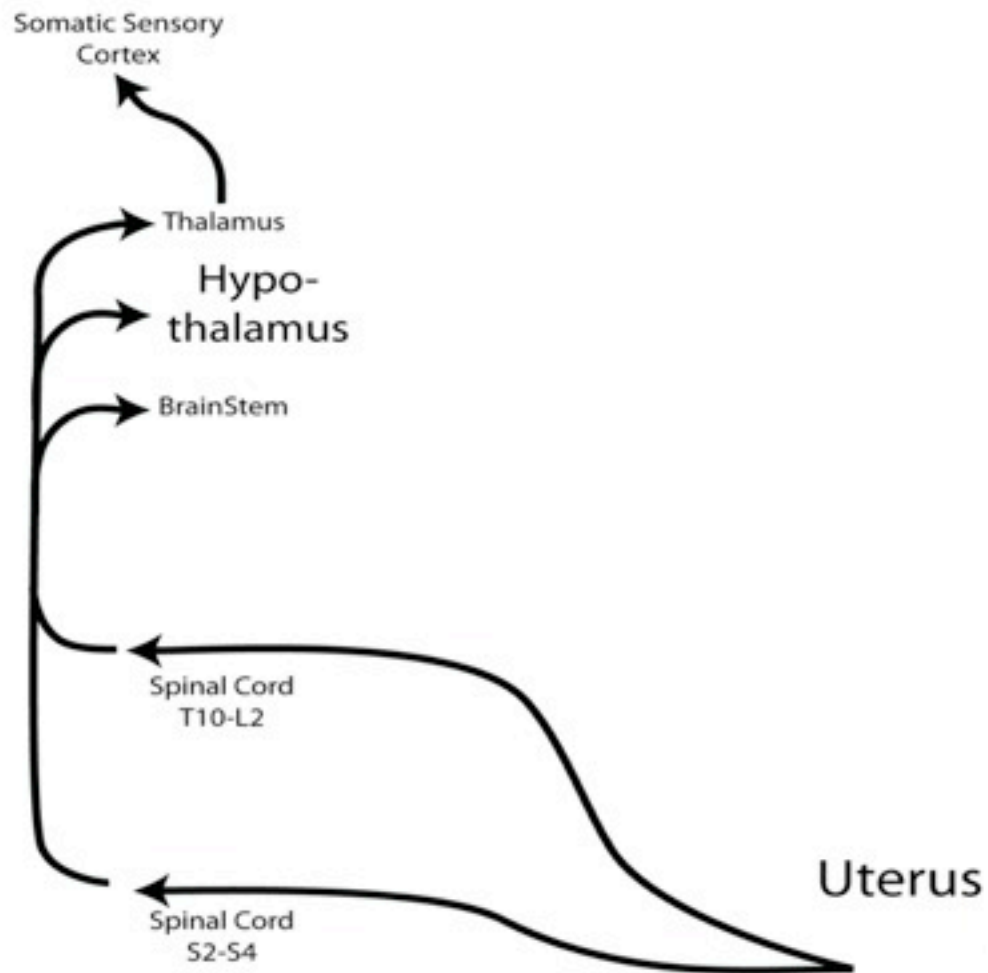
Uterus



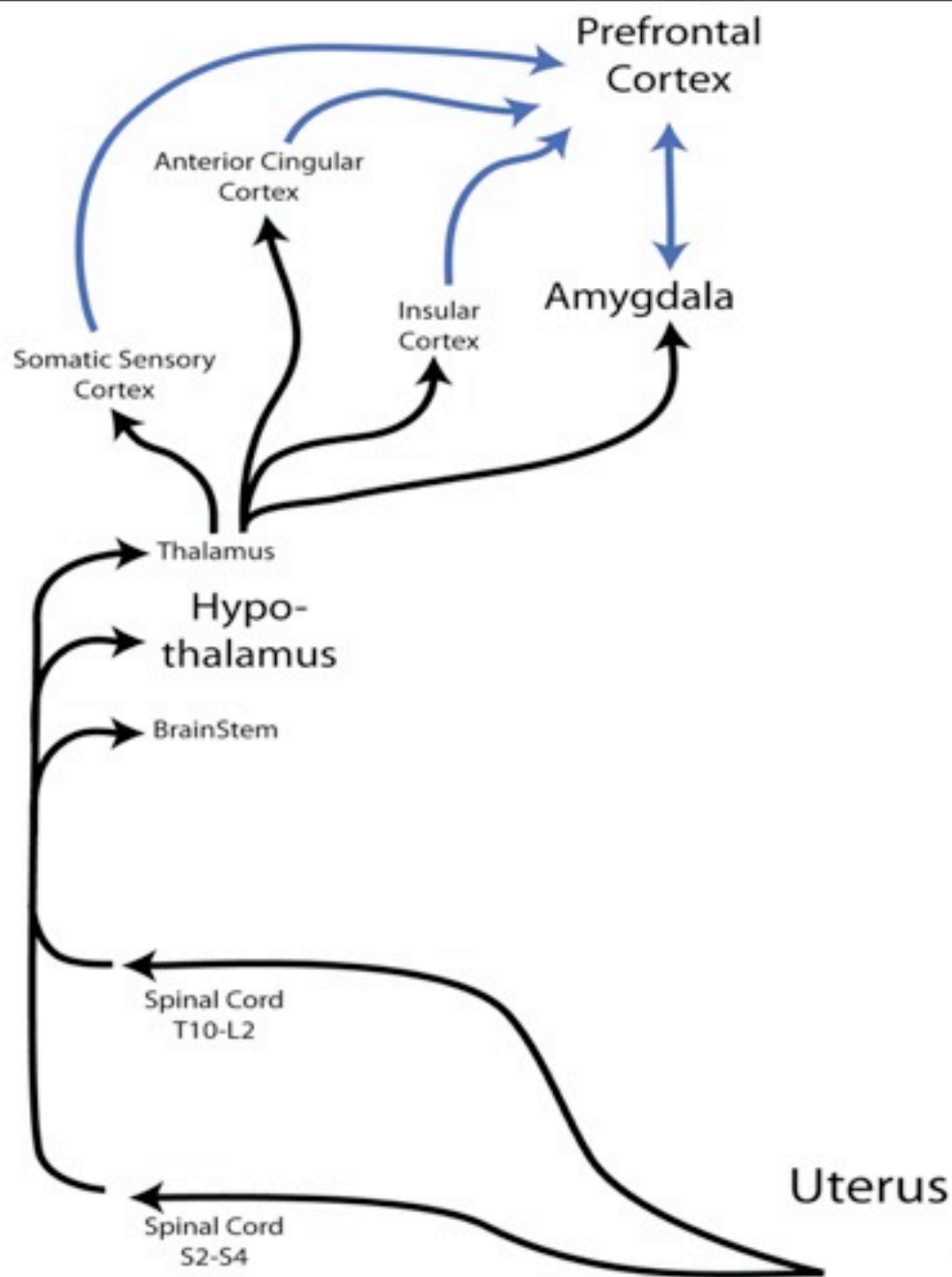
Pelvic Pain Circuit



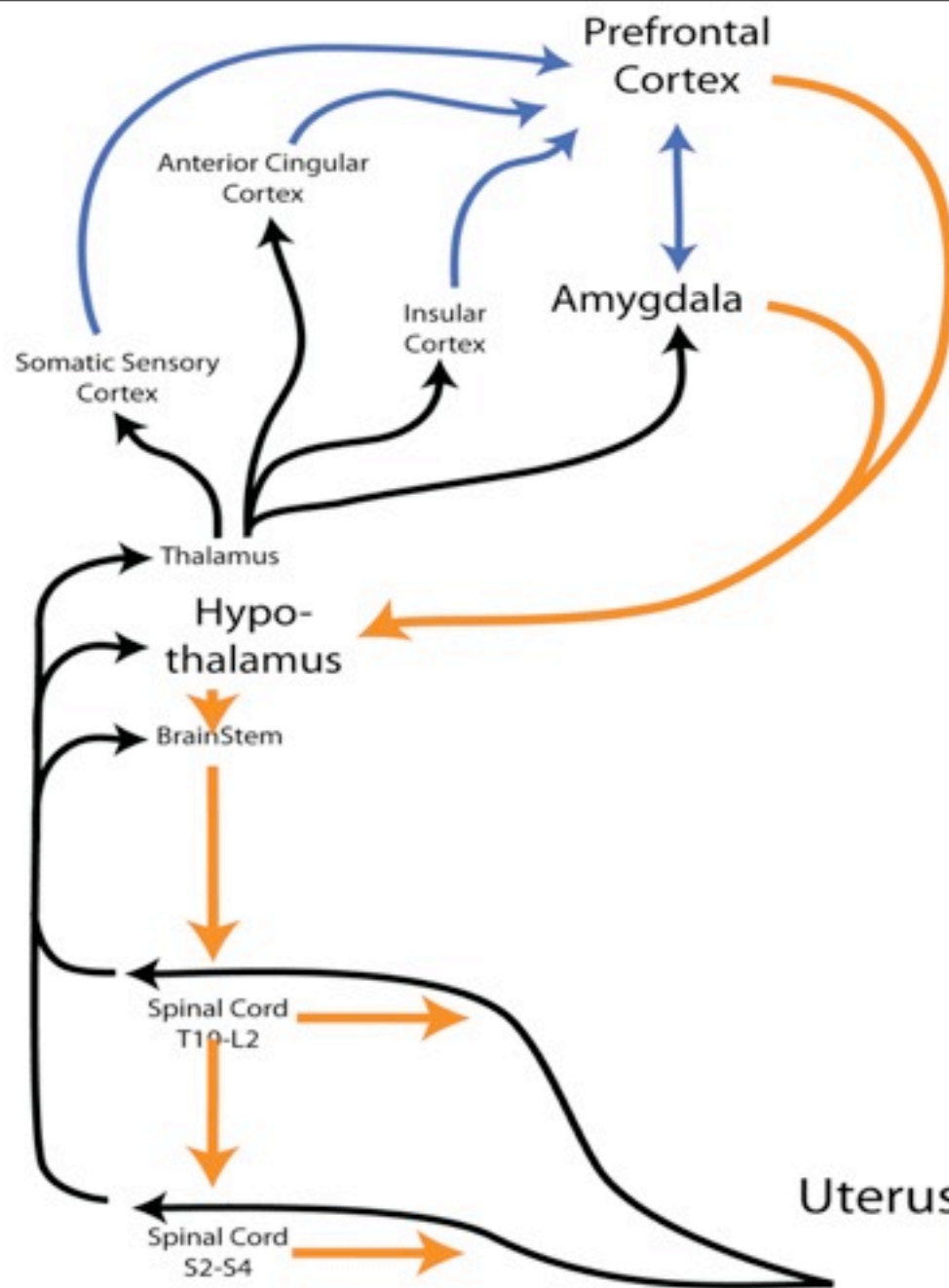
Pelvic Pain Circuit



Pelvic Pain Circuit

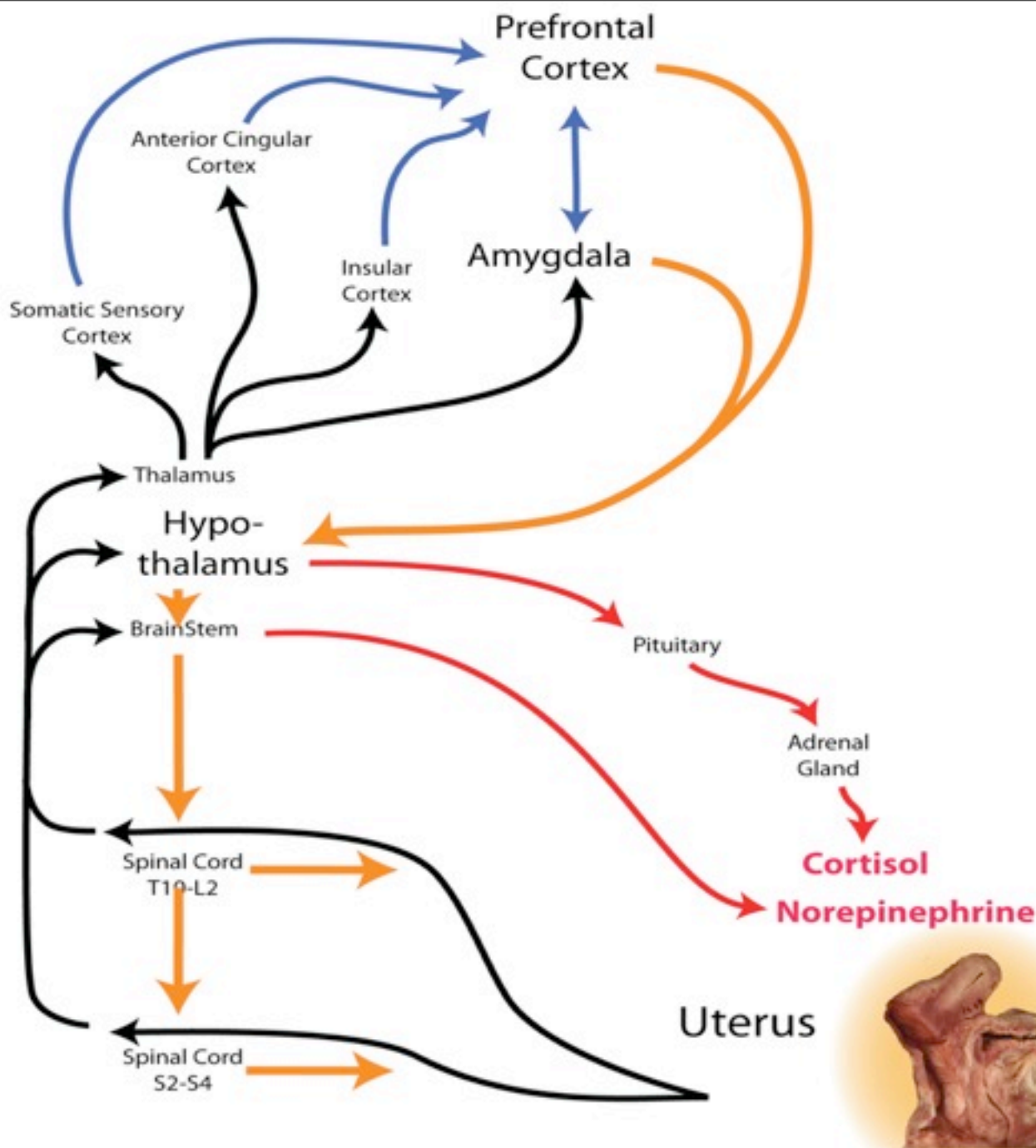


Pelvic Pain Circuit



Uterus

Pelvic Pain Circuit

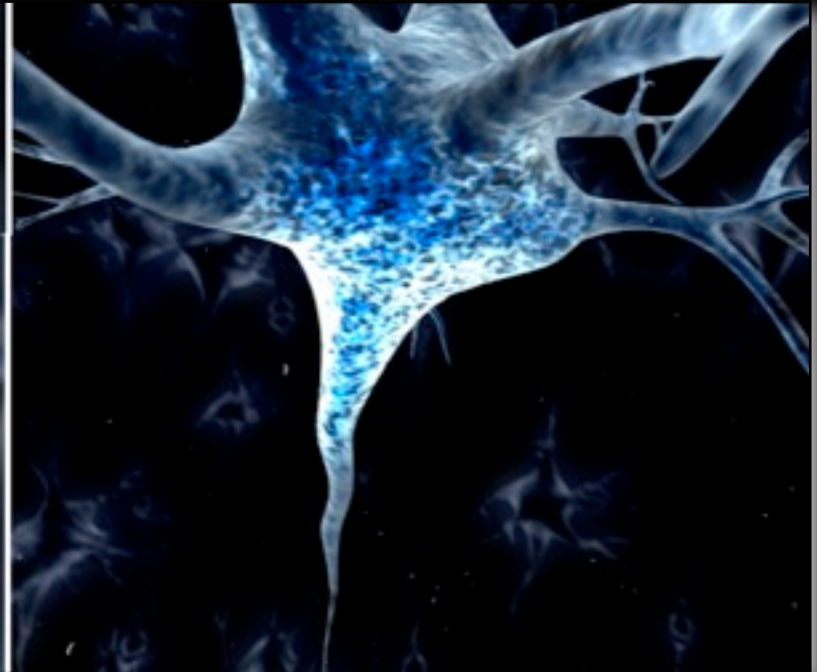
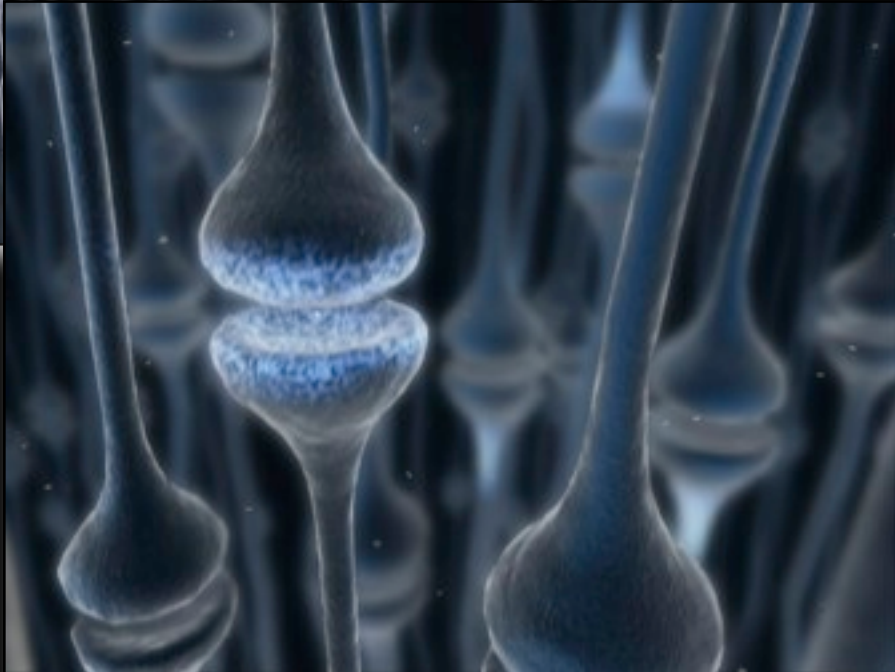


Peripheral & Central Sensitization

Peripheral & Central Sensitization



Peripheral & Central Sensitization



Peripheral & Central Sensitization

