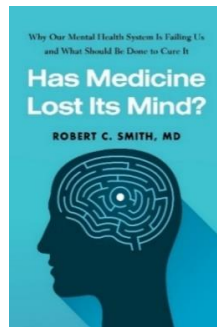


HAS MEDICINE LOST ITS MIND?



Newsletter 18: Is Chronic Pain a Disease? July 2025

Dear (name),

Prestigious groups, such as the Institute of Medicine and the American Academy of Pain Medicine, aver that chronic pain itself is a disease. For example, the IOM stated that chronic pain “...is a distinct pathology causing changes in the nervous system...”

Without question, research demonstrates objective functional and structural change in the brains of chronic pain patients. But these changes are due to the severe pain itself as well as depression, anxiety, substance abuse, and a host of other dimensions of suffering that typically accompany chronic pain. But, because these brain changes occur *after* the chronic pain becomes established, they do not qualify as a disease. For chronic pain to represent a disease would require that brain changes *precede* the pain. Used in medicine since the 18th century, the term “disease” means there is an underlying explanatory abnormality identifiable by laboratory and other investigative procedures that causes the pain.

Although some patients with chronic pain have underlying diseases outside the brain, such as arthritis or neuropathy, many do not, and medicine has labeled them as having “medically unexplained symptoms.” The latter is the more common situation, researchers for decades having failed to identify a causal disease for conditions we label as fibromyalgia, irritable bowel syndrome, or “chronic pain.” More broadly, three-fourths of all physical symptoms have no disease explanation, but most are minor and respond to reassurance. Only those that persist and cause disability fall into the category of chronic pain. It is this latter group that co-occurring mental illnesses often develop. The more disabled by pain, the more likely the patient will develop an associated mental disorder. It’s easy to understand how someone who can no longer work, go to church, or have the life they wished for might become depressed or addicted to pain medications or other substances.

Here’s why so many label chronic pain a brain disease even though there is no antecedent brain disorder: medicine’s guiding theoretical model focuses only on physical disease. Their disease-only model cannot explain the problem without the contorted proposition that the pain itself represents a brain disease. Similarly, the biomedical, disease-only model does not accommodate treating the psychosocial and mental health problems so prominent in chronic pain. Rather, patients end up with disease-oriented opioid treatments and all their vast complications.

While these august groups do in fact acknowledge that psychosocial issues are important, medicine's actual behavior belies this, for example, over the 7-8 years of medical school and residency training, only 2% of total training time addresses patients' psychosocial and mental dimensions, including chronic pain, the remainder of training focused on bona fide diseases and related issues such as statistics. The IOM, AAPM, and many others simply resort to force-fitting a disease explanation for chronic pain.

If you'd like to do something about correcting the mental health problem, go to my website (<https://www.robertcsmithmd.com>). Scroll down and you'll see **ACT NOW**. Simply paste the sample letter into the email addresses provided and send.

You can also follow me on social media: ((20+) [Facebook](#)), ((15) [Robert C. Smith | LinkedIn](#)), and ((19) [Robert C. Smith, MD \(@RobertCSmithMD\) / X](#)).

Susan and I have had a tumultuous year, but we've finally gotten most of the work completed on our new home in Battle Creek, the picture below a view from the lake. It's nice to relax a bit. I hope you're having a good Summer.

Thanks for participating in the revolution in mental health care and, writ large, medical care itself.

Take care and be well,

Bob

