

## PAIN CLINICS: A COMPREHENSIVE REVIEW

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**Article Received: 01 December 2025 | Article Revised: 22 December 2025 | Article Accepted: 11 January 2026**

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DOI: <https://doi.org/10.5281/zenodo.1825576>

**How to cite this Article:** Dr. Shankar Prasad Bhattacharya (2026) PAIN CLINICS: A COMPREHENSIVE REVIEW. World Journal of Pharmaceutical Science and Research, 5(1), 467-470. <https://doi.org/10.5281/zenodo.1825576>



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### ABSTRACT

Pain is not merely a symptom but a complex biopsychosocial experience that is recognized as a major healthcare issue. It can be acute (short-term) or chronic (persistent beyond normal healing, often >3 months) and is associated with various medical conditions including musculoskeletal disorders, cancer, neuropathic pain, and postoperative pain. Interdisciplinary approaches are critical because pain involves multiple physiological and psychological components, often requiring a combination of treatments for optimal relief and functional recovery.

**KEYWORDS:** Different types of pain, Management strategies, Pain clinic management.

### 1. INTRODUCTION

Pain is not merely a symptom but a complex biopsychosocial experience that is recognized as a major healthcare issue. It can be acute (short-term) or chronic (persistent beyond normal healing, often >3 months) and is associated with various medical conditions including musculoskeletal disorders, cancer, neuropathic pain, and postoperative pain. Interdisciplinary approaches are critical because pain involves multiple physiological and psychological components, often requiring a combination of treatments for optimal relief and functional recovery.

### 2. GLOBAL SCENARIO

#### 2.1 Burden of Pain

Chronic pain affects approximately 19–20% of adults in many countries, with prevalence increasing with aging populations and lifestyle factors. Multidisciplinary pain clinics aim to address this burden by offering specialized interventions tailored to complex pain presentations.<sup>[1]</sup>

#### 2.2 Availability and Characteristics of Pain Clinics

A systematic review found that pain treatment facilities globally are relatively scarce, have high caseloads, and experience long wait times, though they provide varied medical, physical, and psychological treatments.<sup>[2]</sup>

### 2.3 Barriers in Global Pain Care

A qualitative survey of pain clinicians in cities like Toronto, Kuwait, and Karachi highlighted common barriers including lack of infrastructure, human resources (e.g., support staff, allied health professionals), and administrative obstacles.

### 2.4 Professional Bodies and Standards

International organizations such as the European Pain Federation (EFIC) and the International Association for the Study of Pain (IASP) promote education, research, and best practices in pain medicine internationally, supporting clinicians and policymakers in improving pain care delivery.

## 3. INDIAN SCENARIO

### 3.1 Epidemiology and Need

In India, a significant proportion of the population suffers from chronic pain related to conditions such as arthritis, back pain, neuropathic pain, and cancer pain. Reports suggest that a large share of patients at tertiary care centers present with moderate to severe pain, often inadequately managed due to resource limitations.

### 3.2 Development of Pain Clinics

India's first dedicated pain management clinic was established in 2005, marking the evolution of specialized pain care in the country. Since then, several public and private centers have emerged offering multimodal pain services.<sup>[3]</sup>

### 3.3 Public and Private Initiatives

Major healthcare institutions like Apollo Hospitals and other multispecialty centers have set up comprehensive pain clinics integrating multidisciplinary care across specialties such as oncology, orthopedics, neurology, and rehabilitation.

### 3.4 Barriers in India

Challenges in India include regulatory hurdles for equipment, variable opioid regulations, limited trained personnel, and low public awareness, complicating the growth of pain clinics, particularly in private practice.<sup>[4]</sup>

### 3.5 Rural Pain Care Impact

A study in a rural cancer center demonstrated that establishing a pain clinic significantly improved patients' knowledge and experience of cancer pain management, highlighting the positive role of pain services even in resource-limited settings.<sup>[5]</sup>

## 4. IDEAL SET-UP OF A PAIN CLINIC

### 4.1 Infrastructure

- Pain clinics should include the following components:
- Reception and patient education areas
- Consultation and assessment rooms
- Procedure areas with sterile setup
- Recovery and monitoring spaces
- Access to pharmacy and emergency equipment

#### 4.2 Multidisciplinary Team

Include pain physicians (often anesthesiologists), nurses, physiotherapists, psychologists/psychiatrists, rehabilitation specialists, social workers, and collaborating specialists (e.g., neurologists, oncologists).

#### 4.3 Equipment and Interventions

- Ultrasound and fluoroscopy for guided interventions
- Nerve stimulators and TENS units
- Infusion pumps and radiofrequency ablation tools
- Rehabilitation and physical therapy equipment

#### 4.4 Services

Comprehensive services include acute pain management, chronic pain care, cancer pain control, interventional procedures, rehabilitation, and psychosocial support.<sup>[6]</sup>

#### 4.5 Assessment and Protocols

Standardized tools like Visual Analogue Scale (VAS), pain disability indices, and quality-of-life metrics ensure accurate evaluation and monitoring of treatment outcomes.<sup>[7]</sup>

### 5. IMPORTANCE OF PAIN CLINICS

#### 5.1 Clinical Importance

Pain clinics enable accurate diagnosis and tailored management, reducing pain intensity, improving function, and minimizing long-term medication dependency.

#### 5.2 Public Health Importance

By addressing chronic pain effectively, pain clinics reduce disability, improve quality of life, and lessen economic burdens due to loss of productivity and repeated healthcare visits.

#### 5.3 Psychological and Social Benefits

Multidisciplinary clinics also address mental health aspects, mitigating anxiety, depression, and social isolation associated with chronic pain.

#### 5.4 Economic Impact

Cost-effective pain management reduces unnecessary surgeries and long hospital stays, improving overall healthcare efficiency.

### 6. CHALLENGES AND FUTURE DIRECTIONS

#### 6.1 Resource and Infrastructure Gaps

The scarcity of specialized clinics, especially in low-resource regions, contributes to unmet pain care needs.

#### 6.2 Training and Recognition

In India, pain medicine is not yet widely recognized as an independent specialty, affecting training opportunities and professional development.

### 6.3 Awareness and Referral Systems

Low awareness among healthcare providers and patients leads to delayed referrals and under-utilization of pain clinic services.

### 6.4 Research and Innovation

Emerging technologies and research, including interdisciplinary studies on pain mechanisms and novel interventions, are important areas for future advancement.<sup>[8,9]</sup>

## 7. CONCLUSION

Pain clinics play a crucial role in addressing the complexities of pain, especially chronic and cancer pain. A well-structured, multidisciplinary pain clinic improves patient outcomes, reduces disability, and enhances quality of life. Although challenges in infrastructure, regulation, and awareness persist—particularly in the Indian context—the continued evolution of pain medicine, supported by international and national efforts, promises better access to comprehensive pain care.

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