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nate pain altogether. Pain has some value in monitoring progress in

Topical

ese are available as solution, spray, and ointments. Water-soluble ointment containing topical anesthetic and germicide used for managing dental Alveolitis.

Analgesic balms are agents that give soothing palliative relief of inflammatory pain of superficial deep categories when applied locally to exposed tissue.

Aloe Vera juice is an ancient remedy for superficial pain; balsam of pura; eugenol and guaiacol are other well-known balms. ese are useful in controlling of pain from exposed/ulcerated cuteness and mucogingival tissue, exposed dentin and acute alveolitis [9,10].

Injectable local anesthetic (LA)

Variety of LA is available in different concentration with or without vasoconstrictor. Long acting LA such as bupivacine HCl, (marecine) are useful, even though they have higher risk of toxicity proper dosage, technique adequate precaution readiness of emergency are essential for safety and effectiveness of all LA.

Extreme causation is required when vassopressor agents are used in patients receiving MAO inhibitor or anti-depressant of triptyline type because severe prolonged hypertension may result therefore most unwanted reaction with LA is critical intravenous injection.

Injection of 0.02% morphine sulphate around peripheral nerve has been repeated to yield LA that is equal to bupivacine in onset and duration small dose of one mg. or less of morphine does not produce systemic effect [11].

Anti-inflammatory agents

In addition to anti-inflammatory analgesics there are several non-steroidal medication that are mainly for their anti-inflammatory effect they are mild analgesic and antipyretic acts by inhibition of prostaglandin's biosynthesis. ey do not alter disease but suppress symptoms of inflammation.

Corticosteroids exert potent anti-inflammatory effect by inhibiting prostaglandin biosynthesis; their suppressive effect on inflammation may mask infection. ese are contraindicated in systemic fungal infection Herpes simplex infection [1].

Muscle relaxants

ese are used to control myogenous pain. e muscle relaxants are the anti cholinergic the examples are succinyl choline and methocarbamol. e disadvantage is that patient cannot remain ambulatory or safety to continue his usual activity, can be used for hospitalized patients under supervision [12].

Antidepressants

Tricyclic anti depressant agents increases the availability of serotonin and non-epinephrine in the CSF. e dimethylated tricyclic drugs make serotonin proportionally more available and induce some sedative effect. e mono methylated tricyclics makes non-epinephrine proportionally more available and induces some CNS stimulation. It has been demonstrated that low dose of amitriptyline 10 mg. just before sleep can have analgesic effects on chronic pain after several weeks of use.

MAO inhibitor increases the available serotonin, dopamine, non-epinephrine in CSF by inhibiting their breakdown and may induce hypertension crisis. erefore use of all anti depressant should be under

adequate medical supervision.

Many sedatives and tranquilizing agents are available some, of which are having the muscle relaxants action. Major tranquilizers like

controlled by colchicines and therefore the combination is used in chronic gout [21].

Diet

L tryopthan an amino acid is main dietary supplement brain and spinal cord serotoninergetic neurons are actively in nociceptive receptors as well as in analgesic effect of opiates. Increased activity of serotonin inter neuron is associated with analgesia and enhanced drug potency. Case was reported where pain relief was not possible even after 30 mg of intravenous morphine. But pain is controlled by 4 grams of L tryptophan per day for several weeks.

Adequate dosage: [22]

1. L tryptophan 4 grams of per day
2. Low protein, low fat, high carbohydrate
3. Vitamin B-6 10-25 mg/day
4. Four weeks or more continuous therapy is required.

Physical therapy

Modalities

is done by an instrument or device these are sensory stimulants ultrasound, electrogalvenic stimulation (ECG) and deep heat [23].

Sensory stimulation

Cutaneous stimulation

Transcutaneous stimulation

Percutaneous stimulation

Cutaneous stimulation

Stimulation of skin is used for pain control from ancient time. The effect occurs through stimulation of thick myelinated cutaneous afferent, A-beta neurons chiefly.

Different forms-Pressing/Rubbing skin directly over lesion and also by adding stimulating substances like alcohol menthol ointment.

Use of mechanical vibrator reduces pain in one third of patients.

Hydrotherapy-direct spray of water over lesion also reduces pain [24,25].

Conclusion

Through rational drug-prescribing habits and education of both patients and caregivers, effective regimes can be designed to increase pain control while decreasing untoward drug side effects. A lucid understanding of pharmacology and drug actions as invaluable because knowledge of real or potential drug interactions can assist in designing regimes that will be most use full in treating patients with acute or chronic debilitating pain syndromes.

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