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Original Research Paper

Anesthesiology

A JOURNEY OF A PATIENT OF RESTLESS LEG SYNDROME (RLS)

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A 34 yr old, female patient, teacher by profession came to pain clinic with the complaints of pain both legs since 6years aggravated more after her pregnancy. Pain was restricted to both calf muscles, burning, squeezing and cramp like more on sitting and become severe when she lie on bed or at rest because of the urge to move her legs which reduces on walking. Pain was 9/10 on Numerical Rating Scale (NRS). She says that pain made her difficult to stand for a bit longer time and most of the time she fell down repeatedly while standing and walking, affecting her day to day life. Her symptoms are more in the evening and become worse at night making her difficult to sleep. All this has led difficulty in restoring her sleep even with various therapies like massaging, Reiki, yoga, Hot & cold fomentation etc. She had left her job because of her gradual worsening symptoms. She used to lie down for hours several times a day sometimes on the kitchen floor and sometimes in balcony which was ignored by her family members. Her inability to take proper care of her 6 year old child without family support was making her so much frustrated which led her to attempt suicide 3-4 times.

On examination there was no sensory motor deficit. Color Doppler both lower limbs, MRI both knee and leg reveals no abnormality. In view of fulfilling the essential criterion [1] given by International Restless leg society group a diagnosis of Restless Leg syndrome with major depression was made. She was started on anti neuropathic agents with tab pramiprexole[2] and duloxetin and counselled her to seek psychiatrist advice as well. She was given counselling sessions twice a week telephonically and once every month in pain clinic.

I would like to emphasize on the fact to let us culminate the myth that the person who is looking physically normal with no tissue damage will be malingering and do not feel pain. On the contrary the Pain without a physical damage when chronic is more difficult to treat and such patients require more family support and attention. In Asian countries since birth we receive teachings that the burden of pain is because of our deeds and we should live with it, needs to be unlearn now. Hence, lack of knowledge and awareness both among the physician, patients and the society are the main causes of inadequate pain relief. Thus in Asian countries like ours where illiteracy is higher, education about pain at the grass root level is required to reduce suffering of patients.

Later her family members were called on subsequent visits, counselled and made them aware about RLS which was convincing and eye opening for them. Later her pain score reduced from 9/10 to 3/10 with medications, positive approach towards life and above all family support which gave a beneficial psychological impact in her life.

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