Rupee Scale: For Measurement Of Pain In India

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Citation

A Chakraborty, S Mathur. *Rupee Scale: For Measurement Of Pain In India*. The Internet Journal of Anesthesiology. 2006 Volume 12 Number 2.

Abstract

Acute and chronic pain conditions are measured commonly in terms of counting money (rupee-scale) in India. Every patient from any corner of the society is well-versed with counting money. So the pain or change in intensity of pain can be expressed numerically when asked in terms of money.

One of the major problems in assessment of pain is that it is subjective. Experience of pain is variable from person to person and also race to race. Tolerance of pain is dependent on his affluence in society as well as his or her sophistication or comfort level. Measurement of pain thus is a difficult job for clinicians due to difference in expressions of pain. By far the most popular method for assessing pain is visual analog scale (VAS) ranging from no pain to worst imaginable pain.

Here we share our experience of measurement of postoperative pain by a simple assessment method – 'Rupee scale'. Every patient from any corner of the society is wellversed with counting money (rupee in India) irrespective of level of literacy. So it is easy to communicate with any patients in terms of counting money to measure pain. One rupee comprised of 100 paisa (smaller unit of money). The pain scale divided according to the following –

0 paisa - No pain 25 paisa - Mild pain 50 paisa - Moderate 75 paisa - Severe pain 100 paisa - Worst imaginable pain

The target of post-operative pain management is to keep this rupee scale between 0 paisa and 25 paisa. Perception of pain above 50 paisa indicates the need for intravenous or epidural supplementation analysis or local anesthetics.

The VAS ₁, ₂ is a well-studied method for measuring both acute and chronic pain. However, the VAS is comparatively

time-consuming and requires ability to understand the abstract concept of the VAS line and many patients find it difficult to judge distance accurately from a zero mark with a paper and pen. Therefore the VAS has limitations in a clinic setting of an Indian hospital where level of literacy is variable. In contrast, rupee scale is a simple and less timeconsuming technique for assessment of pain and requirement of analgesics. The regression of the score can reliably assess the adequacy and efficacy of the analgesics. The Rupee scale can be compared with visual rating scales 3, 4 those can be performed without the need of paper and pen and provides a correlation which is more definitive than a distance mark. Many anesthesiologists were using this scale in India but no study has been published yet. Rupee scale, due to its simplicity and acceptability, can be used successfully by the clinicians and surgeons both for acute and chronic pain conditions.

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