

Stellingen behorende bij het proefschrift

Complex Regional Pain Syndrome: the search for inflammatory biomarkers

1. It is likely that there will never be one biomarker specific for CRPS due to the multi-mechanism pathophysiology of this syndrome (this thesis).
2. Clinical phenotypical characterization will remain a cornerstone in the diagnosis and management of CRPS, regardless of the introduction of objective biomarkers (this thesis).
3. It would seem that inflammatory biomarkers are of most importance during the initial course of CRPS and therefore, these biomarkers need to be studied and validated during the course of this syndrome, starting in a cohort of acute CRPS patients (this thesis).
4. Increased soluble interleukin-2 receptor and soluble CD163 levels indicate not only activation of T-cells and monocytes, respectively, but also activation of the adaptive and innate immune system in CRPS thereby strengthening the notion that auto-inflammatory and autoimmune mechanisms contribute to the pathophysiology of CRPS (this thesis).
5. Complex Regional Pain Syndrome is an umbrella term for various diseases that may have yet to be discovered (this thesis).
6. The proposition on hysteria by Dr. Jean-Martin Charcot in 1890 stating that “hysteria has its laws, its determination, precisely like a nervous system ailment with a material lesion. Its anatomical lesion still eludes our means of investigation...” can in some way also be applied to Complex Regional Pain Syndrome.
7. On the term ‘psychogenic pain’: “the IASP defines pain as an experience, and it could be concluded that, since all experiences are psychological phenomena, the term psychogenic pain is a meaningless tautology, much like psychogenic joy.” (E.C. Covington, MD; *Pain Medicine*, Volume 1, Issue 4, December 2000, Pages 287–294).
8. “The specialty of pain medicine has struggled for credibility, and part of the struggle has been to demonstrate the reality of the invisible condition we treat” (E.C. Covington, MD; *Pain Medicine*, Volume 1, Issue 4, December 2000, Pages 287–294).
9. Chronic pain should always be treated in a multidisciplinary manner, even if there is an obvious causal factor.
10. “One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient” (Dr. F. Peabody in *The Care of the Patient*).
11. The most important thing your PhD proves is your stubbornness.

Krishna Deepak Bharwani

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