

CORRESPONDENCE

Muscle Pain: Mechanisms and Clinical Significance

by Prof. Dr. med. Siegfried Mense in volume 12/2008

The Situation Is More Complex in Patients With Chronic Pain

The author writes that the transfer of results from animal experiments to the human model will have to be undertaken with caution. It should be emphasized that conditions in humans are far more complex, especially in patients with fibromyalgia. Patients with pain represent open dynamic models (1) and not isolated models for the study of nociception. Pain is by definition a phenomenon of perception, which may be associated with nociception but is not identical with it.

The proffered explanations can be transferred to patients with pain, but not in the sense of "either – or" alternatives but rather of "as-well-as" mechanisms. Not only promoting or inhibiting influences of the nociceptive system have a role but many other psychosocial disturbances, as is shown by the high correlation with anxiety disorders, depression, and insomnia (2, 3). In fibromyalgia patients, the importance of chronic stress with dysfunction of the hypothalamic-pituitary-adrenal axis has been shown. In many patients, traumatic events in childhood were reported (2), and appropriate diagnosis and treatment therefore include the patient's perception, personality, and biography (1).

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Myofascial Trigger Points Can Be Treated

I found out about the enormous importance of myofascial trigger points from more than 30 000 treatments. In my supraregional practice, many patients with acute, chronic, and therapy resistant pain are treated according to the "TriAS" concept (needling techniques: superficial, intramuscular, minimally invasive). An evaluation of the effectiveness of this treatment (736 patients from 2003 to 2005) showed very good improvement in pain in 59% of patients, and slight to good improvement in another 34%.

Trigger points were involved in the development of pain in almost all patients, alone or accompanying other

causes. The referral of muscle pain therefore needs emphasis: mislocalizations of the causes of pain were the rule. Patients almost never experienced spontaneous pain at the site of the active, and therefore etiologically relevant, trigger points. I have never had to inject into the trigger points; suitable acupuncture techniques are sufficient.

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In Reply:

The subject of the article is relevant for many medical disciplines. As a matter of course, this entails the risk that representatives of individual disciplines find that the fundamentals of their work have been dealt with to an insufficient degree. This is the case for the response by Wörz, which – in relation to fibromyalgia symptoms – does not only call for a discussion of the problems caused by pain but also the many other symptoms. However, in the introduction I made it clear that psychosocial aspects of the chronic muscle pain syndromes were not the subject of my article. Otherwise I agree with Wörz in that many of the mechanisms (and more that were not mentioned) occur in parallel and cannot be seen in isolation. Experimental study of nociceptive mechanisms necessitates focusing on one main aspect (a working hypothesis) in order to come to any conclusion at all.

It goes without saying that patients with pain should not be regarded as models for the study of nociception. This does not change the fact, however, that causative mechanisms underlie even the most complicated cases of chronic muscle pain. Basic science will need to identify and describe possible mechanisms, while initially leaving open which of these mechanisms are active in a particular patient with pain.

I thank Kohls for pointing out that in his experience, the described referral of muscle pain with subsequent mislocalization of the source of pain by the patient is not an exotic phenomenon but a common occurrence. However, I do not know to which extent this is common knowledge in medical practice. The letter emphasizes the importance of physical examination to identify and treat trigger points and other defects in the musculoskeletal system.

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Conflict of interest statement

The authors of both letters and the reply declare that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.