

Focus on Pain 2003 Conference Report

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Leon Chaitow

The biannual Focus on Pain conference was held in March, in Orlando, Florida. It was jointly presented by The Janet G. Travell Seminar Series, in collaboration with The University of Texas Health Science Center (San Antonio) and the International Myopain Society, in association with the National Association of Myofascial Trigger Point Therapists. Following two whole day preconference workshops (Neurodynamic Examination (David Butler) and Myofascial and Neurological Effects of Breathing Pattern Disorders (Leon Chaitow)) the conference proper comprised approximately 30 presentations, spread over 3 days, along with panel discussions (Photo 1).

The range and quality of the presentations were exceptional; however, space constraints allows only a brief summary of some high points: Linda Watkins, Professor of Psychology, University of Colorado Boulder, outlined remarkable new research showing the influence on health in general and pain in particular of Glia cells (microglia and astrocytes) in the spinal cord, which have been shown, in response to bacteria and viruses, as well as to peripheral sensory stimulation, to be capable of creating pathological

pain via the release of proinflammatory cytokines (Watkins et al. 2001) Jay Shah, MD, a psychiatrist working at the clinical Center at the National Institutes of Health, described the development and use of a microdialysis acupuncture needle which is capable of assessing the neurochemical milieu (pH, oxygen levels, calcium and magnesium levels etc.) of both normal and dysfunctional soft tissues. The microdialysis system comprises a hollow, 30 gauge, acupuncture needle which contains tubes that deliver a saline solution, via a membrane close to the tip, and which retrieves the solute. 'The membrane is perfused with a physiologic saline, a liquid that equilibrates with the tissue fluid outside the membrane by diffusion in both directions. From this small amount of dialysate, substances can then be accurately measured'. Preliminary studies, have demonstrated the efficiency of this means of measuring, in real time, the biochemical components of dysfunctional soft tissues in and around active and latent trigger points before, during and after the point of the needle enters the taut band of the trigger point. The potential for this technology in investigation of the biochemical milieu of other soft tissue phenomena (fibromyalgia tissues, tendonopathies, etc.), and acupuncture points, are clear.

David Butler, BPhy, author of the groundbreaking 'Mobilisation of the Nervous System' (Churchill Livingstone, 1991) presented on the topic of 'Integration of Pain Sciences into Clinical Practice'. He argued strongly for clinicians to pay more attention to central sensitization mechanisms and secondary hyperalgesia. 'Incoming electrical and chemical traffic to the CNS, particularly if persistent, meaningful, severe and from deep structures, may leave long lasting changes in the dorsal horn and other groups of neurones in the CNS. Documented morphological changes include enhanced receptor expression, cell death, inappropriate synapsing, and loss or expansion of receptive fields. These changes are more likely to occur in patients who have altered inhibitory controls, usually related to various stressors'. Butler suggests that, 'during physical examination in the central pain state, it may not necessarily be the tissue health which is tested, but more the stability of the central representation of the tissue at a particular time, place and circumstance of testing'.

'Clinicians are urged to take on an uncorrupted and dynamic clinical decision making process which engages the paradigm of pain'. Karen Lucas, BAppSc, of the Department of Complementary Medicine, Royal Melbourne Institute of Technology University

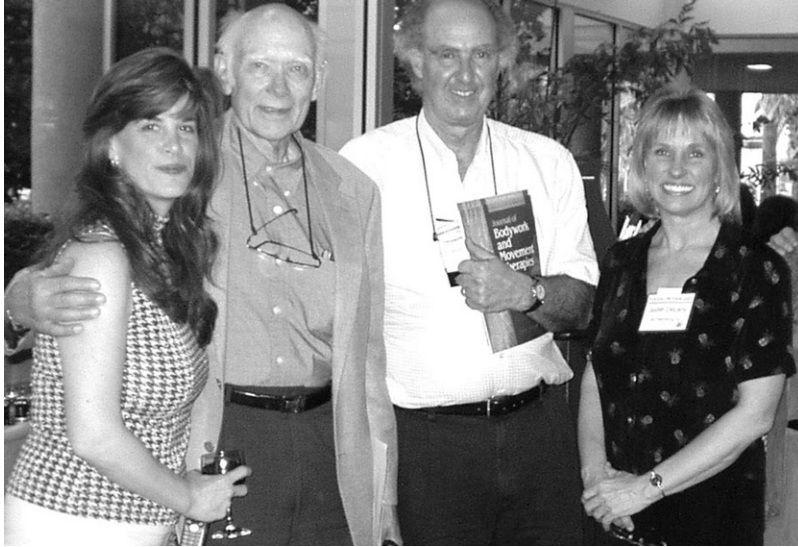


Photo 1 JBMT Advisory Board Members Dr. Shannon Goossen, Dr. David Simons, JBMT Editor Leon Chaitow, JBMT Associated editor Judith Walker DeLany. Focus on pain Conference, Orlando, Florida, March 2003. Photo by Tracy Lloyd.

(Photo 2), described her research into the influence of latent trigger points on the firing pattern of the muscles housing them and associated muscles. The findings have important clinical implications for those manual therapists who

utilize functional assessment of firing patterns as part of their diagnostic protocol, and for those involved in rehabilitation. The research shows that latent trigger points, in pain-free muscles, cause the affected muscle to fire



Photo 2 Karen Lucas, BAppSc, Department of Complementary medicine, Royal Melbourne Institute of Technology University. Photograph Leon Chaitow.

prematurely when recruited, as well as influencing the behaviour of muscles more distal in the kinetic chain. 'Latent trigger points alter the timing and decrease the consistency with which the scapular positioning muscles, and muscles more distal in the upper limb chain, are activated'.

The presentations of Marta Imamura, MD, PhD, of the Sao Paulo School of Medicine, Sao Paulo, Brazil, focused largely on spinal segmental sensitization and the treatment of associated pain using paraspinal blocks and associated modalities (using methods developed by Dr Andrew A. Fischer), including exercise and postural correction. Conditions treated included arthritis, bursitis, tendonitis, injuries and generalized pain syndromes. In a second presentation Dr Imamura outlined the work of Dr Hy Dubo (University of Manitoba) in treatment of abdominal pain, again via desensitization of spinal segments using paraspinal blocks, needling and infiltration of trigger points. The descriptions of spinal sensitization are of course reminiscent of traditional osteopathic segmental facilitation concepts (Korr 1976). The means of treatment using injection techniques are restricted to those professions licensed to perform such interventions. The usefulness of the information for the bodywork professional who is not licensed to inject, lies in the reinforcement of the understanding of the links between spinal sensitization/facilitation and chronic pain (often visceral) problems, and therefore of the need to normalize, as far as is possible, such focal areas. Chronic pelvic pain featured in two presentations. The presentation by Ragi Doffweiler-Wiygul, of the Department of Urology, University of Tennessee, Memphis, focused on the connection between myofascial trigger points and chronic pelvic



Photo 4 Dr Robert Gerwin presenting at Focus on pain Conference, Orlando, Florida, March 2003. Photograph by Leon Chaitow.

consideration). Finally 'multi-modal' treatment was evaluated (sleep medication, CBT and exercise

as well as treatment for depression and pain symptoms). Older patients did better on this approach. There is

still much to learn about fibromyalgia!

REFERENCES

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