



Fibromyalgia/Myofascial Pain Syndrome Handout #1

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Pain is often the most prominent symptom of FMS, but there are many others, especially when chronic myofascial pain syndrome (MPS) gets in the picture. Trigger points (TrPs) of MPS cause muscle spasticity (tightness), which disrupts the flow of liquids in the body. Your eyes may often be dry, yet sometimes they water. Your thermal regulatory system is out of whack. This is noticeable when you get out of bed (often, due to bladder irritability) during the night. Spasticity can constrict your peripheral blood vessels—those close to the skin. Then, in the winter, certain areas of your body—most often the buttocks and thighs—feel like cold slabs of meat.

Perhaps you have a chronic runny nose, which starts a "domino effect". It's "mechanical"—not caused by a virus or bacterium. As you sleep, stuffiness in your nose moves from side to side as you roll. Post-nasal drip hits the back of your throat. Throat and neck TrPs—especially in the sternocleidomastoid (SCM)—develop satellite and secondary TrPs. You get TrPs down your arm, and loss of motion in your neck and shoulders. The constant drip into ever-more restricted vessels can result in a sinus infection, because germs take advantage of the situation.

Dr. Janet Travell, in her autobiography, "Office Hours Day and Night" noted that dizziness, ringing of the ears, loss of balance, and other symptoms can all be caused by SCM TrPs. Dr. Travell was White House physician to JFK. She and her partner, David Simons, wrote the definitive texts on MPS. The tight SCM complex transmits nerve impulses that inform the brain of the position of the head and body in the surrounding space. It doesn't match the input from your eyes. When head movement changes the SCM message—when you turn, or move fast you get dizzy. This, coupled with poor equilibrium, can make it seem that the walls are tilting. When we take corners while driving, we get the impression that we're "banking" the turn at a steep angle, as if we're on a motorcycle. Cold drafts can bring on neck TrPs. Be careful how you move in bed. When you turn, roll with your head flat, and use your arms to help. Don't lift your head and "lead with it" as you roll. That puts a great strain on the neck area and "loads" TrPs, just as climbing steps or walking uphill "loads" the muscles of the thighs. A common symptom of SCM TrPs is a "drunken" walk, as we bump into doorways and walls.



Muscle weakness causes us grief. This is often due to "latent" TrPs. They aren't "active"—they don't cause pain unless we press them. But if we stress them, they "give out". You try to take a drink from a glass, and end up wearing your drink. As you twist your wrist to bring the drink to your mouth, a latent T-stressed muscle is asked to support the drink. Your body couldn't tell where the drink was in relation to your mouth, nor how heavy it was. Learn to use two hands to carry things, not to carry heavy things, and be prepared for lots of spills. When our muscles frustrate us, don't dwell on it. Move on. Don't berate yourself for something you can't help. Our worst enemy isn't pain or muscle weakness, it's negativity. Cultivate a sense of humor. Wear printed fabrics. Use straws.

Another distressing facet of T-inspired muscle weakness is the "weak-ankle, weak-knee". You're walking across level ground and bam! You're down. Or you "catch yourself" and avoid the fall, stressing muscles even more. Be cautious on steps. Be especially careful on uneven surfaces. Vary your tasks—use different muscle groups. Slow your working pace. Listen to your body. Rest often. Cultivate a rhythm of movement. Play music while you work, if you can. Don't fight your body, work with it. If at all possible, lie down for a few minutes at times during the day. Rest the muscles working to hold your head up. Don't sit too long in any one position. When you drive, pull off the road every hour and walk around the car. Stretch. At home, use a rocker to prevent the muscles from building up electrical activity. When you must lift, keep the load close to your body, and look up just before you lift. That tightens the long spinal muscles helps your back.

Added stress to the body will cause FM to flare. Any infection, or yeast overload, is also stress. Disrupted carbohydrate metabolism of FM patients causes intense craving for sweets, which feed yeast. Carbohydrate-cravers snack not because they're hungry, but because they need missing neurotransmitters—especially in the late afternoon and early evening.

The alpha-delta sleep anomaly of FM makes it just about impossible to get rest. When morning comes, you're stiff, achy, and your muscles are unresponsive. Your body/mind hasn't received the proper quality nor quantity of sleep it needs. You feel as though you've had a run-in with a truck the day before, and the truck won. In delta sleep, deep sleep, immune chemicals and rebuilding chemicals are created, and the body/mind is repaired. When an FM patient enters delta stage, sleep is interrupted by alpha (awake) wave intrusion. We're jolted up to light sleep or totally awake. We never get the deep, refreshing sleep others enjoy. Medications, such as amitriptyline, may increase the quantity of our sleep, but they do nothing for the quality. FM patients can also get bruxism (teeth clenching and grinding), nighttime muscle jerks (myoclonus), sleep



apnea and shallow breathing {check out those chest TrPs). We also feel sleepy at "inappropriate" times. If we push ourselves "over the hump", we slide into a wakefulness/insomnia pattern. It's important for us to eat regularly (and not too close to bedtime), avoid stimulants, avoid alcohol, and develop regular sleep patterns. Some of us need waterbeds, and almost all of us need cervical pillows and other sleep aids.