

fibromyalgia and the role of therapeutic massage

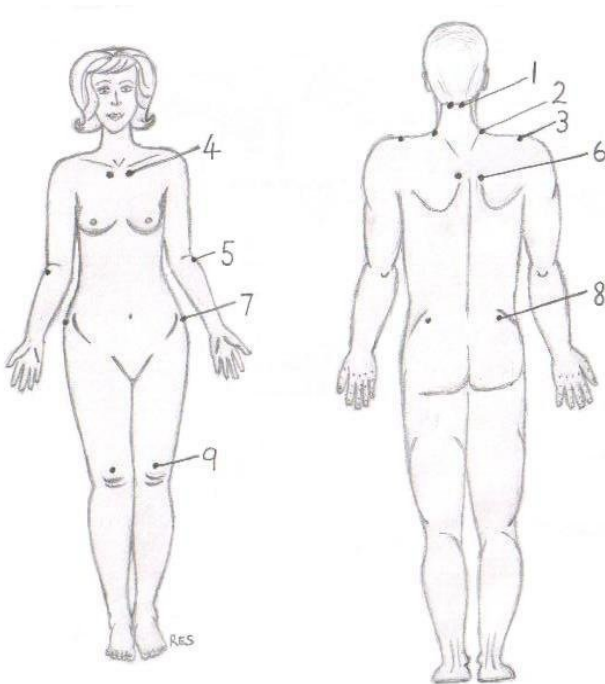
This painful mystery illness has led many a sufferer through a fruitless maze of medical tests and visits. Yet this frustrating and sometimes controversial syndrome is at last revealing some of its secrets....

A fibromyalgia sufferer typically looks well, but feels terrible. The entire body generally aches and specific tender points are intensely painful. The patient complains to you of fatigue, poor sleep, tight, twitchy muscles, mental "fogginess" and endless medical investigations that come back negative. You've probably seen such patients before. The difficulties of fibromyalgia are compounded by medical organisations not fully recognising a "fibromyalgia disease" or agreeing on the status of fibromyalgia as a condition. Fortunately for patients, research has revealed some guidelines for treatment such as massage, exercise, sleep and understanding.

Fibromyalgia Syndrome (known also as FM or FMS) literally means "muscle fibre pain" and is a common condition, affecting about 3.4% of women and 0.5% of men¹ although some researchers claim an incidence of up to 12.9%², yet underlining the controversy of the condition, certain rheumatologists would claim a rate of 0%, arguing that fibromyalgia does not exist! However, the term fibromyalgia syndrome (which was first used in a 1987 research paper³) remains a very useful way of describing a specific syndrome which has been increasingly studied in recent years, and is beginning to yield some answers.

What is Fibromyalgia?

Fibromyalgia is a type of muscular rheumatism. The defining features as described by the 1990 American College of Rheumatology classification criteria include pain (from light pressure) in at least 11 of 18 specified tender points (as per illustration). The tender points coincide with prominent tendon attachment points. Pain in fibromyalgia is in all four quadrants of the body. Joint inflammation is generally not observable in fibromyalgia and blood tests for inflammatory changes are usually negative.



A pair of tender points is located in the following location:

1. at the base of the skull beside the spinal column
2. at the base and rear of the neck
3. on top of the shoulder toward the back
4. on the breast bone
5. on the outer edge of the forearm about 2cm (approx. 1 inch) below the elbow
6. over the shoulder blade
7. at the top of the hip
8. above and to the outer side of the buttocks just above the kneecap

Along with generalised muscular pain and (at times) exquisitely painful tender points, other key symptoms included poor sleep, fatigue, mental "fogginess" and lowered mood. These symptoms overlap with a number of other conditions⁴ such as chronic fatigue syndrome (where less pain is generally reported) and lowered thyroid function.



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The fact that fibromyalgia symptoms are fairly generalised (apart from the tender points) and differ slightly from patient to patient has unfortunately led to many mis-diagnosed patients, and many labelled as hypochondriacs. A Swedish study involving doctors experienced with chronic fatigue and fibromyalgia syndromes showed a discrepancy between a doctor's "ideal" role of diagnosis and support, and the reality of a more sceptical approach to patients with these conditions⁵.

Research is providing a new insight into fibromyalgia and highlights the roles of therapeutic massage, exercise and most definitely a supportive and compassionate approach.

The prime clue about fibromyalgia concerns the lack of deep, restorative sleep in sufferers. The deepest phase of sleep is known as delta phase and coincides with the release of growth hormone. As well as promoting growth in children this hormone provides a crucial tissue repair function, particularly with muscle and associated connective tissue, which both undergo considerable daily wear and tear.

The sleep patterns of many fibromyalgics have been recorded and it is known that many patients do not achieve delta phase sleep. A Canadian study produced fibromyalgia symptoms in healthy students by depriving them of deep sleep for three consecutive nights⁶.

It therefore appears that most fibromyalgics cannot repair their muscles and connective tissues properly due to inadequate sleep quality. This underlines the key role of specialised massage therapy in fibromyalgia. In a recent study of the muscle and collagen tissue of fibromyalgia patients⁷, amino acids for collagen were significantly lower than normal, indicating a lowered tissue repair ability.

Another study showed that the muscles of fibromyalgia patients were less able to utilise oxygen⁸ than control subjects.

So fibromyalgic muscle can be viewed as tight, achy, delicate, and probably microscopically damaged. This helps explain why measures which may help other patients, such as intense rehabilitation exercises, repetitive motion exercises, high impact training and vigorous massage are generally bad news for fibromyalgia patients. Their muscles simply cannot repair themselves quickly enough to cope with these more intense modalities.

Massage in fibromyalgia is then best done in a gentler fashion, addressing the delicate nature of the muscle tissue, and with more relaxed, less painful muscles as a suitable end point.

A Swedish study⁹ which examined connective tissue massage, involved a series of fifteen massages conducted over a ten week study period. 23 fibromyalgia patients were in the study group and 25 fibromyalgia patients were in a control reference group. After the ten week period, the massage group had pain reduction of 37%, used less analgesics, had improved mood and reported improved quality of life when compared to the reference group.

Many massage therapists have a favourite massage blend with rosemary oil, lavender or similar ingredients, and give favourable anecdotal reports as to their success in fibromyalgia. Myopax has been developed as an extension to this line of therapeutic response.

Massage therapy in fibromyalgia is crucial in terms of two other aspects of the condition: sleep and exercise. Many patients report muscle cramps and twitches as interfering with a restful sleep. It would appear that afternoon or early evening massage sessions might convey the best chance of improving sleep quality.

There are many studies which confirm the benefit of exercise in the treatment of fibromyalgia. An analysis of 16 exercise therapy studies¹⁰ concluded that "supervised aerobic exercise training has beneficial effects on physical capacity and fibromyalgia symptoms".



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The difficulty with an exercise program for fibromyalgia, of course, is overcoming the muscle tightness and pain to engage in the activity. Again massage becomes relevant as a pre-exercise therapy. Another advantage of exercise is the body's release during physical activity of the chemical messenger serotonin. It is thought that serotonin production is low in fibromyalgia sufferers, and exercise, particularly in the afternoon may be able to improve sleep quality later that evening, thanks to increased serotonin release. Serotonin is involved in many of the body's normal functions including pain processing, mood, digestion and sleep. Many of these functions are affected in fibromyalgia, suggesting a serotonin related cause.

Current evidence would support a massage routine to assist with the two key parts of a fibromyalgia sufferer's day. The first is to relieve morning stiffness. The second aspect is in setting up a sound sleep. This would involve afternoon exercise of some form, and using massage either pre-exercise or before bed to give delicate fibromyalgic muscles their best chance of repair. Myopax may be used in such a massage routine to maximise the benefits for the patient.

Long term exercise programs are achievable for fibromyalgia patients. One such program at the University of North Carolina¹¹ contained groups who were in 2 and 3 year programs respectively. All participants reported benefits. Exercise programs lasted 50 to 70 minutes, 5 days per week.

Fibromyalgia is a complex syndrome, but understanding the nature of its achy, fragile muscles gives massage therapy a pivotal role in its management.

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¹ University of Washington, Dept. Orthopaedics and Sports Medicine, www.orthop.washington.edu

² Epidemiology of Fibromyalgia, Neumann L, Buskila D, Curr Pain Headache Rep 2003 Oct; 7 (5): 362-8

³ Fibromyalgia Syndrome: An Emerging but Controversial Condition JAMA 1987; 257: 2782-7

⁴ Overlapping Conditions among Patients with Chronic Fatigue Syndrome, Fibromyalgia and Temporomandibular Disorder. Aaron LA et al Arch Intern Med 2000 Jan 24; 160 (2): 221-7

⁵ Ideal versus Reality: Physicians Perspectives on Patients with Chronic Fatigue Syndrome (CFS) and Fibromyalgia. Asbring P, Narvanen AL Soc Sci Med 2003 Aug; 57 (4): 711-20

⁶ 1975 Harvey Moldofsky MD, University of Toronto, Canada

⁷ Collagen and Muscle Pathology in Fibromyalgia Patients. Gronemann et al Rheumatology (Oxford) 2003 Jul 16

⁸ Muscle Metabolism in Fibromyalgia studied by P-31 Magnetic Resonance Spectroscopy during Aerobic and Anaerobic Exercise. Lund E et al, Scand J Rheumatol. 2003; 32 (3): 138-145

⁹ Connective Tissue Massage in the Treatment of Fibromyalgia. Brattberg G Eur J Pain. 1999 Jun; 3 (3): 235-244

¹⁰ Exercise for Treating Fibromyalgia Syndrome, Busch A et al Cochrane Database Syst Rev. 2002; (3): CD003786

¹¹ A Successful, Long term Exercise Program for Women with Fibromyalgia Syndrome and Chronic Fatigue Syndrome and Immune Dysfunction Syndrome. Karper WB, Stasik SC Clin Nurse Spec 2003 Sep; 17 (5): 243-8

