

## **Excerpts from Pain Relief with Trigger Point Self-Help**

<http://www.triggerpointrelief.com>

### ***From the “How To Use This CD” chapter:***

“It is important that you don’t make assumptions about the cause of your symptoms, especially if the pain is severe. You may need to see a doctor to rule out herniated disks, organ dysfunction, cancer, disk fractures, urinary tract infections, gallstones, liver disease, abdominal infections, an aortic aneurysm, multiple sclerosis, diverticulitis, myasthenia gravis, or other serious conditions before attempting self-application of trigger point therapy, particularly on the back or neck. If you have already ruled out serious causes, and especially if physicians and other diagnostic techniques have not come up with an explanation for your symptoms, you may very well find relief with trigger point therapy.”

### ***From the “What are Trigger Points?” Chapter:***

“Muscle is the largest organ in the human body, and accounts for about 50% of its weight. There are approximately 400 muscles (there are individual variations), and any one of those can develop trigger points which can refer pain and cause dysfunction. Symptoms can range from intolerable agonizing pain caused by ‘active’ trigger points, to painless restriction of movement and distortion of posture from ‘latent’ trigger points...The answer to ‘What Are Trigger Points?’ is: research it still underway. But many characteristics have been observed for decades by researchers all over the world. With new testing methods and equipment, in the last ten years much has been learned about the physiology of trigger points. And even though not every mechanism is known, patients get better when their trigger points are treated!”

### ***From the “What Causes and Keeps Trigger Points Going: Perpetuating Factors” chapter:***

“Many practitioners who practice ‘Neuromuscular Therapy’ or ‘Trigger Point Therapy’ are only familiar with referral patterns and how to search for trigger points, and have not been taught to identify and figure out with the patient what is causing and perpetuating their symptoms. I have my patients fill out a complete medical history and give them a list of known perpetuating factors so that together we can do the detective work and get to the source of the problem. Trigger points are a symptom, not a cause. Needling or applying pressure to the trigger points deals with the acute part of the problem, but does not solve the underlying factors. If you get temporary relief from trigger point therapy but symptoms quickly recur, then trigger points are definitely a factor, but perpetuating factors need to be addressed in order to gain more lasting relief.”

*Injuries...*” A healthy muscle is pliable to the touch when it is not being used, but will feel firm if called upon for action. If a muscle feels firm at rest, it is tight in an unhealthy way (even if you work-out). I like to use an analogy of a rubber band or stick. Imagine that a sudden, unexpected force is applied to the ‘stick,’ or tight muscle (such as a fall). Like a stick, the muscle will be damaged. If a sudden force is applied to a pliable muscle, or ‘rubberband,’ it will stretch with the

force instead, and will be much less likely to be injured. Since latent trigger points restrict range-of-motion to some degree, and almost everyone has some latent trigger points, a muscle may be tight and restricted without you being aware of it, and can be easily injured if a sudden force is applied.”

*Nutritional Problems...* ”Dr.s Travell and Simons found that almost half of their patients required treatment for vitamin inadequacies to obtain lasting relief from the pain and dysfunction of trigger points, and thought it was one of the most important perpetuating factors to address. They found the most important were the water-soluble vitamins B-1, B-6, B-12, folic acid, vitamin C, and the minerals calcium, magnesium, iron and potassium. The more deficient in nutrients you are, the more symptoms you will have, and your trigger points and nervous system will be more hyper-irritable. Even if a blood test determines you are at the low end of the normal range, you may still need more of a nutrient, since your body will pull nutrients from the tissues before it will allow a decrease in the blood levels.”

“Cobalamin (Vitamin B-12) and Folic Acid need to be taken together to form erythrocytes (a type of red blood cell) and rapidly dividing cells such as those found in the gastrointestinal tract, and for fatty acid synthesis used in the formation of parts of certain nerve fibers. B-12 is needed for both fat and carbohydrate metabolism. A deficiency can result in pernicious (megaloblastic) anemia, which would reduce oxygen coming to the site of the trigger point, adding to the dysfunctional cycle and increasing pain. A deficiency of B-12 may also cause symptoms such as non-specific depression, fatigue, an exaggerated startle reaction to noise or touch, and an increased susceptibility to trigger points. B-12 is only found in animal products or supplements. Several drugs may impair the absorption of B-12, as can mega-doses of Vitamin C for long periods of time.”

*Organ Dysfunction and Disease...* ”Patients with low thyroid function may be low in thiamine (Vitamin B-1). Before starting on thyroid medication, try supplementing with thiamine to see if that corrects your thyroid hormone levels. If you are already on thyroid medication and you start taking B-1, you may start exhibiting symptoms of hyperthyroidism, and your medication dosage needs to be adjusted. If you are low in B-1 at the time of starting thyroid medication, you may develop symptoms of acute thiamine deficiency, which may be misinterpreted as an intolerance to the medication. After the B-1 deficiency is corrected, you will likely tolerate the medication. You will need to supplement with B-1 prior to and during thyroid hormone therapy to avoid a deficiency. Total body potassium is low in hypothyroidism, and high in hyperthyroidism, so you may need to adjust your potassium intake also. Smoking impairs the action of thyroid hormone and will make any related symptoms worse. Several pharmaceutical drugs can also affect thyroid hormone levels, such as lithium, anti-convulsants, those that contain iodine, and glucocorticoid steroids, so check with your pharmacist if you have been diagnosed with hypothyroidism and are taking another medication.”

***From the “Gluteus Minimus” muscle chapter:***

“Referred pain from trigger points in the gluteus minimus frequently gets diagnosed by both patients and practitioners as ‘sciatic pain,’ because of the distribution pattern down the side and back of the legs. At least 80% of pain down the leg comes from trigger point referral, not from

‘pinched nerves,’ a herniated disk, or stenosis in a lumbar vertebra (narrowing of either the big hole in the vertebra that the spinal cord goes through, or narrowing of the smaller holes the nerves travel out through). Since ‘sciatica’ is usually assumed to be caused by compression by a nerve, pain referrals from trigger points are probably more aptly called ‘pseudo-sciatica.’”

*Common Symptoms...* “The anterior portion of the muscle (on your side, under the seam of your pants) refers pain down the side of the leg to the ankle, and possibly to a spot on the backside of your buttocks...the posterior portion of the muscle is part way between the side and the backside, and refers pain over the gluteal area and down the back of the leg into the calf.”

*Causes and Perpetuation of Trigger Points...* “... sudden or chronic overuse...a nerve root irritation... sitting with a wallet in your back pocket... standing for long periods with your weight shifted to one side or with your feet too close together...walking or running too far or too fast, especially on rough ground... walking with a limp from an injury...sitting for too long, especially when driving...”

*Helpful Hints...* “I have found that if the pain is truly coming from a disk or problem with a lumbar vertebra, the patient usually draws a referral pattern that starts as a thin line coming from a very specific spot on one side of a lumbar vertebra, and then continues into the gluteal area and down the leg. The pain is usually sharper and intense. If the pain referral starts in the gluteal area and not a pinpoint spot in the lumbar area, it is likely caused by trigger points in either the gluteus minimus or piriformis muscles. If it does start next to a vertebra, you need to see a doctor and get an MRI to be evaluated for disk problems and stenosis. Acupuncture will help with disk problems, but will only help with the pain portion of stenosis. It will not affect the stenosis, which may require surgery. These surgeries have gotten very sophisticated in the last few years, and usually have you back on your feet the day after the surgery... Runners and avid hikers usually have gluteus minimus trigger points. If you have located trigger points with the self-help techniques, back off on your runs or hikes until the trigger points have improved dramatically. You can then slowly increase your mileage, staying out of the pain zone. I recommend doing the ball self-work and ample stretching before and after the run.”

*Self-Help Techniques...* “Common trigger points in the gluteus minimus are found in the upper 1/3 of the backside of the butt, and all the way on the side between your hip joint and the top of your pelvis. Laying face up, lay on a tennis ball and move it with your hand while searching for trigger points. Start moving out onto your side. By the time you work on the entire muscle, you will be laying on your side. Many patients make the mistake of not getting far enough forward. If you are working over the seam of your pants, you are getting all the points, otherwise, keep searching further forward.”

*Stretches...* “To stretch the anterior fibers of the gluteus minimus, lay on your side on the edge of your bed with your back scooted right up to the edge. Allow your top leg to drop behind you, off the edge. Allow gravity to give you a stretch.”