Large tender areas, not discrete points, observed in patients with fibromyalgia

Editor – All those who employ acupuncture for the relief of pain suffered by patients with fibromyalgia must I am sure be very grateful to Thomas Lundeberg & Irene Lund for their recently published, thought provoking paper: Are reviews based on sham acupuncture procedures in fibromyalgia syndrome (FMS) valid? For it has been very clear to many of us for some time now that, because of marked central sensitisation in this disorder, patients with it are such strong reactors to needle evoked nerve stimulation as to make anything more than very lightly applied superficial needling at tender points counter productive.

However, the main purpose of this letter is to draw attention to the possibility that it may be because of this considerable central sensitisation that some patients with this disorder may be found to have large, well circumscribed areas of tenderness rather than the more commonly described tender and trigger points.

This was first brought to my attention when some years ago a female patient with this disorder together with her medical acupuncturist travelled an appreciable distance to see me to enquire why needling, despite being carried out only superficially, invariably gave rise to distressing soreness at the needling site and an exacerbation of the pain. It did not take long to work out that the reason for this was that, despite the needling being carried out superficially, it was at the same time being applied too energetically!

However, what was of particular interest to me was that on clinical examination, rather than having discrete circumscribed tender points, she was found to have quite large, albeit well demarcated, tender areas; and that to provide her with pain relief, whilst at the same time avoiding the evocation of unacceptable treatment induced soreness, it was necessary to do no more than take a needle and to carry out with it repeated non-penetrative pricking of the skin all over each tender area in turn. Admittedly, initially the pain relief obtained with this ‘pecking procedure’ was only of short duration but after it had been repeated at weekly intervals a few times it was found only necessary to carry it out at increasingly longer intervals.

My purpose in drawing attention to the clinical findings and the particular form of needling found to be effective in this single case is the hope that other members of the Society, perhaps in conjunction with their local rheumatologists, might be prompted to investigate cases of fibromyalgia under their care in order to ascertain whether the clinical features that I describe above are commoner than generally thought, with all the implications this may have with respect to the treatment of this disorder with acupuncture.

Reference List

We invited Thomas Lundeberg to comment on the above letter. He replied:

Fibromyalgia is not a fixed condition; it is a continuum, ranging from mild to severe. In very severe cases, as the one elegantly described by Peter Baldry, the local tender points are ‘replaced’ by enlarged receptive fields and marked sensitivity. In such cases the ‘pecking procedure’ used by Peter Baldry is most likely sufficient and can be recommended. I do agree with Peter Baldry that when choosing a treatment procedure in fibromyalgia one should avoid techniques that evoke soreness as they are likely to be counter productive.

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