

Fibromyalgia and Chronic Myofascial Pain: A Companion's Guide

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<http://www.rovers.net/~devstar>

People in your world have fibromyalgia (FM), and you may not understand. Even though they look fine, they hurt, and the symptoms fluctuate hour to hour. FM has been called the “irritable everything syndrome”, with good reason. Some of what you heard may not be clear, or even true. FM is a chronic invisible illness. You can't see the pain and other symptoms, but they are physiologically real. There are days that the rain beating on the window can feel as if it is beating, with sharp edges, on the surface of every cell.

Fibromyalgia is not musculoskeletal. Pain originating in the musculoskeletal system is peripheral pain, outside of the central nervous system (CNS). In FM, the CNS (the brain and spinal cord), doesn't process pain and other stimuli the way yours does. Chronic sensory stimuli bombardment changes the CNS. Hyperalgesia means that pain signals are magnified, and may last for longer than normal. Allodynia means that normally non-painful stimuli that your brain senses as noise, touch, light, or smell are changed by FM CNS into pain sensation.

As the CNS struggles to deal with the extra stimuli, biochemicals such as neurotransmitters, hormones and peptides that regulate the systems of the body and mind become unbalanced. Symptoms can be severe, yet blood tests, X-ray and other common diagnostic tests cannot diagnose FM. Most FM patients have memory and cognitive impairments. People with FM are often misunderstood and doubted, and this, in addition to the chronic pain and other symptoms, can cause confusion and depression. The impact of FM is as bad, or worse, than rheumatoid arthritis, yet there is often less support offered.

Sleep is frequently fragmented in FM, and people with FM may wake up feeling that they haven't slept at all. Deep sleep is when the body does much of its repair and biochemical regulation. The person with FM can't recover from exercise, stress and work like healthy people. They are constantly in a state of sleep deprivation unless they find a combination of medications, lifestyle modifications and diet that work for them.

This pain with which the CNS is bombarded in FM, where does it originate? In the peripheral tissues, outside of the CNS. There could be a trauma, or arthritic condition, or there could be the most common cause of all; myofascial (my-oh-fass-shall) trigger points (TrPs). There is no such thing as a fibromyalgia TrP. They are part of another condition that often co-exists with FM, arthritis, and even the aging process, although they can occur at any age, even in infancy. FM *magnifies* pain and other symptoms. Trigger points *cause* pain and other symptoms. Myofascia is a three-dimensional net of sticky tissue that wraps around individual muscle cells, bundles of cells, and groups of bundles of cells. The muscles are wrapped in myofascia too. At the end of the muscles, myofascia sticks together to form ropy tendons. You may have felt myofascia as the sticky white film around chicken breasts.

Myofascia is part of a whole body network, as fascia also holds our organs in place, does a variety of jobs such as forming the sac that is around the heart and the one that contains the spinal cord. There are sheets of myofascia all around the body, and they can stick together, so that the muscles don't function smoothly. The fact that fascia occurs everywhere explains why people with TrPs can have symptoms that occur everywhere. Single TrPs are easy to diagnose if your medical care provider has been trained to do so. FM and CMP (chronic myofascial pain due to TrPs) are two of the most common sources of chronic pain (the other is arthritis), and the most misdiagnosed of illnesses.

TrPs are incredibly painful areas that often feel like knots, hard lumps, or taut bands of fibers in the muscles. They often refer pain to some other part of the body. They can cause irritable bowel syndrome, dizziness and loss of balance, buckling ankles and knees, pelvic pain, painful intercourse in women, impotence in men, extreme dizziness, migraines, buckling knee, clumsiness and calf cramps. The tightened and rigid myofascia surrounding the muscles can entrap nerves, blood vessels, and ducts. TrPs can cause blurring of the eyes, double vision, leg cramps, trouble swallowing, sciatica, numbness or tingling. Carpal tunnel syndrome, migraines, TMJD, piriformis syndrome, and thoracic outlet syndrome are some of the conditions that can be caused by TrPs. Muscles contracted by TrPs can pull bones out of alignment, leading to osteoarthritis.

Each TrP causes pain in a recognizable pattern that is generally similar from person to person. The pain can vary from annoying to incapacitating and intolerable. Achy, body-wide pain generated from the CNS is a symptom of FM, but all widespread pain is not FM. TrPs can occur all over the body in CMP, for example, resulting in overlapping pain patterns causing widespread pain. FM amplifies the pain of TrPs. FM and CMP are not progressive, but symptoms may worsen if the perpetuating factors are not identified and dealt with promptly and adequately.

There is no cure for FMS right now. There are medications and therapies that help some symptoms of FM and CMP. The key to reducing symptom load is always to identify every perpetuating factor (such as lack of deep sleep, co-existing conditions, poor diet and posture) and deal with each of them as thoroughly as possible. It takes a commitment on the part of the patient to practice a healthy lifestyle, including good nutrition, a program of gentle stretching and moderate exercise, and avoidance of smoking and other bad habits. There must be recognition by both the patient and her/his companions in life (including the medical care team) that there are limitations for people with FMS and/or CMP. It isn't easy to find the right balance to optimize the quality of life. Be patient, compassionate, and listen. Ask if there is something you can do to help.