Trigger Point Therapy: Elimination of chronic pain through specialized massage


There is growing evidence that most of our common aches and pains—and many other puzzling physical complaints—are actually caused by trigger points, or small contraction knots, in the muscles of the body. Pain clinic doctors skilled at detecting and treating trigger points have found that they’re the primary cause of pain roughly 75 percent of the time and are at least a part of virtually every pain problem. Even fibromyalgia, which is known to afflict millions of people, is thought in many instances to have its beginning with trigger points.¹

Trigger points are known to cause headaches, neck and jaw pain, low back pain, the symptoms of carpal tunnel syndrome, and many kinds of joint pain mistakenly ascribed to arthritis, tendinitis, bursitis, or ligament injury. Trigger points cause problems as diverse as earaches, dizziness, nausea, heartburn, false heart pain, heart arrhythmia, tennis elbow, and genital pain. Trigger points can also cause colic in babies and bed-wetting in older children, and may be a contributing cause of scoliosis. They are a cause of sinus pain and congestion. They many play a part in chronic fatigue and lowered resistance to infection. And because trigger points can be responsible for long-term pain and disability that seem to have no means of relief, they can cause depression…

The problems trigger points cause can be surprisingly easy to fix. …(yet) an appallingly high percentage of doctors and other practitioners are still pretty much out of the loop regarding trigger points, despite their having been written about in medical journals for over sixty years. There has been, and continues to be, great resistance to the whole idea.

Why has the medical profession not embraced the idea of trigger points? Partly it’s because trigger points are commonly confused with acupressure points. Acupressure, which has come down to us from ancient Chinese medicine, is alleged to have a positive effect on supposed flows of energy throughout the body. Although acupressure and other Eastern methods of healing do seem to have a beneficial effect, they’re very resistant to solid scientific investigation and are viewed by many doctors and a large segment of the public as quack medicine with no proven results. If you don’t know the difference, the claims about trigger points sound like quack medicine too.

Our knowledge of trigger points, however, comes right out of Western medical research. Trigger points are real. They can be felt with the fingers. They emit distinctive electrical signals that can be measured by sensitive electronic equipment. Trigger points have also been photographed in muscle tissue with the aid of the electron microscope.\(^2\)

Travell and Simons describe a trigger point as simply a small contraction knot in muscle tissue. It often feels like a partly cooked piece of macaroni, or like a pea buried deep in the muscle. A trigger point maintains a hard contraction on the muscle fibers that are directly connected to it. In turn, these taut bands of muscle fiber keep constant tension on the muscle’s attachments, often producing symptoms in adjacent joints. The constant tension in the fibers of the trigger point itself restricts circulation in its immediate area. The resulting accumulation of the by-products of metabolism, as well as deprivation of the oxygen and nutrients needed for metabolism, can perpetuate trigger points for months or even years unless some intervention occurs. It’s this self-sustaining vicious cycle that needs to be broken.\(^3\)

The difficulty in treating trigger points is that they typically send pain to some other site. Most conventional treatment of pain is based on the assumption that the cause of pain will be found at the site of the pain. But trigger points almost always send their pain elsewhere. This referred pain is what has always thrown everybody off, including most doctors and much of the rest of the health-care community. …[C]onventional treatments for pain so often fail because they focus on the pain itself, treating the site of the pain while overlooking and failing to treat the cause, which may be some distance away.

Even worse than routinely treating the site of the pain is the pharmaceutical treatment of the whole body for what is usually a local problem. Painkilling drugs, the increasingly expensive treatment of choice these days, give us the illusion that something good is happening, when in reality they only mask the problem. Most common pain, like headaches, muscle aches, and joint pain, is a warning—a protective response to muscle overuse or trauma. Pain is telling you that something is wrong and needs correction. It’s not good medicine to kill the messenger and ignore the message. When pain is seen in its true role as the messenger and not the affliction itself, treatment can be directed to the cause of pain…

[Trigger point massage works by accomplishing three things: it breaks into the chemical and neurological feedback loop that maintains the muscle contraction; it increases circulation that has been restricted by the contracted tissue; and it directly stretches the trigger point’s knotted muscle fibers…

The medical profession is not unaware of the deficiencies of current methods of treating pain. Doctors hurt too. Many of them worry like the rest of us about the relentless popping of pills, and many experience frustration with their inability to offer better solutions to their patients. Trigger point therapy, whether self-applied or administered by a professional, has the potential to truly revolutionize pain treatment throughout the world.

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\(^2\) Travell and Simons, 57-67.
\(^3\) Travell and Simons, 71-5.