Complementary Medicine Techniques to Help Reduce Muscular Pain in the Pediatric Rheumatic Illnesses

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Complementary medicine techniques may be helpful in the treatment of some of the pediatric pain syndromes. It is important to view these techniques as complementing standard medical care for these illnesses, as there still is a requirement for antiinflammatory and immunosuppressant medications to combat the crippling effects of these illnesses. However, certain techniques like massage therapy, biofeedback, and acupuncture may be helpful in relieving some of the pain associated with these syndromes from muscular spasm and joint contracture.

Two of the more common illnesses, which cause pain in children, include Juvenile Rheumatoid Arthritis (JRA) and Myofascial Pain Syndrome (MPS). These illnesses represent sides of a spectrum of illnesses seen in a Pediatric Rheumatology clinic. JRA represents one of the more common inflammatory rheumatic illnesses in children, whereas MPS represents one of the most common causes of muscular pain. Some patients with JRA develop secondary MPS from postural problems and muscular spasm, and can be debilitated from this condition. It is important to recognize this possibility so these patients are not prescribed increasingly powerful immunosuppressants, when in reality, it is the secondary MPS which is causing them the increase of pain.

One complementary technique we have used in our clinic with a significant amount of success is massage therapy. This technique is especially helpful in MPS, as it relieves muscular spasm, contracture, and is helpful in elongating shortened myofascial segments.1,2 Other complementary techniques used in this population of patients include acupuncture and trigger point injections.3 It can not be stressed enough that attention must be paid to what activity caused this muscular knotting in the first place. Appropriate counseling and a stretching/strengthening program should then be given.

Massage therapy has been helpful in the literature in JRA. An intensive study showed impressive results from massage therapy of children by their parents. The parents gave their children a daily massage for 30 days. A control group received relaxation techniques. The massage therapy group with JRA had marked decreases in subjective pain, observed pain, and tender trigger points after the 30 days, all with statistically significant results.2 The pain was especially relieved at night. This finding is probably attributable to the observation that many JRA patients develop secondary MPS. The benefit from massage therapy is most likely derived from decreasing muscular spasm and contracture around inflamed joints. Also from relieving muscular spasm in the backs of these JRA patients which is caused by awkward gaits and disrupted posture due to the pain in their joints.

With each complementary technique, we as responsible health care providers need to study and insure that these methods provide relief and are safe for our patients. Each technique should be elegantly studied, using many indicators to measure health outcome. We need to be careful that our patients do not discontinue needed antiinflammatory/immunosuppressant medications. The combination of respected standard medical therapy and some complementary techniques like massage therapy may be useful to give these patients with chronic arthritis an increased amount of relief.

References