

ที่ไม่สามารถให้ผลการตรวจทางเคมีได้ในเวลาอันรวดเร็ว หรือไม่มีเครื่องตรวจชนิดซับซ้อนขนาดใหญ่ (sophisticated equipment) ในการตรวจวิเคราะห์ทางเคมีซึ่งมีราคาแพง เพื่อเป็นประโยชน์ในการรักษาผู้ป่วยโรคกล้ามเนื้อหัวใจตายเฉียบพลันได้ทันกาล นอกจากนี้การตรวจหา cTnT ชนิดรวดเร็วยังสามารถนำมาใช้จำแนกโรคหัวใจที่มีอาการเจ็บหน้าอกชนิดไม่เสถียร (unstable angina) จากอาการเจ็บหน้าอกทั่วไปและสามารถใช้แยกกลุ่มผู้ป่วยที่มีความเสี่ยงสูง (risk stratification) ของโรคหลอดเลือดหัวใจในการเกิดภาวะแทรกซ้อนต่าง ๆ ได้

เอกสารอ้างอิง

1. Hamm CW. Progress in the diagnosis of unstable angina and perspective for treatment, Eur Heart J 1998 ; 19 (suppl N) : 48 - 50.
2. Report of the Joint International Society and Federation of Cardiology/World Health Organization Task Force of Standardization of Clinical Nomenclature. Nomenclature and criteria for diagnosis of ischemic heart disease. Circulation 1979 ; 59 : 607 - 9.
3. Collinson PO. Troponin T or troponin I or CK - MB (or none). Eur Heart J 1998 ; 19 : 16 - 24.
4. Adams JE III, Abendschein DR, Jaffe AS. Biochemical markers of myocardial injury. Is MB creatine kinase the choice for the 1990s ? Circulation 1993 ; 88 : 750 - 9.
5. Lee TH, Goldman L. Serum enzyme assays in the diagnosis of acute myocardial infarction. Ann Int Med 1986 ; 105 : 221 - 33.
6. Ellis AK. Serum protein measurement and diagnosis of acute myocardial infarction. Circulation 1991 ; 83 : 1107 - 9.
7. Muller - Bardorff M, Rauscher T, Kampmann M, et al. Quantitative bedside assay for cardiac troponin T : a complementary method to centralized laboratory testing. Clin chem 1999 ; 45 : 7 : 1002 - 8.
8. Muller - Bardorff M, Freitag H, Scheffold T, Remppis A, Kubler W, Katus HA. Development and characterization of a rapid assay for bedside determinations of cardiac troponin T. Circulation. 1995 ; 92 : 2869 - 75.
9. Gibler WB, Lewis LM, Erb RE, et al. Early detection of acute myocardial infarction in patients presenting with chest pain and nondiagnostic ECGs : serial CK - MB sampling in the emergency department. Ann Emerg Med 1990 ; 19(12) : 21 - 27.
10. Mockel M, Schindler R, Knorr L, et al. Prognostic value of cardiac troponin T and elevations in renal disease patients without acute coronary syndromes : a 9 - month outcome analysis. Nephrol Dial Transplant 1999 ; 14(6) : 1489 - 95.
11. Rude RE, Poole WK, Muller JE, et al. Electrocardiographic and clinical criteria for recognition of acute myocardial infarction based on analysis of 3,697 patients. Am J Cardiol 1983 ; 52 : 936 - 42.
12. Alexander RW, Pratt CM, Roberts R. Diagnosis and management of patients with acute myocardial infarction. In : Alexander RW, Schant RC, Fuster V, eds. Hurst's The Heart. USA : McGraw - Hill, 1998 ; 1 : 1345 - 433.
13. Schuchert A, Hamm C, Scholz J, Klimmeck S, Goldmann B, Meinertz T. Prehospital testing for troponin T in patients with suspected acute myocardial infarction. Am Heart J 1999 ; 138 : 45 - 8.
14. Hamm CW, Rabkilde J, Gerhaedt W, et al. The prognostic value of serum troponin T in unstable angina. N Engl J Med 1992 ; 327 : 146 - 50.
15. Ohman EM, Asmstrong PW, Cleristenson RH, et al. Cardiac Troponin T level for risk stratification in acute myocardial ischemia. N Engl J Med 1996 ; 335 : 1333 - 41.

การฝังเข็ม การรักษาแบบผสมผสาน ในผู้ป่วยปวดกล้ามเนื้อพังผืด

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กลุ่มงานเวชกรรมฟื้นฟู โรงพยาบาลกลาง

Abstract

Acupuncture in The Integrated Treatment of Myofascial Pain

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Acupuncture was used in the integrated treatment with myofascial pain patients who have had medication and physical therapy longer than three months. The results of the follow up study three months after discontinuing acupuncture were : 16 cases (53.33%) could discontinue medication and physical therapy, 8 cases (26.67%) continued medication only, 5 cases (16.67%) continued physical therapy only and one case (3.33%) continued both medication and physical therapy.

บทคัดย่อ

การใช้การฝังเข็มแบบผสมผสานในผู้ป่วยปวดกล้ามเนื้อพังผืด จำนวน 30 ราย ซึ่งผู้ป่วยทุกรายมีอาการปวดเรื้อรัง และมีประวัติการรักษา โดยใช้ยา ร่วมกับกายภาพบำบัดนานกว่า 3 เดือน จากการติดตามผลของการรักษาหลังหยุดการฝังเข็มเป็นระยะเวลา 3 เดือน พบว่า ผู้ป่วย 16 ราย (ร้อยละ 53.33) สามารถหยุดยาและกายภาพบำบัด ผู้ป่วย 8 ราย (ร้อยละ 26.67) ต้องใช้ยาอย่างต่อเนื่อง ผู้ป่วย 5 ราย (ร้อยละ 16.67) ต้องรักษาด้วยกายภาพบำบัดอย่างต่อเนื่อง และผู้ป่วย 1 ราย (ร้อยละ 3.33) ต้องรักษาด้วยยาและกายภาพบำบัดอย่างต่อเนื่อง

1. INTRODUCTION

Physical Medicine and Rehabilitation is one of the four major areas of medicine which have to be used not only for rehabilitation, but also in the promotive, preventive and curative medicine for people.

In Bangkok Metropolitan Administration (BMA.) General Hospital, most patients in the Physical Medicine and Rehabilitation Division are patients coming in with musculoskeletal pain syndrome. Drugs and physical therapy are common interventions that can be used to treat patients. Although patients have improvements, they still have trouble in many of the following areas :

1. Adverse effects or side effects of drugs such as NSAIDs gastropathy and sedative side effects from muscle relaxant etc.
2. Most of the drugs are expensive.
3. Most physical medicine equipment is expensive, for example :
 - a. Short Wave Diathermy costs \$ 8,000.
 - b. Ultrasonic costs about \$ 2,000.
4. It takes time for the long course of each treatment because the patients have to come daily to receive treatments at the hospital. Because of the traffic jams, the patients have to spend many hours waiting.
5. Most musculoskeletal pain syndrome is myofascial pain which was used to be treated by Trigger Point (TPs) injections or dry needling.¹ Acupuncture is an alternative treatment of myofascial pain.² But there is no study about the results of the integrated treatment by medication, physical therapy and acupuncture.

For these reasons, acupuncture is introduced as an integrated treatment of myofascial pain in the Physical Medicine and Rehabilitation Division.

2. OBJECTIVE

To study efficiency and suitability of acupuncture as an integrated treatment of myofascial pain in the Physical medicine and Rehabilitation Division before and after introducing the intervention comparison with medication and conventional physical therapy.

3. MATERIAL AND METHOD

Thirty patients with myofascial pain, 18 men and 12 women with ages between 23 - 58 years were enrolled in this study for one year. All of them had chronic benign pain with Trigger Points for 6 months or longer.³ Trigger Points are defined by Travell and Simons (1984) published in the definitive textbooks on TPs. Part 1 deals with TPs in every muscle from the hips up and Part 2 (1985) deals with the pelvic limb. All patients got continuous treatment by medication (NSAIDs, analgesics and/or muscle relaxants) combined with physical therapy for more than 3 months. They had no serious or threatening life diseases, and all of them were willing to be treated by acupuncture once a week. Self - active exercise was also introduced as a home program.

All patients were recorded and evaluated weekly by nurses. Pain evaluation was charted by the reduction of frequency and potency in drug consumption and reduction in frequency of the physical therapy. A follow up was done after discontinuing acupuncture for three months.

Table 1 Characteristics of 30 Patients Undergone Acupuncture :

Characteristics	No.
1. Sex	Male : Female = 18 : 12
2. Age (years)	Mean 42 (Range 23 - 58)
3. Patients with myofascial pain according to body parts :	30 cases
- Back	4 cases (13.33%)
- Neck	4 cases (13.33%)
- Extremities	5 cases (16.67%)
- Multiple area	17 cases (56.67%)

Table 2 Results of Patients with Myofascial Pain Treated with Acupuncture :

No. of patients previously treated by drugs* and physical therapy**(cases)	No. of patients treated by drugs and/or physical therapy after discontinuing acupuncture for three months (cases)	
30	Discontinuing drugs and physical therapy	16 (53.33%)
	Drugs only	8 (26.67%)
	Physical therapy only	5 (16.67%)
	Drugs and physical therapy	1 (3.33%)

Notice : * Drugs are NSAIDs, analgesics, muscle relaxants not including vitamins.

** Physical therapy such as heat, traction etc. (physical medicine treatment)

Table 3 Frequency of Treatment by Acupuncture Before Discontinuing Treatment :

Frequency of treatment (times)	No. of patients (cases)	Cumulative frequency of patients (cases)	Percentage of cumulative frequency (%)
1	0	0	0.00
2	2	2	6.67
3	4	6	20.00
4	6	12	40.00
5	10	22	73.33
6	2	24	80.00
7	0	24	80.00
8	2	26	86.67
9	1	27	90.00
10	2	29	96.67
more than 10	1	30	100.00

4. RESULTS

There were 30 patients in the studied period. Characteristics of the patients are shown in Table 1.