

# MYOFASCIAL TRIGGER POINTS CUPPING THERAPY

# 15

## CHAPTER CONTENTS

**BACKGROUND, 231**  
**THE PRACTICAL APPLICATION OF CUPPING THERAPY ON MYOFASCIAL TRIGGER POINTS, 232**

**CUPPING APPLICATION ON MYOFASCIAL TRIGGER POINTS, 232**  
**REFERENCES, 246**

## BACKGROUND

Musculoskeletal tender points and their therapeutic values were first identified by Froriep in 1843, in the publication *Muskel Schweile*; trigger points (TrPs) were described as ‘extremely tender, palpable hardenings in muscles that, when treated, afforded the patient much pain relief’ (Simons et al, 1999). Between 1843 and 1997, numerous results and scientific papers were additionally published. The most notable and the one widely accepted as the most authoritative publication on trigger points is *Myofascial Pain and Dysfunction: The Trigger Point Manual* by Simons and colleagues, who describe the myofascial trigger point as ‘a hyper-irritable spot in skeletal muscle that is associated with a hypersensitive palpable nodule in a taut band. The spot is painful on compression and can give rise to characteristic referred pain, referred tenderness, motor dysfunction, and autonomic phenomena. Types of myofascial trigger points include: active, associated, attachment, central, key, latent, primary, and satellite’ (Simons et al, 1999).

From the traditional Chinese medicine perspective, trigger points are similar to *ashi* points (also known as *pressure points*) as described in TCM pathology. These are sensitive spots that cause pain when pressed upon. However, a subtle difference remains – that when pressure is applied on trigger points *the sensation generated is often radiated or is referred to a predictable course*. These referred sensations can include pain, numbness, a tingling sensation, muscle stiffness and muscle weakness. Trigger points represent stagnation of Blood or Qi at a deeper musculoskeletal level. These points are usually located in the centre of a muscular structure (Baldry, 2005). Apart from being ‘sensitive’ when gently stroked or pressed, trigger points can also be felt as a tight band or a ‘lump’, not under the superficial layers of the skin, but in the deeper layers within the muscular structure and sometimes close to the bone.

### What Causes Trigger Points?

Generally speaking, any action or movement that puts extra load on the musculoskeletal system can be the culprit. Persistent wrong posture while sitting or walking, carrying or lifting heavy loads, accidents, strains, falls, overwork, overuse of a particular muscle group and a stressful lifestyle can all contribute to trigger point formation.

### Treatment Methods

According to Simons et al (1999) any physical intervention will influence a trigger point release (deactivation). Methods discussed in *The Trigger Point Manual* include acupuncture, spray and stretch, injecting trigger points with local anaesthetic such as procaine (the most-used method), trigger point pressure release, deep stroking (and other) massage, application of heat, posture correction, exercise, transcutaneous electrical nerve stimulation (TENS) and therapeutic ultrasound techniques – all described in detail.