

Sound massage for fibromyalgia in the context of multimodal pain therapy

M.G. Braun, A. Braun

HELIOS Seehospital Sahlenburg, Dept. for Internal Medicine/Rheumatology
Practice for Ayurveda and Sound, Cuxhaven

Introduction

Fibromyalgia syndrome is a complex chronic pain disease that is associated with a high degree of suffering on the one hand, and limited therapeutic approaches on the other. In a meta-analysis, multimodal pain therapy (MMPT) proved to be superior to conventional therapeutic approaches (Ref. 1). MMPT includes extensive processes designed to mobilize the patient, especially various forms of physical therapy. Relaxation processes, such as muscle relaxation, are also a component of MMPT, but only make up a small part overall therapy. The objective of this study was to review if intensifying relaxation processes with Peter Hess® sound massage would improve treatment results in terms of quality of sleep, relaxation, and pain.

Patients and methods: 100 patients with a confirmed diagnosis of fibromyalgia who met ACR criteria (Ref. 2) and were admitted for multimodal pain therapy were randomly assigned to one of two groups. The two groups were very similar with regard to patient age and severity of symptoms (FIQ, VAS at admission). One group of patients received Peter Hess relaxation therapy with singing bowls, the second group of patients received identical MMPT but without singing bowl relaxation therapy. The extent of fibromyalgia symptoms was determined via Fibromyalgia Impact Questionnaire (FIQ); level of pain was determined daily via visual analogue scale (VAS); and any changes were noted throughout the patient's stay. Upon completion of MMPT, patients filled out a questionnaire to report improvements in global

pain (0-100%), improvement in falling asleep and maintaining sleep, improvement in ability to relax (0-10) and improvement in range of motion (0-10). Patients were not informed that the exam was carried out to evaluate sound relaxation within the context of MMPT.

Results

The two groups were comparable in terms of patient age (average age of patients in group 1 with sound massage: 55.4 years; group 2 without sound massage: 54.8 years). FIQ score was comparable in both groups (group 1: 89.1; group 2: 94.4). Duration of inpatient treatment for MMPT was also comparable (group 1: 9.8 days; group 2: 9.4 days). Pain intensity using VAS scale significantly improved in group 1 by 3.9; in group 2, only by 2.5. 28 out of 50 patients in group 1 reported improvement in falling asleep, whilst this was the case for only 23 patients out of 50 in group 2. In reference to improvement in maintaining sleep, there was no difference between groups 1 and 2. Group 1 evaluated improvement in relaxation with 6.2, group 2 with 5.8. There was no difference between the groups in terms of improvement in range of motion.

Summary

The group receiving sound massage reported a significantly improved response to therapy with regard to pain reduction (VAS scale), falling asleep, and learned ability to relax. No differences could be determined in reference to improvements in maintaining sleep and range of motion.

