



### CHRONIC MUSCLE AND JOINT PAIN

by Dr. Robin Bernhoft, MD, FACS, DABEM, FAAEM

Chronic muscle and joint pain are common and can arise from many different causes. Numerous drugs cause muscle pain as a side effect. These drugs include commonly-prescribed drugs like statins (when given without CoQ10), cimetidine, penicillamine, nifedipine and various abuse drugs like heroin and cocaine. More commonly, fibromyalgia and polymyalgia rheumatica can also produce muscle pain.

A common feature to all these types of muscle pain is cellular inflammation. There is a cascade of inflammatory cytokines which produce pain. The nonsteroidal anti-inflammatory drugs (NSAIDs) (aspirin, Tylenol, ibuprofen, etc) attack this at the “bottom” of the inflammatory cascade. Unfortunately, the “bottom” of the cascade overlaps with several normal functions, which is why NSAIDs have side effects like ulcers and kidney problems, or in the case of the recently-recalled COX2 inhibitors, heart attacks. Corticosteroids have many other unpleasant side effects.

More recently, a class of anti-inflammatories called SKRMs (selective kinase response modulators) has been used to attack the cascade at the “top,” where it blocks the path leading to the specific pain problem; these have thus far seemed to avoid side effects. Clinical experience with SKRMs has been very encouraging.

Ultimately, though, the best approach to any symptom is to eliminate its cause, rather than chase symptoms. That being so, there are a number of approaches which often work in specific cases.

Since the mid 1990s, academics have been reporting increased neural sensitivity resulting from high body burdens of various chemicals and metals. Sensory nerves in the nose, eyes, ears and bladder have been shown to be hypersensitive, producing intolerance of odors, bright lights, loud noises and normal bladder filling. This sensitivity can also affect sensory nerves in muscles and joints, producing pain. Patients with these disorders also often have elevated blood levels of Substance P, which further aggravates their sensitivity. For these patients, detoxification (removal of some of the metal or chemical burden) can be effective.

Metabolic disturbances such as those resulting from statins unaccompanied by good quality CoQ10 or various nutritional deficiencies can also produce muscle pain and can be successfully treated.

Some toxic chemicals have been described as depositing in muscle, with relief being obtained through effective massage.

Decreased intestinal integrity (“leaky gut,” which has several causes) can allow partially-digested



food particles and other inappropriate materials to enter the bloodstream, initiating muscle, joint and other pains, partly due to non-specific inflammatory messenger chemicals and partly due to immune mimicry; in these situations, attention to healing the gut and avoiding inflammatory foods (containing materials like arachidonic acid) can prove effective.

In no instance, is it enough simply to give pain killers; it is essential to ferret out the cause(s) and find effective treatment.

**Selected References:**

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