

Pentti Raaste
December 20

A patient with a head ache that she has had for years at times and lately constant. She has to take painkillers every day. MR scan of the head does not show anything that could explain this pain.

The dentist has seen a wear in her teeth and ordered a splint to prevent her from clenching her teeth.

In spite of this fact, it did not occur to the doctors that the pain might come from the overtense jaw muscles? Treatment just painkillers??

In fact palpating her jaw muscles, they were extremely painful.

Already after the first treatment of the muscles she had 3 painless days and gradually with the following treatments the pain further diminished. The patients, (not easy), task is to stop tensing her jaw. (a nervous habit). That needs some time and effort, possibly relaxation-meditation exercises to control even her sleep.

(For the treatment method my book: "How To Cure Myofascial Pain"; Amazon)

The long-lasting upper abdominal pain:

This patient had for more than ten years pain in the right upper abdomen at times very intense. She had continuous painkiller medication. The patient had been in hospital several times for studies. The following studies were done: MRI scans, endoscopy, nerve pathway study, abdominal operation by endoscopy. No clear cause for the pain was found.

Pain medication into the spinal cord was tried as well as psychotherapy and even hypnosis. (Without result.)

Palpating the abdominal muscles I found a couple of painful trigger points below the right lowest rib. By doing the so-called diagnostic anesthesia there is an immediate pain relief. Then these muscle areas are treated by injecting cortisone and local anesthetic mixture into the muscle combined with a deep muscle massage and this is how we can cure this long-lasting pain.

Like so many other times, doctors do not know how to look for muscle pain.

Pentti Raaste
November 23

This weeks patient case. She has had a long time pain in her back radiating mostly to the left foot. In the x-ray between two lumbar vertebrae there is a gliding (listhesis). and quite a bit arthrosis. The surgeon has suggested an operation which unites the vertebrae that have a glide.

This is an example where the x-ray picture is used as an operating motive without sufficient clinical evidence that her pain is originated from the gliding vertebrae.

All her pain is coming from the extremely sore muscles and can be treated without any surgery. The surgeon did not touch her muscles.

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November 16

A patient case:

He had suffered 10 years from neck pain that radiated to his head. It had lately worsened, which is the reason why he came to my practice.

My first observation was his poor posture. The radiograph showed grade 1-2 osteoarthritis. There were no trapped nerves. He had sore spots in his upper back muscles and they had hard consistency and were contracted. The trapezius muscles and the neck muscles felt the same._

The treatment was with lidocaine injections, TNS, massage and mobilization of the thoracic spine. After three sessions the patient felt well and without pain. I advised him on correct postures and methods of biofeedback._ He accepted to correct his posture and learn to relax the muscles in order to prevent relapses.

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An other example case from my book:

Male 59 years old.

Seven years ago he started having pain in his hip after some occasional long walks. He had an x-ray 5 years ago and there were some signs of early osteoarthritis (1. degree). He was prescribed the anti inflammatory medicine called Etoricoxib. Despite of the medication the pain increased. Four months before coming to my practice he had an IMR scan where nothing special was found. He was in pain at night and could not sleep on the painful side.

My examination showed that the joint had good mobility, without the typical rigidity of advanced osteoarthritis. Examination of the circulation and the nerve function showed normal results. He had active trigger points in the vastus lateralis and the iliotibial tract. (Photo) Other points were found in the gluteal area especially near the sciatic tuberosity.

The treatment involved the usual injections of lidocaine, infrared laser to the points and massage. With five sessions the pain was gone; he can walk without problems and has no pain while sleeping.