

CHRONIC PAIN IN MULTIPLE SCLEROSIS: ELECTROMAGNETOTHERAPY AND ACUPUNCTURE





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BACKGROUND



Chronic pain is common in people with Multiple Sclerosis (PwMS) with approximately 42-90% experiencing pain at some stage of the disease course. Pharmacological

The first outcome was reduction in pain intensity or elimination. Whilst the secondary was improved symptoms and quality of life. This preliminary study revealed that MSrelated pain has a significant impact on health, activity, and participation of people, drastically reducing the quality of life. The main outcomes were VAS ratings of pain intensity, which ranged from 0 to 10. Regarding the pain assessments, the whole group of patients experienced some relief in the period from the baseline assessment to the end of the treatment (VAS scores: 8.2±2.2 and 3.2±3.7 at baseline and after the treatment, respectively; p<0.05)

treatment in MS-related pain are usually unsatisfactory and often have side effects, and therefore, other alternative methods for pain relief are critical.

OBJECTIVE

To evaluate the effectiveness of analgesic from electromagnetotherapy associated with acupuncture for chronic pain relief in PwMS group.





A total of 12 patients with MS were included in this study, being 10 women and 2 men, aged between 40 and 74 years. Mean Expanded Disability Status Scale (EDSS) score was 4.8, around 42% of patients were classified as having relapsing-remitting MS, 33% as secondary-progressive, and 25% primaryprogressive. All complained of pain (10=back, 2=legs/feet), used pharmacological treatment for pain (without efficient results), underwent 15 manual acupuncture sessions and electromagnetic therapeutic equipment applications (Kenkobio®). Evaluations were carried out using the visual analog scale (VAS)

CONCLUSIONS

Manual acupuncture in combination with electromagnetotherapy demonstrate to have a clinically relevant effect on chronic pain in PwMS. The treatment with these traditional Chinese medicine methods is a reasonable option for pain in MS-related.

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