

Glucopuncture for Treatment of Fascial Pain in the Thumb. A Clinical Case

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Abstract: Chronic pain is commonly managed conservatively, but there is growing interest in the application of regional injections in the superficial fascia with dextrose 5% in water (D5W). In many cases, the origin of vague musculoskeletal (MSK) pain originates from small lesions in the superficial fascia which are not visible on X-rays, Ultrasound or MRI. This article describes a case of chronic referred pain which was treated with a series of weekly D5W injections in the superficial fascia. This case is an invitation to design more clinical research to confirm whether this novel approach may become one of the new tools for patients suffering from vague MSK pain.

Keywords: Fascia, Glucopuncture, Tensegrity, D5W, Referred Pain.

Clinical Application of Glucopuncture

Glucopuncture (GP) applies regional injections into dermis, fascia, muscle, ligament and joints with dextrose 5% in water (D5W) or glucose 5% in water (G5W). GP is used to treat neuropathic pain, myofascial pain and also MSK dysfunction such as limited range of motion and stiffness. 1 2 3 4. In this article, the focus is on palpation-guided injections into the superficial fascia.

Application of Palpation-guided Glucopuncture

These days, family physicians and sports doctors apply Glucopuncture (GP) when physical therapy and surgery fail to provide therapeutic outcome or when patients cannot tolerate NSAIDs or opiates. Clinicians have observed that injecting D5W into the superficial fascia can modulate regional pain (see also www.glucopuncture.com).

Clinical Case

A woman (born October 16, 1968) experienced pain in her right thumb for 3 years (Photo 1). Anti-inflammatory medication did not help. The pain was worse while doing her job at the bakery of a local supermarket. It worsened after doing some exercises at the gym. She asked if Glucopuncture could help her. She received injections tangentially, meaning that the syringe enters the skin at

an angle of about 10-20 degrees, to infiltrate as much as possible the superficial layer of the fascia. Unfortunately, several weekly intrafascial injections with D5W into the pain region in her thumb did *not* give any results. Then the physician looked for fascial trigger points (FTPs) in the forearm. Several extremely tender fascial points were found (Photo 2,3). Only light pressure was required. In the following two sessions, she did not receive any injections in the pain region in the thumb any more, but *only* in the FTPs in the forearm (Photo 4). Both physician and patient were surprised that there was a quick improvement after the first session and lasting pain modulation after the second session in the FTPs (On top of Photo 4, one can still notice a small blue spot from the previous session in the forearm). Follow-up several weeks later by email (March 31) confirmed she was still pain free.

Conclusion

Over the last decade, regional D5W injections have become more recognized for the treatment of vague MSK pain of unclear origin because of easy application, low cost and interesting safety profile. This article describes a patient with chronic referred pain in the thumb who was treated successfully with a number of fascial trigger point injections in the forearm. This publication is an invitation to design more research in this particular field.









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