

TREATING MYOFASCIAL PAIN (Second Edition, Churchill & Livingstone)

Foreword Provided by Professor Patrick Wall FRS, DM, FRCP

I consider this book to be in the best of the traditions of classical medicine. Its start point is a profound understanding of the anatomy and physiology of movement and of inability to move. He describes this in the terms which have been used by clinicians throughout this century. It proceeds to describe methods of diagnostic examination with the intention of giving a precise location to the centre of the disorder. For this he uses the most sensitive of tools, the eyes and hands of an intelligent trained observer. Finally, in the third stage he disturbs the environment of the disordered site in an empirical and exactly described manner. He observes that this intrusion into a defined area in a defined manner is followed by an alleviation of signs and symptoms.

I would strongly object if anyone labelled this procedure as being complementary or alternative to traditional medicine. There are three reasons to recognise its traditional nature. His method of diagnosis and description of the disorder is based entirely on generally accepted factors in anatomy, physiology and pathology, without any introduction of mystical forces or energies which characterise so much of what is called alternative medicine. It is true that he characterises the precise nature of the disorders in terms of neuropathies and compressions, but these are hypotheses which are permissible because they are testable by accepted methods of investigation. Almost all traditional medical and surgical diagnoses and therapies are based on hypotheses which have not yet been fully tested and proven. Secondly, the fact that he uses needles does not mean that he does so for the mystical unproven reasons on which Chinese acupuncture is based. After all, it was Janet Travell MD who introduced the phrase he uses, "dry needling", when she discovered in the course of injecting local anaesthetic into tender points that it was not necessary to inject the local anaesthetic, since it was the insertion of the needle which produced the effect. Lastly, the therapeutic effect is open for exact scientific observation, analysis and test. It is in order to encourage this last fraction that this book is written. Gunn attempts here to define in a teachable manner the diagnosis and the therapy. Elsewhere he is setting up an institute for training and for investigation.

I also think it would be unwise to pick out one aspect from the broad background of Dr. Gunn to highlight the importance of this book. It is true that he is of Chinese-Malaysian origin and is therefore familiar with the great tradition of Chinese medicine. However, his own educational background could not be more Western and traditional with his medical degree from Cambridge and with his residency training in medicine and surgery and with his extensive clinical experience in family medicine and in industrial medicine. This is a highly intelligent observant man who is surely affected by many factors simultaneously.

Finally, I hope the reader will take this book as a very serious challenge and not a simple easy recipe. First, it requires a meticulous hands-on clinical examination of the individual patient. This itself is becoming a lost art in favour of supposedly effective high-tech methods. Secondly, it requires subtle sensitive empirical treatment of the individual patient. Third, it requires analysis and recording of the patient's reaction. This book is not an authoritative patriarchal set of orders. It encourages the reader to take the experience of one apparently effective therapist and to explore from that start point.