



## Interview

with Steve Fanto, M.D.

Can Botox® offer pain relief? Is it safe? I spoke with Dr. Fanto about the use of injectable Botox® as an interventional tool for deep-seated trigger point pain.

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# Can Botox® Help Your Pain?

by Margy Squires

## What is trigger point injection therapy?

**Dr. Fanto:** A trigger point (TP) is a focal area of a shortened, painful muscle that is in spasm and is usually very symptomatic. Since a TP is a mechanical problem, the course of action can be a local injection, usually with an analgesic type medication such as Lidocaine, which is shorter acting and/or with Marcaine, which is longer acting. I do not utilize steroids for trigger point injections because there is no inflammation noted at biopsies taken at trigger point sites. If patients respond temporarily to the above type of injections, then they may be candidates for botulinum toxin injections.

Many people with fibromyalgia (FMS) have tender points, as explained in the American College of Rheumatology's criteria for diagnosing FMS. Tender points are not usually injected. A lot of my patients with FMS, however, have trigger points that cause them pain as well. Reducing any contributing pain will make them feel better. When a TP releases, it allows the muscle to relax again. But if the TP goes without release for an extended period of time, it can become deep-seated, highly resistant to relaxing, plus compromise blood and oxygen flow to that area. A deep-seated TP may be more difficult to find and thus effectively treat.

## What is Botox®? Is it classified as a drug?

**Dr. Fanto:** Botox® is an injectable, medical grade form of botulism toxin. It is classified as a drug and must be administered by a licensed medical professional.

## Why might Botox® be better than oral analgesics?

**Dr. Fanto:** When you take oral analgesics, they may affect the entire (systemic) nervous system. Common side effects may include drowsiness, sedation, mental fog, nausea and irritability. A large percentage of patients with FMS have chemical sensitivity and do not tolerate many medications. An alternative course of action for a systemic drug is to do Botox® injections into the painful TP. An injection will be specifically local to that TP and offers pain relief without the systemic side effects.

## Is Botox® safe? Does it have any side effects?

**Dr. Fanto:** People seem to be afraid of Botox® since it stands for botulism, the same bacteria that causes food poisoning. Digitalis is also fatal in large doses but effective in stopping heart pain in tiny amounts. The amount you get in an injection—given by a physician qualified to use Botox® —is not harmful and is a medical grade form. More than 7

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## Can Botox Help Your Pain?

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million treatments with Botox® have been given over the past 14 years. It's been endorsed by the National Institutes of Health since 1990 and approved in more than 70 countries. The common side effect I hear about from my patients is transient flu-like symptoms. This occurs in less than 5% of patients and if this does occur, it usually lasts for only a few days and is not severe.

### How much Botox® is put in a TP injection?

**Dr. Fanto:** The amount of botulinum toxin utilized depends on whether we use botulinum toxin A, which is named Botox®. Typically, a trigger point receives anywhere from 12.5 units to 50 units based on the size of the muscle. Botulinum toxin B has also been FDA approved, which is named Muobloc®, and an equivalent dose would be 1200 units up to 2500 units.

### How often can you be treated with Botox®?

**Dr. Fanto:** Every three months for as long as it is effective. It takes approximately that much time for the nerve to be able to release acetylcholine again.

### What are the drawbacks, if any?

**Dr. Fanto:** It's not a cure and repeated injections may be necessary. Botox® is not cheap; however, research supports and FDA approves the use of Botox® for chronic pain (other neuro conditions such as CP, torticolous, whiplash, muscle spasm, neurotonic conditions). It may take a week or so after an injection to feel pain relief or more than one treatment. Since treatments must be spaced 3 months apart, it may take a while before full relief is gained but many of my patients notice a difference after the first injection/treatment.

### How long does pain relief last?

**Dr. Fanto:** If botulinum toxin is successful for the patient, the pain relief will usually last at least 90 days and sometimes



longer, up to six months. At that time, the procedure can be repeated.

### What is Botox®'s mechanism of action?

**Dr. Fanto:** Nerves release acetylcholine, a messenger neurochemical, to the muscle that instructs the muscle to contract (move). In a deep-seated TP where the muscle is in spasm, Botox® blocks the nerve from releasing acetylcholine and the muscle spasm quiets down or stops the spasm entirely. Botox® does this by relaxing the involuntary muscle that causes spasm but does not affect the voluntary. For example, an eye twitch is an involuntary action whereas moving your leg is voluntary. Therefore, you have to inject in a place that won't affect voluntary action. Some common places of deep-seated TP areas include the low back, parascapular musculature, trapezius, paracervical musculature and piriformis.

### Who can give Botox® injections?

**Dr. Fanto:** Botox® injections can be given by any licensed physician. There are multiple Continuing Medical Education (CME) courses on injection classes for specific techniques, given by different medical societies.

### Could FMS benefit from Botox® injections?

**Dr. Fanto:** The key isn't a FMS diagnosis, it is a TP diagnosis. However, if you have TPs, it may be hard for you to distinguish FMS pain from TP pain but a qualified doctor (physical rehabilitation, neurologist) can tell you. Reducing TP pain and spasms can improve FMS pain if you have both.

### Dr. Fanto, do you have any closing comments?

**Dr. Fanto:** It is not natural for the body to be in pain; it's a signal that something is wrong. When you can quiet down the signal, you have less pain and better quality of life, especially if it's a mechanical problem. A spasm is a mechanical problem that can be fixed. Often by treating a TP early on, you can prevent the deep-seated ones that are more resistant. Keep muscles flexible and relaxed. Address the nutritional problems if you need to (if you're low in magnesium, the muscle can't relax) but fix the mechanical!

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