



CLINICAL APPROACHES

## Cytokine changes with microcurrent treatment of fibromyalgia associated with cervical spine trauma

Carolyn R. McMakin<sup>1,2\*</sup>, Walter M. Gregory<sup>2</sup>, Terry N. Phillips<sup>2</sup>

<sup>1</sup>Physiotherapy and Musculoskeletal Pain Clinic of Portland, 12114 SE Division Street, Portland, OR 97202, USA  
<sup>2</sup>EMC, University College London, 12942 789 Court, Portland, OR 97219, USA

<sup>3</sup>NIH, NIDDK, OHS, OGI, Research Chief, National Institutes of Health, Building 13, 2017, Bethesda, MD 20892, USA

Received 2 November 2004; received in revised form 12 December 2004; accepted 14 December 2004

### KEYWORDS

Fibromyalgia;  
Cervical spine  
Cervical spine  
trauma;  
Microcurrent;  
Pro-inflammatory  
cytokines

**Summary** Objective: Patients who have fibromyalgia syndrome (FMS) associated with cervical spine trauma have distinct pain descriptors and physical examination findings. Currently, there is no effective treatment for fibromyalgia. Microcurrent current (microampere/ultrafrequency current flow) has been used in the treatment of some pain syndromes. In this randomized retrospective analysis of patients receiving microcurrent treatment for fibromyalgia following cervical spine trauma, subjective pain scores are utilized as a primary outcome measure. Accompanying changes in inflammatory cytokines are examined in a subgroup of the same patient population to test the hypothesis that microcurrent treatment produces additional measurable objective and subjective outcomes supporting the efficacy of FMS treatment.

**Methods:** A total of 76 consecutive patients meeting the ACR diagnostic criteria for fibromyalgia were treated with microcurrent current. Blood samples as a subset of six patients were analyzed using a multiplex immunoassay chemistry/assay system to identify objective changes accompanying subjective pain scores.

**Results:** The patients did not receive treatment. The remaining 69 patients reported reduction in pain on a 10-point visual analog scale (VAS) from an average baseline score of 7.1 (7.2 to 7.1) to 1.1 (1.1) with the first treatment ( $P < 0.0001$ ). Thirty-one patients reported symptoms similar to fibromyalgia following an average of eight treatments. Median time to improvement was 2 months and the adjusted recovery curve reached 100% at 4.5 months. Interleukin-1, interleukin-6 and interleukin-7 levels were all reduced from 126 to 86 pg/ml ( $P = 0.004$ ), from 236 to 169 pg/ml ( $P = 0.0008$ ), and from 48 to 36 pg/ml ( $P = 0.0001$ ), respectively, in the first three treatments. Tumor necrosis factor (TNF)- $\alpha$  was also reduced from 35 to 19 pg/ml ( $P = 0.001$ ). During the same time period, total leukocyte and red cell counts increased from an average of 8.2 to 7.1 (pg/ml) ( $P = 0.005$ ) and 14.7 to 105.5 (pg/ml) ( $P = 0.01$ ), respectively.

**Conclusion:** This retrospective study based on analysis of subjective VAS pain scores for 76 patients, symptoms of fibromyalgia following cervical spine trauma were successfully

\*Corresponding author. Tel.: +1 503 532 8800; fax: +1 503 760 0811.