TREATMENT IN GENERAL PRACTICE

This article is one of a series on the management of some of the rheumatic diseases met with in general practice.

TREATMENT OF FIBROSITIS

BY

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Fibrositis is a general term for a condition of pain, stiffness, and limitation of movement which may occur almost anywhere in the body. It may be defined as being a condition in which inflammatory changes involve the subcutaneous tissues, the superficial or deep fascia of the body, the muscle sheaths and tendons, the fibrous portions of the joint capsules and ligaments, the bursae, or the fibrous sheaths of the larger nerves. It may therefore be subdivided into three types according to the nature of the structures primarily attacked:

1. Panniculitis: inflammation of the subcutaneous tissues and fat.
2. Myositis: inflammation of the superficial and deep fascia and muscle sheaths and tendons.
3. Neuritis: inflammation affecting primarily the fibrous sheaths of nerves.

The clinical manifestations vary according to the area of the body and the type of fibrous tissue involved. The predominant effect, for instance, of involvement of the muscles of the neck will often be headache; of those of the limbs, numbness and tingling; and of the fibrous tissue surrounding joints, stiffness and pain on moving these joints, which is often wrongly attributed to true arthritis. The local effect of such inflammation upon the affected muscles will be to keep them in a state of spasm during the acute period. Subsequently the spasm will relax, but localized patches of nodular induration will be felt lying in the muscles. Occasionally, also, thin fibrous cords will be felt running through the subcutaneous tissues. These "nodules" will generally, but not invariably, prove tender on palpation.

The victims of fibrositis will usually be found to have some degree of defective skin circulation, as evidenced by abnormal sensitivity to cold weather or to local draughts, spontaneous bruising, or the fact that they perspire in the hottest weather only with difficulty. Attacks of fibrositis will occur in many people without apparent detriment to their general health, and in such persons the suspicion must arise that the cause may not be primarily an infective one.

Foci of Infection

The general principle to be adopted in the presence of any case in which the symptoms do not call for urgent treatment will be an endeavour to establish the aetiology of the attacks.

A large group of cases can be traced to the presence of focal infection, and both the teeth and the tonsils are generally suspect. This is perhaps more particularly so in cases in which the upper part of the body or the arms are chiefly affected. It must be remembered in this connexion that negative x-ray evidence of apical infection of the teeth must never be accepted as conclusive evidence that this does not exist, since changes which can be demonstrated by this means are necessarily of a chronic and advanced nature. Occasionally an abdominal focus of infection will be found, although with regard to the

bacteriology of the faeces Pemberton's aphorism must be borne in mind when the question of vaccine treatment is considered—"It is a poor bowel which doesn't grow something." Another focus of infection, which is sometimes overlooked, is the prostate, and in the absence of other infection it is worth while to perform prostatic massage and culture the "bead" so obtained.

A further group of cases would appear not to be of a primarily infective nature but to be allied to gout or to a special sensitivity to certain types of food. Such cases may be suspected by their excellent general health even during attacks, the periodic or seasonal nature of their attacks, a history of familial gout or of being "unable to digest" certain foods or drinks, and finally by the fact that their fibrositis tends to prefer the lower limbs and portions of the body. Such patients, in addition, often show the symptom-complex described by the French as "hépatisme." This is shown principally by a morning headache, furred tongue, and a tendency to incomplete bowel emptying with light-coloured and offensive stools; often, too, there is slight tenderness on palpation in the neighbourhood of the liver. For this group of patients the treatment will be on the usual lines for gout, with special attention to the bowels and elimination of any food to which the patient can be shown to be sensitive.

Finally, a certain proportion of cases of fibrositis can be traced to chronic strain often secondary to faulty posture. A common example of this will be found in those cases in which the fascia lata of the thigh is tender and painful in conjunction with a flattened plantar arch. Such patients are usually cured when the distribution of the body weight is readjusted by raising the inner edges of the shoes. Some cases of low backache seem also to be attributable to the same cause.

The specific treatment of the condition of fibrositis will fall into several categories, success being generally the resultant of a wise selection of remedies, according to the type of case, rather than the vigorous application of one remedy only.

Drug Therapy

In the acute stage rest in bed is desirable, and internally analgesic measures are primarily indicated. Aspirin or calcium acetylsalicylate (5 to 15 grains) are the most efficient drugs for this purpose in the majority of cases. If necessary potassium iodide (2 to 5 grains) may be added, as may phenacetin (5 to 10 grains) or caffeine (5 grains) at four-hourly intervals.

A useful proprietary product which in addition to aspirin and phenacetin contains codeine phosphate 1/6 grain is tab. veganin. Alternatively, Dover's powder (5 to 15 grains) may be combined with aspirin, but is rather constipating. Pyramidon (3 to 10 grains), which may conveniently be given in the form of novalgin, is a centrally acting drug, and will sometimes be effective where the salicylate group fails. Externally an ointment designed to act either as a rubefacient or as a counter-irritant should also be ordered. Ung. methyl salicyl. smells rather strongly but is efficient, whilst in the form of Bengué's balsam capsicum is added. A hot linseed poultice containing opium will often give considerable relief if applied every few hours, as may a hot cloth wrung out in a

solution of ordinary mustard in water. Massage is undesirable in the acute stage.

In addition to analgesic drugs a mercurial purgative such as calomel ($1/2$ to 2 grains) should be given at the outset of the attack and followed next morning by a strong dose of Epsom or Glauber salts in hot water. In certain cases benefit will result from a short course of colonic lavage twice a week for two to three weeks. Where it is desired to immobilize the muscles of the back during the acute stage, the most usual effective method is by means of a perforated belladonna plaster. This must, however, always cross the mid-line behind and come round to the front in order to achieve a maximum effect. Ordinary wide strapping plaster is quite a good substitute, but elastoplast is not so suitable except in the case of the shoulder.

Heat and Massage

When the condition is less acute and the patient is able to get up, the application of both heat and massage to the affected regions is indicated. Heat may be applied in a dry or a moist form; the one often succeeding where the other has failed. Dry heat may be given by means of a portable lamp, an electric heating pad, exposure to a gas-fire (which gives out infra-red rays), the application of a hot iron through brown paper applied to the skin, a hot-water bottle, or a bag of salt or sand which has been heated thoroughly in the oven.

Moist heat may be applied as kaolin, bread, or linseed poultices, which are possibly more efficacious although less easy to prepare than antiphlogistine; mud packs such as can be prepared from the dried cubes of foreign spa mud, which can now be bought with full instructions; applications of hot paraffin wax of a special melting-point, which is sold for this purpose; or, if the patient is in a condition to do so, as a general sweating exposure in a Turkish bath. If the latter be ordered, however, the patient should be instructed to drink fluids copiously before, during, and after his treatment, as otherwise the temporary concentration of the blood is likely to provoke a further acute attack. Finally, perhaps the simplest method is to order an ordinary bath to which 4 lb. of Epsom salts (or common salt) have been added. This should be taken as hot as possible, and, contrary to the general belief, the patient should not "soak in it" but should get out after only five to ten minutes' immersion. He should then be briskly rubbed down, some ointment being rubbed rapidly into the affected areas, and be wrapped in a blanket and put to bed for several hours. After this, if deep massage be available for the affected areas it will generally prove effective after a few treatments, although it is painful at first. For robust patients, a variation of considerable value will be the addition of "transkutan" to the thermal bath once or twice a week.

Hydrotherapy and Counter-irritation

Where the patient lives near a spa or an institution equipped for hydrotherapy, "Vichy" douche massage followed by "contrast douching" (alternate hot and cold water directed on to the painful areas under pressure from a hose-pipe) is probably the best follow-up treatment, and stimulates the skin to resume its normal function.

In certain cases, more particularly when the complaint is of lumbago, counter-irritation will also prove of great value. This may be applied by heating an ordinary platinum loop, such as is used for bacteriological purposes, to a white heat by the bedside and applying it to the skin over the affected muscles in twelve to fourteen places. A small blister should result from each application, and the whole area may then be covered over with

a gauze dressing. An electric cautery will do the same thing more efficiently. Another method is to produce blisters by means of "blistering fluid" or cantharides plasters, but these do not seem to be of equal value to the actual cautery. Dry-cupping is a somewhat obsolete method of treatment, but is occasionally effective, as is full exposure to a mercury vapour lamp at a distance of eighteen to twenty-four inches.

In the chronic phase massage is essential if the attack is to be terminated in the minimum time and if recurrence is to be avoided. To be effective, the indurated areas (nodules) must be carefully sought out in the muscles, and the massage must be very deep at these points. It will be found that after deep kneading with the finger-tips or thumbs they will, after an initial period when they may become increasingly painful, gradually become insensible to palpation, and ultimately disappear. This process will be considerably facilitated if it be preceded on each occasion by twenty to thirty minutes' application of heat in one of the forms mentioned above. In certain cases a "nodule" will prove to be too painful for this type of treatment, which will then induce protective spasm in the surrounding muscles, and so render further "kneading" impossible. In such cases a dose of aspirin or other analgesic may usefully be given prior to beginning the treatment.

Where one or more discrete nodules can be felt, and when the pain is found to be chiefly localized in these sites, the effect of injecting a few cubic centimetres of a local anaesthetic, such as novocain or "A.B.A." compound, into them is sometimes dramatic. This treatment is not, however, of much use in the presence of more diffuse pain or tenderness.

Diet and After-care

In obese patients it is wise to prescribe a weight-reducing diet. The chief foods to avoid will be the starches and carbohydrates, from which they derive the majority of their calories. Bread, potatoes, and pastry can well be eliminated, and substituted by rye-vita, diabetic bread, or bran biscuits for a time. A day or two of complete starvation—except for fluids, which should be taken copiously—will, if submitted to by the patient at the outset of an attack, often cut it short. In obstinate cases the addition of a small regular dose of thyroid extract ($1/4$ to $1/2$ grain) twice a day before meals will be of value.

In cases in which the origin is suspected to be gouty, one or two intramuscular injections of an ampoule of atophanyl at an interval of several days may be of help, while one of the hexamine preparations such as "piperazine," "urodinal," or "uralysol" (one teaspoonful in half a glass of water before breakfast) should be ordered in addition for some weeks.

Subsequent to an attack of fibrositis, it is important that the patient should be taught to contract the affected muscles daily by means of appropriate exercises. He should also make a point of obtaining some regular exercise in the open air, even at the cost of rising somewhat earlier in order to walk part of the way to the office. The obese subject must not be allowed to regain his lost weight once the attack recedes; nor should the question of the localization of attacks, as the result of the occupation or hobbies of those predisposed to suffer, escape the notice of the medical attendant.

The prognosis in fibrositis is good if sufficient care be taken and if the value of external as well as internal remedies is remembered. An exception to this is, however, to be found in the case of very old patients, since the senile form of fibrositis will sometimes be found intractable to all the usual remedies.