

The Role of Trigger Point Injections in the Treatment of Myofascial Pain Syndromes

Myofascial pain is a commonly encountered condition within the spectrum of musculoskeletal disorders and remains a significant source of morbidity in primary care and specialty practices. Myofascial pain syndromes (MPS) are characterized by localized hyperirritable areas within skeletal muscle or fascia—referred to as trigger points—that produce focal tenderness, taut bands, and predictable patterns of referred pain.

The foundational work of Dr. Janet Travell and Dr. David Simons brought widespread clinical attention to the diagnosis and treatment of MPS, establishing trigger point therapy as a central component of management. Their seminal texts remain the cornerstone for clinicians seeking to understand the biomechanics, referred pain patterns, and therapeutic strategies associated with these syndromes.

As a Board-Certified Family Physician with more than 35 years of clinical experience, I have incorporated trigger point injections into routine practice, primarily for patients presenting with neck and back pain. The technique is straightforward, requires minimal equipment, and can be readily adopted by primary care physicians seeking to expand treatment options for patients with myofascial pain.

In 2007, during completion of the Helms Institute/UCLA School of Medicine physician acupuncture program, I was introduced to the use of Sarapin—a botanical extract derived from the *Sarracenia purpurea* (purple pitcher plant)—as an adjunct agent for trigger point injections. Since then, I have used Sarapin in combination with a local anesthetic, such as 1% lidocaine, in numerous patients. In my clinical experience, this combination has demonstrated a favorable safety profile and has provided meaningful symptom relief across a range of myofascial pain presentations. Many patients report sustained reductions in pain and, in some cases, decreased reliance on analgesic medications.

Trigger point injections function best as part of a multimodal treatment strategy. They can be effectively integrated with physical therapy, pharmacologic management, chiropractic care, acupuncture, massage therapy, and other rehabilitative modalities. This multidisciplinary approach often yields improved outcomes and enhances patient engagement in long-term self-management strategies.

About the Author

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References

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