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Acute and Chronic Disease Reports

Commentary

Integration Cortical Pain of Fibromyalgia Syndrome

Stimpson Jones*

Department of Physiotherapy, University of Bayero, Kano, Nigeria

DESCRIPTION

A syndrome known as Fibromyalgia (FM) is characterised by persistent musculoskeletal pain. The main symptoms of the disease are muscle stiffness, joint stiffness, insomnia, fatigue, mood disturbances, cognitive impairment, anxiety, depression, generalized irritability, and the inability to perform normal daily activities. FM may also be associated with certain diseases such as infectious diseases, diabetes, rheumatic, psychiatric or neurological disorders.

Pathophysiology

The pathophysiological factors of FM are still poorly understood and remain the focus. FM appears to be related to pain processing problems in the brain. Most often, patients develop hypersensitivity to pain. Persistent hyper-vigilance about pain can also be associated with psychological problems. A major change seen in FM is the dysfunction of monoaminergic neurotransmission, which leads to elevated levels of excitatory neurotransmitters such as glutamate and substance P, and at the level of descending antinociceptive pathways, in the spinal cord. Serotonin and norepinephrine levels decrease. Other abnormalities observed include dopamine dysregulation and altered activity of endogenous brain opioids. Taken together, these phenomena appear to explain the central physiopathology of FM.

Symptoms

The main symptoms are:

- Chronic pain that spreads throughout the body or in multiple places. Pain is common in the arms, legs, head, chest, abdomen, back. People often describe it as pain, burning, or throbbing.
- Feeling tired or overwhelmed.
- Trouble sleeping.
- Muscle and joint stiffness.
- Tenderness when touched.
- Arms or legs those are numb or tingly.

Etiology

The cause of fibromyalgia is unknown, but people with fibromyalgia have an increased sensitivity to pain, so some people experience pain while others do not. Brains imaging studies and other have revealed evidence of altered signaling in the neural pathways that transmit and receive pain in fibromyalgia patients. These changes may also contribute to the fatigue, sleep disturbances, and cognitive impairment experienced by many people with this disorder.

Diagnosis

Early diagnosis improves patient satisfaction. Therefore, an initial comprehensive assessment to rule out other disorders can help patients become aware of their symptoms and reduce uncertainty. A biological workup is also essential. Results may vary from patient to patient and from physician to physician. In some cases, the results are normal, ruling out other differential diagnoses. As a systematic and standard procedure, it is also possible to suggest a blood count, sedimentation rate, and C-reactive protein test to rule out an inflammatory condition, protein electrophoresis to rule out M-spike type pathologies or gamma globulin disorders, serum calcium and phosphorus levels to rule out hyperparathyroidism or osteomalacia, creatine kinase to ensure that a muscle disorder is not missed, and thyroid-stimulating hormone.

A medical illness known as fibromyalgia is characterised by the occurrence of lower abdomen pain or cramping, depression, exhaustion, and chronic generalised pain.Insomnia and a general hypersensitivity are further signs. Fibromyalgia is thought to be brought on by a confluence of genetic and environmental factors, while its exact aetiology is unknown. Environmental influences could include trauma, stress on the mind, and specific infections. Weak recommendations are made for meditative exercises including qigong, yoga, and tai chi, psychotherapy, acupuncture, and hydrotherapy. Antidepressants have been shown to enhance quality of life, while the use of medicine in the treatment of fibromyalgia remains debatable. The US Food and Drug Administration (FDA) has authorised the use of the drugs duloxetine, milnacipran, or pregabalin for the treatment of fibromyalgia. Nonsteroidal anti-inflammatory

Correspondence to: Stimpson Jones, Department of Physiotherapy, University of Bayero, Kano, Nigeria, E-mail: stimpsonjones4@gmail.com

Received: 30-May-2023, Manuscript No. ACDR-23-24538; **Editor assigned:** 01-Jun-2023, Pre QC No. ACDR-23-24538 (PQ); **Reviewed:** 16-Jun-2023, QC No. ACDR-23-24538; **Revised:** 23-Jun-2023, Manuscript No. ACDR-23-24538 (R); **Published:** 30-Jun-2023, DOI: 10.35248/ACDR. 23.07.190

Citation: Jones S (2023) Integration Cortical Pain of Fibromyalgia Syndrome. Acute Chronic Dis.07:190.

medicines, muscle relaxants, and serotonin-norepinephrine reuptake inhibitors are other often used effective pharmaceuticals.