


# PLASMA ACTH AND $\beta$ -ENDORPHIN LEVELS IN RESPONSE TO LOW LEVEL LASER THERAPY (LLLT) FOR MYOFASCIAL TRIGGER POINTS

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The mechanism by which laser phototherapy (Low Level Laser Therapy-LLLT) induces analgesia in the treatment of chronic pain is not understood. To investigate a possible role for opioids in this treatment, a double-blind placebo-controlled study was designed to compare the effect of two dosages (1 j/cm and 5 j/cm) of an infrared (IR) laser (820 nm), a visible red laser (670 nm) and a near-monochromatic light emitting device (660 nm, 30 nm bandwidth) on Trigger points. Fifty-six consenting subjects with chronic pain conditions exhibiting myofascial trigger points in the neck and upper trunk region underwent six experimental sessions over a two week period. Blood samples were withdrawn before and after treatment on three of six appointments. Plasma was assayed for  $\beta$ -endorphin (radioimmunoassay, RIA) and adrenocorticotropic hormone (ACTH two site immunoradiometric assay, IRMA) to assess opioid response. ACTH was shown to have a cumulative response to treatment with 1 J/cm infrared laser ( $p < 0.001$ ) and 5 J/cm red laser ( $p < 0.05$ ) responding significantly.  $\beta$ -endorphin was noted to be significantly elevated between days one and four ( $p < 0.05$ ) in subjects who received IR(5 j/cm) laser. Results indicated that the analgesic response to phototherapy may be mediated through hormonal/opioid mechanisms, and that responses to LLLT are dose and wavelength dependent. A mechanism by which peripheral stimulation using LLLT may elicit activity in the central pathways is proposed. [Collapse](#)

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## Figures and Tables

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| Dose type                        | Monochromatic red light 660 nm (9.5 mW) | Red Laser 670 nm (10 820 nm (25 mW) | IR Laser 820 nm (25 mW) | Placebo         |
|----------------------------------|---|-------------------------------------|-------------------------|-----------------|
| Low Dose (1 J/cm <sup>2</sup> )  | Group 1a<br>n=8                         | Group 2a<br>n=8                     | Group 3a<br>n=8         | Group 4a<br>n=5 |
| High Dose (5 J/cm <sup>2</sup> ) | Group 1b<br>n=7                         | Group 2b<br>n=7                     | Group 3b<br>n=8         | Group 4b<br>n=5 |

Table 1

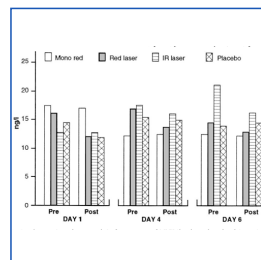


Figure 1

|             | WEEK 1 |       |       | WEEK 2 |       |       |
|-------------|--------|-------|-------|--------|-------|-------|
|             | Day 1  | Day 2 | Day 3 | Day 4  | Day 5 | Day 6 |
| VP          | RX     | RX    | VP    | RX     | VP    | VP    |
| 30 min wait |        |       | RX    |        | RX    |       |
| VP          |        |       | VP    |        | VP    |       |

VP = Venipuncture; RX = Treatment

Table 2

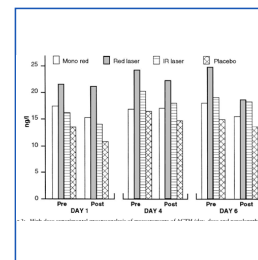


Figure 2

| 2-Dose Grouping                   | $\beta$ -Endorphin |
|-----------------------------------|--------------------|
| Overall ACTH                      | 0.7 <sup>†</sup>   |
| Near monochromatic red light ACTH | 0.34 <sup>‡</sup>  |
| Red laser ACTH                    | 0.69 <sup>†</sup>  |
| Infrared laser ACTH               | 0.7 <sup>†</sup>   |
| Placebo ACTH                      | 0.85 <sup>†</sup>  |
| High dose treatment ACTH          | 0.69 <sup>†</sup>  |
| Low dose treatment ACTH           | 0.7 <sup>†</sup>   |

<sup>†</sup>,  $p < 0.0001$ ; <sup>‡</sup>,  $p < 0.01$

Table 3

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