



Original Article

Comparative attitudes between the traditional Chinese medicine and Western medicine towards myofascial pain syndrome treatment among Thai people

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Abstract: Myofascial pain syndrome (MPS) is muscle pain in areas of trigger points hidden within muscles throughout the body. It can be treated through various medical approaches. This study aims to explore and compare Thai people's attitudes toward the treatment of MPS using traditional Chinese medicine and Western medicine, in order to support the development of more effective traditional Chinese medicine treatment guidelines in Thailand. Online questionnaire data were collected using a snowball sampling approach, resulting in a sample of 188 Thai people and performing descriptive statistics found that the sample group chose the TCM treatment approach the most for pain treatment, rehabilitation, and prevention, respectively. While choosing the western medical treatment approach for prevention, treatment of common symptoms e.g., cold and fever, and aching treatment the most, respectively. In addition, the comparison of attitudes using t-test revealed that attitudes towards the MPS treatment by Western medicine and TCM were not significantly different. However, the item analysis of the questionnaire revealed that the sample group had a more positive attitude towards Western medicine than TCM in the issue related to treatment duration with a statistical significance of 0.05, while they had a more positive attitude towards TCM than Western medicine when considering the issue of safety with a statistical significance of 0.01.

Keywords: traditional Chinese medicine; Western medicine; myofascial pain syndrome; attitudes of Thai people

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Introduction

Myofascial pain syndrome (MPS) is a condition where patients experience musculo-skeletal pain. Western medical pathology researchers reported a hypothesis, upon this condition, emphasizing on an electro-myographic study illustrating abnormal flow of electrical currents at motor end plates of neurons ending on muscle fibers of a trigger

points (TrP). This demonstrates that there was an abnormal acetylcholine (ACh) release that had contributed towards the formation of taut bands in TrPs. When there is excessive production of ACh it demands higher rates of metabolism, resulting in MPS. Simons had also discovered another hypothesis, "Integrated Trigger Hypothesis". This hypothesis revolves

around the occurrence of a local injury that had contributed towards micro trauma. This led to an extended contraction of muscle fibers near a motor end plate, thus contributing towards excess ACh and higher metabolism rates. When these rates are not met, circulation is impaired. This tenses up the muscles and reduces blood flow and ATP, eventually, altering the central nervous system.^[1]

The focus of Western treatments is on relieving pain and curing pain in the emphasized areas, by adapting the knowledge of exercises and ergonomics to use. Medicines that are often prescribed include nonsteroidal anti-inflammatory drugs, muscle relaxants and local anesthetics. Other treatment strategies used are extracorporeal shockwave, low power lasers, transcutaneous electrical nerve stimulation and therapeutic ultrasound. The significant factor that all these treatments have in common is that they are effective but only for a short period. Therefore, clinicians decide to use a method called, “dry needling”, which is fairly similar to acupuncture - another approach to relieve pain.^[2] Dry needling is defined as the injection of a needle into a Trp. This technique can be applied with the use of electrical currents to enhance the technique’s efficiency.

An alternative treatment to cure myofascial syndrome could be the traditional Chinese medicine (TCM). It is unique from Western medicine, due to its different approach to cure diseases, the concept of balancing Yin and Yang is always implemented when curing the patient. Methods of treatments involves finding specific points called ‘Ah-Shi’ points. These points define the location where the pain is most significant considering the physical pain pressure of that location. Another word for “Ah-Shi” could be known as tender points; areas in the muscles which are fairly fragile. Furthermore, the concept of “Ah-Shi” points

also expands to distal points located away from the pain points. By performing acupuncture at these certain points, it could reduce the pain at the original pain point, this is because its correlation towards one another impacts flow of the Qi in the body; referring to the concept of which the organ in the body complements one another forming balance (Yin and Yang). Finally, the separately located points where when pressed the pain pressure at the ‘Ah-Shi’ points are decreased. These points are called ‘Anti-Ah-Shi’ points. However, the specifications of the areas are still unclear^[3]

In terms of attitude towards TCM, from recorded questionnaires of a past conducted study, the results illustrated that majority of people are willing to accept TCM, than ones who are unwilling to. Although, the range of acceptance differed considering the rate of one’s income, and one’s understanding of fundamental Chinese culture, specifically about TCM. Moreover, the approval from personal physicians is also considerable, due to the fact that some people were proven to be more willing to accept TCM, if it is able to effectively enhance their treatment.^[4]

Another study, which focused more on categorizing opinions into the opinion polarity ratio (OPR), stated that the most significant factor that affects one’s TCM visit is education. The educational level a person receives frames their perspective upon TCM. Nonetheless, other factors such as finance and the influence of others also determine one’s willingness to accept TCM. However, there has also been a consideration towards the age distribution of who is more willing to accept TCM. The results suggest that the younger generation are more inclined towards using TCM, compared to the older generations. Since younger parents have received more thorough knowledge about the subject and are insisting their child to do the same.^[5]

However, there is currently no comparative study on attitude towards MPS treatment using traditional Chinese medicine and Western medicine. This study focused on exploring and comparing attitudes toward MPS treatment using traditional Chinese medicine and Western medicine among Thai people. The comparative study of attitude towards treatment with two medical approaches can be an addition to the academic data and provides the results of a survey on Thai people's attitudes towards MPS treatment using two medical approaches. In addition, the results of this study can be used to develop treatment guidelines or adjust the treatment concept of MPS or other symptoms using traditional Chinese medicine methods to achieve maximum efficiency in Thai society.

Methodology

1. Study design

Online questionnaire surveys were conducted among Thai people from July 14, 2024 to August 28, 2024 to collect attitudes toward myofascial pain syndrome treatment by traditional Chinese medicine and Western medicine approaches. Online questionnaire surveys were separated into two versions and data collection was divided according to the medical approaches that allowed the study to compare attitudes toward MPS treatment between medical approaches.

Although this study was not formally approved by an ethics committee, it was conducted in strict accordance with ethical principles, including voluntary participation, collection of non-identifiable information, anonymity, and protection of participants' personal data through the use of a self-administered questionnaire.

2. Participants

A total of 188 randomized participants were recruited using a snowball sampling

technique. The initial respondents were students or teachers from the Mahidol University International Demonstration School who met the inclusion criteria. Participants were Thai people who were able to communicate and understand Thai and aged above 18 years old. Participants that responded to the attitude toward Western medicine's questionnaire were 90 people and participants that responded to the attitude toward traditional Chinese medicine's questionnaire were 98 people.

3. Material

The questionnaire comprised of 4 parts:

1) demographics, medical preference, and attitude towards two medical treatments, Western medicine and traditional Chinese medicine. Questions in the demographics section included gender, age, education, income, and medical experience.

2) Medical condition and preference that applied from a study of Zhao Qi and colleagues.^[6] Participants were asked to respond their medical preferences for treatment of various symptoms from two treatment approaches.

3) Attitude towards TCM and Western medicine in myofascial pain syndrome treatment. It was adapted from a study by Pan Bo, et al.^[4] which consisted of 5 positive and negative statement items.

The 5 questions were as follow:

Question 1, "I think it takes a long time for Western medicine/TCM to exert efficacy to treat MPS"

Question 2, "I think Western medicine/TCM treatment is safe for MPS treatment"

Question 3, "I think Western medicine/TCM treatment is effective for MPS treatment"

Question 4, "I will inform my attending physician that I accept Western medicine/TCM for MPS treatment only"

Question 5, "I think Western medicine/TCM might delay my MPS treatment"

Positive statement items were questions 2, 3 and 4; and the negative statement items were questions 1 and 5. Participants were asked to rate 5 items using a 1 to 5 Likert-scale.

4) Participants were asked to comment towards Western medicine/TCM for MPS treatment (if any).

4. Data analysis

Data analysis was performed using IBM SPSS Statistics. Participants' responses were thoroughly sorted, and the correct numbers were reversed for negative statements in the attitudes toward MPS treatment. Descriptive statistical analysis was used to process data about participants' demographics and medical preferences. Data analysis to compare attitudes between MPS treatment from two medical approaches was performed using t-test; and the p-value at <0.05 was considered statistically significant.

Results

1. Demographic characteristics

A statistical program used to compare the

demographic characteristics between two groups illustrated and categorized participants' characteristics into different categories. The gender section revealed that there were more male participants answering the Western medicine survey, while the opposite was true for the TCM. For the age, the data illustrated that similarly, both surveys with the least age group participants were the elderly; however, young participants answered Western medicine the most, and for TCM was middle-aged participants. The level of education also depicted opposing data, where in Western medicine the highest number rooted from vocational certificate degree, whilst it was the least for TCM. Furthermore, the highest for TCM was the bachelor's degree. The monthly income category showed that the participants that answered the Western medicine survey mostly had Thai baht 15,000 or less; nonetheless, the ones answering the TCM survey had baht 25,001-50,000 (Table 1). Ultimately, the top three most popular treatment methods of both participant groups were TCM, traditional Thai medicine and Western medicine.

Table 1 Demographic characteristics and clinical features of participants

	Western Medicine (n = 90)	TCM (n = 98)
Gender		
Male	75	28
Female	15	68
Not specified	0	2
Age		
Young (18-34)	88	24
Middle age (35-59)	2	52
Elderly (60 and above)	0	22
Level of Education		
Junior High School or lower	37	0
High School	12	12
Vocational Certificate and equivalent	19	2
Bachelor's Degree	20	57
Master's Degree	1	24

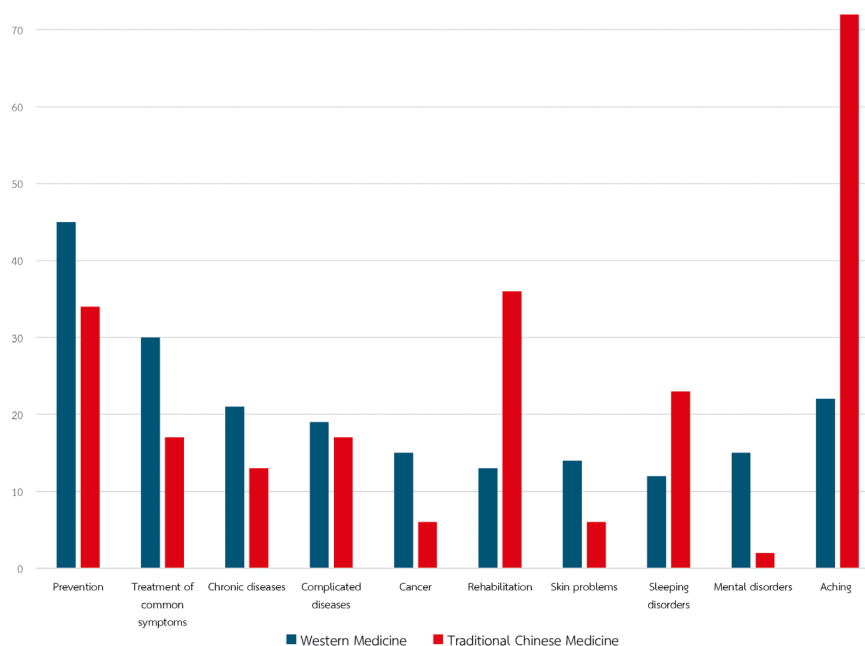
Table 1 Demographic characteristics and clinical features of participants (cont.)

	Western Medicine (n = 90)	TCM (n = 98)
Doctorate Degree	1	3
Monthly Income (THB)		
15,000 or less	3	12
15,001-25,000	68	27
25,001-50,000	11	7
50,001-75,000	6	34
75,001-100,000	0	9
100,000 or more	2	9
What treatment methods have you received?		
Western medicine	82	90
Traditional Chinese medicine	68	31
Traditional Thai medicine	98	29
Chiropractic	0	1
Homeopathy	0	4

1. Participants' preferences in different medical conditions

Figure 1 presents the participants' preferences in different medical conditions from 2 surveys: Western medicine and TCM. For Western medicine, the category of prevention had the highest number of participants voting for it; however, for TCM, it was for aching e.g., office syndrome,

myofascial syndrome, back pain, etc. Onto the least number of participants choosing it, for Western medicine it was sleep disorders, and for TCM it was for mental disorders. There was a chosen section that had a similar range of participants for both surveys: 19 and 17, it was the complicated diseases section, e.g., rare symptoms of unknowns.

**Figure 1 Western medicine and TCM preference in different medical conditions by participants**

2. Participants’ attitude towards the Western medicine and TCM

Regarding the Participants’ attitude towards the Western medicine and traditional Chinese medicine in myofascial pain syndrome

treatment, there was no definite difference among the overall variables (Table 2). However, significant difference was observed in the individual questions number 1, 2, and 5 ($p<0.05$).

Table 2 Participants’ attitude towards the Western medicine and traditional Chinese medicine in myofascial pain syndrome treatment

Item	Western Medicine (n = 90)		TCM (n = 98)		t-test	
	Mean	SD	Mean	SD	t	p-value
Q1*	3.26	1.35	2.79	1.13	2.5879	0.01**
Q2	3.10	1.45	3.55	1.11	2.4071	0.02**
Q3	3.12	1.35	3.40	1.06	1.5643	0.12
Q4	3.03	1.37	3.37	1.29	1.7237	0.09
Q5*	3.11	1.44	2.61	1.17	2.6126	0.01**
Overall	3.12	0.47	3.14	0.55	0.2437	0.81

* Negative statement items

** Statistically significant at $p<0.05$

Discussion

Each designated participant was randomized into subgroups due to their medical preferences. The assigned groups revolved around the participants’ insights towards traditional Chinese medicine and Western medicine which would fit into what category: prevention, treatment of common symptoms, chronic diseases, complicated diseases with unknown source, cancer, rehabilitation, skin problems, sleeping disorders, mental disorders and aching. Results showed TCM was known best for its ability to treat aching. Prior records of acupuncture usage, a TCM treatment approach, has been gradually gaining its popularity internationally and it has been used to cure an increasing rate of diseases. The World Health Organization listed 43 diseases and conditions that can be treated with acupuncture in 1979, and that number increased to 63 in 1996.^[7] It is therefore much related to the treatment to cure aching pains. Western medicine, on the other hand, is chosen

most for its ability for prevention. There has been evidence stating that western medicine is mostly used for prevention.^[8] Thus, this is one of the most influential causes rooted from stereotypes and insights of how Western medicine objective is to prevent and reduce the severity of the disease.

The attitude of the participants was evaluated with the use of t-test, where the Likert scale form questions were answered and analyzed into values to determine their accuracy and differentiation. For question 1, “I think it takes a long time for TCM to exert efficacy for MPS treatment”, the average values of the answers were 3.26 and 2.79 respectively demonstrating that participants believed Western medicine needed less time, when compared to TCM ($p<0.05$). The reasoning could be from prior data where it stated that more participants were familiar with Western medicine, resulting in them having superior impressions towards it. Additionally, question Q5, “I think TCM might delay my MPS

treatment”, which identified that more participants believed Western medicine was less time consuming than TCM. This is indeed proven since TCM mainly focuses on harnessing electrical patterns to assist the functionality of the human body, in contrast to giving antibodies to fight off the disease’s pathogens.

Conclusions

This study has fulfilled its objective of collecting through an online questionnaire, using a snowball sampling technique, and resulting in total of 188 Thai people and performing descriptive statistics found that the sample group chose the traditional Chinese medicine approach the most for aching treatment, rehabilitation, and prevention, while prevention, treatment of common symptoms e.g., cold and fever, and aching treatment for Western medicine approach. From the results of the survey, a t-test was performed and revealed that it was not significantly different in general. Nevertheless, a higher positive attitude of Western medicine was perceived when compared to TCM on the issues of treatment duration. Using the p-value as evidence, regarding the duration of treatment, there was a statistical significance of 0.05. However, when evaluating safety issues, participants showed a more positive attitude towards TCM compared to Western medicine, with this preference being statistically significant at 0.01.

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นิพนธ์ต้นฉบับ

การเปรียบเทียบเจตคติระหว่างการแพทย์แผนจีนและการแพทย์แผนตะวันตกต่อการรักษา กลุ่มอาการปวดกล้ามเนื้อเรื้อรังในกลุ่มชาวไทย

นันทกานต์ เมืองสง

โรงเรียนสาธิตนานาชาติ มหาวิทยาลัยมหิดล

บทคัดย่อ: กลุ่มอาการปวดกล้ามเนื้อเรื้อรังเป็นอาการปวดกล้ามเนื้อในบริเวณของจุดกดเจ็บที่ซ่อนอยู่ภายในกล้ามเนื้อทั่วร่างกาย ซึ่งสามารถบำบัดรักษาตามแนวทางการแพทย์แผนต่างๆ ได้หลากหลายวิธี การศึกษานี้มีวัตถุประสงค์เพื่อสำรวจและเปรียบเทียบทัศนคติต่อการรักษากลุ่มอาการปวดกล้ามเนื้อเรื้อรังด้วยการแพทย์แผนจีนและการแพทย์แผนตะวันตกในชาวไทย เพื่อใช้พัฒนาแนวทางการแพทย์แผนจีนให้เกิดประสิทธิภาพสูงสุดในสังคมไทย การวิจัยนี้เก็บข้อมูลด้วยแบบสอบถามออนไลน์ โดยใช้การสุ่มตัวอย่างแบบสโนว์บอล ได้กลุ่มตัวอย่างชาวไทยจำนวน 188 คน นำมาประมวลผลด้วยสถิติพรรณนา พบว่า กลุ่มตัวอย่างเลือกใช้แนวทางการรักษาแบบการแพทย์แผนจีนสำหรับการบำบัดอาการปวดกล้ามเนื้อ การฟื้นฟูสมรรถภาพ และการป้องกันมากที่สุดตามลำดับ ในขณะที่เลือกใช้แนวทางการรักษาแบบการแพทย์แผนตะวันตกในการป้องกัน การรักษาอาการโรคทั่วไป เช่น ไข้หวัด และการบำบัดอาการปวดกล้ามเนื้อมากที่สุดตามลำดับ เมื่อทำการเปรียบเทียบเจตคติด้วย t-test พบว่า เจตคติต่อการรักษากลุ่มอาการปวดกล้ามเนื้อเรื้อรังด้วยวิธีแบบการแพทย์แผนจีนและการแพทย์แผนตะวันตกไม่มีความแตกต่างกันอย่างมีนัยสำคัญทางสถิติ อย่างไรก็ตามเมื่อนำมาวิเคราะห์รายข้อของแบบสอบถาม พบว่า กลุ่มตัวอย่างมีเจตคติเชิงบวกต่อการแพทย์แผนตะวันตกมากกว่าการแพทย์แผนจีนในประเด็นที่เกี่ยวข้องกับระยะเวลาในการรักษาอย่างมีนัยสำคัญทางสถิติที่ 0.05 ในขณะที่มีเจตคติเชิงบวกต่อการแพทย์แผนจีนมากกว่าการแพทย์แผนตะวันตกเมื่อพิจารณาถึงประเด็นด้านความปลอดภัยอย่างมีนัยสำคัญทางสถิติที่ 0.01

คำสำคัญ: การแพทย์แผนจีน; การแพทย์แผนตะวันตก; อาการปวดกล้ามเนื้อเรื้อรัง; เจตคติของชาวไทย

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原创论文

泰国人群对中医与西医治疗肌筋膜疼痛综合征的态度比较

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摘要：肌筋膜疼痛综合征是指全身肌肉中存在隐匿性触发点所引起的慢性肌肉疼痛，可通过多种医学方法进行治疗。本研究旨在探讨并比较泰国人群对采用中医与西医治疗肌筋膜疼痛综合征的态度，以用于制定更符合泰国社会需求的中医治疗方案提供依据。本研究通过以线上问卷并采用滚雪球抽样，共收集了 188 名泰国受访者的数据，并使用描述性统计进行分析。研究结果显示，在治疗肌肉疼痛、功能恢复及预防方面，受访者更倾向选择中医治疗方式；而在预防、治疗一般疾病（例如感冒）以及缓解肌肉疼痛方面，则更常选择西医治疗。经过t检验比较发现，样本对使用中医与西医治疗肌筋膜疼痛综合征的整体态度并无显著差异。然而，在对问卷各项目分析时发现：在“治疗时间”相关项目上，样本对西医治疗方法的态度显著高于中医具有统计学意义 ($p<0.05$)；相反，在“安全性”方面，样本对中医治疗方法的态度显著高于西医则具有统计学意义 ($p<0.01$)。

关键词：中医；西医；肌筋膜疼痛综合征；泰国人群态度

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