

Many of the products recommended by the *herbalistas* in this sample are not commonly available in US grocery stores. Other studies of herbal remedies used by Latinos reported more commonly available products in the United States, such as chamomile, ginseng, ginkgo biloba, aloe vera, mint, garlic, lavender, and ginger.

There are several limitations to this study. Although the themes identified by the fourth and fifth interviews were no different than the earlier interviews, the fact that only five subjects were included limits the generalizability of this data. The client population served by the *herbalistas* was predominantly Mexican; therefore, the use of herbal remedies by Latinos from other parts of Central and South America may not be represented.

We found that *herbalistas* recommend a variety of herbal remedies that are not commonly available in mainstream US stores. Family physicians who treat Latinos should be aware that they may be using these products.

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## Teaching Medical Students Trigger Point Techniques

### To the Editor:

Myofascial pain syndrome commonly manifests in patients in primary care settings as a variety of pain symptoms. The UCLA Center for East-West Medicine piloted an innovative training program in trigger point technique using ultrasound technology for medical students who were enrolled in first- and fourth-year electives. The courses engaged students in a patient-focused approach to clinical problem solving that incorporated therapies from different traditions of medicine, which included trigger point injections.

Myofascial pain is underemphasized in medical education and underrecognized in clinical practice. Trigger points are diagnosed clinically, since they demonstrate no reproducible anatomic or histologic abnormalities. However, interrater reliability in myofascial trigger point examination has been demonstrated in the literature. Trigger point injections and dry needling of trigger points have become widely accepted for the treatment of myofascial pain syndrome. A variety of solutions may be injected, while studies widely support that the therapeutic effect in both dry needling and injection is mechanical disruption by the needle. Despite the utility of trigger point injections in medical practice,

a training device is not widely used to train medical students, residents, and physicians in the technique.

A total of 26 medical students in 2006 (10 first-year students and 16 fourth-year students) participated in trigger point injection workshops that incorporated ultrasound technology. The students were instructed in the clinical criteria of myofascial pain, learned how to identify trigger points, and observed ultrasound images of trigger point injections.

The 26 course participants successfully completed the experiential exercise and noted the following benefits: learned how to correlate clinical information with real-time, dynamic radiological images; observed the twitch response, which is well described but not well quantified in the literature; and visualized correct placement of the needle tip to avoid iatrogenic harm such as pneumothorax. Based on these outcomes, ultrasound technology was a useful tool for training medical students in evaluation and treatment of myofascial pain. In this workshop, radiological imaging permitted in vivo visualization of hidden anatomy and offered physiologic as well as anatomic insights.

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