



Fresno Family Practice
CENTER

Fibromyalgia – Views and Treatment Protocol in this Office

Fibromyalgia (FMS) is a connective tissue disease that tends to strike women, especially Caucasian, much more often than men. It was once thought to be a psychiatric disorder among “nervous” women, because when a doctor would take the symptoms seriously and do the workup, he would find that all the tests were “normal.” It wasn’t until a few years ago that physicians finally began to recognize FMS as an actual rheumatologic disorder. Some physicians still don’t believe it, or, more likely, they become frustrated at the difficult time in treatment and the apparent lack of response to standard therapy.

Therefore, what do I believe FMS is? I believe that it is actually a variety of connective tissue disorders that have a common thread (unknown at this time) and it is not just *one* thing wrong. I believe this because of the following: ask 100 women with FMS what their symptoms are and they will basically agree to the following: painful, tender points, lack of sleep, and lack of energy. Ask those same women what “works” for them to treat the symptoms and you will get at least 50 different answers. So it isn’t a simple disorder.

Current Therapies

What are the current therapies being used in a *standard* medical practice today? There are many but most fall into the categories of an analgesic (Motrin[®], Naprosyn[®], Vioxx[®], or Celebrex[®]), a muscle relaxant (Soma[®], Flexeril[®], Baclofen[®], Robaxin[®], Skelaxin[®] or Zanaflex[®]) and an antidepressant (Effexor XR[®], Wellbutrin XL[®], or Elavil[®]). These therapies aren’t bad and in fact, I tend to use them as the “front line” therapy myself. Some women will respond dramatically, but others will not find any relief whatsoever with that combination.

My Therapy

As I stated earlier, I do find that those medications can work and I do use them on the women who I make the initial diagnosis of FMS. However, many women come here as a chronic pain patient with FMS being an already established diagnosis. They have already been through all of the standard therapies with little to no response. Normally, their physicians had given up on them or would refuse to change anything in their standard regimen for the treatment of FMS.

So what do I do that is different? I believe, as many physicians do, in the multiple modalities approach to the treatment of FMS, if the person is able

to do that. There is a multidisciplinary center here in Fresno that is specifically for FMS treatment and, if you would like that, I can easily refer you to the center. If that occurs, the physicians there will assume all care related to your FMS, including pain medications. However, if you choose to have me as your primary physician in the treatment of FMS, then we would address the following issues:

1. **Sleep** – FMS patients do not sleep very well. Some researchers believe that this is the core problem. Lack of good, restorative sleep does not allow the body to heal itself. Different hormones, especially growth hormone, are not secreted in the manner that it should for your body to heal correctly. So we start with making sure that you sleep. Most FMS patients have tried standard sleeping pills in the past (Benadryl[®], Ambien[®], Sonata[®], Elavil[®]) with little to no effect. Remember that restorative sleep would last at least six hours and eight hours is our goal.
2. **Pain** – FMS patients suffer from pain “all over” or in specific tender points along the spine or the joints. Treatment for the pain is not necessarily that simple (which is why you are here). The improvement in sleep will aid with your pain. The use of anti-depressants, e.g., Effexor XR[®], will also relieve your pain to a greater or lesser extent. None are truly the only answer to your pain. Your condition is complex, so there is never a “simple” answer, i.e., one pill, to take care of all of your problems. Other treatment modalities that can do wonders for your pain include static magnetic field therapy and far-infrared reflective therapy. These sound fancy but they really aren’t. They do, however, work. I recommend Nikken[™] products here in this practice. We can set up an appointment to see the Nikken representative here in the office for some initial treatments to see how you respond to them.

In addition to these therapies for pain, a standard muscle relaxant (Soma[®] or Flexeril[®]) is given along with an analgesic. The analgesic will vary in strength depending on what you have used in the past and what has worked for you. Medications used here for the treatment of pain with FMS range from ibuprofen all the way to oxycodone/morphine. Whatever it takes to help you.
3. **Exercise/Stress Reduction** – You *must* exercise. Low-impact exercises for those of you who are couch potatoes and aerobics with resistance training for those who can handle it. Will the pain get

worse at first? Yes, it will. However, that can be “worked through.” Tai Chi is another form of exercise that should definitely be included for every FMS patient, regardless of age or physical ability.

In addition, you must learn how to reduce your stress levels. Stress will cause your FMS to “flare” and that means increased pain. Tai Chi, again, is an excellent way to reduce stress. Getting more involved in the *spiritual life* of your church, synagogue or temple can also help. Please note that I stated *spiritual life* and **not** physical activities, e.g., bake sales, fundraisers, etc. Caring for your inner development will benefit you in many ways. Speak to your clergy about how to become more spiritually involved in your faith.

4. **Physical activity** – *Do something!* You must begin to occupy your life with things to do that provide fulfillment. Sometimes all that means is working eight hours a day. Depending upon your financial situation, it may also mean volunteer work. Many good organizations need volunteers, e.g., hospices and senior centers. Do you see a pattern here? By taking your mind off of your problems and putting it to work for the good of others, i.e., your family, your friends, the handicapped, the aged and the dying, your FMS will become less of a focus in your life. It does NOT mean that the pain was all in your head and you are now cured. But if you lie around your home and dwell on your pain (no matter the diagnosis), your pain and physical condition **will get worse**.
5. **Low Libido** – Many FMS patients suffer with a low libido and there are many ways to attempt to correct this problem. The treatment that appears to be the most efficacious here in this office is the use of a compounded thick testosterone gel that is applied to the woman’s clitoris daily to stimulate her testosterone receptors on the clitoris. Within a relatively short period of time, i.e., one to three weeks, her libido will begin to climb to levels that were normally present before the onset of FMS...or higher. However, some people get no response to this therapy. The libido is multi-faceted and can be depressed/suppressed for many reasons. If it is not hormonal but instead psychological, then the use of the gel will most likely not work.
6. **Fatigue** – This is the most common complaint of FMS and can be the hardest to treat. Some physicians have advocated the use of psychostimulants to help offset this debilitating fatigue, i.e., amphetamines or **Provigil**®. While these may help some, I have found a much better treatment for

this fatigue – testosterone supplementation. Unlike what is given for low libido, this testosterone is taken systemically (not locally) in the form of either a transdermal gel that is applied to the forearms or testosterone pellets that are implanted into the paralumbar fat pad (just like the men who get testosterone pellets). This allows the testosterone to be at a very stable level. If you have insurance, cost is minimal, i.e., approximately \$30 for three months relief.

7. **AMT Supplements/Protocols** – There are two that I would suggest. Please speak to either the nurse practitioner or Dr. Work if you wish to have these prescribed for you.

Trans-D Tropin® is a transdermal product that will increase your endogenous (your own) levels of growth hormone in your body. *Nearly every* FMS patient who can afford this therapy has stated that they have significant improvement with many more “good” days than ever before. Cost is \$175.00 for a 4-week supply (but you will need it only every 6 weeks after an 8 week loading dose).

F-myalgia Protocol™ - This is an herbal protocol for the symptoms of FMS. Cost for 30 packs is \$42.00. Take 1 pack 2 times daily for the first 2 months as a loading dose. Then decrease to 1 pack daily as a maintenance dose. This product is best taken during or after meals. The protocol ingredients include: malic acid, magnesium hydroxide, vitamin C, bioflavonoids, cetyl myristoleate, calcium ascorbate, magnesium ascorbate, and methylsulfonylmethane (MSM).

The bottom line is that if you are willing to participate in the treatment of your FMS, I can help you to lessen how much the disease impacts your life. Please understand one thing: you can never be cured of FMS. It is a lifelong disorder. What we will try to do is lessen the number of “bad days” that you have and give you more “good days.” Keep in mind, however, that if you become ill, get into a fight with your spouse or significant other, get under a lot of stress, etc., the FMS will “flare” and your pain may go back to levels that you may have had before you came to see me. That is to be expected. Just remember that the flare will subside and you will go back to the “good days” if you keep doing what you have been taught to do.

If this sounds like a good idea to you, speak to me about your FMS. If you have a friend or family member who suffers with FMS, have them come in to see me.