

Fibromyalgia

Introduction

Fibromyalgia is a condition that seems on the rise. Just indentifying a name for the condition has created a lot of turmoil, because there are a lot of overlapping complaints with Chronic Fatigue Syndrome (M.E., Post-Viral Syndrome). In a trial published in *Clinical Infectious Diseases* (1994), it was stated that there is no real difference between primary juvenile Fibromyalgia and Chronic Fatigue Syndrome in the same age group. In a different trial by Buchwald et al (*Archives of Internal Medicine*, 1994) concludes that it is not possible to make any distinction between patients with Fibromyalgia, Chronic Fatigue Syndrome or Multiple Chemical Sensitivity.

The most commonly-used definition for Fibromyalgia states: Fibromyalgia is a chronic pain syndrome consisting of general muscle pains, stiffness and so-called tender points (areas of heightened pain sensations in the body), accompanied by fatigue, sleeping disorders, headaches, anxiety, depression and irritable bowel symptoms (*Journal of Internal Medicine* 1994, *Arthritis & Rheumatism* 1993, *The Lancet* 1993).

Increasing numbers of patients suffer from this condition. However, so far, no clear cause has been identified for it. Lacking a cause, as well as, the apparent healthy appearance of the patient and absence of blood abnormalities, often lead GPs, specialists, occupational physicians and employers not to recognize this syndrome. Unfounded referrals to psychiatrists and psychologists, the use of sleeping pills, tranquillizers and antidepressants, and even losing your job can be some of the unpleasant consequences of having Fibromyalgia.

Diagnosing Fibromyalgia occurs on the basis of medical history and specific complaints since objective criteria to support the diagnosis do not exist at this time. In order to reach a proper diagnosis, other causes of muscle pains and fatigue, such as rheumatic (auto-immune) diseases, certain infections, multiple sclerosis, anemia and thyroid dysfunction need to be excluded.

In Fibromyalgia, the most frequently occurring complaints are:

- general muscle pains and/or muscle weakness; joint pains;
- presence of tender points;
- fatigue;
- sleeping disorders;
- headache;
- anxiety;
- depression;
- gastro-intestinal complaints;
- allergies and/or intolerances;
- concentration and memory problems;
- raised body temperature;
- lymphnode swelling.

Although research has been under way to identify the cause(s) of Fibromyalgia, most experts now agree that the condition is a complex multifactor one. This means that a group of factors may be responsible for developing the condition. For instance, intestinal infections with parasites, yeasts or moulds may lead to food sensitivities (intolerances), weakening of the immune system, etc. This weakening leads to a greater susceptibility for infections. Thus, a multitude of complex factors leads to burdening the body in such a way that it becomes overstressed and Fibromyalgia may be the result. So, only treating one aspect is not sufficient; the entire complex should be addressed to strengthen the body in the broadest sense of the word.

Diagnosics

Fibromyalgia is diagnosed through elimination. Research published in *Arthritis & Rheumatism* (1994) by Simms et al, shows that there is no real difference in muscle metabolism in Fibromyalgia patients compared to healthy people. This contradicts the hypothesis that local metabolic abnormalities may be responsible for the pain experienced in the tender points. In an overview article published in the *Journal of Internal Medicine* (1994), Lorenzen clearly states that there is no proof whatsoever that Fibromyalgia is a muscle disease.

Other diseases that may give rise to Fibromyalgia-type complaints need to be excluded first. Conventional blood tests are performed to exclude anemia, low iron stores, thyroid dysfunction, autoimmune disease and certain infections.

Many Fibromyalgia patients suffer from intestinal complaints. Stool tests, which trace infections with parasites, yeasts, moulds and bacteria, may be necessary as well.

A large number of Fibromyalgia patients suffer from food intolerances, most of them without knowing it. It is impossible to demonstrate the presence of food intolerances when using conventional laboratory methods such as skin scratch tests or RAST tests.

For this reason the Amsterdam Kliniek uses a very advanced test procedure: the neutrophile test. A drop of the patient's blood is mixed with a drop of food concentrate. Next, an adjusted hematology analyzer (machine that examines blood cells) measures certain changes in neutrophiles (specific kind of white blood cell) through direct current and radio wave frequencies. The changes in these neutrophiles reflect of the presence of food intolerances with a great degree of reliability.

In the past the IgG(4) antibody test was used. This test shows the presence of IgG(4) antibodies. These are slow-reacting antibodies that generally don't appear in the blood until 24-48 hours later in response to a food that is not well tolerated. In the end, the reliability of this test left too much to be desired and we abandoned it altogether and replaced it by the neutrophile test.

A diet based on the results of the neutrophile test often leads to a reduction or the disappearance of all kinds of complaints such as headache (migraine), emotional complaints, intestinal problems and, last but not least, muscle aches and fatigue.

Quite often, the blood sugar (glucose) regulatory system is disturbed, characterized by strongly fluctuating glucose levels that show dramatic drops during the course of the day (hypoglycemia). Spontaneous hypoglycemia may manifest itself in the form of headaches, sleeplessness, sweating, shakiness, irritability, anxiety and panic attacks, hyperventilation and depression, as well as bouts of fatigue, mental fog, weakness and a craving for sweets. It is true that many patients tend to feel better after eating, but this is generally a short-lived improvement. A 5-hour long glucose tolerance test is instrumental in indentifying hypoglycemia.

Other useful tests are:

- urine analysis, measuring toxic metal overload (see Metal Toxicology);
- stool tests;
- blood and/or hair analysis to determine vitamin and trace mineral deficiencies.

Treatment

After assessing possible contributing factors (based on the patient's history, physical examination and diagnostic tests), a treatment plan is drawn up.

Diet

The prime focus of the treatment regime is an individualized, hypoallergenic elimination diet, which temporarily excludes the offending foods. This is supported by orthomolecular nutritional supplements such as vitamins, minerals and enzymes. As long as they are taken in the proper doses, these substances, which are inherent to the body, quite often promote considerable improvement. This result is obtained because these orthomolecular substances compensate for possible shortages, activate the immune system and raise the energy production in the cells of the body.

The diet is based on the aforementioned neutrophile test results, glucose tolerance test (if applicable) or other specific complaints (e.g. fermentation of the gut, etc.). Many complaints quite often disappear on a hypoallergenic diet, whereas before, the relationship between food and specific complaints had gone unrecognized. Muscle pains also often diminish dramatically.

Intestinal "restoration"

In many cases, it is necessary to restore the balance in the intestines. This is done by eradicating uninvited visitors (parasites, yeasts, moulds), replenishing beneficial bacteria (probiotics) and restoring the (often porous) intestinal mucosa.

Vitamin administration

Administration of vitamins and minerals, either or orally or intravenously (see Orthomolecular Medicine), leads to improvement of restorative processes in many Fibromyalgia patients.

Desensitization/immune stimulation

A very important asset in the treatment of Fibromyalgia is enzyme-potentiated desensitization (EPD). This therapy, which originated in the United Kingdom, was initially only used for the treatment of inhalant allergies (such as hay fever and asthma) and food sensitivity. However, Fibromyalgia patients receiving this treatment for their allergies or intolerances, found that in more than 50% of all cases, their Fibromyalgia complaints greatly improved or disappeared. Similar results were seen in Fibromyalgia patients no allergies or intolerances whatsoever.

In EPD, a small quantity of a broad-spectrum mixture of inhalant or food allergens, combined with an enzyme called beta-glucuronidase, is injected under the skin. Not only does this injection lead to the immune system's acceptance of the allergens involved, but it also stimulates so-called natural killer cells, important members of the immune system, which help protect the body. Quite likely, this specific immune stimulation is responsible for the improvement in Fibromyalgia patients.

Although rest and relaxation exercises, as well as, physical therapy may play a role in the treatment, in the long run, these do not lead to significant improvement or a cure.



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