

## Fibromyalgia Syndrome

### MUST-HAVE RESOURCES FOR CHIROPRACTORS AND THEIR PATIENTS

This article is the first of a series on fibromyalgia syndrome (FS), a clinical entity brimming with fascination and controversy. Woefully, this means that there are no clear-cut answers available for the common questions we face as clinicians. Worldwide, patients who suffer from FS are caught in the nether lands of our health care system, while the scientists debate and study the veracity of FS along with its myriad of professed causes and treatments. Meanwhile, our patients need effective relief, support and guidance.

The available FS literature is vast, variable in quality, and conflicting. Hence, searching for information about FS is somewhat like peering into a looking glass. Inevitably you will find articles that mirror your clinical philosophy. Do you practice cranial sacral release? If so, you will find literature that endorses this therapy for FS. Do you provide traditional chiropractic adjustments? You will find that FCER sanctions this treatment for FS. Does your practice include Eastern techniques (shiatsu and acupuncture, herbal remedies, or moxibustion and electrostimulation of trigger points)? These practitioners feel that the center of the FS problem is hara (known as the center of body strength -- the abdominal area, between the rib cage and the pelvic bone). The kai energy comes from the hara.

Do you want more clinical information about FS? Do you need pamphlets for FS patients? Are your patients asking for resource material and support groups? Do you have Internet access, but do not know how to harvest information about FS? If you want more information, you are in the right place. You can start right now, because this series of FS articles will provide you with all kinds of information and resources for your professional library. So turn on your copy machine, put a copy of this article into a folder, and keep it in your file.

Let's begin with a working understanding of FS. FS is a relatively new musculoskeletal problem that has been the subject of many studies and reviews. FS is characterized by polymyalgias, muscle tautness and muscle stiffness, accompanied by well-defined tender/trigger points, fatigue and nonrestorative sleep. Neurologic symptoms (e.g., numbness, tingling, lancinating pain) and anxiety are also problems reported by FS patients.

FS is traditionally divided into three major types. The first type is referred to as idiopathic or primary fibromyalgia (PFS) because the patients do not have other medical problems. The cause of PFS is unknown, but is provoked by such factors as overuse, stress, poor sleep, seasonal changes, poor diet and many dozens of other factors that will be discussed later on.

The second type of FS is known as secondary or concomitant FS (SFS) because it occurs in patients with already present medical problems. Sometimes these primary conditions are chronic in nature (chronic fatigue syndrome, Lyme disease, and others).

The last type of FS is called posttraumatic FS (PTFS) because the signs and symptoms of FS appear sometime after acute injury.

FS affects women much more often than men, with the male to female ratio ranging from 1:10 to

1:3. FS patients appear to be helped by treatment, but several obstacles to treatment are found when dealing with these patients. One obstacle is the delay in diagnosis because of the belief that the longer a chronic pain state such as FS exists, the more difficult the treatment.

A further impediment confronting FS patients is the perception of malingering or symptom magnification. Secondary gain is another problem; FS sufferers want relief. Obviously, it is a reasonable assumption that some FS victims may acquire forms of behavior that manipulate the world around them to satisfy their goals. Finally, there remains the sea of confusion engulfing the FS patient. Who is the FS sufferer to believe when it comes to diagnosis and treatment? More likely than not, doctors will offer conflicting diagnoses and offers for remedy.

#### A Clinical Descriptor

The following is one of many recent attempts to "narrow-down" the clinical presentation of FS. It is interesting to point out that the reader is told to note that the presentation of the patient varies considerably. While reading this, try to place yourself in the world of a FS patient or the doctor who is trying to figure out if the patient has FS.

Meanwhile, enjoy, and stay tuned to DC for the next informative FS article.

#### Clinical Symptoms:

- fatigue: 77%
- sleep disturbance: common
- morning stiffness: 75%
- irritable bowel syndrome: 37%
- irritable bladder syndrome: 85%
- headaches: common
- paresthesias: may be reported
- psychologic abnormalities: common

#### Physical Findings:

- swelling
- reactive hyperemia
- tender points

#### Laboratory Studies: Normal

#### Pathogenesis:

- hypothesis: central pain phenomena
- nutritional correlation
- magnesium and malic acid
- manganese
- thiamin
- limbic system abnormalities

#### Treatment:

- sleep disturbance: improve sleep quality
- manage physical stress: ergonomics
- exercise/physical therapy to improve conditioning
- psychological problems: therapy, drugs

- trigger-point therapy
- pharmacological therapy: SSRI (Paxil, Zoloft, Prozac), Nimotop (calcium channel blocker)
- education: support group
- chiropractic care

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