

Fibromyalgia Syndrome: Essential Resources for the Chiropractor and Their Patients, Part III

Fibromyalgia syndrome (FS) is a clinical entity brimming with fascination. One of the first discoveries made by the student of FS is that the available fibromyalgia syndrome literature is vast. Therefore, finding pertinent FS literature is a daunting task.

Fortunately, the Los Angeles College of Chiropractic library has compiled one of the most complete collections of FS materials for the doctor and their patients, friends and family. No matter what your interest is in fibromyalgia syndrome, you are sure to find what you need.

Clinical Characteristics

Between three and six million Americans are estimated to suffer from fibromyalgia syndrome. Briefly, this condition is characterized as chronic, sometimes debilitating, widespread musculoskeletal pain with fatigue that conforms to established guidelines. The American College of Rheumatology established diagnostic guidelines in 1990, and this document is widely available. There is a strong female predilection ranging from 70-88 percent.

There are 18 key tender points, of which 11 must be present to a maximum of 4 kg of finger pressure. The patient requiring deep gouging to detect the tender point is not suffering from fibromyalgia syndrome.

FS patients usually have comorbidities such as psychosomatic, somatoform, thyroid, balance, sinus or arthritic disorders, thus making the FS diagnosis difficult. Present studies on sleep disturbance, immunology and neuropathic pain suggest an underlying dysfunction in regulatory mechanisms.

The clinical presentation of fibromyalgia syndrome may overlap with chronic fatigue syndrome (CFS). In fact, the overlap is compelling. Estimates are that 70 percent of fibromyalgia syndrome patients meet the criteria for CFS, whereas 66 percent of chronic fatigue syndrome patients meet the criteria for FS. This clinical crossover raises concern that these two conditions share the same underlying pathophysiology.

FS Symptomatology

If the patient presents with many of the following symptoms, there is a raised index of clinical suspicion for fibromyalgia syndrome:

- sleep disturbance (also typical of aging effects, dietary habits, or stress);
- aggravation by climate changes such as cold or damp (also typical of arthritis and certain thyroid conditions);
- depression/anxiety;
- irritable bowel syndrome;

- headache;
- Raynaud's phenomena;
- dry mucosal membranes;
- arthritic or autoimmune disease;
- substance abuse (including alcohol, smoking and medications).

Response to Treatment

Current studies show that successful treatments focus on reversing the effects of autoimmune disease. However, to date, there is no consistency in treatment response between patients and no assurance of enduring resolve within individual patients.

It appears that the keys to successful therapy follow this strategy:

- hypoallergenic diet;
- detection and elimination of food and chemical irritants;
- elimination of caffeine, alcohol, MSG and carbonated beverages;
- increase consumption of antiinflammatory fatty acids;
- use of antioxidant supplements;
- use of digestive aids such as bromelain, pancreatin and apple cider vinegar;
- use of natural antiinflammatories such as echinacea, ginger and tripterygium wilfordii hook F extracts;
- detection and elimination of fungal infections and fungi-promoting foods;
- decreasing sugar intake;
- use of DHEA and its dietary precursors;
- use of immune regulators such as PABA and colostrum;
- harmonize neurotransmitters by using tryptophan, tryptophan precursors and L-tyrosine;
- detection and elimination of sleep disorders;
- exercise! (daily, gentle and aerobic);
- avoiding sedentary lifestyle;
- counseling and education.

What Is Ahead?

Next month, we will finish our discussion of fibromyalgia syndrome with valuable patient resources and office brochures. Stay tuned!

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