

Case Study: Treating a Patient With Fibromyalgia and Chronic Fatigue Syndrome

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Fibromyalgia is a cyclic and progressive illness that affects millions of people regardless of age, sex or race. Symptoms vary but involve multiple body areas and are usually unrelenting, affecting various body systems, including the CNS, such as fatigue and depression; musculoskeletal, as in soft-tissue pain; gastrointestinal, as in IBS; dermatological; etc.

[Chronic fatigue syndrome](#) (CFS) mimics many of the symptoms of fibromyalgia; however, CFS symptoms wax and wane in the form of flu-like symptoms. To differentiate CFS from [fibromyalgia](#), the American College of Rheumatology established fibromyalgia classification criteria in 1990. An evaluation of 18 specific points on the body through pressure testing for tenderness is the basis for the differentiation from CFS and other conditions. Among a number of other criteria, this tender-point evaluation (the patient must test positive on at least 11 of the 18 points) validates the diagnosis of fibromyalgia.

In my professional experience working with fibromyalgia / CFS patients over the past 20 years, I have found three common denominators: 1) All fibromyalgia patients have multiple conditions. 2) The vast majority of fibromyalgia patients, 90 percent or more, also have CFS as a condition. Not all CFS patients, they are happy to tell you, also have fibromyalgia. 3) Fibromyalgia and CFS magnify the symptoms of concurrent conditions. They make them three to five times worse, in my estimation.

Patient History



Mrs. DW entered my clinic in October 2007 for evaluation and treatment of multiple conditions including fibromyalgia and CFS, although these conditions had not been officially diagnosed. Mrs. DW, age 52, was working as a nurse in a local hospital. She stated that she had a difficult childhood that caused her to leave home at the age of 16. In her early 20s, she became ill with endometriosis and urinary infections which led to ovarian cysts, weight gain, depression, oophorectomy and appendectomy.

After surgery, she seemed to improve, enjoying her work as a nurse. Soon, however, she began to have trouble remembering things, along with irritability and sleep deprivation. Her joints began to hurt and she seemed to be in constant pain that progressively got worse over several years. Prescription pain medications did not help. Her doctors were frustrated, along with her husband, for lack of proper diagnosis.

She began seeing a chiropractor six years before coming to my clinic, who began to educate her on an anti-inflammatory diet, which seemed to help. As might be expected, what Mrs. DW yearned for was to be completely cured of whatever she had. She and I met at a physician pain and fibromyalgia seminar at the hospital at which she works. During the seminar I had the opportunity to introduce the protocol I had been using to successfully treat these same patients. Since my protocol was quite different than those proposed by the allopathic physicians, Mrs. DW approached me with the possibility of her coming to my clinic for an evaluation.

Examination

Initial examination on Mrs. DW included completion of the American College of Rheumatology 1990 [Classification Criteria for Fibromyalgia](#) to validate her diagnosis. Upon completion of testing, the patient proved positive in all areas, including 16 out of 18 specific points of tenderness. Therefore, her initial diagnosis was fibromyalgia *and* chronic fatigue syndrome, separate from any other diagnosis at this point.

This examination was followed by a thorough orthopedic and neurological evaluation for her secondary conditions. Separate from Mrs. DW's fibromyalgia and CFS symptoms, the patient complained of low back pain radiating into both lower legs (posterior) and neck pain radiating into both arms, along with head pain. Symptoms also included intermittent numbness, dizziness, muscle spasms, loss of balance, and many others which might have been affiliated with fibromyalgia / CFS. Positive findings from these tests validated a lumbosacral condition, along with a cervicobrachial condition separate from the fibromyalgia / CFS diagnosis.

Treatment Program

The treatment plan for Mrs. DW consisted of two separate programs. The first involved ridding the patient of the secondary conditions in the neck and lower back. Since these were chronic conditions, I explained that an aggressive period of treatment including chiropractic adjustments, physiotherapy, acupuncture and rehabilitation was called for to elicit functional improvement in the spine as soon as possible. This would help separate the fibromyalgia and CFS conditions and their symptoms from the secondary spinal conditions.

As we began this initial spinal treatment, we also introduced the protocol for fibromyalgia and CFS. The protocol is a combination pre-protocol anti-inflammatory dietary program and a protocol developed by Dr. R. Paul St. Amand. The protocol relies on an innocuous substance called guaifenesin along with the strict avoidance of all salicylates that block the positive action of guaifenesin. The guaifenesin pre-protocol was developed at the Fibromyalgia Research Center in

California, a nonprofit center.

The [anti-inflammatory dietary program](#) involved a restricted hypoglycemic diet along with high levels of omega-3, EPA and DHA, magnesium (which stimulates the mitochondria), malic acid (another anti-inflammatory), conjugated linoleic acid, along with a liver detox program. This had an excellent initial response. Within two weeks, the patient's fibromyalgia and CFS symptoms had improved appreciably. Her spinal conditions improved more slowly, but did show improvement. The patient's "fibro fog" was reduced, her energy increased, joint and muscle pain improved, and her IBS, bloating and gas all but disappeared.

Within two months of introducing the entire protocol, the patient had lost 13 lbs and two dress sizes. Weather changes did not negatively affect her. Her mood swings hardly swung, she smiled a lot and her humor had resurfaced, along with a much more enjoyable relationship with her husband. After two years, five months, nurse DW is seen only for structural problems due to her normal activities of daily living. Fibromyalgia and CFS symptoms abated completely after four months.

Final Thoughts

It is important to differentiate the fibromyalgia / CFS from other conditions the patient may have in order to treat them separately and evaluate symptomatic changes. As stated, fibromyalgia / CFS conditions magnify other secondary conditions and their presenting symptoms. Treating secondary conditions, especially chiropractic spinal or extremity conditions, aggressively is very important in the overall treatment plan.

Once the fibromyalgia/CFS pre-protocol and protocol is established it is the primary responsibility of the patient to stay on protocol at home. Educating the patient and having a strong commitment to the overall program is as important as the protocol itself. This treatment protocol has worked successfully for numerous Fibromyalgia/CFS patients that come to our clinic

After many years of trial and error working with many patients, I have found the above treatment protocol to be extremely successful helping patients like nurse DW achieve a normal state of living. Patients are now returning to work and enjoying activities previously only dreamed of, such as unrestricted exercise and vacationing, with no negative symptomatic reactions. Normalcy is indeed within their grasp.

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