

HEALTH RESEARCH REPORT

by Keith Wassung

FIBROMYALGIA: The Chiropractic Approach



A Publication of the Health Education Advancement Lyceum

Fibromyalgia Facts

Fibromyalgia is a condition characterized by widespread, migrating, and often debilitating pain and fatigue which prevents patients from accomplishing everyday tasks. It affects mostly women between 20 and 50 years old.

The National Foundation for Fibromyalgia estimates that as many as 12 million Americans suffer from Fibromyalgia, yet remain undiagnosed because of its elusive nature.

Fibromyalgia is the second most common disorder seen by rheumatologists and is more than twice as common as rheumatoid arthritis (1).

Women are ten times more likely than men to suffer from Fibromyalgia.



Despite its prevalence, Fibromyalgia remains unfamiliar to most people. Many medical doctors were not taught about this condition, because medical schools began teaching about it only recently. The lack of general knowledge, along with the lack of objective physical evidence from routine medical tests, is what leads many on a long and frustrating quest for a solution (2).

National Arthritis Foundation

Fibromyalgia is by far the most common musculoskeletal problem in relatively young people — at about 50, osteoporosis leads — but below that age, it's Fibromyalgia which is many times more common than rheumatoid arthritis (3).

Louis A. Healy, MD

The average Fibromyalgia patient suffers for five years and spends thousands of dollars on medical bills before receiving an accurate diagnosis. As a result of misdiagnosis, more than half of all patients undergo unnecessary surgery (4).

Devin Starland, MD

Although it is most common in middle-aged women, Fibromyalgia has become increasingly common in children. Musculoskeletal pain represents the most common problem seen by pediatric rheumatologists. Between 25-40% of children with chronic pain fulfill the criteria for Juvenile Fibromyalgia Syndrome (5).

Up to 28% of adults with Fibromyalgia report the onset of symptoms during childhood (6).

What Is Fibromyalgia?

Fibromyalgia is characterized by chronic, widespread pain throughout the body with no apparent cause or explanation. Fibromyalgia was first described in medical literature over 150 years ago and has been called *fibrositis*, myofascial pain syndrome, muscular rheumatism, and many other names. The diagnosis for Fibromyalgia became officially recognized in 1990 by the American College of Rheumatology.

In addition to chronic pain, other symptoms include stiffness — especially in the morning — fatigue, sleep disturbance, migraine and tension headaches, irritable bowel syndrome, TMJ, Carpal Tunnel Syndrome, and intolerance to cold weather.

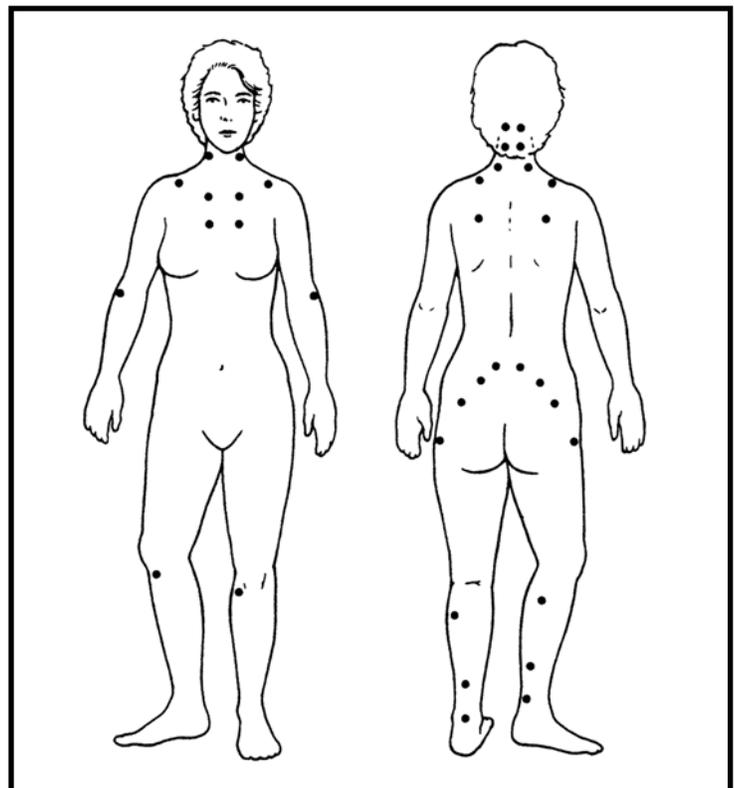
It was originally thought that the symptoms of Fibromyalgia were caused by stress and worry, which caused additional muscle tension. Although recent studies of people with Fibromyalgia do not show that stress itself causes Fibromyalgia, stress and anxiety can make your condition worse. In fact, the pain and fatigue of Fibromyalgia often cause stress and worry, which, in turn, can increase the pain and fatigue — thus creating a vicious cycle.

One of the frustrations experienced by patients and doctors alike is that there are no known medical or laboratory tests which can detect Fibromyalgia

Fibromyalgia is diagnosed based on the following criteria:

- 1) Pain in each of the four quadrants of the body for at least 3 months.**
- 2) At least 11 of 18 tender points for at least 3 months.**

Studies have shown that 96% of patients with Fibromyalgia have more than four tender points and 94% have more than seven (7).



FIBROMYALGIA TENDER POINTS

Medical Treatment

There is no known medical cure for Fibromyalgia — the only treatment is aimed at reducing symptoms, although most experts agree that medicine has a very limited effectiveness.

There is little evidence that we can treat Fibromyalgia patients effectively with drugs. A recent study of patients with long-standing Fibromyalgia demonstrates that expensive medical care does not result in symptom improvement or better function (8).

Frederick Wolfe, MD

All drugs damage the body if taken over a period of years.

Beth Ediger

Coping With Fibromyalgia

The medications used to treat pain and inflammation for most rheumatic disorders are not of great help in Fibromyalgia. Aspirin and NSAIDS (non-steroidal anti-inflammatory drugs), such as Ibuprofen, do little to reduce pain. Even more powerful drugs such as corticosteroids do not seem to help the pain, stiffness, and fatigue of Fibromyalgia (9).

NATIONAL ARTHRITIS FOUNDATION

Drugs that are given include a variety of over-the-counter and prescription pain killers, tricyclic antidepressants, and tender point injections, each of which comes with an assortment of adverse reactions, and long-term damage to the body.

Ibuprofen, which includes products such as Advil, Motrin and Nuprin, has been a leading cause of kidney damage. As many as 20% of the 125,000 cases of end-stage kidney damage are the direct result of Ibuprofen (10).

Tricyclic anti-depressants known by brand names such as Elavil and Sinequan produce side effects of drowsiness, constipation, dry mouth, and weight gain.

The use of acetaminophen, sold under brand names such as Tylenol and Anacin 3, has been associated with digestive disorders and kidney disease (11).

Aspirin is a leading cause of peptic ulcers, kidney disease, Reye's Syndrome in children, and is responsible for several thousand deaths in the United States each year (12).

Between 30-40% of all hospital admissions for bleeding ulcers are caused by aspirin (13).

What Causes Fibromyalgia?

Fibromyalgia is a complicated condition that likely has more than one cause — although most researchers agree that the primary cause is a breakdown in the normal function of the Central Nervous System, which creates an abnormal perception of pain.

The cause of Fibromyalgia must involve one or more abnormalities by which the Central Nervous System interprets pain signals (14).

FIBROMYALGIA AWARENESS AND INFORMATION

Fibromyalgia appears to result from a Central Nervous System derangement — the peripheral tissues and tender points are a secondary phenomena (15).

SOFT TISSUE RHEUMATIC PAIN TEXT

The actual cause of Fibromyalgia is likely an interaction of many processes involving neurological conditions that affect blood flow, sleep, muscle use, and the transmission of pain (16).

COPING WITH FIBROMYALGIA

An interpretive defect in the Central Nervous System may be responsible for abnormal perception of pain in the absence of recognizable tissue injury (17).

JOURNAL OF MUSCULOSKELETAL PAIN

An oversensitive nervous system generates false alarms spontaneously or from ordinary nonpainful stimuli. Physiologists now recognize that nerves and muscles can generate abnormal impulses and the technical term for this is supersensitivity (18).

Chan Gunn, MD

What causes the nervous system to become overly sensitive? Research indicates that trauma, injuries, and even repetitive “micro-trauma” might be the trigger for Fibromyalgia.

A recent study found an increased prevalence of Fibromyalgia among workers after a neck injury. Fibromyalgia was 13 times more frequent following neck injuries than following lower extremity injuries (19).

Fibromyalgia syndrome is often associated with repetitive strain or overuse syndrome as a result of occupational tasks (20).

Acute flexion-extension injuries, typically seen in auto accidents, can cause whiplash trauma to the cervical spine, even in the absence of bony damage and immediate pain. These injuries are extremely common and often lead to conditions such as chronic headaches and Fibromyalgia (21).

The Nervous System

The nervous system is the master control system of the human body and every single function reflects its activity.

An intact nervous system will lead to optimum functioning of the human body.

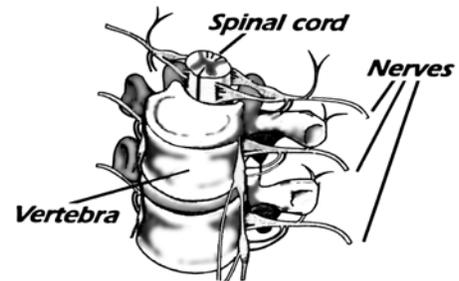
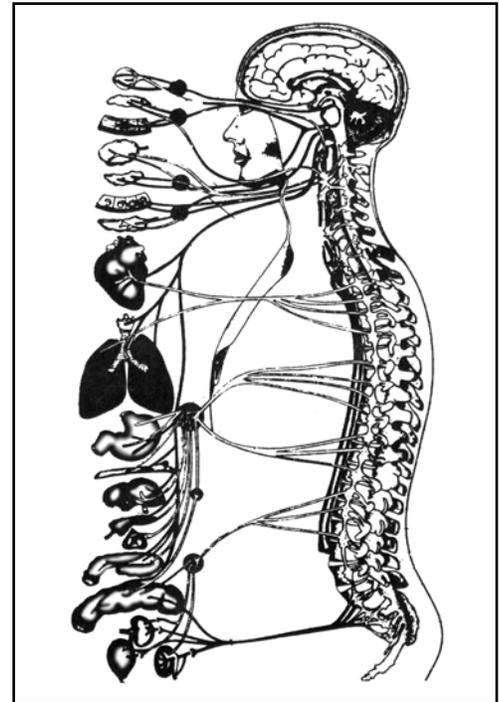
DORLAND'S MEDICAL TEXT

All body systems would be immobilized without the nervous system. It controls and regulates every body activity down to the workings of the tiniest cell.

WORLD BOOK ENCYCLOPEDIA OF SCIENCE

Disturbances to the nervous system are referred to in scientific literature by several names including neuritis, dysponesis, nerve dysfunction, double-crush phenomenon, neuropathophysiology and subluxation, all of which cause interference to the nervous system.

The primary cause of nerve interference is found in the spinal column. When the vertebrae become misaligned (often as the result of trauma or injury), irritation and interference occur in the nerve pathways. Nerve dysfunctions caused by spinal misalignments are called "vertebral subluxations" and are well-documented in scientific literature.



VERTEBRAL SUBLUXATION RESEARCH

Subluxations are very real. We have documented them to the extent that no one can dispute their existence. Vertebral subluxations change the entire health of the body by causing structural dysfunction of the spine and nerve interference (22).

Chang Ha Suh, M.D., Ph.D.

Hyperfunctional or hypofunctional neurons along a neural chain prevent normal nerve transmission causing disturbances in the homeostasis of the cells, tissues, and organs (23).

Dr. T. N. Lee
Academy of Pain Research

Subluxations of vertebrae occur in all parts of the spine and in all degrees. When the dislocation is so slight as to not affect the spinal cord, it will still produce disturbances in the spinal nerves passing off from the foramina (24).

Dr. James Woddersee, Neurosurgeon

I have seen pain and illness of the human body caused by subluxations (25).

Dr. Arpad DeNagy

Chiropractic

Chiropractic is a health care system that is founded on the premise that a proper functioning nervous system is essential to overall health and overall function of the human body.

Doctors of Chiropractic detect and correct vertebral subluxations by physically adjusting the spine. This restores the nervous system to an optimum level of function, which maximizes the body's inherent healing ability.

Chiropractic adjustments restore normal nerve function, improve spinal biomechanics, range of motion, and posture — all of which are essential in improving Fibromyalgia.



Fibromyalgia can be caused by bad posture, and any attempt to relieve symptoms without addressing the cause is useless (26).

Dr. Michael Van Straten

Fibromyalgia arises as referred pain from neck and back problems, and underlying spinal problems, needs correction to obtain improvement (27).

HEALTH NEWS (October 1994)

Chiropractors have never claimed that they can “cure” Fibromyalgia and other health conditions, but research studies show that Chiropractic is effective in helping patients improve Fibromyalgia conditions.

A study published in the American Journal of Medicine reported that in a group of Fibromyalgia patients who had received Chiropractic care, the majority of them obtained some type of improvement and nearly half obtained great improvement (28).

A study of 19 Fibromyalgia patients who received Chiropractic care showed that Chiropractic has the ability to improve cervical and lumbar range of motion, spinal flexibility, and to reduce pain levels (29).

RESEARCHERS ANALYZED 17 STUDIES THAT COMPARED TREATMENTS AND OUTCOMES OF PATIENTS WITH CHRONIC PAIN AND, THOUGH TREATMENTS VARIED BY PRACTITIONER, THE PATIENTS CLEARLY PREFERRED CHIROPRACTIC (30).

CHIROPRACTIC FACTS

Training to become a Doctor of Chiropractic requires a minimum of six years of college study and clinic internship. Training includes two years of studying the basic health sciences and the remaining years focusing on the correction and prevention of spinal and structural problems that affect the nervous system and the entire body.

A four-year Chiropractic course averages 4,485 hours, which compares with medical school.

A Chiropractor must pass difficult state and national board exams to obtain licensing. Chiropractors are licensed in all 50 states.

Chiropractic services are covered in most major health insurance programs, Medicare, as well as the federal employee workmen's compensation.

All 50 states authorize chiropractic services as part of their worker's compensation programs.

CONCLUSION

Chiropractic has proven to be effective in helping patients who suffer from Fibromyalgia and other chronic pain-related conditions. Although the focus of this report has been on Chiropractic and the nervous system, the importance of proper nutrition, exercise, rest and other wellness factors should not be overlooked. Below is a suggested reading list that covers these subjects, along with additional information about Fibromyalgia and Chiropractic.

Chiropractic First. Dr. Terry Rondberg
Taking Your Back to the Future. R. W. Michael Gadzar
Coping With Fibromyalgia. Beth Ediger

Written and Published By:
Keith Wassung
Health Education Advancement Lyceum
104 Berkeley Square Lane, Suite 6
Goose Creek, SC 29445
(803) 727-1886

Compliments of:

References

1. Russell, J. (1997, March). Biochemical abnormalities in fibromyalgia syndrome. Journal of Musculoskeletal Pain.
2. Your Personal Guide to Living With Fibromyalgia. National Arthritis Foundation.
3. Healy, L. Aches and Pains That Fool the Doctor. Warner Publishing.
4. Starland, D. Fibromyalgia and Chronic Myofascial Pain Syndrome: A Survivor's Manual.
5. Awad, E., & Friction, J. Advances in Pain Research and Therapy, 17. Raven Press.
6. Awad, E., & Friction, J. Advances in Pain Research and Therapy, 17. Raven Press.
7. Davidson, P. Chronic Muscle Pain Syndrome. Villard Books.
8. Wolfe, F. (1989). Fibromyalgia: The clinical syndrome. Rheumatic Disease Clinic of North America, 15, 1-18.
9. Fibromyalgia pamphlet. National Arthritis Foundation.
10. Zimmerman, D. Essential Guide to Prescription Drugs, 584-589.
11. Douglass, W. (1992). Aspirin and Heart Attacks: Dangerous Drugs, 18-19.
12. Kaitschuck, G. (1992, December). No aspirin please. Current Health, 19(4), 12-13.
13. Wassung, K. (1993). Aspirin: Helpful or hazardous. Health Issues, 1(3).
14. Fibroworld, Fibromyalgia Awareness and Information.
15. Sheon, R. Soft Tissue Rheumatic Pain, 3rd ed.
16. Ediger, B. Coping With Fibromyalgia.
17. Russell, J. (1997, March). Biochemical abnormalities in fibromyalgia syndrome. Journal of Musculoskeletal Pain.
18. Gunn, C. (1980, April). Prespodylosis and some pain syndromes following denervation supersensitivity. Spine.
19. Buskilia, D. (1997). Increased rates of fibromyalgia following cervical spine injury. Arthritis and Rheumatism, 40(6), 446-52.
20. Wigley, R. The Primary Prevention of Rheumatic Disease. Partheon Publishing.

21. Maddison, P. Oxford Textbook of Rheumatology. Oxford Medical Publications.
22. Deroeck, R. The Confusion About Chiropractors.
23. Lee, T. Thalamic Neuron Theory. Medical Hypothesis, 285-302.
24. Woddersee, J. Surgical Treatment.
25. Wassung, K. Subluxation: A scientific reality. Health Issues, 1(1).
26. Van Straten, M. The Complete Natural Health Consultant, 166-167. Prentice Hall Press.
27. Health News, 12(3). (1994, October).
28. Wolfe, F. (1986). The clinical syndrome of fibrositis. American Journal of Medicine, 81, 7-14.
29. Blunt, K., Rajwani, M., & Guerriero, R. (1997, July/August). The effectiveness of chiropractic management of fibromyalgia patients. Journal of Manipulative and Physiological Therapeutics, 20(6).
30. Annals of Internal Medicine. (1997, July 1), p. 52.