

TREATING AND BEATING
Fibromyalgia and
Chronic Fatigue Syndrome

**THE DEFINITIVE GUIDE FOR
PATIENTS AND PHYSICIANS**

Dr. Rodger H. Murphree II, DC, CNS

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Endnotes designated in the text of this book can be found at the end of each corresponding chapter. Patient testimonials are based on actual experiences as observed by the author. Patient names have been changed to protect privacy.

ISBN 0-9728938-0-6

SECOND EDITION

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Printed in the United States of America.
Harrison and Hampton Publishing, Inc.
825 Conroy Road, Birmingham, AL 35222

Cover design by Dana Coester
Editing and book design by Betsy Stokes
Set in 10-point Century Schoolbook

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This book and the advice given are not intended to take the place of your physician. Please consult with your health care professional before discontinuing any medication.

The author is deeply indebted to: “all the patients who have trusted me with their health challenges, my peers for their wisdom and guidance, Doctors Wendy Arthur and Ginger Campbell for their ongoing support, and Hugh and Sue Weeks for their unwavering encouragement.”

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Foreword

By Doctors Wendy Arthur, MD, and Ginger Campbell, MD

Millions of people in the US suffer from fibromyalgia and chronic fatigue syndrome, yet mainstream medicine offers them little hope beyond marginal control of their symptoms. Friends, family, and even physicians may think a patient's problems are "all in her head" as she watches her life dissolve into constant pain, overwhelming fatigue, depression, and—maybe *most* disabling—mental confusion ("fibro fog").

In *Treating and Beating Fibromyalgia and Chronic Fatigue Syndrome*, Dr. Murphree provides an extensive investigation into these debilitating conditions. His holistic approach slowly transforms the mind, body, and spirit, restoring normal sleep, decreasing pain, and improving energy. In the past, my (Dr. Arthur's) patients had seen mild to moderate improvement. But with Dr. Murphree's comprehensive approach, I'm seeing energy levels tripled and pain reduced to the point where prescription medicine can be discontinued.

Dr. Murphree's program is grounded in his own clinical experience and passion for nutrition research. Most importantly, it works! Some of the changes he recommends are challenging, but they succeed because they utilize the body's innate healing abilities.

This is a book about medicine, not miracles, though sometimes Dr. Murphree seems to tap into a little of both. *Treating and Beating* is destined to inspire and educate millions of Americans who just want to feel good again, and their physicians who care for and about them.

Introduction

Peeling Away the Layers

Like an onion, chronic illness is the result of many layers, each building on the one before. To get to the center of your healing, we must peel back these layers, one by one, together.

You hold in your (perhaps aching) hands a detailed description of proven treatments and even possibly, your cure. Make this book your partner in medicine. Apply its step-by-step recommendations, and I assure you, you will feel better—probably than you have felt in years.

WHAT THIS BOOK WILL TEACH YOU

If you suffer from FMS or CFS, you have likely read much on the topic. Why is this book special? Because it's not merely a collection of facts gathered by a researcher. It is a first-hand success story of real-life solutions, not textbook theories or fluffy coping strategies. Read on to discover:

- why traditional medicine alone isn't successful in treating FMS and CFS.
- why you can't sleep and how to safely and consistently solve this problem with natural supplements.
- a proven program to eliminate your symptoms and then *stay* well.
- why you're in pain and how to reduce or eliminate chronic muscle aches.
- why you're so tired.
- why thyroid tests are usually inaccurate.

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- who is most likely to be a victim of chronic illness.
- at what point in life chronic illness usually strikes.
- how FMS and CFS are diagnosed.
- the underlying conditions that contribute to them.
- what tests should be performed and how to interpret these tests.
- what dysautonomia is and how to effectively treat it.
- why you have “fibro fog” and how to correct it.
- how to accurately and easily test your thyroid at home.
- how to treat and correct hypothyroid.
- how prolonged stress eventually overwhelms your adrenal glands.
- how to accurately and easily test for low adrenal function.
- what is “leaky gut” and how it can cause food allergies, pain, inflammation, and chronic infections.
- why people become depressed and how over-the-counter amino acids are often more effective than prescription medications.
- how diet affects your health.
- how to successfully treat allergies and sensitivities.
- what causes irritable bowel, yeast overgrowth, and digestive disturbances, and how to treat them.
- why you’ve gained unwanted weight and how increasing your metabolism will allow you to lose it.
- why you have adverse reactions to certain chemicals, including medications.
- why you have chronic sinus infections and how to stop them once and for all.
- how to get your memory back and think clearly.
- how to stop anxiety, end depression, and overcome subconscious barriers to getting well.
- how to stop chronic pain and feel good again!

I know the frustration, confusion, fear, and despair that go along with these illnesses. There’s hope for you, so don’t give up.

When I began practicing ten years ago, I'd never heard of fibromyalgia or chronic fatigue syndrome. They were never mentioned in our medical textbooks. But seven years ago, I had a patient referred to me who changed my life forever. Sheila Hansen was suffering from a strange collection of symptoms: diffuse pain throughout her body, headaches, menstrual irregularities, allergies, chronic infections, insomnia, depression, digestive problems, and unrelenting fatigue. After several years of being passed from one doctor to the next, she had recently been diagnosed with fibromyalgia by a local rheumatologist.

The doctor couldn't provide her much information on this illness, nor could he offer her much hope of ever feeling well again. She had read all she could about fibromyalgia (there wasn't much) and knew that traditional medicine had little to offer: mostly just covering up various symptoms. Another patient of mine had told her about me, and she had come to me in desperation. Her symptoms were getting worse, and no one seemed able to help her.

I was tempted to dismiss her as a chronic hypochondriac, as did many of the other physicians she had seen. But then she said something that changed my mind:

Dr. Murphree, I know I sound crazy. I know you've probably not heard of or treated anyone with this thing called fibromyalgia. I've been to eight different doctors and had endless medical tests, and no one has helped me. I've been sick for almost seven years now, and I want to feel good again. I used to be healthy. I worked part-time in a job I loved. I played golf with my husband twice a week and tennis with friends on a regular basis. My husband and I have raised and married off two wonderful children. We're blessed with a great family, financial security, and supportive friends. I just want to enjoy life again.

Mrs. Hansen didn't have anything to gain from being sick. She wasn't crazy, and she had a real desire to be well. I told her I didn't know anything about fibromyalgia and didn't know if I could help her. She had already been to some of the best medical specialists in the state. What did I have to offer? But I told her I would do my best.

I knew I had to learn everything I could about this new, mysterious disease. I read everything I could find on fibromyalgia syndrome (FMS) and chronic fatigue syndrome

(CFS). I was not aware that there was “no cure” for fibromyalgia. I just did what I had been doing with all of my patients; I treated the whole person from the inside out.

Sheila’s body was not properly communicating with itself (this is known as dysautonomia). Her regulatory system was broken. Repair the regulatory system, I concluded, and she would get better.

I began by analyzing her diet and placing her on an allergy-elimination diet. She improved. I ran some functional medical tests that revealed she wasn’t digesting her food well. She had intestinal permeability, also known as “leaky gut,” and yeast overgrowth. I started her on natural yeast medications and diet restrictions to repair her damaged gut. She continued to get better. I didn’t know a fraction of what I know today about chronic illness. Still, she kept improving. I prescribed vitamins, minerals, and amino acids. She got better still. I developed specific chiropractic adjustments and physical therapies to accommodate her severe musculoskeletal pain. The gentler I was with her, the better she fared.

Three months later, Sheila was totally well. She no longer had pain, insomnia, fatigue, allergies, or any other symptoms. She was ecstatic, and so was I.

Soon, whether I liked it or not, I began seeing dozens of fibromyalgia and chronic fatigue syndrome patients. I continued to learn, refine, and update my treatment protocol. Some patients got well; some didn’t. Although I was happy with my successes, I was disturbed about the failures. Why did some patients get well while others remained ill? I continued to search for answers. I found other chiropractors, nutritionists, massage therapists, and medical doctors who were also searching for answers. It became clear to me that “out-of-the-box” thinking was essential in treating FMS and CFS. They were not a neatly packaged set of symptoms that fit into an insurance code book.

A NEW KIND OF MEDICINE

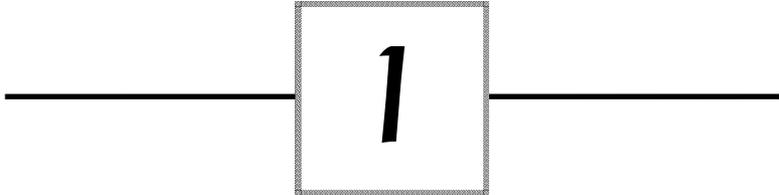
It didn’t take long to realize that my patients needed the best of traditional *and* alternative medicine: an integrated approach. Natural nutritional and physical therapies allowed me to correct nutritional deficiencies and structural illnesses, while judicious use of prescription medications helped to

temporarily relieve symptoms. This was the beginning of our integrative clinic located in Birmingham, Alabama. There, we specialize in combining traditional and natural medicine to treat FMS, CFS, and other chronic illnesses.

Word of our unique approach began to spread. I spoke at dozens of cities throughout Alabama. Local and regional newspapers wrote articles about us, and patients arrived eagerly, first from all over the Southeast, and now from around the country.

Today, we offer hope to those who thought there was none. Our commitment to learning as much as we can about FMS and CFS has allowed us to help the majority of those who seek our care. We've put in thousands of study hours, and we've been in the trenches with our patients. Not only have we helped them get well, but we've dialogued with their primary physicians, educated their family members, and assured them that they're not crazy. We've cried with many of them and celebrated wellness with hundreds!

Equally important, we've failed sometimes! But this only makes us dig deeper and try harder. We continue to refine protocols, keeping what consistently works and eliminating what doesn't. Unlike theorists, we have been fighting and winning the battle against FMS and CFS for several years now.

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Fibromyalgia

“I’m losing my mind! Some days I can’t even remember the names of my children. And I can’t escape the aching pain. My tests come back normal, but I know I’m sick.” —Michelle

Fibromyalgia and chronic fatigue syndrome patients not only deal with the misery of their illness, but they also face an uphill battle trying to convince others that their illness even exists. They are often told by spouses, family, friends, and doctors that they just need to exercise, lose weight, eat better, or take antidepressant drugs. Some are told that it’s all their heads. In many ways, it *is* all in their heads, but not as a psychologically manifested disease. Their brains just are not working properly; they don’t make enough of the right brain chemicals. Many have free-radical damage that affects how they think and act.

Healthy people (a relative term)—including spouses—often can’t understand how someone could be so sick and yet not be dying. Normal lab tests and baffled doctors can cause suspicion and lack of compassion in loved ones. Meanwhile, passing from one specialist to another, the patient can develop a co-dependence on medical physicians and on a growing

number of prescription medications. There have been many occasions when I've cried along with a desperate patient whose husband didn't understand how sick she truly was. "I've been sick for so long. No one has been able to tell me why, and everyone thinks I'm crazy. Could you explain all this to my husband? He doesn't believe I'm really sick."

I know physicians who still don't believe there is such a thing as fibromyalgia or CFS. To me, this is like saying, "I don't believe the world is round." Science and astute observation have proven that the world is in fact round. Science and clinical observation have also proven the existence of FMS and CFS. How can normally intelligent, rational doctors turn their backs to the millions of patients suffering with FMS and CFS? I invite these doctors to follow *our* physicians for a day. They would hear the frustration our patients share of going from one doctor to another, searching first for the right diagnosis and then for meaningful treatment. The average FMS patient has seen 12 doctors and waited seven years before being diagnosed with FMS.

Each patient has her own story. Typically she is referred to a neurologist for testing, an internist for diagnosing, and finally a rheumatologist for treatment. The rheumatologist has to break the news that there is no cure. He recommends many of the drugs the patient has already tried: anti-inflammatories, pain meds, muscle relaxers, antidepressants, and others. Is it any wonder these patients think they are crazy?

It really doesn't matter what you call these symptoms shared by over 2% of the population. The symptoms exist. The syndromes are real, and the individuals who suffer are real. FMS and CFS are dreadful illnesses and far more insidious than many other chronic conditions that can be tested for and treated with prescription medication. They drain a person's life slowly. At first they are mostly a nuisance. But slowly they become the core of someone's life. They gradually take over, affecting not only health but social life, livelihood, marriage, and sometimes even desire to live.

ALL IN YOUR HEAD

You might have been told that "it's all in your head." Well, as stated before, part of the problem *is* in your head—or more accurately, your brain. Those with FMS don't produce enough

of the brain chemical serotonin. Serotonin is an inhibitory neurotransmitter. Neurotransmitters are what carry brain messages from one nerve cell to another. These chemical messengers relay information that helps regulate our moods, sleep, mental acuity, pain level, and other important bodily functions. Some of these neurotransmitters cause excitatory reactions. Others, like serotonin, are inhibitory (calming) in nature. Neurotransmitters are made from amino acids—in association with certain co-factors, including magnesium (usually deficient in FMS and CFS patients) and vitamins B₁, B₆, and B₃. These co-factors (and others) combine with amino acids to produce the brain chemicals serotonin, epinephrine, norepinephrine, and dopamine. These then help control our energy, immune system, digestion, and reaction to stress—basically, how we feel, sleep, think, and act.

Numerous studies have shown that those suffering from FMS are deficient in serotonin, and serotonin is very important. It is involved in the initiation and maintenance of deep, restorative sleep. Serotonin helps regulate the perception of pain; the higher the serotonin level, the higher the pain threshold. Low serotonin and poor sleep can cause mental fatigue and confusion, known to FMS sufferers as “fibro fog.”

WHAT IS FIBRO FOG?

I can't remember half the things my husband tells me. I make little lists of what I'm supposed to do that day, and then I can't remember where I put the lists. I feel like I'm in a fog most of the time. My brain won't work right. Sometimes I can't remember what I was going to say in mid-sentence. I often feel like a total idiot. What is wrong with me? —Alice

Normal brain activity decreases or even ceases when there is a deficiency in the chemicals needed for proper function (neurotransmitters/hormones). So without adequate levels of serotonin, the brain doesn't “fire on all cylinders.” Mental functions, including rational thinking and short-term memory, begin to suffer.

We'll see in later chapters why using prescription antidepressants like Prozac, Celexa, and Zoloft often fail to correct

neurotransmitter deficiencies. But for now, please realize that there is a reason for your brain fog, and it can be corrected.

SYMPTOMS OF FIBROMYALGIA SYNDROME

Fibromyalgia Syndrome is characterized by diffuse muscle pain, poor sleep, and unrelenting fatigue. Other symptoms associated with FMS include poor memory, depression, irritable bowel, chemical sensitivities, allergies, chronic infections, and headaches. Leading FMS researchers estimate that 2–4% of the general population suffer from this syndrome. Ninety percent of those diagnosed with FMS are women. The stiffness and pain associated with FMS usually appear gradually and become worse with additional physical, emotional, or mental fatigue. The soft tissue and muscles of the neck, shoulders, chest and rib cage, lower back, and thighs are especially vulnerable. This pain can be mild and annoying, or severe and disabling.

FMS shares some of the symptoms of chronic fatigue syndrome (CFS). In fact, 70% of patients diagnosed with FMS also meet all of the diagnostic criteria for CFS.

Those with FMS tend to have more muscle pain, while CFS patients report disabling fatigue as their main complaint. Although both illnesses have their own unique symptoms and separate diagnostic criteria, they're really different sides of the same coin. A patient's symptoms can fall anywhere on the scale between FMS and CFS. Most patients share some of the symptoms associated with both syndromes and fall somewhere in the middle.

A TRAGIC CYCLE

FMS involves localized pain. Chronic localized pain leads to poor sleep, which leads to a constant state of fatigue and consequent inactivity. When muscles aren't used, they become even more sensitive to pain. So decreased activity increases pain and insomnia, which further causes fatigue. Ultimately, many sufferers become depressed and develop headaches and flu-like symptoms caused by chronic inflammation. This cycle of pain and fatigue can seem impossible to correct.

In addition, FMS sufferers already have a lower-than-average pain threshold (allodynia), so they perceive pain that would normally not be felt by healthy individuals.

WHY “SYNDROME”?

In medicine, a disease is an illness with very specific symptoms and reproducible laboratory findings. Examples of diseases are diabetes, arthritis, and asthma. FMS and CFS, though, have a wide variety of symptoms and very few (if any) agreed upon, reproducible lab findings.

Because these two illnesses have such a myriad of symptoms and conditions (irritable bowel, insomnia, headache, muscle pain, allergies, etc.), they are considered syndromes rather than diseases. A syndrome is a collection of signs and symptoms that characterize a particular abnormal condition.

HISTORY OF FMS

Fibromyalgia and similar conditions have been reported for hundreds of years. Symptoms similar to those associated with FMS were reported as early as 1736 by Guillaume de Baillou, who used the term “rheumatism” to describe muscle aches and pain, as well as rheumatic fever. In 1951, Dr. Theron Randolph demonstrated that “allergic myalgia” was widespread and that severe muscle pain could be reproduced using ingested allergic foods. In 1952, Dr. Janet Travell first used the term “myofascial pain syndrome.” She wrote several definitive books on recognizing and treating myofascial pain. In the early 1980s, fibromyalgia started receiving attention as an independent condition.

DIAGNOSIS OF FMS

Though some laboratory markers do exist, there is currently no agreed-upon test to positively identify FMS. A diagnosis is made, then, by first ruling out other conditions that may mimic its symptoms—thyroid disease, lupus, Lyme disease, rheumatoid arthritis. Current diagnosis criteria, proposed by the American College of Rheumatology (ACR), is then referenced. A diagnosis of FMS requires that all three of the major criteria and four or more of the minor criteria be present:

MAJOR CRITERIA:

- generalized aches or stiffness of at least three anatomical sites for at least three months
- six or more typical, reproducible tender points
- exclusion of other disorders that can cause similar symptoms

MINOR CRITERIA:

- generalized fatigue
- chronic headache
- sleep disturbance
- neurological and psychological complaints
- numbing or tingling sensations
- irritable bowel syndrome
- variation of symptoms in relation to activity, stress, and weather changes
- depression

Although only 2% of the population are reported to have FMS, the figure should be much larger. Diagnoses have been missed because of shortcomings of the ACR criteria. Most important, many individuals with FMS meet some of the criteria but not all of them. Most of these individuals have other symptoms associated with FMS not explicitly outlined in the ACR criteria. They might have insomnia, irritable bowel, fatigue, mental confusion, and only four of the 18 tender points. Or they might have insomnia, fatigue, and five reproducible tender points. Although the minor criteria represent the most frequent and usual symptoms associated with FMS, they don't account for all of the various conditions seen in FMS patients.

In our clinic we like to say, "anything that can go wrong in a FMS patient, will." That's because FMS patients are special. They have a wide variety of problems, and some of these problems can be quite bizarre: "Dr. Murphree, have you ever heard of getting dizzy when eating bagels?" "I tingle all over, including my tongue. Am I just crazy?" The symptoms of FMS and CFS don't fit neatly into a medical how-to book, and this frustrates many doctors and their patients.

POTENTIAL SYMPTOMS OF FMS

- **Sleep disturbances:** Sufferers might not feel refreshed, despite getting adequate amounts of sleep. They might also have difficulty falling or staying asleep.
- **Stiffness:** Body stiffness is present in most patients. Weather changes and remaining in one position for a long period of time contribute to the problem. Stiffness might also be present upon awakening.
- **Headaches and facial pain:** Headaches may be caused by associated tenderness in the neck and shoulder area or in the soft tissue around the temporomandibular joint (TMJ).
- **Abdominal discomfort:** Irritable bowel syndrome, with such symptoms as digestive disturbances, abdominal pain and bloating, constipation, and diarrhea, might be present.
- **Irritable bladder:** Patients might have an increase in urinary frequency and a greater urgency to urinate may be present.
- **Numbness (parathesia):** Symptoms include a prickling, tingling, or burning sensation in the extremities.
- **Chest pain:** Muscular pain at the point where the ribs meet the chest bone might occur.
- **Cognitive disorders:** The symptoms of cognitive disorders may vary from day to day. They can include “spaciness,” memory lapses, difficulty concentrating, word mix-ups when speaking or writing, and clumsiness.
- **Chemical (environmental) sensitivity:** Sensitivities to light, noise, odor, and weather are often present, as are allergic reactions to a variety of substances (see below).
- **Disequilibrium:** Difficulties in orientation may occur when standing, driving, or reading. Dizziness and balance problems might also be present.

CHEMICAL SENSITIVITY

Substantial overlap exists among chemical sensitivity, fibromyalgia, and chronic fatigue syndrome. FMS and CFS often include chemical sensitivity in their symptoms. Certain chemicals are more likely than others to cause the onset of chemical sensitivity and chronic illness. These include gasoline, kerosene, natural gas, pesticides (especially chlordane and chlorpyrifos), certain solvents, new carpet, paints, glues, fiberglass, carbonless copy paper, fabric softeners, formaldehyde, carpet shampoos and other cleaning agents, combustion products (from poorly vented gas heaters, overheated batteries, etc.), perfumes, deodorants, and various medications. A sluggish detoxification system, allergic reactions, neurological-mediated sensitivities, and opportunistic pathogens may all also contribute to chemical sensitivity. For more information, see chapter 18, "Toxic Waste Sites."

CAUSES OF FMS

There is no one cause of fibromyalgia. Likewise, there is no quick remedy. Some physicians believe fibromyalgia to be a result of poor diet, trauma, stress, infection, immune dysfunction, hormonal imbalance, and/or genetics. But the truth is, we really don't know for sure what initiates the onset of FMS. Myriad factors have been linked to FMS, including prolonged stress, chemical sensitivities, trauma, allergies, sleep disturbances, poor posture, hormonal disturbances, and environmental toxins. It's not unreasonable to suggest that all of these triggers and others not mentioned may contribute.

FMS IS NOT ARTHRITIS

Because rheumatologists were the first group to officially acknowledge and classify FMS, they were considered the medical experts on the syndrome. And since rheumatologists treat many patients with arthritis, FMS may erroneously be presumed to be joint arthritis or an autoimmune connective disorder. However, unlike arthritis, FMS doesn't involve joint pain or inflammation. Instead, FMS sufferers have generalized muscle and soft tissue pain.

CONDITIONS ASSOCIATED WITH FMS

Carol Jessop, M.D. reports that a sample of close to 1,000 of her FMS patients shows that they suffer or suffered from the following:

- muscular pain (100%)
- poor sleep and fatigue (nearly 100%)
- depression (nearly 100%)
- cold hands and feet with poor circulation, known as Raynaud's syndrome (40%)
- anxiety (24%)
- elevated temperature (10%)
- low temperature, suggesting low thyroid and metabolism (65%)
- low blood pressure, suggesting dysautonomia and poor adrenal function (86%)
- white spots on their nails, suggesting low zinc and poor digestion or malabsorption (85%)
- tender thyroid (40%)
- swollen lymph nodes, suggesting an immune dysfunction (18%). (We at Advanced Family Medicine have a larger percentage of patients with this.)
- irritable bowel syndrome (73%)
- severe headaches, usually associated with low magnesium and low thyroid and adrenal hormones (50%)
- dry eyes, suggestive of allergies (18%)
- osteoarthritis (12%)
- rheumatoid arthritis (7%)
- yeast in the stool (82%)
- parasites in the stool (30%)
- irregular periods, suggestive of poor nutrition (60%)
- temporomandibular joint (TMJ) syndrome (25%)
- endometriosis, suggestive of estrogen dominance and/or liver dysfunction (15%)
- restless leg syndrome, suggestive of low magnesium (30%)

- multiple chemical sensitivities, suggestive of liver dysfunction (40%)
- interstitial cystitis (25%)
- irritable bladder (15%)
- mitral valve prolapse (75%)

Just as interesting are the symptoms her patients had *before* developing FMS:

- constipation (58%)
- bloating, gas, and/or indigestion (80%)
- heartburn (40%)
- irritable bowel syndrome (89%)¹

The symptoms that presented before FMS suggest chronic malabsorption, a digestive problem. This condition, as discussed later, can lead to all sorts of deficiencies in essential nutrients. And these deficiencies can cause a variety of unwanted symptoms.

It's easy to see how doctors could be skeptical of FMS. Some physicians rationalize that only a psychosomatic (mental) illness could produce so many different and seemingly unrelated symptoms—in spite of the ACR guidelines and other notable studies published in distinguished medical journals. Other physicians accept FMS as an entity but don't want anything to do with those victimized by it. Fortunately though, through publications like this one, physicians can become more knowledgeable about FMS. And with persistence, you can receive compassionate, effective care.

Notes

¹From author's notes: Fibromyalgia Workshop. Speaker: Leon Chaitow, 2000.

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FMS, CFS, and Your Personality Type

Most of my patients fall into one of two categories: The perfectionist (type-A) or the caregiver (type-B). Type-As “do” until they’re done out. Type-Bs “give” until they’re given out.

THE PERFECTIONIST

Type-As are doers. They have a demanding schedule filled with activities: a job, household duties, family responsibilities, soccer practices, PTA meetings, volunteer work, church duties, and more. They push themselves harder and harder trying to do more, be more, have more. These perfectionists can’t stand to be idle. They must be busy doing something—anything. They’ll be talking on the phone counseling a co-worker on job performance, while cooking dinner, emptying the dishwasher, feeding the baby, and looking over the day’s mail. If they’re asked to volunteer for a fundraiser at their child’s school, they’ll accept. If the boss calls and asks them to head an additional committee, they can’t say no.

Unfortunately, type-As get so caught up in *doing* that they never take time to be human *beings*. They don’t know what downtime is, and the years of constant stress finally catch up to them. They burn themselves out.

MANDY'S STORY

My parents encouraged me to be the best I could be. I graduated from college in three years with honors and immediately began my dream job as an advertising executive. I met my husband, got married, and starting having children. I worked up until delivery and took only a month off for each child.

For the first 10 years of our marriage, everything seemed to go well. I climbed the corporate ladder, had several pay increases, enjoyed volunteering, and was on the PTA board and other boards around town.

I loved being successful; who wouldn't? We had a large home we loved, two luxury cars, a lake house, three wonderful children in private school, and I was sure I'd make senior vice president at my firm in the next couple of years.

One day the bottom just sort of fell out and my life became unmanageable. My job became increasingly demanding, and my health suffered. At first it was colds that hung around and wouldn't easily go away. Then the chronic headaches started. Some days I had to drag myself through the day, living on coffee and sodas to pick me up.

I made an appointment with our family doctor, who ran a bunch of tests. She said they didn't show that anything was wrong and suggested I was depressed from the death of my mother. She recommended I take an antidepressant. I knew something must be wrong, so I started taking the medicine and thought it would get me back on track again. It didn't. I went to doctor after doctor, trying to find someone to help me. I continued to get worse with headaches, bowel problems, insomnia, sinus infections...I felt like I had the worst case of the flu—all day, every day.

I started missing several days of work each month. I saw dozens of doctors. None could help me get over this. I continued to get worse; my mind seemed to turn to mush. Even the simplest decisions became a big ordeal. I couldn't remember where I put my car keys, if I had taken my medicine, what I was supposed to pick up at the store. I began to withdraw from friends, and my social life came to a complete stop. I didn't even have the energy to walk the dog; I certainly didn't have the energy for a night out.

I was again told I was depressed. Prozac initially helped me think and feel better. Then like many of the medications I'd

tried, it stopped working. I seemed to be spiraling further and further downward.

I had to take an early retirement from my job. I was losing everything I had worked for.

I read an article about Dr. Murphree and his fibromyalgia program. I had run out of options. I felt that he was my last hope, and I told him so. I started the program and faithfully did all the therapies recommended by the doctors at the clinic. The first thing that improved was my sleep. I finally began to sleep through the night or at least get five–six hours of refreshing sleep.

I think the vitamin formulas have made a huge difference. If I forget to take them for a few days, the pain and fatigue start to return. I'm not 100% better, but I'm getting my life back; I have a social life again. I'm even thinking about going back to work part-time.

JULIA'S STORY

I had always been a very active person. I played tennis and golf and was a cheerleader in college. After graduation, I married and started my career in publishing. I became pregnant the first year of our marriage. Another child followed two years later. Over the next 10 years, I worked my way up to a prominent position. I did this while raising a family and maintaining an active social life.

I remember coming down with the flu and not being able to shake it. I was prescribed antibiotics and bed rest. I stayed home and took three sick days, something I rarely do. I was exhausted, and every muscle in my body hurt. I somehow managed to go back to work. I still felt terrible and would have to go right to bed when I got home. I went back to my family doctor, and he ran dozens of tests over a period of two months. Nothing showed up on my lab work.

I was getting worse and started missing a good deal of work. My marriage was strained from the stress of almost a year of poor health. I mean, I couldn't even take the trash out to the curb without becoming totally exhausted. I was referred to a rheumatologist, who ordered dozens of tests, all of which came back normal. He then told me I had fibromyalgia. I had never heard of it. He said they weren't sure what caused it and that there was very little that could be done for it. Most of what he recommended I'd either tried or was already on.

He prescribed for me Celebrex, hydrocodone, Neurontin, Zanaflex, and physical therapy. At first I seemed to be a little better. After a couple of weeks, I started getting terrible stomach pains. The doctor said it was probably due to the Celebrex, so I stopped taking it. Then I started having more and more trouble just waking up in the morning, so no more Zanaflex. I couldn't sleep and was prescribed Ambien. This helped, and I didn't feel so groggy in the morning.

One day I was watching the news when they started talking about a local clinic that specialized in treating fibromyalgia. I went to a talk and realized everything Dr. Murphree said was true. I began the program in October, and by January, I was back at work. I still don't have the stamina I once did, but I don't pass out from exhaustion and pain at the end of the day. I know I'll always need to monitor my stress, eat right, and take the supplements Dr. Murphree recommends. If I try to do too much, I'm reminded that I have fibromyalgia. But otherwise I feel good most of the time!

THE CAREGIVER

Type-Bs might not be as busy as type-As, but they are just as taxed. They spend considerable time and energy taking care of friends and loved ones. These nurturers take care of their spouses, children, extended family, and friends. Their lives revolve around the daily challenges of those they look after. They may have an invalid living in the home or be continuously running back and forth between the hospital and nursing home. They often struggle late into the night to get everything done.

They at first like to be needed and will take on more and more of the responsibilities of caring for others. Like type-As, they can't or won't say no when asked to help do more. They take satisfaction in helping others. They feel a sense of duty that makes them continue to give more and more. They expend so much energy helping others that they leave no time for themselves. The constant emotional strain takes its toll on their marriage. They can't go out to dinner, parties (too tired), or vacation: "Who'll look after mom while we're gone?" Finally, and it's inevitable, these individuals break down.

VICKI'S STORY

About six years ago, I started getting chronic sinus infections. I was treated with cortisone shots and antibiotics. I'd have four or five infections a year and they'd hang on for weeks at a time, no matter how many shots or pills I'd take. Each time I'd take antibiotics, I'd get a raging yeast infection. I started having lots of stomach problems, bloating, gas, and pain. Two years ago, I developed pneumonia and was hospitalized. I was given more steroids and antibiotics.

My mother had recently died and then my father had a stroke. He had come to live with us and needed around-the-clock attention. I couldn't leave him but for a few hours at a time. My husband tried to get me to agree to hiring full-time sitters, but I just couldn't bring myself to do that. We were in and out of the hospital many times, but dad always managed to bounce back. My teenage daughter had a bad car accident, and she too was in and out of doctors' offices for over a year.

From that time on, I had one infection after another. I felt like I had the flu. I was totally exhausted. I'd been to dozens of different doctors, but none of them could tell me what was wrong. Instead they'd recommend more and more drugs and then refer me to another specialist. I had CAT scans, MRIs, nerve tests, tons of different blood tests. All my tests came back normal. I was beginning to think I was just crazy; I know my family already thought so. My father died, and then there was the funeral and the estate to look after. I got through this and was actually looking forward to getting my life back when my chronic sinus infections turned into pneumonia. I was never the same. I've been sick every day for over six years.

Dr. Murphree told me I had chronic fatigue syndrome. He explained how my autonomic nervous system had been overwhelmed by the years of chronic stress. My immune system had stopped working like it should. I was placed on an elimination diet, 5HTP, and the FMS/CFS formula. Each week I seem to be getting stronger, feeling better.

ABIGAIL'S STORY

I've been a nurse for over 20 years. The last seven years, I was the head nurse for the critical care unit at a large well known hospital. I was responsible for overseeing dozens of nurses, nursing aids, and medical technologists. We had the sickest of

the sick patients. I enjoyed my work. It was demanding and stressful but rewarding.

Many of our patients didn't make it out of CCU, and the constant threat of death was too much for many of the nurses who rotated through my department. Sometimes we'd get close to a patient and to the family, only to watch the patient die.

Until last year, I thought I'd be happy to stay in this position for another 20 years. But now I can't seem to muster up the energy needed to sustain me through the 10–12 hour days. It seems I've lost something; I don't know what. I'm sick a lot. I feel like I've got a terrible case of the flu that just won't go away. None of the doctors I've seen can tell me what's wrong with me. I'm on several medications but don't feel any better. I wonder if I'll ever be healthy again.

Even as you learn to appreciate and value your own personality type, don't let it be the death of your health. Chronic stress, unmanaged, is the number one cause of health problems in the US today. We learn at an early age that successful people are very busy; they're doers. Our society has forgotten how to take it easy. But just remember that we're not human doings, we're human beings. No matter what your productivity level, take plenty of time to relax and just be.

5

The Bucket and the Onion: What Causes FMS/CFS

There is no one cause of fibromyalgia or chronic fatigue syndrome. Myriad causes combine to create a toxic environment where a healthy body slowly degenerates into illness.

AN OVERFLOWING BUCKET

A colleague of mine uses the analogy of everyone being born with a bucket. The size of your bucket is determined by whom you picked as parents (genetics). As you go through life, you're constantly dumping toxins into your bucket: too much work, not enough sleep, trauma, car accidents, poor diet, weight gain, yo-yo diets, junk food, pesticides, allergies, chronic infections, overdependence on prescription medication, alcohol, caffeine, nicotine, emotional distress, pollution. I'm sure you can think of other stressful things that have gone into your bucket: the death of a loved one, divorce, too many antibiotics, unhappy work situation, financial troubles. The bucket keeps filling up until one day, it overflows and spills all over your life.

Many of our patients can remember the day when their bucket overflowed. It might have been after an illness, a trauma, surgery, or an emotional crisis. Patients report that they were never the same again. Try as they might, they can't get

well. When they *do* get enough rest or the bucket stops overflowing, they often attempt to do something as mundane as sweep the kitchen floor, only to be wiped out once again. (Forget about grocery shopping; that could put them in bed for weeks.) There just isn't any room left in the bucket.

Sound hopeless? It's not. There is a way to get your life back, a way to reduce or even eliminate most of the toxins you've stored up for years. But cleaning out the bucket takes time. A handful of pills won't do it. Neither will any one therapy by itself.

FMS and CFS are results of internal biochemical (hormonal, enzymatic, neuronal, and chemical) imbalances that manifest themselves as physical symptoms (pain, weakness, and mental impairment). In order to correct the homeostatic (self-regulating) system you must correct the underlying biochemical problems. How do you do this? Just like with an onion, you peel away one layer at a time until you get to the core. We must start with the most significant symptom first—this is usually sleep dysfunction. Then we'll peel the other layers away, one at a time.

All people are born with the ability to heal themselves. When operating at peak performance, their homeostatic mechanism corrects any and all imbalances. So our ultimate goal is to get the body's own innate healing ability to return to normal.

THE LAYERS OF THE ONION

Your symptoms might be the result of one or many related causes. These might include but aren't limited to:

- emotional, physical, and/or mental stress
- dysautonomia
- dysfunction of the hypothalamus gland
- dehydration
- low human growth hormone and DHEA
- decreased cortisol
- low ovarian or testicular function
- hypothyroidism
- intestinal permeability (leaky gut syndrome)

- malabsorption syndrome
- environmental toxins
- nutritional deficiencies
- parasites
- food allergies and hypersensitivity
- yeast overgrowth
- trauma
- depression
- chronic viral or bacterial infections
- inadequate sleep
- liver dysfunction
- adrenal dysfunction
- serotonin deficiencies

In addition, FMS and CFS seem to run in some families, but no genetic component has yet been identified.

EMOTIONAL, PHYSICAL, AND MENTAL STRESS

German physician Dr. Hans Seyle demonstrated that under normal conditions, the body is able to use its homeostatic mechanisms (internal regulatory system) to counter and cope with various stresses. However, these same mechanisms can be overwhelmed by too much stress. A person can then develop various symptoms associated with burnout. Burnout doesn't have to result from a major catastrophe. Many minor stresses—each too small to trigger an alarm reaction within the body—can lead to debilitating illness when combined or sustained.

Stress is not itself a negative thing. It is a person's response to mental, biochemical, emotional, and physical challenges that determines whether the results of the stress are positive or negative. We wouldn't get very far without some amount of stress. For instance, without the stress (fear) of losing a job or of being thrown out of school, some people wouldn't get out of bed in the morning. But some individuals handle stress better than others. Some type-As are walking time bombs for burnout. Other people seem to thrive on the

adrenaline rush of constant stress. For those suffering from FMS and CFS, any additional stress makes their symptoms worse. So limiting and managing stress is one of the most important steps toward overcoming these syndromes.

DYSAUTONOMIA

Dysautonomia is a malfunction in the body's autonomic nervous system, which sustains homeostasis (balance) in the body. The autonomic nervous system controls such involuntary and subconscious reactions as breathing, endocrine hormone release, blood flow, smooth muscle tone, immune response, heartbeat, detoxification, and elimination. We don't have to think about breathing; we just do it. We don't concentrate on pumping blood through the heart and into the muscles; it is initiated and monitored by the autonomic nervous system, which controls millions of bodily functions.

Normally all the systems in the body coordinate with one another. It's as if they all speak the same language. But when the autonomic nervous system becomes dysfunctional, the immune system starts to speak in Spanish, the endocrine system in German, the musculoskeletal system in Greek, the digestive system in French. And there are no translators to set it all straight! Since the systems are all supposed to work together, a malfunction in one sets off a chain reaction, and they all become, to some degree, dysfunctional.

The autonomic nervous system is controlled by the hypothalamus gland. This gland helps maintain water balance, sugar and fat metabolism, body temperature, and various hormones. Improper functioning of the hypothalamus can cause a variety of problems, including neurally mediated hypotension (NMH), which causes blood pressure to drop suddenly upon standing. This drop in pressure can result in dizziness and weakness.

To check for NMH, your doctor might suggest a tilt-table test. This procedure is painless but expensive. You can easily check for the condition this way: have someone check your blood pressure while you are calm and lying down. Then stand up. After 30 seconds, take your blood pressure again. Normally the systolic (top number) pressure will go up 10 or more points. A decrease in the systolic number indicates adrenal dysfunction and dysautonomia. If a person has mitral

valve prolapse, NMH, and a positive adrenal dysfunction test, dysautonomia is probably the cause.

DYSFUNCTION OF THE HYPOTHALAMUS

The hypothalamus gland controls the activity of most other glands in the body. Though small, it coordinates a phenomenal portion of the body's activity. Because of its broad sphere of influence, the hypothalamus could be considered the homeostatic regulating center. It regulates appetite and monitors blood sugar, blood volume (fluid level within the circulatory system), and metabolism. It's the coordinating center for much of the autonomic nervous system.

The hypothalamus also releases several different chemicals, including the stress-related hormones epinephrine, norepinephrine, and corticosteroids. The hypothalamus also has immunologic functions, and any dysfunction of this gland may interfere with immunity.

Dr. Leon Chaitow writes about how the hypothalamus, pituitary, and adrenal glands are connected, and discusses a chemical known as substance P, a neurotransmitter that increases and enhances pain receptors. Chaitow contends that an imbalance in the glands can result in an increase in substance P, leading to more feelings of pain.¹

Substance P is normally kept in check by the neurotransmitter serotonin, but FMS patients have little if any serotonin to spare.

Chaitow also notes that imbalances in the glands above can lead to fatigue and to decreased production of growth hormone, so that muscle fibers don't receive proper repair.

DEHYDRATION

Poor hypothalamic function can result in a low level of the hormone vasopressin, which is an antidiuretic. Low levels can cause a decreased ability to hold on to fluid. This can result in frequent urination and increased thirst. Dehydration then occurs, despite increased water intake. I've heard it truly remarked, "How do you tell who has the worst case of FMS or CFS? By the size of her water bottle."

Dehydration can cause many of the chronic symptoms seen in FMS and CFS, including NMH, depression, excess

body weight, high blood pressure, fatigue, low back and neck pain, and headache. Dehydration also depletes the neurotransmitter tryptophan. A reduction in tryptophan is associated with insomnia, increased pain, and depression.

According to Dr. Batmanghelidj, 75% of the human body—85% of the brain—is made up of water. Every bodily function is dependent on an adequate supply of water. Water helps transport various elements including nutrients, neurotransmitters, hormones, and other essential chemicals to their destination organs. Any deficiency of water, no matter how small, results in a disruption of essential bodily processes, so symptoms associated with disease states may respond quickly to increased water intake.²

LOW HUMAN GROWTH HORMONE AND DHEA

When hypothalamic function suffers, human growth hormone (HGH) levels begin to drop. This also causes low levels of dehydroepiandrosterone (DHEA), a hormone produced by the adrenal glands. DHEA is used by the body to make other hormones, including estrogen and testosterone. DHEA is important in creating appropriate energy levels and maintaining feelings of well-being. HGH helps increase energy, repair damaged muscles, stimulate immune function, reduce body fat, improve sleep, and enhance mental acuity (especially short-term memory).

“Long-term studies show GH [HGH] deficiency to be consistently associated with extreme impairment of psychological well being. Patients in these studies typically exhibit similar symptoms, including lack of energy, optimism, and “zest for life”....They report difficulty with memory, concentration, and motivation.” —*Growth Hormone: The Methuselah Factor* by James Jamieson and Dr. L.E. Dorman, with Valerie Marriott

The best way to increase HGH levels is to get eight hours of deep sleep each night. Other options are HGH replacement injections (available by prescription) and exercise. There are

also over-the-counter supplements that can help boost HGH levels. To order HGH supplements, see page 274.

DECREASED CORTISOL

Adrenal exhaustion depletes cortisol, an adrenal stress hormone. Low levels of cortisol can cause immune dysfunction, increased inflammation, hypoglycemia (low blood sugar), hypotension (low blood pressure), and fatigue.

LOW OVARIAN OR TESTICULAR FUNCTION

Low estrogen can contribute to decreased blood flow to specific areas in the brain. This may explain some fibro fog. Low testosterone, both in males and females, can cause immune dysfunction. Research is now showing that males who have low testosterone have an increased risk of heart disease.

HYPOTHYROIDISM

The symptoms of FMS and CFS are consistent with those associated with low thyroid function: low body temperature, cold hands and feet, tingling in the extremities, fatigue, depression, and decreased mental acuity. Recent studies show that over 43% of FMS patients have low thyroid function. It's estimated that those with FMS are 10 to 250,000 times more likely to suffer from thyroid dysfunction. For more information, see chapter 19.

INTESTINAL PERMEABILITY (LEAKY GUT SYNDROME)

Most of the individuals I evaluate are plagued by poor digestion and detoxification systems. Intestinal permeability occurs when the lining of the small intestine becomes irritated and leaks undigested proteins across the cellular membrane. This is like turning on your garden hose and watching helplessly as water leaks from small holes placed along the length of the hose. The leaked proteins are potentially hazardous and can trigger allergic reactions. These allergic irritants initiate an immune reaction associated with chronic inflammation.

MALABSORPTION SYNDROME

With this syndrome, many of the nutrients needed to make the body work in an optimal manner are simply not absorbed. Deficiency of these vital nutrients leads to depression, insomnia, fatigue, pain, decreased immunity, poor memory, and other ill effects.

ENVIRONMENTAL TOXINS

The body eliminates toxins either by directly neutralizing them or by excreting them in the urine, feces, lungs (breathing), and skin (sweat). The liver, intestines, and kidneys are the primary organs of detoxification. Detoxification of harmful substances is a never-ending process.

The ability to detoxify and eliminate toxins largely determines an individual's level of health. Toxins that the body is unable to eliminate build up in tissue, especially fat cells. A number of toxins, including heavy metals, pesticides, solvents, and microbial toxins are known to cause significant health problems. Most individuals with FMS/CFS suffer from an overburden of toxins. For more information, see chapter 18.

NUTRITIONAL DEFICIENCIES

Some "health experts" have stated, "If you eat a balanced diet you'll get all the nutrients you need." Individuals who continue to cling to this draconian idea haven't read the research over the past 20 years. The standard American diet (even if you eat fruits and vegetables every day) is loaded with toxic chemicals, and modern processing removes 25–75% of original nutrients.

An FDA study analyzing more than 230 foods over a two-year period found the average American diet to have less than 80% of the RDA of one or more of the following: calcium, magnesium, iron, zinc, copper, and manganese.

Other studies have demonstrated magnesium deficiency in well over 50% of the population.

A magnesium deficiency can contribute to arteriolosclerosis, fatigue, tight muscles, leg cramps, insomnia, constipation, cardiac arrhythmia, and heart disease.

One important nutrient that can cause big problems is vitamin B₆. Vitamin B₆ deficiency is more damaging to immune function than a deficiency of any other B vitamin. This is because a deficiency of B₆ results in the loss of cell mediated immunity. This leads to a reduction in the size and weight of the thymus gland, an important part of the immune system. When it shrinks or is compromised, the total number of lymphocytes (white blood cells) decreases.

Vitamin B₆ deficiencies are common in women of child-bearing age. The female hormones, estrogen and progesterone, tend to consume vitamin B₆ during its metabolism in the liver. Women who have had multiple pregnancies or long-term use of birth control pills are at higher risk of developing a B₆ deficiency. PMS has been attributed to a B₆ deficiency. Vitamin B₆ is also a cofactor in producing the neurotransmitter serotonin, so restoring and utilizing optimal levels of serotonin are dependent on adequate quantities of vitamin B₆.

It's been found through clinical trials that individuals who do not dream have low levels of B₆. It's not necessary to remember what your dreams were, only that you did, in fact, dream the night before to know whether you are deficient in B₆. Increasing vitamin B₆ (along with 5HTP) usually restores normal circadian rhythm. Some individuals can't adequately break down regular vitamin B₆ and will need to take a special form of it known as pyridoxal-5-phosphate (P5P).

Low-fat Diets Can Be Disastrous

Well intentioned health professionals have been recommending low-fat, high-carbohydrate diets for the past 10–15 years. This has been disastrous to our nation's health. Americans are now the most overweight country in the world. While on this so-called healthy diet, the average American has gained over ten pounds. And incidents of heart disease, cancer, and other chronic conditions, including type-2 diabetes, have actually increased.

Why the disastrous results? Because low-fat usually means low-protein, too. And protein deficiency contributes to depression, fatigue, poor concentration, poor detoxification, and many other illnesses. Our bodies simply must have the essential amino acids that comprise a protein. These amino acids regulate our neurotransmitters (brain chemicals), sex hormones, immune system, glucose-insulin levels, wound

healing, and thousands of essential bodily functions. High carbohydrate diets are now being implicated as the cause of high cholesterol, heart disease, diabetes, and obesity.

PARASITES

Based on medical records and disease patterns, health experts now claim that 60% of Americans will experience parasitic infections in their lifetime. Over one million Americans are infected with *Ascaris lumbricoides*, also known as roundworms. Twenty to thirty million Americans are infected with *Enterobius vermicularis*, also known as pinworms. And *Giardia lamblia* infects eight to 10 million Americans. The parasites *Giardia lamblia*, *Entameba histolytica*, and *Ascaris lumbricoides* are all associated with CFS.

FOOD ALLERGIES AND HYPERSENSITIVITY

Albert Rowe, MD, one of the foremost allergists of this century, described a syndrome known as allergic toxemia, which included the symptoms of fatigue, muscle and joint pain, drowsiness, difficulty in concentrating, nervousness, and depression. This syndrome was known as the allergic tension-fatigue syndrome in the 1950s, but it sounds an awful lot like CFS/FMS.³

Hypersensitivity to environmental chemicals is a growing public concern that afflicts an estimated 15% of the US public. Patients with CFS often complain of a heightened sensitivity to environmental chemicals, including odors from cosmetics, perfumes, new carpet, paint, smog, cigarettes, newsprint, copier machines, fabrics, vinyl, household cleaners, and other man-made products.

YEAST OVERGROWTH

Unchecked yeast growth can lead to Candida yeast syndrome. Fatigue, allergies, decreased immunity, chemical sensitivities, depression, poor memory, and digestive complaints are some of the symptoms associated with this illness.

TRAUMA

Recent findings report that people with neck injuries or flexion extension (whiplash) are 13 times more likely to develop

fibromyalgia than those with other injuries. Only 21% of those who have experienced whiplash had fibromyalgia within 3.2 months of the accident.

DEPRESSION

Some physicians would lead us to believe that FMS is nothing more than depression. Studies show FMS is not caused by depression, but that FMS does cause reactive depression (depression due to circumstances). Who wouldn't be depressed with such an illness? Individuals with FMS have lost their lives to an illness they can't control and largely don't understand.

CHRONIC VIRAL OR BACTERIAL INFECTIONS

Although infections are more often associated with CFS, remember FMS and CFS are two sides of the same coin. Viral infections, most notably the Epstein-Barr virus, have received most of the attention. However, bacterial, fungal and mycoplasma infections are common in the FMS and CFS patients I treat.

INADEQUATE SLEEP

Non-restorative sleep reduces the production of serotonin and human growth hormone, lowers the pain threshold (more pain is felt), and causes fatigue and mental decline.

LIVER DYSFUNCTION

The liver is the main player in the detoxification of our bodies, protecting us from environmental impurities. But when the liver isn't functioning correctly, we don't rid ourselves of toxic substances that can deplete needed nutrients and leave us vulnerable to illness: FMS, CFS, arthritis, allergies, or other syndromes or diseases. Measuring and uncovering functional weaknesses in the detoxification system can help explain any number of chronic symptoms, including:

- intolerance to certain foods, drinks, smells, or drugs, and to caffeine.
- why you can't drink alcohol or tolerate much if you do.
- why the smell of perfumes, colognes, cigarette smoke, and other environmental chemicals can make you ill.

- why you can't take certain vitamins, especially a multi-vitamin, without feeling nauseated.
- why you can't tolerate most medications (a little goes a long way).
- why some drugs have the opposite effect on you. Sleep medications make you wired.

ADRENAL DYSFUNCTION

The adrenal glands secrete certain hormones that help us manage stress. Chronic stress can lead to adrenal dysfunction, a condition characterized by fatigue, lowered immunity, poor memory, pain, and depression.

SEROTONIN DEFICIENCIES

This neurotransmitter (brain chemical) regulates sleep, mood, mental clarity, and pain perception. A deficiency can lead to insomnia, fatigue, increased pain, depression, and poor mental function.

Notes

¹Source: *Fibromyalgia and Muscle Pain*, 2001

²Source: *Your Body's Many Cries for Water*, 1995

³Source: *Food Allergy: Its manifestations and control and the elimination diets: A compendium*, 1972

For Further Reading

- *Textbook of Natural Medicine* by Joseph E. Pizzorno, ND, (ed.) and Michael T. Murray (ed.); 1999
- *Total Wellness: Improve Your Health by Understanding the Body's Healing Systems* by Joseph E. Pizzorno, ND; 1996

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