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Integrative Medicine Perspective by Dr. Julie

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'Why Do I Hurt All Over?'

Many of my patients with fibromyalgia carry the daily burden of fatigue, "all over" body pain, sleep problems, mood symptoms, and sometimes even irritable bowel symptoms and palpitations. These are just some of the examples of symptoms associated with fibromyalgia. So, for patients dealing with this disease, it can have a significant negative impact on their quality of life and functionality.

Treatment for fibromyalgia requires a comprehensive approach wherein we target all of the symptoms that occur on a persistent daily basis for any given patient. That would include addressing issues such as, but not limited to, sleep, mood, chronic pain, fatigue, thyroid dysfunction, adrenal dysfunction, gastroenterological symptoms, and chronic headaches.

So, because fibromyalgia treatment varies depending on the constellation of symptoms found in any given patient, there is no cookie-cutter way to effectively treat it; treatment should be personalized. There are, of course, some fundamental treatment concepts that recur in fibromyalgia therapy, but it is important to keep in mind that treatment should be fluid with these patients and not based on a preconceived protocol.

The fundamental treatment modalities that I use consistently with fibromyalgia patients include acupuncture, sleep hygiene counseling, nutritional counseling, mind-body therapy options, and supplements that target foundational deficiencies based on clinical history

and labs. These treatment modalities target the basis of a person's physiology, which, in my experience, achieve the greatest therapeutic results. Since fibromyalgia is pervasive in its ability to affect numerous aspects of a person's physiology, I prefer to treat from a "bottom-up" perspective to address foundational problems, rather than from a superficial-symptoms downward perspective.

Let's take Y. W.* as an example. She is a 54-year-old woman who was diagnosed with fibromyalgia about one year prior to seeing me for the first time in my clinic. However, she had already been suffering from symptoms of fibromyalgia for about two years prior to her diagnosis because she had initially brushed off her symptoms as "no big deal." Then, she was seen by numerous doctors

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Integrative Medicine

until she was finally diagnosed with fibromyalgia by a rheumatologist. Since her diagnosis, she has tried several medications for fibromyalgia but she says she's "too sensitive and keep having reactions to them and don't feel good on them." She was referred to me by her rheumatologist for an integrative approach to the treatment of her symptoms.

After our initial visit, she expressed interest in trying acupuncture as well as strain-counterstrain therapy to help alleviate her symptoms. She reported that her main symptoms were chronic myofascial pain, irritable bowel syndrome with propensity toward looser stools, insomnia (trouble initiating sleep), and fatigue that is chronic and "getting worse by the day."

We obtained labs to evaluate her underlying physiology, which included salivary cortisol testing. Her labs came back with moderate adrenal fatigue, wherein she has had alteration of her diurnal pattern of cortisol secretion and had a higher level in the evenings, therefore causing more sleep problems for her.

She was deficient in many vitamins, minerals, and electrolytes. She also had borderline subclinical hypothyroidism wherein her reverse T3 was mildly elevated and her free T3 was in the barely normal range. Her TSH and free T4 were in good range of normal.

My goal was to treat her underlying physiological abnormalities first. Then, based on her residual symptoms, we would proceed with any additional testing as needed, especially since options such as food allergy testing and some of the GI testing kits can be expensive for patients.

She was started on several supplements based on lab findings, exam, and history, including but not limited to peppermint, probiotic, fish oil, curcumin, DHEA, DGL, free-form amino acid powder, L-theanine, B12, magnesium, vitamin D3, serrapeptase, boswellia, and panax ginseng.

She was treated with weekly acupuncture and strain-counterstrain therapy. We also worked on self-hypnosis and breath work for her to use at home. We discussed options of aromatherapy for various symptoms and she began utilizing that at home as well.

She slowly started sleeping better, and pain improved, along with IBS symptoms. As she started to feel better, I encouraged her to begin walking more and guided her on how to prepare more healthful meals for herself and her family. She noticed that dairy and soy made her feel more fatigued, so we cut those foods out of her diet.

After about 10 months of consistent treatment, when we worked as a team to figure out how to make each aspect of her life more healthful, she is now able to walk regularly with her girlfriends several times per week and has restarted outdoor activities as well as taking vacations again with her family.

She is a good example of how fibromyalgia treatment should focus on a physician-patient team-approach method, wherein each aspect of the patient's life is examined for ways to treat issues and the patient is guided toward a more healthful lifestyle and physiology.

Because fibromyalgia is a disease that can be triggered by physical or emotional trauma or physiological assault with various concomitant diseases, health-care practitioners should help rebalance as many aspects of the patient's life as possible. It is because of this idea that I caution practitioners against utilizing only one modality of treatment for fibromyalgia patients. When a disease state appears to develop consistently from multifactorial issues, it only makes sense that the overall treatment regimen should be multidimensional as well.

*All patient identifier information has been changed to ensure confidentiality.



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