Are They Crazy?
by Rodger Murphree, D.C.

Do YOU TREAT PATIENTS WITH FIBROMYALGIA? If so, you’ve probably been tempted to think they’re all crazy. They forget their appointments, cancel at the first sign of bad weather, get lost on the way, show up on the wrong day, or at the wrong time. The new-patient visit can be a bit challenging, to say the least, especially for those doctors who have other patients to see that day. You can no sooner ask, “How are you doing,” before they deliver a rambling, time-consuming monologue about every illness, accident, and test they’ve had since birth. And, since the average fibromyalgia patient has seen twelve doctors and had the illness for seven years, they have piles and piles of paperwork—which, of course, they want you to review. They’ve got numerous complaints, including anxiety, depression, fatigue, chronic pain, insomnia, irritable bowel syndrome (IBS), mitral valve prolapse (MVP) syndrome, chronic sinusitis, tingling in their extremities, night sweats, chemical sensitivities, headaches, reflux, and other symptoms. Where do you start?

I agree; they may be a brick short of a load. But, in their defense, you’d be crazy too if you went days without sleeping, had diffuse chronic pain, no energy, no life, and no hope. They’ve been bounced from one doctor to another, had dozens of tests, taken numerous drugs which didn’t help, and continue to get worse, year after year. The traditional drugs of choice, including, NSAID’s, antidepressants, anticonvulsant medications, muscle relaxants, tranquilizers, and pain medications, may provide short-term relief, yet their results are often fleeting and their side-effects detrimental. It’s not unusual for them to be taking twelve or more prescription drugs, many of which contribute to their erratic behavior.

The sleep drugs Ambien and Lunesta may cause short-term memory loss, fatigue, flu-like symptoms, and depression. Tricyclic antidepressants, including Trazadone and Elavil, may cause early-morning hangover, mental confusion, and lethargy. SSRI drugs may cause anxiety, depression, mental blunting, and lethargy. Klonopin and other benzodiazepines may cause depression, fatigue, and decreased mental function. Beta-blockers (Inderal and others) are commonly prescribed for MVP. These drugs may cause depression, as well as mental and physical fatigue.

Neurontin and Lyrica have potential side effects that include depression, somnolence, fatigue, thought disorders, fuzzy thinking, and ataxia. Zanaflex and other muscle relaxant drugs may cause mental confusion, speech disorder, lethargy, psychosis, and even hallucinations. All of these drugs are known to deplete at least one or more essential mood-dependant vitamins, minerals, or nutrients (B6, B12, CoQ10, folic acid, etc.). Individuals with fibromyalgia are also deficient in the brain chemicals which help regulate mood and mental function.

Neurotransmitter Deficiencies
Research shows that the majority of these patients are deficient in serotonin, dopamine, and norepinephrine. These three neurotransmitters are essential for optimal mood and mental function. Serotonin, also known as the “happy hormone,” helps regulate moods, sleep, digestion, bowel movements, pain, and mental clarity. Individuals with fibromyalgia have low levels of the amino acid tryptophan, as well as 5-hydroxytryptophan (5HTP), which are needed for the production of serotonin.

Ok, so these folks aren’t playing with a full deck, but how could they have so many health problems?

While we still don’t know for certain what causes fibromyalgia, we do know that fibromyalgia patients have an imbalance of the hypothalamus-pituitary-adrenal (HPA) axis. This imbalance creates far-reaching hormonal imbalances, which disrupt the body’s ability to maintain homeostasis. This can create a host of unwanted health conditions.

Hypothalamus-Pituitary-Adrenal Axis (HPA) Dysfunction
The main function of the hypothalamus is homeostasis, or maintaining the body’s status quo. Because of its broad sphere of influence, the hypothalamus could be considered the body’s master computer. The hypothalamus receives continuous input about the state of the body and must be able to initiate compensatory changes if anything drifts out of line.

The Hypothalamus regulates such bodily functions as:

1. Blood pressure, which is often low in those with fibromyalgia.
2. Digestion—bloating, gas, indigestion, and reflux are common in FMS patients.
3. Circadian rhythms (sleep/wake cycle) are consistently disrupted in FMS.
4. Sex drive—loss of libido is a common complaint for FMS patients.
5. Body temperature, which is often low in FMS patients.
6. Balance and coordination—FMS patients often have balance and coordination problems.
8. Heart rate—mitral valve prolapse (MVP) and heart arrhythmias are a common finding in FMS patients.
9. Sweating—it's not unusual for FMS patients to experience excessive sweating.
10. Adrenal hormones—are consistently low in FMS patients.
11. Thyroid hormones and metabolism—hypothyroid is a common finding in FMS patients.

Recent studies show that over 43 percent 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. Of course the symptoms of hypothyroid include mental fatigue, depression, and poor memory.

Stress Coping Savings Account
So what causes the HPA-axis to go haywire? After researching and specializing in the treatment of fibromyalgia for the last eleven years, I believe chronic stress is the underlying catalyst for the onset of HPA dysfunction and fibromyalgia. Several studies have demonstrated how chronic stress undermines the normal HPA function.

I like to use the analogy of being born with a stress-coping savings account. We have certain chemicals, vitamins, minerals, and hormones, like serotonin, dopamine, norepinephrine, and cortisol, that allow us to handle moment-to-moment, day-to-day, stress. The more stress we're under, the more withdrawals we make. Individuals with fibromyalgia have made more withdrawals than deposits. Poor sleep, chronic stress, nutritional deficiencies, prescription drugs, and other stressors have taken their toll. The patient has bankrupted his/her account. This leads to the HPA-axis being overtaxed, and poor health follows. Fortunately, there are some tried-and-true nutritional protocols that can help build up the bankrupted stress-coping savings account. Reestablishing optimal neurotransmitters, especially serotonin and norepinephrine levels, is critical for these folks.

Double-blind, placebo-controlled trials have shown that patients with FMS were able to see the following benefits from increasing serotonin through 5HTP replacement therapy:
- Decreased pain
- Improved sleep
- Fewer tender points
- Less morning stiffness
- Less anxiety
- Improved moods, in general, including in those with clinical depression
- Increased energy.

There are more serotonin receptors in the intestinal tract than there are in the brain. This is one reason people get butterflies in their stomach when they get nervous. Serotonin controls how fast or how slow food moves through the intestinal tract. IBS symptoms, commonly seen in fibromyalgia, typically disappear rather quickly once serotonin levels are boosted. I have my patients with IBS take 300mg of 5HTP along with a good optimal daily allowance multivitamin (680mg of magnesium) and pancreatic digestive enzymes.

S-adenosyl-L-methionine (SAMe) increases the action of several neurotransmitters, including serotonin, norepinephrine and dopamine, by binding these hormones to their cell receptors. SAMe helps keep mitochondrial levels at peak levels, increases brain function, and has potent pain-blocking properties. Normally, the brain manufactures all the SAMe it needs from the amino acid methionine. However, patients with fibromyalgia have been shown to be deficient in this essential amino acid.

Studies involving FMS patients and SAMe have shown dramatic improvements in pain reduction. One study shows that patients taking SAMe for a period of six weeks had an improvement of 40 percent in pain reduction and 35 percent improvement in their depression. More than 100 peer-reviewed studies show SAMe to be a safe, effective, and fast-acting antidepressant.

Along with 5HTP and SAMe, I've found that a good optimal daily-allowance multivitamin with a free-form amino acid blend, fish oil, malic acid, and generous amounts of magnesium help reverse the “brain fog,” poor energy, chronic pain, mood disorders, and sleep disturbances so common in fibromyalgia.

The next time you encounter a fibromyalgia patient, please reassure them that, while you agree (as far as memory is concerned) they might not be the sharpest tool in the shed, with the right nutritional therapy, they may be able to at least remember their future appointments.

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References

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