Is Lyrica the “Magic Bullet” for Fibromyalgia?

by Rodger Murphree, D.C.

Doctors and their patients continue to search for the magic bullet that will cure fibromyalgia. Elavil, Klonopin, Flexeril, SSRI’s, Ambien, Neurontin, and Cymbalta have all, at one time or another, been promoted as the latest and greatest “new” drug for fibromyalgia. The fibromyalgia drug du jour, Lyrica, has seemingly toppled them all by becoming the first FDA approved drug for the treatment of fibromyalgia. Pfizer’s Lyrica, known generically as Pregabalin, is very similar to Neurontin. Both are analogs of gamma-aminobutyric acid (GABA). The two compounds share similar mechanisms of action, binding to the calcium channels, modulating calcium influx, and resulting in analgesic, anxiolytic, and anticonvulsant activity. Lyrica provides equivalent efficacy at lower doses but, other than that, they’re very similar. A lower dose is supposed to mean fewer side effects, especially fatigue. But Lyrica, like Neurontin, has several unwanted side effects including somnolence (prolonged drowsiness or a trance-like condition that may continue for a number of days), weight gain, edema (fluid retention), dizziness, weakness, fatigue, double vision, ataxia (lack of muscular coordination), thought disorder, possible long-term ophthalmic problems (abnormal eye movements and disorders), tremors, back pain, constipation, muscle aches, memory loss, asthenia (weakness), depression, abnormal thinking, itching, involuntary muscle twitching, serious rash, and runny nose.

Some say that Lyrica doesn’t work well enough to have warranted its FDA approval. In 2004, reviewers recommended against approving the drug, citing its side effects. But the FDA ignored the advice of Lyrica reviewers, and approved it anyway. Pfizer asked the FDA to expand the approved uses of Lyrica to include the treatment of fibromyalgia, and the agency did so in June 2007.

In clinical trials, patients taking Lyrica reported that their pain fell on average about two points on a ten-point scale, compared with one point for patients taking a placebo. Not a big deal, to say the least.

However, a minority of patients (roughly 30 percent) said their pain fell by at least half, compared with 15 percent in those taking a placebo. While a 50 percent reduction in pain is impressive, remember that it occurred in only three out of ten patients who took Lyrica. And three patients out of twenty got the same relief by taking a sugar pill. Still, for those who can’t get their pain under control, Lyrica is certainly an option.

On the bright side, Pfizer’s multi-million dollar PR campaign should help the public become more knowledgeable about fibromyalgia. Pfizer has wasted no time in promoting Lyrica for the treatment of fibromyalgia. During the first nine months of 2007, Pfizer spent $46 million on Lyrica ads. Following FDA approvals, online investment research forecaster Datamonitor had this to say about fibromyalgia, drug companies, and profit potential: “...foresees a dramatic rise in market value resulting from an upsurge in diagnosis and treatment rates. Estimated at $367m in 2006 in the US...the market is forecast to grow to $1.7 billion in 2016.”

The antidepressant Cymbalta may become the next FDA approved drug for treating fibromyalgia. Cymbalta can be helpful and certainly has less potential side effects than Lyrica.

Looming on the horizon is the next “major” drug for fibromyalgia, Milnacipran. Milnacipran is similar to Effexor and Cymbalta—all three block the re-uptake of serotonin and norepinephrine. Milnacipran preferentially blocks the reuptake of norepinephrine with a higher potency (by 2:1) over serotonin. Everyone in the fibromyalgia community, myself included, welcomes any and all drugs that can provide long-term symptom relief with minimal side effects.

However, past history should temper our rush to embrace every new fad drug that promises to be the magic bullet for fibromyalgia. Too often, today’s mass marketed drug is tomorrow’s scourge—Vioxx, Bextra, Phen-Fen, Avandia, Baycol....

Doctors and researchers are still struggling to validate the cause of fibromyalgia. Why should we expect a magic bullet for such a complex syndrome? We shouldn’t.

Drugs can be helpful for managing the symptoms of fibromyalgia but most have potential side effects that may create even more symptoms. And, unfortunately, most symptom relief is fleeting at best.

No one has an Ambien deficiency. The question should be, “Why can’t a person fall asleep on their own each night?” Perhaps, it’s from low melatonin (sleep hormone) levels. Some drugs, including NSAID’s (Mobic, Alleve, Celexa, etc.), antidepressants including Elavil, Trazadone, Celexa, Lexapro, Paxil, etc., and tranquilizers including Klonopin, Ativan, etc., decrease and eventually deplete the natural sleep-promoting hormone, melatonin. How many doctors ask their patients to try melatonin first?

Doctors routinely recommend selective serotonin re-uptake inhibitors (SSRI’s) like Paxil, Lexapro, and Celexa. These drugs don’t make serotonin, instead they help a person hang onto and use their serotonin more effectively. These drugs can be helpful. But no one has a Prozac deficiency. And a meta-analysis of the research shows that antidepressants are no better than a sugar pill in up to 70 percent of the cases. And worse, they’re associated with numerous potential side effects including chronic muscle pain, mood disorders, brain fog, fatigue, and insomnia.

Doesn’t it make more sense to correct the serotonin deficiency by increasing the raw ingredients that make serotonin?
The natural amino acid 5-hydroxytryptophan (5HTP), which turns into serotonin, boosts melatonin levels (by 200 percent), helps promote deep restorative sleep, reduces pain, boosts moods, reduces anxiety, increases mental clarity, and reduces or eliminates irritable bowel syndrome.

I find I spend the bulk of my time educating my patients on the potential side effects of their medications. This exercise routinely yields some of the biggest health gains for my patients.

Anti-anxiety drugs like Klonopin and a number of other drugs, beta-blockers (Toprol, Inderal), certain antidepressants, and lipid lowering drugs can create a CoQ10 deficiency. A CoQ10 deficiency may then lead to muscle pain, nerve pain (tingling), depression, problems with memory, and fatigue. And, as each side effect raises its ugly head, another drug is recommended. More drugs, more side effects. I’m not anti-drugs, just anti wrong or unnecessary drugs.

I’m guessing that, if you knew you could beat fibromyalgia by taking the appropriate essential nutrients (vitamins, minerals, amino acids), which don’t have the side effects associated with common drugs, you would. I’m also guessing that, if you knew more about the drugs you’re taking and their potential side effects, you’d be looking for safer options. Sharing this information has been my mission for over a decade.

Where to Start
1. Reestablishing optimal serotonin levels and deep restorative sleep is the first priority—preferably with 5HTP (and melatonin, if needed). Prescription drugs that do promote deep restorative sleep (Elavil, Trazadone, Ambien, Lunesta, and Flexeril) should be the last resort.

2. Adrenal fatigue is known to cause many of the same problems associated with CFS and FMS:
   - fatigue
   - a compromised immune system
   - decreased sense of well-being (depression)
   - muscle or joint pains.

Individuals with fibromyalgia don’t handle stress very well. Stress will make their symptoms worse and cause them to have flare-ups. Restoring proper adrenal function is a crucial step in building up a person’s stress-coping abilities. I recommend using adrenal cortex glandular supplements.

3. Taking an optimal daily allowance multivitamin/mineral formula with extra magnesium (natural muscle relaxant), high doses of B vitamins (forms proper brain chemicals), essential fatty acids (anti-inflammatory), and amino acids (makes pain blocking, mood elevating, energy boosting hormones) helps to shore up any nutritional deficiencies commonly found in fibromyalgia.

True nutritional therapies don’t offer a magic bullet either. But they do offer a safe, oftentimes, more effective long term approach for reversing fibromyalgia.

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