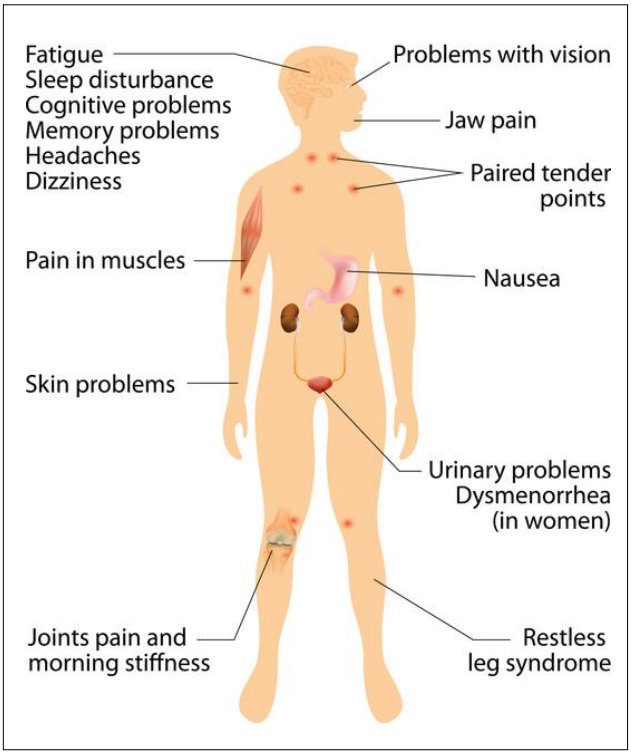
Fibromyalgia Protocol

Fibromyalgia syndrome (FMS) is a condition characterized by widespread pain, and "tender points" of the muscles and joints on the neck, shoulders, back, hips, arms, and legs. The pain can occur systemically or migrate throughout the body and typically comes and goes over time. FMS is most common in women but can also occur in men and usually arises in middle adulthood. FMS can be hard to diagnose since there are no tests or diagnostics to determine if an individual has FMS. However, practitioners can suspect fibromyalgia in patients with mostly musculoskeletal pain that is not due to injury or inflammation.



Besides widespread pain and tenderness of the muscles and joints, symptoms of FMS also include fatigue, sleep problems, headaches, anxiety, depression, poor memory and problems with thinking or cognitive difficulties. These cognitive difficulties are commonly referred to as "fibro fog" which impairs the ability to focus, pay attention, and concentrate on mental tasks. FMS can co-exist with other conditions such as irritable bowel syndrome, migraines, interstitial cystitis, or TMJ.

FMS can be either primary, also known as idiopathic fibromyalgia, or secondary. In primary fibromyalgia, the cause is unknown, or the trigger is no longer in existence. However, primary fibromyalgia can be related to a past acute stress such as an acute bacterial or viral infections or from a reaction to certain drugs. Whereas in secondary fibromyalgia the cause is clear and is tied to a physical injury or a chronic infectious disease that coexists with the fibromyalgia condition. Such physical injury can include a neck injury, stenosis, herniated or bulging discs, ankylosing spondylitis, or trauma that is particularly in the upper spinal region. The chronic infectious diseases include Lyme disease, Hepatitis C, HIV or endometriosis. Primary fibromyalgia is the more common form.

Physical or mental stress from a disease or trauma can trigger microcirculation re-distribution and cause ischemic muscle pain. The peripheral microcirculation reduction due to vasoconstriction triggered by stress acts via the sympathetic nervous system which activates the hypothalamic-pituitary-adrenal (HPA) axis. The HPA axis is the central stress response system. Stress results in cardiovascular dysfunction with vasoconstriction which causes reduced peripheral blood flow in primary fibromyalgia, although the transient stress is gone, the peripheral vasoconstriction is still persistent. In secondary fibromyalgia, the stress and the resulting vasoconstriction are chronic. Overtime, this reduced blood flow leads to the development of ischemic muscle pain.

Microcirculation redistribution not only affects the muscles but also the central nervous system in FMS patients. Previous studies have shown a decreased amount of blood flow to the parts of the brain that provide an emotional response to pain and an increased amount of blood flow to the part of the brain that processes pain. This can alter neuron metabolism and brain activation. The neuromatrix which is activated in response to painful stimuli has been seen to be more pronounced in these patients. This can cause a highly amplified pain sensation to a pain signal as well as cause symptoms of anxiety and depression. Reduced cerebral blood flow is also observed in fibromyalgia patients. This can cause brain fogginess and affect cognitive function.

In addition to widespread muscle pain from the vasocontraction, FMS patients also present with cutaneous hyperalgesia, an increased intensity of pain sensation of the skin. Nociceptive input from deep tissues sensitizes the

spinal neurons resulting in the abnormal pain sensation from the skin. This is why FMS has been described as a Central Pain Amplification disorder meaning the volume of pain sensation in the brain is turned up too high.

Nitric Oxide (NO) alteration and oxidative stress is also seen in FMS patients. NO participates in many physiological processes such as vasodilation, modulation of nociception, neurotransmission, and excitation-contraction coupling. Stress induced microcirculation re-distribution can cause decreased levels of NO which further reinforce the microcirculatory disturbances. This may explain the persistence of vasocontraction after the initial stress factor has gone away in primary fibromyalgia patients. Oxidative stress due to decreased blood flow can also affect RBCs since they are susceptible to free radical damage. A study done at Stanford found that chronic fatigue patients have RBC that are no longer round and take longer to enter the capillaries and flow through them. This may keep them from delivering the correct amount of oxygen to the cells which further aggravate the oxidative stress and cause chronic fatigue symptom in FMS patient.

A decreased supply of oxygen to the muscles and cerebrum in FMS can affect the amount of ATP produced by the cells mitochondria which can cause tissue acidosis in these areas. High levels of oxidative stress constrict the blood vessels making nutrient delivery deficient. Insufficient amounts of ATP production and other nutrient deficiency in muscles and cerebrum causes not only chronic fatigue but also brain fogginess, sleep issues, headaches, anxiety, depression, poor memory and decreased cognitive function such as math difficulties.

Chronic pain patients also have a higher rate of ingesting pain killers at an attempt for symptom relief. Long-term use of pain killers can cause liver damage and liver toxicity. The liver is innervated by and is involved in the processes of the autonomic nervous system. When the liver is weakened it can cause an abnormal neurological repair mechanism which can also result in an abnormal pain response. This may be an additional factor in fibromyalgia pain.

Wellness Recommendation

The recommendation for primary fibromyalgia includes LC Balancer which nurtures kidney Yin. LC Balancer helps enhance microcirculation by improving micro-capillary structure and opens up blood circulation. By increasing systemic microcirculation more nutrients and oxygen can get to the muscle tissues and cerebellum that are being deprived of blood flow. Increased circulation can also help to circulate the free radicals out of the bloodstream and lower the levels of oxidative stress.

Patients can experience initial symptom improvement with increased energy levels and mental clarity in one to two weeks and may experience an increase in the pain initially followed by pain reduction during the first one to two weeks of the protocol. Patients may feel they had the same pain when their condition started, which is viewed as reversal pains after the microcirculation resumes to a normal level. Four to six weeks of LC Balancer is recommended for significant improvement.

For patients with primary fibromyalgia, the protocol should be able to resolve the condition. However, for secondary fibromyalgia patients, additional products are also required to address the cause of the patient's fibromyalgia. For example, if the cause of the fibromyalgia is due to chronic back pain from a bulging or herniated disc, then the recommendation would also include the WHITEE Patch to repair disc injury in order to completely resolve the fibromyalgia condition. Please refer to other pertinent protocols for recommendations regarding the specific cause of the secondary fibromyalgia condition.

Selected Case Studies

Case 1: Successful Resolution of Disc Herniation and Secondary Fibromyalgia

Hasna Tiffany Wood, Lac, CA

A female patient, age 57, had been diagnosed with herniations between L3 and L5, two bulging discs in the upper thoracic as well as chronic fatigue and fibromyalgia. She suffered from severe pain (7-10 out of 10). As a result, she could not go to work at times. Her ability to drive had been seriously limited. MDs had prescribed a long list of medication. She received a number of cortisone shots which did not yield results anymore and a failed surgery in 2003.

Dr. Wood prescribed a natural treatment program composed of a variety of components such as biweekly acupuncture, cupping, tuina and shiatsu massage as well as herbal remedies and a natural blend of Chinese formulas. The core treatment lasted for about 4 months with further continuation for a total length of one and a half years. A number of Chinese herbal remedies were applied such as LC balancer and WHITEE patches (sometimes 3 patches at the same time) for the first four months to improve the microcirculation, Brown (for two months starting after the first month) to improve liver health and Xcel capsules (for two weeks after the Brown) to enhance kidney function.

The results have been truly promising. After two weeks, the patient started to sleep far better. Her pain level became significantly reduced. She could pursue her daily work without interruption. In general, the patient's energy level increased. Her spirits had been lifted and her quality of life changed greatly. Ultimately, the patients pain-level was completely removed with occasional and random episodes of mild pain which faded quickly. Last but not least, all medication was discontinued. The results have been sustained ever since.

Case 2: Successful Chronic Pain Treatment

Ronald Mullen, AP, FL

Patient Data: Male, age 52, of normal weight and height presented with the complaint of extreme pain in his legs and arms, aggravated by any exercise. Walking more than a short distance incites worsening pain, weakness, and shaking of leg muscles. The pain was so severe that he had been unable to work for more than two years and he could not perform normal daily activities.

History: In August 2001, his pain started in his left forearm about six weeks after he began taking a cholesterol-lowering medication prescribed by his doctor. Two weeks later, the pain progressed to his right forearm. He then discontinued his medication, but woke the following day with pain in both arms and legs so severe he was unable to rise from his bed. He reported that it presently takes him three to four hours each morning to begin moving, and he suffers from pain both mentally and physical throughout the day due to his condition. He has had multiple tests and examinations but his doctors have been unable to help him. He has been told there is no treatment for his condition.

Treatment: After a TCM examination he was treated with acupuncture and prescribed herbal remedies from Wei Laboratories including LC Balancer which enhances systemic microcirculation. He returned in five days for a follow-up acupuncture treatment and reported less soreness and stiffness when he wakes. Eight days later he returned for treatment and reported a 40% improvement in his symptoms. He could now walk fifteen minutes without severe muscle pain. A week later, at his next acupuncture treatment he reported that he has had an aggravation of the soreness in his forearms during the last week, with severe pain which lasts for a total of seven days and then begins to subside. Following this improvement, he returned for his next treatment and reports all symptoms were 80% better. At his next appointment one week later he reported 100% improvement, with no remaining pain or discomfort.

Summary: This patient had a total of eight acupuncture treatments and took herbal remedies from Wei Laboratories for five weeks. His temporary aggravation of symptoms during treatment appears to have been part of a healing response. Three months later this patient remains symptom-free.

Case 3: Effective Pain Relief in Fibromyalgia Patient

Jack Kucheran, DC, Alberta CA

A 46-year-old female patient complained of fibromyalgia which caused pains and aches in her joints/muscles, stiffness/limited range of motion, swollen/tender joints, neck/shoulder pain, lower back pain and sciatic pain.

Dr. Kucheran recommended an herbal protocol from Wei Laboratories focusing on enhancing systemic circulation called LC Balancer. After 8 weeks, the patient saw excellent results with her fibromyalgia pain. She had noticed only small reoccurrences in pain that she works out with adjustments. She has stopped treatment and is satisfied.

Case 4: Successful Resolution of Fibromyalgia, Spinal Fixations and Overweight

Greg Carter, DC, NC

A female patient, age 50, came for treatment as she had been diagnosed with fibromyalgia. Her MD identified 20 tender points. She also suffered from being overweight as well as spinal fixations. Her total body pain level was at around 8 out of 10.

Dr. Carter applied a combined treatment program consisting of 3 months, one session per week, composed of chiropractic adjustments (resolution of spinal fixations), herbal remedies (Wei Laboratories herbal intake formula, LC Balancer to address fibromyalgia), nutritional therapy (modified food elimination diet to remove glutens and dairy), detoxification and supplements (e.g. antioxidants, vitamins).

Upon completion, the patient's pain level had been diminished by 80-90% (1 out of 10 per patient's assessment). The chronic pain component had been completely removed. Her muscles regained strength and flexibility and were much softer than before. The fibromyalgia had been totally resolved. The patient returned to normal weight (lost 35 lbs). She has more energy; the fatigue is gone. She does one preventative treatment per month if needed.

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