



Healthy for Life Newsletter

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I graduated from the University of Colorado Medical School in 1971 and quickly went into a private family practice following my internship at Mercy Hospital in San Diego, California. For the first 23 years of my practice, I did everything possible to keep my patients from taking any kind of nutritional supplements. I told my patients that all supplements did was create expensive urine. I told them that all they needed to do was to eat a healthy diet and they would not need supplements. After all, this is how I was trained in medical school. Even though I really never received very much training in nutrition during my medical school years and absolutely no training in supplementation, I was very strong in my convictions and all my patients knew it.

In the early 1990's, my wife of 10 years at that time was diagnosed with a disease called fibromyalgia. I had been aware of this disease entity for 5 or 6 years; however, it was initially known as psychosomatic rheumatism. Many physicians believed that this was really not a disease--that all of these complaints of pain, fatigue, mental foginess, and the host of other symptoms were just "in their heads." When my wife was given this diagnosis, I had to do some very serious research. My conclusion was that this was a true disease. After all, I was living with this disease and it was affecting my family and me every day of our lives. The medical community had no explanation or answer for this disease. They merely recommended treating the symptoms with medication and told those patients with fibromyalgia to find a support group and learn

to live with it. This was the very course my wife took.

It seemed like year after year my wife just got worse and worse. She had to deal with a tremendous amount of fatigue and body pain. I spent every evening trying to rub out the knots in her shoulders. Eventually, she got to the point that she would have to go to bed during the early evening, leaving me alone with the kids each night.

In 1995, my wife came down with a very serious pneumonia. Even though we were able to clear this pneumonia using IV antibiotics, she was left in a very fatigued state. She was unable to get out of bed except for maybe one or two hours each day. One of my 3 children had to rotate missing school in order to stay home to care for her. This went on month after month, in spite of seeing 4 different medical specialists and being prescribed 9 different medications. When I would talk to my fellow physicians who were caring for her, they could not give me any idea how long it would take for her to recover or any hope that she would ever improve.

It was right at this time that a friend from a small neighboring town came over and dropped off some nutritional supplements that she encouraged my wife to take. She told Liz that these supplements had helped her husband to recover from a pneumonia he had contracted over a year ago. My wife knew very well what my attitude was towards supplements. She came to me and asked if it would be OK for her to take these vitamins. I was truly surprised by my reaction. I said, "Honey, you can take anything you want. Obviously, we are doing everything the

medical community has recommended and have gotten absolutely nowhere."

My wife began taking what I learned later to be a high-quality, complete and balanced nutritional supplement along with some additional grape seed extract. To my amazement, my wife began to show signs of improvement within the first week. She was able to be out of bed for longer periods of time, and she was actually able to be more active. Within 3 weeks, she was literally off all of her medication, which really had never helped anyway. Within 3 months, she was better than she had been in 10 years. She has continued to improve year after year. Not only has she added 4 to 5 hours to each of her days, she is now able to ride 2 to 3 horses each and every day. As a horse trainer, being able to ride again was the greatest gift anyone could have ever given her.

This entire experience certainly challenged everything I had learned about nutritional supplements. Right before my eyes I had seen the medical community fail to offer my wife any help. At this point, I was not sure if the improvement in my wife's health was the result of a miracle of the Lord or, to my horror, the result of taking vitamins. The next week, I called in my 5 most effected fibromyalgia patients and related my wife's story to them. I told them I had no clue what I just witnessed; however, I would certainly show them what my wife took and give them the opportunity to try the same thing. Every one of them wanted try the same nutritional supplement regimen my wife had taken. None of them had the miraculous improvement my wife had; however, every one of these patients at one time or other within the next 6 months personally had thanked me for allowing them to get his or her life back. All of these patients, including my wife, still had fibromyalgia; however, they were now able to function normally. If they were careful, they each had enough energy to do everything they needed to do. I had certainly developed a new respect and appreciation for the health benefits of taking

high-quality, complete and balanced nutritional supplements.

Fibromyalgia/Chronic Fatigue

There are now over 9 million people in the United States alone that have been diagnosed with fibromyalgia or chronic fatigue. Most of the experts in this field believe that fibromyalgia and chronic fatigue are different expressions of the same disease. What is interesting is the fact that 8 out of 9 cases of fibromyalgia/chronic fatigue affect women. The disease can strike at any age, but most of the cases begin in the second or third decade of life. Once a person has developed fibromyalgia or chronic fatigue, most experts believe that individual will have it the rest of his or her life. In fact, according to Aetna Insurance, 8 to 9 percent of all long-term permanent disabilities are the result of chronic fatigue/fibromyalgia.

I find it very interesting that it takes the medical community an average of 8 years to diagnose an individual with chronic fatigue/fibromyalgia. I believe this is partly because many physicians wrongly believe that this is just a problem that is just in their patients' heads. To further complicate matters, there is no blood test, CT scan, MRI scan, biopsy, or any other test that will prove that a patient has chronic fatigue/fibromyalgia. The only way to know if a patient has fibromyalgia is for a physician with some knowledge of this disease to do "trigger point" testing. By placing mild, point pressure on 18 predetermined areas of the body, a physician can elicit significant tenderness in the majority of these spots. In fact, the medical literature and clinical trials have established that if 11 or more of the 18 areas tested are positive, then the patient has fibromyalgia. In order to diagnose chronic fatigue a physician must obtain a history of persistent fatigue in their patients for more than 6 months. There are several other symptoms that physicians look for like recurrent swollen glands (especially in the neck area), frequent infections, and low-grade fevers. However, the way most physicians

diagnose chronic fatigue/fibromyalgia is by ruling out every other possibility that might be the source of the patient's symptoms.

In the end, this is usually a very frustrating experience for any patient who has developed either of these problems. Many feel the medical establishment is ignoring them or that their physicians do not believe them. Since all the tests a physician runs on these patients turn out to be negative, they continually hear their doctor say that they can't find anything wrong with them. Sooner or later these patients actually begin doubting themselves and possibly avoid seeing a doctor altogether. They are tired of hearing that nothing is wrong with them. Considering the laborious process of diagnosing patients, combined with patients' frustration, it is not difficult to understand why it takes an average of 8 years before patients are truly diagnosed. This is a sad state of affairs and a very poor reflection on the medical community, especially when a diagnosis can be made after a physical exam that includes a careful history and tender point testing. Obviously, the physician needs to rule out any other disease process that could be causing their patient's symptoms. However, once this has been accomplished, he or she should establish the fact that their patients have a true entity called chronic fatigue/fibromyalgia.

What are the Symptoms of Chronic Fatigue/Fibromyalgia?

As I mentioned earlier, I believe that these entities are different expressions of the same disease. Therefore, I will discuss the primary symptoms of fibromyalgia first. The hallmark symptoms of fibromyalgia are total body pain, fatigue, and non-restful sleep. Patients wake up as tired as they were when they went to bed. These patients usually complain of pain above and below the waist. However, I have frequently seen them present early in the disease with regional or localized pain. These patients are not only fatigued, but also have a classical presentation that is referred to as a mental foginess. In other

words, they just don't think clearly. They are forgetful and can easily lose a train of thought. My wife talks about "hitting the wall." When this happens, she might as well just go to bed because she is not able to accomplish anything because of this mental foginess. The symptoms that a patient with fibromyalgia can present with can certainly be varied and different. It is because of this that many researchers give this disease the label of "the great mimicker." In short, it can mimic a variety of different diseases that a physician must rule out. The other problem is studies show that people with fibromyalgia also frequently have other serious diseases like rheumatoid arthritis, lupus, Crohn's disease, and a host of other auto-immune diseases. They may initially receive one of these diagnoses only to find out later that they also have fibromyalgia. Once the diagnosis of fibromyalgia is made, most patients can look back and see how this may have been the primary source of many of their complaints over the past several years. People who have fibromyalgia also suffer frequently with other problems like reflux esophagitis, irritable bowel syndrome (50% of the time), and TMJ or temporomandibular joint pain (again about 50% of the time.) I frequently deal with fibromyalgia patients who were diagnosed with carpal tunnel or tarsal tunnel syndrome and had actually had surgery with no improvement. Apparently, they had EMG's that were abnormal and the doctors diagnosed carpal tunnel as their primary problem. However, these patients generally never saw much improvement because their pain was due to their underlying fibromyalgia.

One of the most frequent diagnoses I find made in patients with fibromyalgia is depression. Their physician has already placed almost all of the patients with fibromyalgia I consult on some kind of anti-depressant. Even if their personal physician knows they have fibromyalgia, prescribing an anti-depressant along with increasingly potent pain medication is the typical physician treatment for this disease. However, I have personally found that my patients with

fibromyalgia do not really respond to the anti-depressant. When I ask if it has helped them they will generally admit, "Not really that much." I feel this happens because patients with fibromyalgia really don't have a true emotional depression. Their problem is what I refer to as an immunological depression. They just don't have enough energy to accomplish the goals they need to accomplish in their everyday lives. This leads to an immunological depression and discouragement. As they improve with the treatment and support I recommend, I hear over and over from my fibromyalgia patients that they are no longer depressed. The anti-depressants really never helped and when they finally begin feeling better they realize they were never really emotionally depressed, but just down because they could not do what they needed to do in their daily lives. The primary symptoms of chronic fatigue are an overwhelming fatigue; however, they do not have any significant body pain. By definition, any persistent fatigue that lasts over 6 months is considered chronic fatigue.

These individuals also have problems with recurrent swollen glands, sore throat, and low-grade fevers. Many of these patients have been labeled chronic mono or chronic Epstein-Barr virus sufferers. However, research has shown that chronic fatigue is a true illness all on its own, and the underlying cause is still really not known. Over 90% of the population will have a positive reaction to the Epstein-Barr virus test and many have had infectious mono diagnosed in their past. Like I have said earlier, the majority of researchers feel that these diseases are different expressions of the same disease. Even though no one really knows the root cause of these diseases, I personally believe that oxidative stress is the cause. I will explore this belief in detail in my next newsletter. This will give those people suffering from fatigue, chronic fatigue, and fibromyalgia a better insight into their disease as well as a hope for their future. Understanding, at least in part, how oxidative stress can cause this problem will give you some direction in actually

improving your disease. If someone would like to know what I personally recommend to my patients who have chronic fatigue/fibromyalgia just go to my online medical office located at www.bionutrition.org.

Complete access to this webpage costs only \$39 US annually and not only does it allow you to receive these newsletters, but to have direct access to all the resources on healthy lifestyles, generic recommendations for over 100 different diseases, and personal consultations directly from me as well. Members are able to arrange a personal consult with me for themselves, family, or friends. All you need to do as a member is to click on my specific disease recommendations located on your home page. Then click on fibromyalgia or chronic fatigue. Here you will see my discussion along with my generic recommendations. To receive my Standard Specific Recommendations at no charge, click on the icon on the right side of this page labeled "Arrange to receive Dr. Strand's Specific Recommendations." This will bring up a page where you will need to enter your email address or your friend's email address. You also have the option to write a short email note to your friend explaining what you are doing for them. Being able to arrange a personal consultation with me for your family, friend, or acquaintance is one of the privileges of being a member of my online medical office. You or your friend will then receive an email directly from my office offering my "Specific Product" recommendations for this disease at no charge. Simply click on that option and reply back directly to me. Within 24 hours, you or your friend will receive a consult in the form of a PDF file explaining my specific recommendations. You always have the option to send my generic recommendations directly to anyone you choose. However, if you desire to see my specific recommendations for fibromyalgia or any other disease that I have listed, you need to arrange for a personal consult. Remember, this service is "Free" to anyone who is a member of my webpage. However, you will given an opportunity to arrange a personal email or phone

consult for yourself or your friend. There is an additional charge for this service because it will involve more of my time to review your personal history concerns, or those of your friend's, and then I will be able to share with you via email or phone my personal recommendations.

