



## **FIBROMYALGIA**

There are certain clinical syndromes that create tremendous frustrations in the minds and hearts of both patient and physician. It's not that these illnesses themselves are so aggressive; it's that there are very few effective therapeutic interventions for them. The Virchowian derived biochemical approach to traditional therapy seems out-of-place. The "silver bullet" theory of one deficiency and one medicinal cure does not apply to these illnesses. Complex diseases require multiple diagnostic activities to make proper understanding of the disharmony. Furthermore, effective therapy may be complex.

Fibromyalgia, chronic fatigue, non-specific arthritis, connective tissue disease and some forms of depression are all related to a spectrum of humoral diseases. Common to all these illnesses is the body's inability to detoxify its own wastes, much less wastes associated with nutritional exposures, environment and energy production. As in any closed system, waste byproducts from energy formation must be properly detoxified to keep the system healthy. Essentially, we have our own nuclear reactor within our cells. Any temporary or permanent disruption in the cellular cleansing process will lead to illness.

There are several physicians who have opined that the onset of bacterial and viral infection is directly related to the body's lack of proper waste management. The human's cellular cleansing process is circular and restorative. Disruptions in the process lead to build-ups and imbalances of



intermediates. Perhaps high concentrations of some of these molecules make manifest the clinical signs and symptoms we observe in these syndromes. There may also be some connection between the loss of waste management and a chronic inflammatory process involving the T-Cell compartment. Some authorities believe there may be an increased level of interleukin 1 receptor antagonists as a result of the persistent inflammatory state. Regardless, health is all about endogenous and exogenous toxicities.

Fibromyalgia is a chronic pain condition characterized by increased tenderness at muscle and tendon insertions. Some authorities believe it is a form of soft tissue rheumatism. The syndrome has been written about for hundreds of years. Because there is a lack of objective pathological findings, many physicians believe it is not a "real" disease. There are, however, objective findings using Computerized Regulation Thermography (CRT, see below) and a pattern of common imbalances is beginning to take shape.

Common in most patients with fibromyalgia are the presence of widespread pain in the body that waxes and wanes, sleep disturbances characterized by alpha-intrusion, major depressive episodes, migraine headaches, irritable bowel syndrome, and panic disorder. Patients almost always have intense longstanding fatigue that is not relieved by rest of any kind. Population studies suggest that 7% of all women are afflicted with some sort of this disease. More important, 10% or more of these patients are totally disabled due to the severity of their symptoms. The economic and emotional impact of this disease is huge.



In the traditional orthodox setting, patients are evaluated by hematologic and clinical chemistry studies. These results are used primarily to rule out other conditions such as systemic lupus erythematosus, rheumatoid arthritis, polymyalgia rheumatica, polymyositis or hypothyroidism. Even if the presence of these diseases is affirmed with blood testing, the patient who has 11 out of 18 trigger points on palpation may also have fibromyalgia.

Therapy prescribed by traditional allopathic physicians usually includes amitriptyline and cyclobenzaprine along with serotonin reuptake inhibitors. Many patients participate in physical therapy of some sort, as well as occupational therapy. There are some practitioners that use a number of complementary techniques, but there is no published data on the success of their approach.

What's different about diagnosis and therapy at The Stone Institute? Kevin S. Merigian, M.D. views the use of pharmaceuticals as a chemotherapeutic approach to disease treatment. He believes that drugs are necessary in some cases, but most can be managed on a biological level. The diagnosis of fibromyalgia can only be made after a thorough history and physical examination, clinical laboratory testing, Computerized Regulation Thermography (CRT), organic acid urine testing, bioimpedance electrical analysis for body composition, non-invasive cardiovascular profiling and darkfield microscopy.



CRT (FDA approved) allows Dr. Merigian to characterize each individual's physiological imbalance as he or she manifests fibromyalgia syndrome. No two patients are exactly the same. Dr.

Merigian uses several therapeutic systems to return patients to their normal pre-morbid health.

Included are diet modifications (Specific Carbohydrate Diet™), drainage remedies, antifungals, antibacterials (either biological or pharmaceutical), orthomolecular supplementations, vitamins, high dose antioxidant therapies and intravenous infusions. Dr. Merigian will only use chemical chelation if patients are clinically and hematologically suffering from some form of documented heavy metal toxicity. He also uses traditional pharmaceutical medicines for pain control, sleep modulation and thyroid supplementation.

In many patients, chronic infections by mycoplasma pneumonia, chlamydia pneumonia, epstein-bar virus, cytomegalovirus, HHV-6 and toxoplasmosis can all contribute significantly to fibromyalgia. The bacterias can be eradicated with prolonged antibiotic therapy, and viruses can be suppressed with antivirals. In the end, treatment is many times successful.

The success rate of therapy has been about 80-85%. The duration of therapeutic intervention can be as long as 2 years. More important, Dr. Merigian continues to care for those who do not improve, for he believes that these cases are harboring significant clinical information unknown to medical science at the present time. Putting together data sets of the non-respondents will provide valuable research data for future generations. At any time, post-recovery, the patient may relapse if there is a return to the unhealthy lifestyle enjoyed previous to the onset of the disease.



Therefore, patients must continue to maintain a healthy outlook and lifestyle change if they wish to continue in remission.