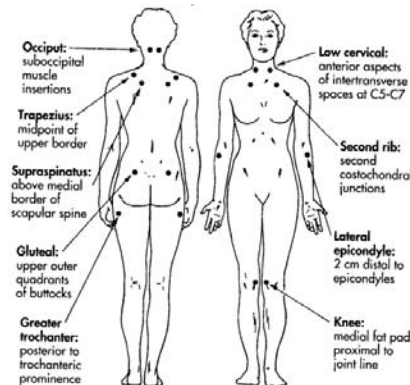


Specific Pain Conditions Some Highlights Fibromyalgia - Diagnosis

- o A history of widespread pain.
 - o Pain or aching, steady or intermittent, for at least three months. At times, the pain must have been present:
 - On both the right and left sides of the body
 - Both above and below the waist
 - Midbody – for example neck, headache, chest or back
 - o Pain on pressing at least 11 of the 18 spots on the body that are known as tender points
- o Presence of another painful disorder does not rule out fibromyalgia. It can occur secondary to or alongside another pain problem.

Tender Points



Fibromyalgia - Treatment

Sleep
Hormones
Infection
Nutrition
Toxicity

Infection

- o Look for and treat:
 - o Chronic mycoplasma and chlamydia infections
 - Particularly if onset or exacerbation is related to respiratory infection or if chronic respiratory symptoms are present
 - o Yeast overgrowth in gut, sinuses
 - More likely in setting of frequent antibiotic administration
 - o Chronic viral infections
- o Treatment may be
 - o Immune support:
 - ProBoost – thymic protein A
 - Reishi
 - Saventaro
 - o Specific antimicrobials:
 - Doxycycline
 - Antifungals
 - Herbs: Goldenseal/Berberis, Olive Leaf, Grapefruit seed, etc.

Nutrition

- o End Fatigue Daily Energy Enfusion
- o Mitochondrial support:
 - Carnitine
 - CoQ10
 - Magnesium malate or citramate
 - Riboflavin
 - NADH
 - Etc.

Toxicity

- This is a controversial aspect of the treatment of fibromyalgia, but attention to neurotoxins and other toxicity may be helpful in those not responding to correction of the other factors

Headaches

- Migraine appears to be a disorder of energy production in the brain
- The old distinction between vascular and tension headaches turns out to be artificial; there is much crossover
- Specific issues to be ruled out:
 - Elevated intracranial pressure (tumors) –
 - Worse after lying down
 - Sleep apnea
 - Giant Cell Arteritis – ESR blood test

Headache Triggers

- Changes are not tolerated well
 - Hormonal changes
 - Blood sugar changes
 - Dehydration
 - Schedule changes- sleeping in on certain days
- Chemical sensitivity/allergy
 - Food allergy – particularly with onset in childhood
 - Scents – household products as well as personal care products
 - Food additives: MSG, aspartame, caffeine
 - Chronic use of pain medications
- Musculoskeletal Problems
 - Neck
 - TMJ
 - Eye strain

Headache Treatment

- Remove tacks/triggers – headache diary
- Rescue Medication – most risk rebound
- Prophylaxis – regular medications or supplements taken to decrease frequency or severity of headaches
 - Diaries are very helpful in monitoring the effectiveness of these interventions

Rescue Medications for Headache

- In some trials, reglan and compazine were as effective as narcotics or moreso
- Triptans – associated with increased risk of heart attack
- Combinations including caffeine
 - Excedrin
 - Fiorinal, fioricet, etc.
- IV Magnesium

Headache Prophylaxis

- Medications
 - Antidepressants
 - Nortriptyline
 - Anticonvulsants
 - Depakote
 - Topamax
 - Blood pressure medications
 - Propranolol
 - Calcium channel blockers
 - Antihistamines
 - Cyproheptadine

Headache Prophylaxis

- O Nutritional Supplements
 - O Anti-inflammatory
 - Feverfew
 - O Vascular
 - Petadolex
 - O Mitochondrial Support
 - B2-Riboflavin 400 mg per day
 - Magnesium – particularly for hormonal headaches
 - Coenzyme Q10 150 mg per day

Neuropathy

- o Medications:
 - o Antidepressants
 - o Anticonvulsants
 - o Anti-arrhythmics
- o Nutritional:
 - o Aggressive B-complex, B12 if level under 540, especially if homocysteine > 9
 - o Alpha Lipoic Acid
 - o Acetyl-carnitine (with carnitine to flood muscle cells so acetyl-carnitine gets to nerves)

Chronic Pancreatitis

- O Rest the pancreas:
 - O Low fat diet
 - O Pancreatic or vegetarian digestive enzymes with meals
- O Antioxidant support:
 - O Methionine 2000 mg per day or more (monitor homocysteine)
 - O Antioxidant blend including N-acetyl-cysteine