

An anatomical illustration of a human shoulder and upper arm. The muscles are depicted in a semi-transparent, layered fashion, with the primary muscles of the shoulder girdle and upper arm highlighted in a vibrant red color. The background is a solid black, which makes the red and white anatomical structures stand out. The illustration shows the skeletal structure, including the scapula, humerus, and radius, with the muscles overlaid to show their attachment points and fiber orientation.

FIBROMYALGIA

THE CHIROPRACTIC APPROACH

By Keith Wassung

FIBROMYALGIA FACTS

Fibromyalgia is a condition characterized by widespread, migrating, and often debilitating pain and fatigue which prevents patients from accomplishing everyday tasks. It affects mostly women between 20 and 50 years old.



The National Foundation for Fibromyalgia estimates that as many as 12 million Americans suffer from Fibromyalgia, yet remain undiagnosed because of its elusive nature.

Although it is most common in middle-aged women, Fibromyalgia has become increasingly common in children. Musculoskeletal pain represents the most common problem seen by pediatric rheumatologists. Between 25-40% of children with chronic pain fulfill the criteria for Juvenile Fibromyalgia Syndrome.



Fibromyalgia is by far the most common musculoskeletal problem in relatively young people — at about 50, osteoporosis leads — but below that age, it's Fibromyalgia which is many times more common than rheumatoid arthritis ¹

Up to 28% of adults with Fibromyalgia report the onset of symptoms during childhood.²

“Despite its prevalence, Fibromyalgia remains unfamiliar to most people. Many medical doctors were not taught about this condition, because medical schools began teaching about it only recently. The lack of general knowledge, along with the lack of objective physical evidence from routine medical tests, is what leads many on a long and frustrating quest for a solution.” ³

National Arthritis Foundation

Fibromyalgia is the second most common disorder seen by rheumatologists and is more than twice as common as rheumatoid arthritis.⁴



Women are ten times more likely than men to suffer from Fibromyalgia.

“The average Fibromyalgia patient suffers for five years and spends thousands of dollars on medical bills before receiving an accurate diagnosis. As a result of misdiagnosis, more than half of all patients undergo unnecessary surgery.”⁵

Devin Starland, M.D.

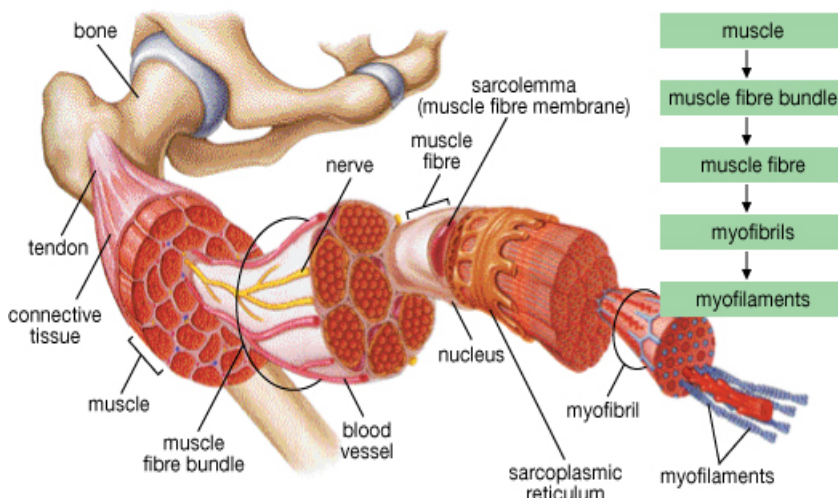


WHAT IS FIBROMYALGIA

Fibromyalgia is characterized by chronic, widespread pain throughout the body with no apparent cause or explanation. Fibromyalgia was first described in medical literature over 150 years ago and has been called *fibrositis*, myofascial pain syndrome, muscular rheumatism, and many other names. The diagnosis for Fibromyalgia became officially recognized in 1990 by the American College of Rheumatology.

In addition to chronic pain, other symptoms include stiffness, especially in the morning, fatigue, sleep disturbance, migraine and tension headaches, irritable bowel syndrome, TMJ, Carpal Tunnel Syndrome, and intolerance to cold weather.

It was originally thought that the symptoms of Fibromyalgia were caused by stress and worry, which caused additional muscle tension. Although recent studies of people with Fibromyalgia do not show that stress itself causes Fibromyalgia, stress and anxiety can make your condition worse. In fact, the pain and fatigue of Fibromyalgia often cause stress and worry, which, in turn, can increase the pain and fatigue, thus creating a vicious cycle.



One of the frustrations experienced by patients and doctors alike is that there are no known medical or laboratory tests which can detect Fibromyalgia

“Fibromyalgia diagnosis remains difficult because there are currently no diagnostic laboratory tests for fibromyalgia.”⁶

NATIONAL ARTHRITIS FOUNDATION

Fibromyalgia is diagnosed based on the following criteria:

- 1) Pain in each of the four quadrants of the body for at least 3 months.**
- 2) At least 11 of 18 tender points for at least 3 months.**

Studies have shown that 96% of patients with Fibromyalgia have more than four tender points and 94% have more than seven.⁶



MEDICAL TREATMENT

There is no known medical cure for Fibromyalgia — the only treatment is aimed at reducing symptoms, although most experts agree that medicine has a very limited effectiveness.

“There is little evidence that we can treat Fibromyalgia patients effectively with drugs. A recent study of patients with long-standing Fibromyalgia demonstrates that expensive medical care does not result in symptom improvement or better function.”⁷

Frederick Wolfe, M.D.

“All drugs damage the body if taken over a period of years.”⁸

Coping With Fibromyalgia

“The medications used to treat pain and inflammation for most rheumatic disorders is not of great help in Fibromyalgia. Aspirin and NSAIDS (non-steroidal anti-inflammatory drugs), such as Ibuprofen, do little to reduce pain. Even more powerful drugs such as corticosteroids do not seem to help the pain, stiffness, and fatigue of Fibromyalgia.”⁹

NATIONAL ARTHRITIS FOUNDATION



Drugs that are given include a variety of over-the-counter and prescription pain killers, tricyclic antidepressants, and tender point injections, each of which comes with an assortment of adverse reactions, and long-term damage to the body.

Ibuprofen, which includes products such as Advil, Motrin and Nuprin, has been a leading cause of kidney damage. As many as 20% of the 125,000 cases of kidney damage are the direct result of Ibuprofen. ¹⁰

Tricyclic anti-depressants known by brand names such as Elavil and Sinequan produce side effects of drowsiness, constipation, dry mouth, and weight gain.



The use of acetaminophen, sold under brand names such as Tylenol and Anacin 3, has been associated with digestive disorders and kidney disease.¹¹

"Between 30-40% of all hospital admissions for bleeding ulcers are caused by aspirin." ¹²

Aspirin is a leading cause of peptic ulcers, kidney disease, Reye's syndrome in children, and is responsible for several thousand deaths in the United States each year.¹³

Regular use of either acetaminophen or aspirin or of both was associated in a dose-dependent manner with an increased risk of chronic kidney failure.

The regular use of acetaminophen was associated with a 2.5 times greater risk of chronic kidney failure than that for nonusers of acetaminophen. For those who took >500g of acetaminophen per year, the risk was 5.3 times greater than for nonusers.

The regular use of aspirin was associated with a 2.5 times greater risk of chronic kidney failure than as that for nonusers of aspirin. For those who took 500g or more of aspirin per year (over 4 aspirin tablets every day), the risk was 3.3 times greater than for nonusers. ¹⁴

WHAT CAUSES FIBROMYALGIA?

Fibromyalgia is a complicated condition that likely has more than one cause — although most researchers agree that the primary cause is a breakdown in the normal function of the central nervous system, which creates an abnormal perception of pain.

“The cause of Fibromyalgia must involve one or more abnormalities by which the central nervous system interprets pain signals.” ¹⁵

FIBROMYALGIA AWARENESS & INFORMATION

“Fibromyalgia appears to result from a central nervous system derangement — the peripheral tissues and tender points are secondary phenomena.” ¹⁶

SOFT TISSUE RHEUMATIC PAIN TEXT



“The actual cause of Fibromyalgia is likely an interaction of many processes involving neurological conditions that affect blood flow, sleep, muscle use, and the transmission of pain.” ¹⁶

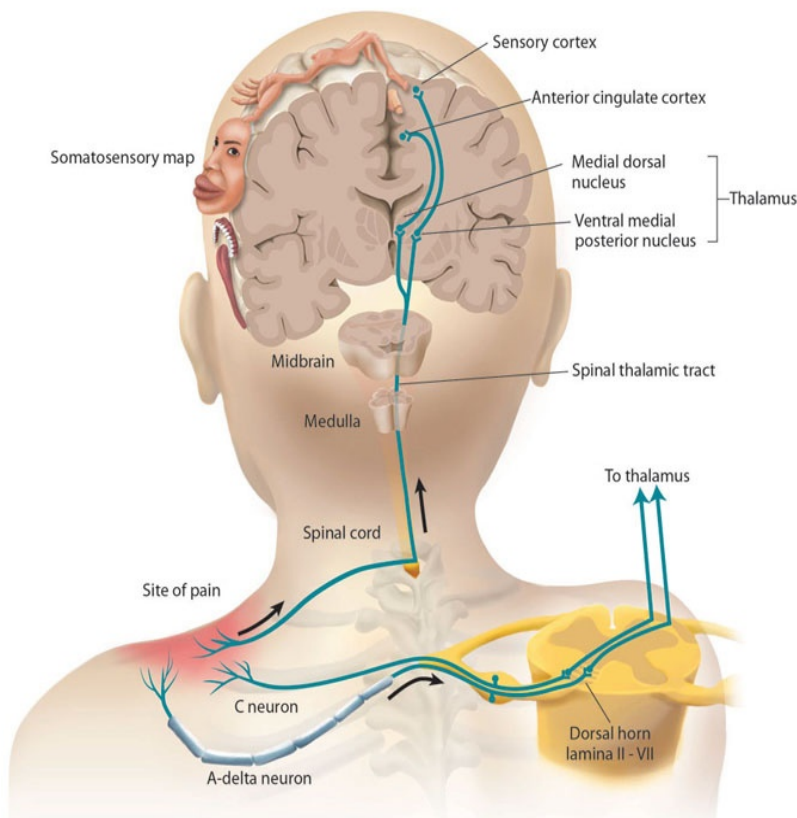
COPING WITH FIBROMYALGIA

“An interpretive defect in the central nervous system may be responsible for abnormal perception of pain in the absence of recognizable tissue injury.” ¹⁷

JOURNAL OF MUSCULOSKELETAL PAIN

“An oversensitive nervous system generates false alarms spontaneously or from ordinary nonpainful stimuli. Physiologists now recognize that nerves and muscles can generate abnormal impulses and the technical term for this is supersensitivity.” ¹⁸

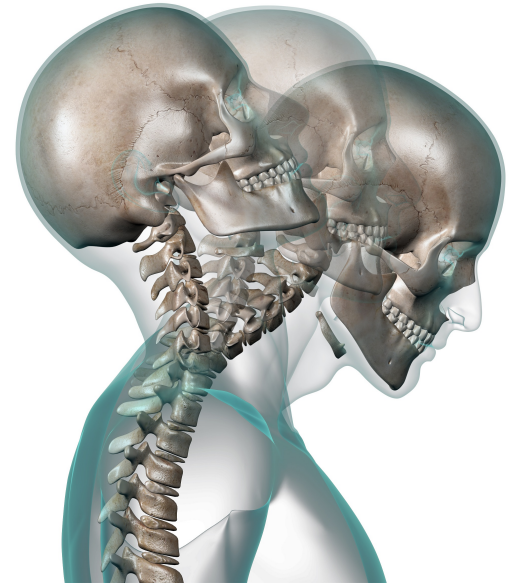
CHAN GUNN, M.D.



A recent study found an increased prevalence of Fibromyalgia among workers after a neck injury. Fibromyalgia was 13 times more frequent following neck injuries than following lower extremity injuries.¹⁹

Why do so many people involved in car accidents develop fibromyalgia?

In any serious car accident the sudden impact will cause the body to do two things: First, the body and head will move in opposite directions, causing the head to jerk suddenly backward (hyperextension) and forward (hyper flexion). Then, the neck muscles stiffen in an effort to prevent serious injury to the spinal cord and brain, which can cause tearing of the muscles, and stretching of ligaments and muscles in the back of the neck.



In short, there is a lot of muscle trauma involved in most car accidents, particularly rear end collisions associated with whiplash.

Acute flexion-extension injuries, typically seen in auto accidents, can cause whiplash trauma to the cervical spine, even in the absence of bony damage and immediate pain. These injuries are extremely common and often lead to conditions such as chronic headaches and Fibromyalgia.²⁰

What causes the nervous system to become overly sensitive? Research indicates that trauma, injuries, and even repetitive “micro-trauma” might be the trigger for Fibromyalgia.

Fibromyalgia syndrome is often associated with repetitive strain or overuse syndrome as a result of occupational tasks.²¹



The nervous system is the master control system of the human body and every single function reflects its activity.

“An intact nervous system will lead to optimum functioning of the human body.”

DORLAND’S MEDICAL TEXT

“All body systems would be immobilized without the nervous system. It controls and regulates every bodily activity down to the workings of the tiniest cell.”

WORLD BOOK ENCYCLOPEDIA OF SCIENCE

Disturbances to the nervous system are referred to in scientific literature by several names including neuritis, dysponesis, nerve dysfunction, double-crush phenomenon, neuropathophysiology and subluxation, all of which cause interference to the nervous system.

The primary cause of nerve interference is found in the spinal column. When the vertebrae become misaligned often as the result of trauma or injury, irritation and interference occur in the nerve pathways. Nerve dysfunction caused by spinal misalignments is called “vertebral subluxations” and are well-documented in scientific literature.



VERTEBRAL SUBLUXATION RESEARCH



“Subluxations are very real. We have documented them to the extent that no one can dispute their existence. Vertebral subluxations change the entire health of the body by causing structural dysfunction of the spine and nerve interference.”²²

Chang Ha Suh, M.D. Ph.D.

“Hyper functional or hypo functional neurons along a neural chain prevent normal nerve transmission causing disturbances in the homeostasis of the cells, tissues, and organs.”²³

Academy of Pain Research

“Subluxations of vertebrae occur in all parts of the spine and in all degrees. When the dislocation is so slight as to not affect the spinal cord, it will still produce disturbances in the spinal nerves passing off from the foramina.”²⁴

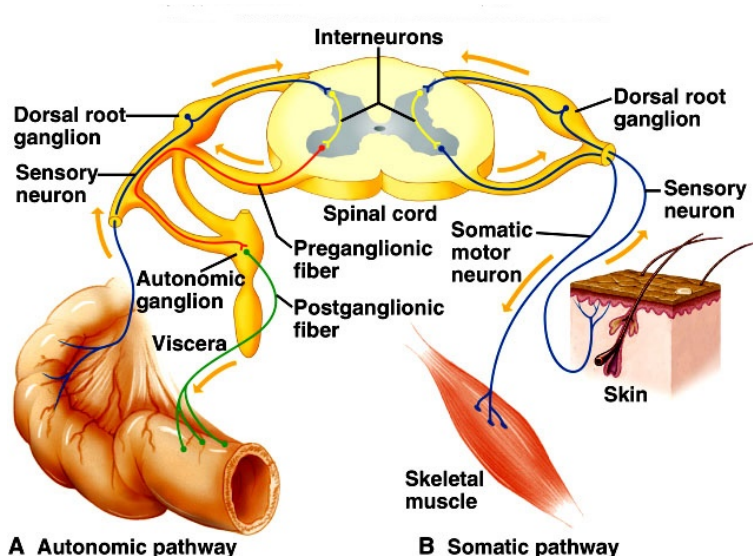
Dr. James Woddersee, Neurosurgeon

“The quality of healing is directly proportional to the functional capability of the central nervous system to send and receive nerve messages.”

Janson Edwards, M.D. Ph.D.

“There is little doubt that fibromyalgia pain is due to an intrinsic nerve-system dysfunction.”²⁵

Journal of Rheumatology



CHIROPRACTIC HEALTH CARE



Chiropractic is a health care system that is founded on the premise that a proper functioning nervous system is essential to overall health and overall function of the human body.

Chiropractors have never claimed that they can “cure” Fibromyalgia and other health conditions, but research studies show that Chiropractic is effective in helping patients improve Fibromyalgia conditions.

Doctors of Chiropractic detect and correct vertebral subluxations by physically adjusting the spine. This restores the nervous system to an optimum level of function, which maximizes the body’s inherent healing ability. Chiropractic adjustments restore normal nerve function; improve spinal biomechanics, range of motion, and posture — all of which are essential in improving Fibromyalgia.

“Fibromyalgia can be caused by bad posture, and any attempt to relieve symptoms without addressing the cause is useless.”²⁶

Dr. Michael Van Straten

Researchers analyzed 17 studies that compared treatments and outcomes of patients with chronic pain and, though treatments varied by practitioner, the patients clearly preferred chiropractic.²⁷

A study published in the American Journal of Medicine reported that in a group of Fibromyalgia patients, who had received Chiropractic care, the majority of them obtained some type of improvement and nearly half obtained great improvement and a study of 19 Fibromyalgia patients who received Chiropractic care showed that Chiropractic has the ability to improve cervical and lumbar range of motion, spinal flexibility, and to reduce pain levels.²⁷



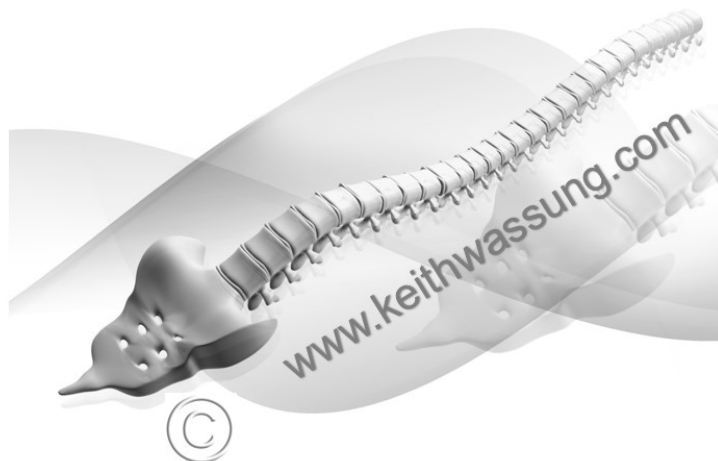
“Fibromyalgia arises as referred pain from neck and back problems, and underlying spinal problems, needs correction to obtain improvement.”²⁸

HEALTH NEWS

Chiropractic has proven to be a safe and effective method of resolving neurological conditions such as Fibromyalgia and should be considered as a “first choice” by patients suffering with this condition.

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THE EDUCATION AND TRAINING OF A DOCTOR OF CHIROPRACTIC

Educational requirements for doctors of chiropractic are among the most stringent of any of the health care professions. The typical applicant at a chiropractic college has already acquired nearly four years of pre-medical undergraduate college education, including courses in biology, inorganic and organic chemistry, physics, psychology and related lab work. Once accepted into an accredited chiropractic college, the requirements become even more demanding — four to five academic years of professional study are the standard. Because of the hands-on nature of chiropractic, and the intricate adjusting techniques, a significant portion of time is spent in clinical training.

Doctors of chiropractic — who are licensed to practice in all 50 states, the District of Columbia, and in many nations around the world — undergo a rigorous education in the healing sciences, similar to that of medical doctors. In some areas, such as anatomy, physiology, rehabilitation, nutrition and public health, they receive more intensive education than their MD counterparts.

Like other primary health care doctors, chiropractic students spend a significant portion of their curriculum studying clinical subjects related to evaluating and caring for patients. Typically, as part of their professional training, they must complete a minimum of a one-year clinical-based program dealing with actual patient care. In total, the curriculum includes a minimum of 4,200 hours of classroom, laboratory and clinical experience. The course of study is approved by an accrediting agency which is fully recognized by the U.S. Department of Education. This has been the case for more than three decades.

Records from insurance and court cases have constantly shown that chiropractic is the safest portal of entry health care available to the public today. Although no healthcare procedures are 100% safe, chiropractic stands on its record of safety and effectiveness unmatched in healthcare.

The chiropractic adjustment is a safe, efficient procedure which is performed nearly one million times every working day in the United States.

There is a singular lack of actuarial data that would justify concluding that chiropractic care is in any way harmful or dangerous. Chiropractic care is non-invasive, therefore, the body's response to chiropractic care is far more predictable than its reactions to drug treatments or surgical procedures. Of the nearly one million adjustments given every day in this country, complications are exceedingly rare.

COMPLIMENTS OF



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