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Pills, Pills, Pills

By David Ryan, BS, DC

Nearly 30 million people will be diagnosed with fibromyalgia by the turn of the century. It is likely that most chiropractic physicians will treat a patient with this disease. It is even more likely that someone who has been diagnosed with fibromyalgia syndrome (FMS) can be helped with a conservative management approach, including manipulation.

For nearly six years now, I have sat on the board of the U.S. Fibromyalgia Association. During that time, several issues have passed over my desk; the one I cannot stop thinking about is that many of the symptoms of FMS are possibly linked to commonly prescribed medications. More and more patients are taking note of the side effects of these drugs. There is currently no known cure for FMS. That fact drives most patients to explore alternative treatments, which is primarily what seems to be helping most FMS patients to manage their condition.

Most doctors will argue what is what with this disease. Most experts agree with what I will summarize here. FMS comes about due to a sleep disorder. This sleep problem results in low HGC output, which prevent FMS patients from recovering from the activities of daily living. Most have trouble sweating (you heard that here first) and are generally depressive. Their pain is very real; studies show that most have a lower quality of life than patients who have rheumatoid arthritis or COPD.

You might remember how you felt after staying up all night and studying. Remember how you ached the next day? Well, imagine that the pain never goes away; it gets worse with activity, and it compounds every day. Sounds nasty, doesn't it? I became interested in fibromyalgia when a 26-year-old weightlifting buddy of mine developed it after an auto accident. I watche him diminish down to nothing.

Typical management of FMS begins with trying to restructure as normal of a sleep pattern as possible. Manipulations, sunflower seeds, and some medications, etc., all seem to help, especially when used in combination. There is no set area of the spine that seems to help more than others -- just find it and fix it.

Intersegmental roller traction has improved most of my patients.

Treatment usually is administered three times a week for two weeks; twice a week for six weeks; once a week for four weeks; and then once or twice a month. Around the fourth week of treatment, it is best to get the patient on some type of aerobic exercise program. Exercising in a hot tub or hot shower is best. Raising the body temperature helps induce oxygen uptake. Aerobic exercise also elevates lactate dehydrogenase, an important enzyme that is low in many FMS patients. Deep breathing is also very important in getting the body to intake as much oxygen as possible to assist with increasing tissue saturation.

Medications are useful in some cases. Table I identifies why some symptoms could actually be a drug's side effect. Many symptoms are common complaints from FMS sufferers.

Table I: A listing of some common drugs and their known side effects.

Type	Name	Side Effect
Tricyclic antidepressant	Amitriptyline (Elavil) Doxepin (Sinequan) Nortriptyline (Pamelor)	Constipation, daytime drowsiness, dry mouth, increased appetite, weight gain, etc.
SSRIs Selective Serotonin Re-Uptake Inhibitors)	Fluoxetine (Prozac) Sertraline (Zoloft) Paroxetine (Paxil)	Psychotic behavior, dry mouth, headaches, diarrhea, constipation, fatigue, pain, arthritis, visual changes, myocardial infarction (heart attack), bradycardia, insomnia, confusion, decreased sex drive, etc.
NSAIDs bleeding, (Non-steroidal anti-inflammatory drugs)	Naproxen sodium (Anaprox), (Aleve), (Naprosyn), (Advil), (Motrin), Ibuprofen	Risk of GI ulceration, long term use results in kidney disorders and depletion of sulfur resulting in an increased fibrotic tissue buildup. Increased trigger points, etc.
Analgesics	Tramadol Hydrochloride (Ultram)	The potential for abuse, seizures and anaphylactoid reactions, dizziness, incontinence, (long-term) kidney and liver dysfunction, etc.
Corticosteroids	Cortisone, prednisone and methylprednisolone	Weight gain, mood swings, mild weakness in the muscles of arms or legs, blurred vision, hair growth, easy bruising of the skin, slow healing of cuts and wounds, etc.

Tranquilizers, according to the literature, do not help with promoting deep sleep. Deep sleep is what an FMS patient needs.

A major function of the medication should be to break up the pain/fatigue cycle. Many medications are designed to work on a short-term basis. Using drugs long-term can change the overall picture of the medication What Can You Do?

1. E-mail the USA Fibromyalgia Association from their website (www.w2com/fibro1.html) and get some free information. It's only \$20 per year to receive quarterly newsletters.
2. Start letting FMS support groups use your office after hours. It's great for business.
3. Tell your patients they won't be alone. A recent publication from the American Medical Association

noted that there were 450 million office visits to alternative health care professionals versus 350 million for medical doctors. The best idea is to get your MD to link with these other health professionals to gear towards a manageable program. But, keep in mind: The Centers for Disease Control recorded more than 450,000 deaths last year as a result of paradoxical drug reactions.

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