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FIBROMYALGIA

Fibromyalgia is a cyclic and progressive illness that affects millions of people, primarily women, regardless of race. It is manifested by symptom clusters that last for a few days initially, but eventually become unrelenting. Recurrent attacks involve multiple body areas and systems until patients simply cycle from bad to worse. They are referred to various specialists who often restrict their investigations within their field of expertise and may fail to grasp the extent of the involvement. Such under-serving efforts perpetuate the current tendency of combining various symptom packages to create illnesses such as **chronic fatigue, systemic candidiasis, myofascial pain, irritable bowel, or vulvar pain syndrome**. These dead end diagnoses evoke purely symptomatic, partially-effective, and often deleterious treatments, all while ignoring the underlying cause.

The American College of Rheumatology recommends seeking for at least eleven “tender points” at eighteen predetermined sites for diagnosis. However, individual pain thresholds vary greatly and many so-called “chronic-fatigue” patients are not particularly sensitive to finger-poking. Most of them feel some aching, but complain mainly of fatigue, depression and cognitive impairment. There are no confirmatory laboratory tests though our recent collaborative paper reported several abnormal cytokines, some beneficial that would prevent the inflammation the others would induce. The diagnosis of fibromyalgia is reliably secured with simple palpation, by using a system we call **mapping** (*see below*). We urge physicians to seek such objective evidence and not rely on purely subjective patient responses.

Fibromyalgia has no iron-clad symptom aggregates. Various combinations from the following list can be anticipated:

Central Nervous System: Fatigue, irritability, nervousness, depression, apathy, listlessness, impaired memory and concentration, anxieties, and suicidal thoughts. Insomnia and frequent awakening, mostly due to pain, ensure non-restorative sleep.

Musculoskeletal: Swollen structures press on nerves to produce all types of pains especially morning stiffness. Any muscle, tendon, ligament or fascia located in the face, neck, shoulders, back, hips, knees, ankles, feet, arms, legs and chest may participate. They also cause calf/foot cramps, numbness and tingling of the face or extremities. Old injured or operative sites are commonly affected. Fibromyalgia is erroneously deemed non-arthritis even though joints may hurt, swell, get hot, red and, late into the illness, suffer damage.

Irritable Bowel: (Often called leaky gut, spastic colon or mucous colitis). Symptoms include nausea (usually transient, repetitive waves), indigestion, gas, bloating, deep pain, cramps, alternating constipation and diarrhea sometimes with mucous stools.

Genitourinary: Mostly affecting women are pungent urine, frequent urination, bladder spasms, burning urination (dysuria) with or without repeated bladder infections and so-called interstitial cystitis. Vulvodynia (vulvar pain syndrome) includes vaginal spasm, irritation of the labia (vulvitis) or deeper (vestibulitis) that induce painful intercourse (dyspareunia) all without the typical cottage-cheese discharge that would denote a yeast infection. Fibromyalgia gets worse premenstrually and may resurrect PMS with uterine cramping.

Dermatological: Various rashes may appear with or without itching: Hives, red blotches, acne-like bumps, itchy blisters, eczema, seborrheic or neurodermatitis, and rosacea. Skin is often dry; nails peel or are brittle; hair is of poor quality and often falls out prematurely. Strange sensations (paresthesias, allodynia) are common such as cold, burning (especially palms, soles and thighs), crawling, electric vibrations, prickling, super-sensitivity to touch, and flushing often accompanied by clamminess or sweating.

Head, Eye, Ear, Nose, and Throat: Headaches (migraines), dizziness, vertigo (spinning) or imbalance; itchy, burning and dry eyes or lids sometimes produce morning sticky or sandy discharges; blurred vision; hayfever or nasal congestion and post-nasal drip; painful, burning or cut-tongue sensation, scalded mouth and abnormal tastes (bad, metallic); intermittent low-pitched sounds or transient ringing in the ears (tinnitus); ear and eyeball pain; headaches from sensitivity to light, sounds and odors (perfumes or chemicals).

Miscellaneous Symptoms: Weight gain; mild fever; reduced immunity to infection; morning eyelid and hand swelling due to fluid retention that gravitates to the legs by evening, stretches nerve endings and produces restless leg syndrome; adult-onset asthma.

Hypoglycemia Syndrome: This entity may affect up to thirty percent of female (fifteen percent of male) fibromyalgics especially those with a family history of diabetes mellitus. Sugar craving, tremors, clamminess, anxiety, panic attacks, heart pounding, headaches and faintness induced by hunger or carbohydrate ingestion are sufficient clues for diagnosis. Hypoglycemics *must*

the same kidney level as it does for uricosuric medications. Salicylates are present in many pain medications and **all** plant species. They are present to help heal injuries, fend off infections and communicate with other plants. Concentrations vary from crop to crop. Salicylates are readily absorbed through the intact skin as well as thin membranes of the mouth and intestine. Topical products and medications should be thoroughly inspected for ingredients. A person's genetic makeup determines susceptibility to blocking. Nevertheless to assure success, everyone should adhere to the protocol and make no modifications.

The following is an incomplete guide to sources of natural and synthetic salicylates:

MEDICATIONS: (1) Pain relievers containing **salicylate or salicylic acid**, for example, aspirin, Salflex, Anacin, Excedrin, Disalcid. (2) **Herbal medications** such as St. John's Wort, Gingko biloba, Saw palmetto, Evening Primrose or Flaxseed oil, Echinacea, vitamins with **bioflavonoids (quercetin, hesperiden or rutin)** or plant extracts such as alfalfa or parsley. (3) Some wart or callus removers, acne products and dandruff shampoos contain salicylic acid; (4) topical pain creams such as Tiger Balm, Ben Gay, and Myoflex; (5) medications such as Pepto Bismol, Asacol, Alka Seltzer and Urised.

COSMETIC AND TOPICAL PRODUCTS (1) Skin cleansers (exfoliants) that use salicylic acid. (2) Hair products with plant extracts such as **balsam or bisabol**. (3) Bubble baths with essential oils such as lavender. (4) **Sunscreens** that contain: **octisalate, homosalate, mexoryl or meradimate** (5). Lip balms/Chapsticks with **camphor or menthol**. (6) In gardening wear plastic gloves and closed-toe shoes to avoid barefoot contact with grass. (7) Avoid tissue or wipes containing aloe. (8) Shaving creams with aloe or menthol will block. (9) Do not use razors with aloe strips (*Vitamin E, lanolin, shea butter or baby oil are acceptable.*) (10) Topical products with oils such as almond, extracts of green tea, and gels with arnica or witch hazel block.

Oral Agents: (1) Most mouth washes contain mint, wintergreen or salicylate (Listerine). (2) Toothpastes deliver salicylates through the mint family – often unlisted. Use non-mint toothpastes (Tom's of Maine, Cleure). Baking soda and/or peroxide also provide good cleansing and whitening. Non mint mouthwashes and rinses are acceptable (Cleure, Andrea Rose)(3) Avoid lozenges, floss, breath fresheners or chewing gums with mint flavor (menthol, wintergreen, peppermint or spearmint). (*Strong fruit and/Cinnamon flavors may mask unlisted mint*)

YOU MUST TAKE RESPONSIBILITY FOR THE PROTOCOL. PHYSICIANS ARE NOT TRAINED TO RECOGNIZE SALICYLATE-CONTAINING INGREDIENTS. If you fail, you will convince your doctor guaifenesin does not work and the opportunity to help other fibromyalgics will be lost. Dictionaries can help you identify products. Get the full list of ingredients when you phone manufacturers because customer service employees will not know that plants make salicylates. Our website www.fibromyalgiatreatment.com connects you to a knowledgeable support group that will help you with questions. The site www.fibromyalgiatreatment.com/board keeps updated listings of safe products, new information and various papers on the topic of fibromyalgia and our ongoing research results.

No diet is required for fibromyalgia: the liver has a certain but limited capacity to counteract food salicylates. It cannot however override excesses derived from herbal concentrates or from juicing vegetables.

Decongestants and cough medicines have side effects and should not be used as sources of guaifenesin. Pure guaifenesin has no side effects (rarely transient nausea) and no known drug interactions. Pain medications acetaminophen (Tylenol), Ultram, Imitrex, and non-steroidal drugs such as Advil, and Aleve, do not block guaifenesin. When dealing with chronic illness, we chose **not** to prescribe narcotics such as codeine, hydrocodone (Vicodin), oxycontin, morphine or methadone even though they do block. They are far too liberally prescribed for pain control at the cost of eventual addiction. Patients so treated come to us. We ask that they discontinue such drugs when their maps show sufficient clearing. Intense withdrawal effects usually occur and all too many patients fail in the attempt. As drug effects wear off, the brain tries to get its narcotic fix by reproducing identical symptoms to those that once originated in outlying tissues.

Our treatment is not for the faint of heart. It demands a patient's skill and determination with or without professional supervision. Remember, reversal of the disease reproduces past symptoms and can induce new ones. We repeat they are not side effects. Though the intensity of the early reversal may cause concern it is similar to a rollercoaster ride that gets progressively tamer. We offer hope to those with willpower to try once again despite previous salicylate-induced failures. Meticulously done, this is a highly-effective protocol.

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Important: Do not assume fibromyalgia is the cause of all symptoms. When in doubt or confronted with new problems, please consult your personal physician or appropriate specialist.

Physicians may contact us for updated material and technical information, some listed in the appendix of our book.

Online Support Group for Dr. St. Amand's protocol:

www.fibromyalgiatreatment.com Product lists:
www.fibromyalgiatreatment.com/board

Starlanyl, Devin M.D. and Copeland, Mary Ellen: *Fibromyalgia and Chronic Myofascial Pain Syndrome-A Survival Manual*. New Harbinger Publications, Inc., 1996.
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St. Amand, M.D., R. Paul and Marek, Claudia: *The Use of Uricosuric Agents in Fibromyalgia: Theory, Practice and a Rebuttal to the Oregon Study of Guaifenesin Treatment*. *Clinical Journal of Myofascial Therapy*, Vol. 2, No 4, 1997

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Zhang Z, Cherryholmes G, Mao A, Marek C, Longmate J, Kalos M, St. Amand RP, Shively JE: High plasma Levels of MCP-1 and Eotaxin Provide Evidence for an Immunological Basis of Fibromyalgia. *J of Exp. Biol. Med.* 2008 June 5. PDF is available at www.fibromyalgiatreatment.com.

Feng J, Zhang Z, Li W, Shen W, Yang C, Chang F, Longmate J, Marek C, St. Amand RP, Krontiris TG, Shively JE, Sommer SS. Missense Mutations in the MEFV Gene Are Associated with Fibromyalgia Syndrome and Correlate with Elevated IL-1 β Plasma Levels.

ADDENDUM:

*Fibromyalgics with hypoglycemia must adhere to a low carbohydrate diet or they will not feel well even though guaifenesin still clears fibromyalgia. It is **not mandatory** but fibromyalgics with carbohydrate craving get a "jump-start" by following the same dietary restrictions for the first thirty days of treatment. Carbohydrates (sugars and starches) release insulin. This hormone not only induces kidney reabsorption of phosphate but also drives it into various cells and intensifies symptoms. Elimination of the following foods prevents the wide fluctuations of blood sugar and provides a surge in energy, improves cognition, and partially eases irritable bowel symptoms.*

FOODS TO AVOID STRICTLY:

ALL ALCOHOL, DRIED FRUITS, FRUIT JUICE, BAKED BEANS, REFRIED BEANS. LIMA BEANS, BARLEY, BLACK-EYED PEAS (COWPEAS), LENTILS, GARBANZOS, RICE, BANANAS, PASTAS (ALL TYPES), FLOUR TORTILLAS AS IN BURRITOS, TAMALES, CORN, POTATOES, AND SWEETS OF ANY KIND INCLUDING DEXTROSE, GLUCOSE, HEXITOL, MALTOSE, SUCROSE, HONEY, FRUCTOSE, CORN SYRUP, OR STARCH.

CAFFEINE AND ALCOHOL ARE PERMITTED FOR THOSE WITHOUT HYPOGLYCEMIA.

[What Your Doctor May Not Tell You About Fibromyalgia](#) (ISBN 0-446-69444-4),

[What Your Doctor May Not Tell You About Pediatric Fibromyalgia](#) (ISBN 0-7595-5002-6)

[What Your Doctor May Not Tell You About Fibromyalgia Fatigue](#) (ISBN 0-466-67730-2) by R. Paul St. Amand, M.D. and Claudia Craig Marek, all published by Hachette Books.

[Fibromyalgia: The First Year. A Patient Expert Walks You Through Everything You Need to Learn and Do](#) by Claudia Craig Marek. ISBN 1-56924-521-5 published by Avalon Books. *Available in bookstores, online book sellers and from The Fibromyalgia Treatment Center.*

DVD of Dr. St. Amand's method for diagnosis, treatment, and mapping is available from **The Fibromyalgia Treatment Center P.O. Box 64339 Los Angeles, CA. 90064** for \$25.00 including shipping and handling. Also books, symptom journals, a newsletter and other products. Copies of this paper and others available free of charge at www.fibromyalgiatreatment.com.