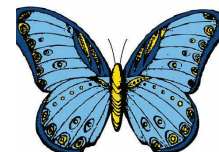


THE FIBROMYALGIA TREATMENT FORUM

DECEMBER 2014



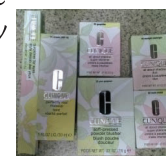
Dear Readers:

I have at last finished the 2014 Newsletters and I thank you all for your patience. I hope you'll be seeing the first issue from 2015 in about 3 weeks, and the next 3 weeks after that. Please remember that if you subscribed for the year 2014, it's now time to renew which you can do by sending a check to the address on the back of this issue. If you'll remember to do this, it will save my time to get the issues out and work on other things which I very much appreciate. Remember that every penny we make goes right to the research project, the very very important research project!!

If you haven't found the Fibromyalgia Treatment Center on Facebook, give us a look now. There's a link on the homepage of the website if you need help. Almost every day I post salicylate-free items, sale announcements of useful products, news stories and other, I hope, helpful announcements. If you have specific questions or problems finding answers, ask!

Dr. St. Amand asked me to print the article you'll see beginning on page 7. In each of the coming issues, I'll print a portion of it. He's quite hopeful you'll find the information helpful to you and your doctors.

*'Til next time,
Claudia Marek*



Inside this issue:

New Lyrica Study on Adolescents 2

Acetaminophen Efficacy 2

Walking Groups 2

Kombucha 3

Visceral Fat and Bones 3

Smoking and Pain 3

Light holds Promise to Treat Pain 3

Heat or Ice 4

Pillows 4

Salicylate-Free Products 5

Quick Check for Products 5

Crab Cakes 6

Spring Vegetable Soup 6

Lemon Cream Salad 6

Grilled Pork Ribs 6

Physical Findings in Fibromyalgia 7

R. PAUL ST. AMAND MD

Supplement Regulation 8

Training for Tension Headaches 8

PAIN THRESHOLDS AND EYE COLOR

Doctors may want to check the eye color of patients before choosing treatment for pain. New research has shown that women with dark (brown and hazel) respond differently to pain than those with light (blue and green) eyes.

Researcher Inna Belfer, M.D., Ph.D., presented a study linking eye color to variations in pain tolerance. The study sample consisted of 58 healthy pregnant women. Twenty-four women were placed in the dark group, and the remaining 34 were placed in the light group. Dr. Belfer measured responses to pain before and after giving birth through a variety of quantitative standard testing, questionnaires and surveys.

The results indicated that women

in the dark group experienced more dramatic response to pain with increases in anxiety and sleep disturbances than those in the light group.

"This was a small pilot study to start off," said Dr. Belfer. "All we know now is super limited a hypothesis about why there is a difference at this point would be too optimistic, but this could be a step in finding a genetic background of pain." Identifying eye color as a genetic biomarker for pain thresholds will be advantageous for the medical community. "Right now we don't know who is going to feel more severe pain after standard surgery or develop chronic pain," she added. "This is a problem for both patients who are suffering and society."

Determining a genetic signature that predicts pain tolerance could "help identify those targeted patients, and the earlier you identify them, you will be in better shape for the future." This is not the first research that has related phenotypic differences and pain. Multiple studies have correlated red hair to resistance to pain blockers and requirements for higher doses of anesthesia. Dr. Belfer also discovered three studies that link eye color to physiological activity.

Dr. Belfer plans to continue the research and expanding to study men, children and find larger, more comprehensive distinctions between groups.

LYRICA FAILS TO HELP ADOLESCENTS WITH FIBROMYALGIA

The drug company, Pfizer, recently announced the preliminary results of a double-blind Phase 4 study evaluating the safety and efficacy of Lyrica (pregabalin) in adolescents (ages 12-17 years) with fibromyalgia. The primary endpoint of the study was not achieved as there was no statistically significant difference between pregabalin and placebo in mean pain score. The treatment difference was 0.66 points, which reflects an improvement of 1.60 points from baseline for pregabalin-patients and 0.94 points for placebo.

This study was conducted to fulfill a post-marketing commitment required by the U.S. Food and Drug Administration when Lyrica was approved for the management of fibromyalgia. The safety and efficacy of pregabalin in pediatric patients had not been established. The FDA felt that this needed to be studied.

A total of 107 adolescent patients were enrolled in this 15-week double-blind,

randomized, placebo-controlled study from multiple centers.

"Pfizer is committed to better understanding the full clinical profile of our approved medicines in pediatric and adolescent patients. This study advances the understanding of this patient population," said Steve Romano, MD, senior vice president of Pfizer. "Lyrica has more than 10 years of real world experience supporting the needs of patients and remains an important treatment choice for healthcare professionals. These results do not change the established benefit of Lyrica for its approved indications, including fibromyalgia in adults."

Study medication was administered twice daily. Dosing started at 75 mg/day and was optimized over a 3 week period, based on tolerability and response, to a dose of 75 mg/day, 150 mg/day, 300 mg/day or 450 mg/day, with the optimized dose maintained for the next 12 weeks.

The safety profile observed in this study is consistent with the known profile for Lyrica in prior studies in adults. The most common adverse events in this study in pregabalin treated patients were dizziness, nausea, headache, increased weight and fatigue.

It's fair to point out that results in trials of adults with fibromyalgia were less than stellar. With Lyrica, pain fell about 2 points on a 10 point scale (compared with 1 point for patients on placebo). Only about 30% of patients said their pain fell by half, as compared with 15% taking placebo. As Dr. Patrick Wood noted, Lyrica at best doesn't provide total relief. The score reported after taking the drug -- 4.8 of 10 -- is "still a lot of pain," he said. "A pain-free person has a zero to one."

NEW THOUGHTS ABOUT ACETAMINOPHEN

People with lower back, hips or knee pain might not get much relief from acetaminophen. "Our systematic review found that acetaminophen is ineffective for patients with low back pain and provides negligible benefits for patients with lower limb osteoarthritis," said author Gustavo Machado.

Millions of people worldwide take Tylenol (acetaminophen) to relieve fevers as well as aches and pains. "Acetaminophen used properly, is one of the safest medications available to treat pain, "but used excessively it can be dangerous," said Dr. Machado. His team analyzed data from 13 published trials to explore effectiveness of acetaminophen for pain. They reviewed ten trials covering a total of 3,541 leg pain patients, and 3 of lower back pain with 1,825 participants. In ten of the trials, the daily dosage was about 3,900 to 4,000 milligrams, while three looked at about 3,000 milligrams.

Researchers found Tylenol was no better

than a placebo for lower back pain and only a bit better for osteoarthritis. They looked at side effects across the trials and found no difference between medication and placebo. But those on larger doses were four times more likely to have abnormal liver function test results. There were no cases of liver failure.

This study focused on chronic pain, and wasn't designed to provide any insight as how the drug works for acute pain. "Patients need to understand that, unlike aspirin and NSAIDs, acetaminophen isn't designed to relieve inflammation. It's a weak anti-inflammatory agent but an efficacious fever medication, mainly for children."

But can acetaminophen ease anxiety? Some brain areas involved in physical pain are also involved in mental discomfort, other researchers say. Taking pills to suppress physical pain could also reduce anguish in situations that cause psychological pain,

such as spending money or selling possessions.

Also of note: the *Journal of Experimental Social Psychology*, scientists said taking acetaminophen took some of the pain out of decision-making. "When people make decisions, they sometimes use words related to physical pain," they said. "People might say it "hurt" to sell their home, that they were "crushed" when they decided to withdraw money from their retirement investment portfolio earlier than they'd planned.

"We propose that the pain of decision making is not a mere metaphor. If so, numbing them to physical pain should also numb them to the psychological pain involved in some sorts of decision making. Making decisions can be painful but a physical painkiller can take the pain away."

WHAT ABOUT A WALKING SUPPORT GROUP?

By: Paul S. Mueller MD, MPH, FACP

Regular brisk walking (a pace of 3-5 miles an hour) is a convenient form of exercise. Evidence suggests that joining a walking group is not only a cost effective way to increase physical activity but that it also improves adherence to walking.

To assess the health benefits of outdoor group walking, researchers conducted a meta-analysis of 42 studies from fourteen countries involving 1843 participants (mean age 54, 74% women) and 74,000 hours of participant walking time. The

time spent walking ranged from 20 to 40 minutes weekly and studies ranged in duration from 3 weeks to 1 year. Mean adherence was 75%

During intervention, participants in walking groups showed significant improvement in systolic blood pressure, diastolic blood pressure, resting heart rate, percent body fat, body-mass index, total cholesterol, depression scores, maximum volume of oxygen consumption, 6 minute walk time and quality of life for physical functioning.

This meta-analysis indicates that participating in outdoor walking groups has many psychological and physiological health benefits. A vexing challenge for patients is how to initiate and sustain an exercise program. Joining a walking group is easy, free, convenient and safe. It's associated with high participant adherence, presumably because of the social and supportive aspects of group walking.

Kombucha has been trending for a variety of supposed health benefits, from cancer to osteoarthritis. It's made by fermenting black tea with a mix of yeast and bacteria. Proponents claim that it boosts the immune system and improves the body's ability to detox. However, no studies have shown its effectiveness in people. In fact, a number of adverse reactions have been reported: liver damage, nausea, and vomiting; because of the brewing process, it can easily become contaminated by bacteria. The tea is highly acidic and could also decrease the effectiveness of any medications that depend on pH balance in the stomach for absorption.

VISCERAL FAT AND BONES

Contrary to what was previously believed, excess belly fat may actually weaken bones and muscles, according to a study in the *American Journal of Clinical Nutrition*.

Past studies have linked obesity with better musculoskeletal health because

of greater mechanical demands put on bones and muscle simply from having to manipulate weight.

But when researchers from the University of Michigan examined CT scans of the torsos of 8,800 people aged 18 to 65, they found that great visceral fat (fat deposited

around organs in the abdomen) was associated with worse bone density and poor quality muscle regardless of sex, age, and body mass index.

Visceral fat may infiltrate muscles and bones and thus weaken them the research suggested.

ANOTHER STRIKE AGAINST SMOKING

Smoking increases the risk that back pain will become chronic, in part by affecting the way the brain responds to pain, a new study in *Human Brain Mapping* reveals.

It found that people with back pain lasting 4 to 12 weeks were three times more likely to continue to have back pain a year later if they smoked, compared to nonsmokers.

It's well known that smoking can directly harm the back by increasing inflammation and decreasing blood flow (and therefore nutrient distribution) to spinal discs. In addition, the new study found via special MRI scans that circuitry in the brain related to tobacco addiction is also related to the transition from acute to chronic pain.

On the basis of this, researchers suggest that smoking cessation may be a viable option to diminish propensity to chronic pain.

LIGHT MAY HOLD PROMISE IN THE TREATMENT OF PAIN

Despite the potential for abuse with opioid drugs, they are still considered the best option for severe pain. They interact with receptors on brain cells to mute the pain response.

Neuroscientists have now found a way to activate opioid receptors with light. "It's conceivable that with much more research we could develop ways to use light waves to relieve pain without a patient needing to take a pain-killing drug with side effects," said lead author Edward R. Siuda.

But before that's possible, researchers must identify effective ways to activate and deactivate the opioid receptor's pathways in brain cells. Dr. Siuda explained that working with light rather than pain-killing drugs makes it much easier to understand how the receptors function within the complex array of cells and circuits in the brain and spinal cord.

It's been difficult to determine exactly how opioid receptors work because they have multiple functions in the body. The receptors interact with pain-killing drugs called opiates, but they also are involved in breathing, are found in the gastrointestinal tract and play a role in reward response.

The researchers sought a way to limit opioid receptors to performing a single task at a time, and it turned out to be almost as easy as flipping on a light switch. By combining the rhodopsin protein, which senses light in the eye's retina, with a spe-

cific type of opioid receptor called a Mu opioid receptor, the researchers were able to build a receptor that responds to light in exactly the same way that standard opioid receptors respond to pain-killing drugs. When an opioid receptor is exposed to a pain-killing drug, it initiates activity in specific chemical pathways in the brain and spinal cord. And when the researchers shone light on the receptors that contained rhodopsin, the same cellular pathways were activated.

In decades of opioid studies, researchers observed mice and rats press a lever to receive a dose of morphine. Morphine would then activate opioid receptors and a release of dopamine, and the animals would enjoy the response and press the lever again. This is one of the reasons opiates are so often abused in patients being treated for pain -- people like the way the drugs make them feel as much as the pain relief they provide -- and rates of abuse have skyrocketed over the past ten years.

Working to deliver a similar reward sensation using light, the researchers put the mice into an enclosed chamber. In one part of the chamber, the lighted laser fiber-optic device stimulated the release of dopamine in the brain. When the animals left that part of the chamber, the light in the brain turned off. Soon after, the mice returned to the part of the chamber that activated the fiber-optic device so that the brain could receive more light stimulation.

"By activating the receptors with light, we are causing the brain to release more dopamine," a researcher said. "Rather than a drug such as morphine activating an opioid receptor, the light provides the reward."

The researchers were able to vary the animals' response depending on the amount and type of light emitted by the LED. Different colors of light, longer and shorter exposure to light, and whether the light pulsed or was constant all produced slightly different effects.

When a person takes an opioid drug such as Vicodin or OxyContin to relieve pain, such drugs interact with receptors in the brain to blunt pain sensations. But over time, patients develop tolerance and sometimes addiction. Opioids also can dramatically slow a person's breathing, and cause constipation.

In theory, receptors tuned to light may not present the same danger. Siuda said. It someday may be possible to activate, or deactivate, nerve cells without affecting any of the other receptors that pain-killing drugs trigger, although achieving that goal will be difficult.

HEAT OR ICE—WHICH ONE SHOULD YOU USE FOR MUSCLES?

"Whether you're dealing with a one-time injury or chronic aches and pains, a few simple guidelines will help you know whether it's best to bag some ice or get the trusty heating pad out.

Dr. Scott Lynch says it's all about blood flow. When you injure yourself, you should follow a prescription known as RICE -- rest, ice, compression and elevation.

"Elevation is the most important thing because it limits the amount of blood flow to the area and the amount of swelling. Cold temperatures applied to an injury help constrict the blood vessels and keep blood from accumulating there, potentially causing inflammation or swelling that delay the healing process.

Dr. Cayce Onks, family and sports medicine physician, says icing an injury for the first 48 to 72 hours after it occurs can reduce the amount of secondary tissue damage. Ice also can help decrease pain.

The recommendation is to use ice for 20 minutes, once an hour. That's so you don't

create additional issues such as frostbite or damage to the skin. It gives the skin a chance to recover from each icing session.

While special freezer packs are readily available, Onks says plain old ice in a bag is still the best. "You can mold it around the injury and get more coverage," he says. "You also have to keep in mind that because of the chemicals in freezer packs, they can get much colder than ice and you could cause temperature-related skin problems."

Heat, on the other hand, is often used to alleviate muscle aches and pains, or to loosen up tense and sore areas before activity.

"Heat brings blood flow to the area, which provides nutrients that the tissues need for healing," Onks says. "It also increase the flexibility of tendons and muscles." Athletes who have chronic issues or old injuries heat before they are active and ice afterward. Moist heat helps because some

people feel like the extra humidity helps with penetration of the heat.

In an athletic training room or physical therapy setting, providers can produce deeper heat by using ultrasound. But generally a heating pad or a corn pack you put in the microwave to heat up will do the trick.

Commercially available heat patches may provide temporary or superficial relief, but they don't typically offer the penetration of ice, moist heat or ultrasound. That doesn't mean you shouldn't use them though.

"A lot of it just depends on what feels good with chronic injuries," Onks says. "It's one of those things where some people get relief from heat and some from ice. Though with acute injuries, you would want to stick with ice."

"PAY MORE ATTENTION TO PILLOWS," SAY SLEEP EXPERTS

People put a lot of thought and effort into picking mattresses but often forget about pillows, says Ana Krieger, director of the Center for Sleep Medicine at Cornell. A pillow should align the hips, back and neck and keep the spine as straight as possible.

Despite a hue variety of materials, shapes, sizes and claims from contouring foam to hypoallergenic, Dr. Krieger lumps them into just two categories: natural and synthetic. Down and feather can be good because they discourage dust mites and can be molded easily or folded in half when shifting positions during the night. They also tend to stay cool and last longer. Synthetic pillows have the advantage that they keep their shape and height but they last only about half as long as feather pillows. Dr. Krieger discourages synthetic pillows with a fixed shape. "If you move out of position you'll be uncomfortable and wake up and we know you'll move out of position," she says, noting that there is not a lot of hard science focusing on pillows.

Side sleepers should chose a pillow that can clear the distance between the shoulder and the ear to maintain neck alignment. "People who sleep on their side may like feather or down pillows because they can remold," Dr. Krieger advises. "However, a slightly firm synthetic might be better for some because it can provide support without misaligning the neck."

Back sleepers have the widest range choice although they should be careful not to use a pillow that is too high or low. "The top of the head should not be tilted higher than the chin or you may feel back or neck pain during the day," the sleep specialist added. "A back sleeper choosing to sleep with no pillow or a very thin pillow should make sure the chin doesn't fall against the neck, as that may make breathing more difficult." Dr. Krieger, a stomach sleeper, recommends that others sleep with no pillow or a very thin pillow so that the head isn't raised too high putting the neck out of line. "Feather or down can be great for us because the air within can be displaced easily."

In treating people with sleep disorders it seems to her that patients seem to prefer a pillow that stays cool. The coolness of a pillow helps keep your body temperature down so that you wake up less frequently, she says. A breathable material whether a light synthetic or a feather pillow will stay cool the longest. She notes that some patients like two pillows on the bed so they can switch to a cooler one in the middle of the night.

To find your optimal pillow, Dr. Krieger suggests that you first find your favorite position and determine "the most comfortable height and thickness. Then choose the type and quality of pillow. For sleepers who are unsure of the kind of sleeper they

are she suggests purchasing two or three kinds and trying them out for a few months.

Because sleepers can change position an average of once per hour the type of pillow that makes them comfortable can vary throughout the midnight. "They way you are able to fall asleep isn't necessarily the way you stay asleep. Some people start out with two pillows on their side, then drop one in the night and sleep with one on their back, or vice versa—which is why some people like to have two pillows available on the bed. "Comfort is the critical factor as long as your alignment is adequate," Dr. Krieger says.

Pillows take a beating in regular use. A synthetic pillow should be replaced every two to three years, and a down or feather pillow every five to six years. A pillow cover beneath a breathable cotton pillow-case will extend a pillow's lifetime by keeping dust mites and sweat out. "If you can fluff up a feather pillow and it comes back to a good height, that's the sign of a healthy pillow," she says. "If you fold a synthetic pillow and it stays folded, it's time to get a new one."

SALICYLATE-FREE PRODUCTS TO USE WITH GUAIFENESIN:

HADA LABS TOKYO SKIN CARE

Hada Labo Tokyo Hydrating Facial Cleanser
Hada Labo Tokyo Ultimate Anti-Aging Mask
Hada Labo Tokyo Skin Plumping Gel Cream
Hada Labo Tokyo Replenishing Hydrator

SK-II SKIN PRODUCTS (\$\$)

SK-II Advanced Eye Treatment
SK-II Cellumination Mask-In Lotion
SK-II Facial Treatment Mask
SK-II Facial Treatment Repair C (Moisturizer)
SK Whitening Source Derm Revival Mask (\$\$\$\$)

LANEIGE SKIN PRODUCTS

Laneige Perfect Renew Firming Eye Cream
Laneige Triple Sunscreen SPF 40

EYE MAKE UP (NEW)

Giorgio Armani Eye Tint
L'Oréal Infallible Smokissime Powder Pen Eyeliner
Maybelline Brow Drama Sculpting Brow Mascara
Maybelline Eye Studio Color Molten Duo
Rimmel Scandaleyes Eye Shadow Paint

NEW PAULA'S CHOICE/ANTI-AGING

Paula's Choice Resist Hyaluronic Acid Booster (FF)

SOME NARS PRODUCTS

Nars All Day Luminous Weightless Powder Foundation SPF 24
Nars Contour Blush
Nars Eye Shadow
Nars Highlighting Blush
Nars Skin Smoothing Face Prep
Nars Loose Powder
Nars Pressed Powder
Nars Powder Foundation SPF 12
Nars Smudge Proof Eyeshadow Base
Nars Velvet Matte Lip Pencil

BOBBI BROWN FOUNDATIONS

Bobbi Brown Long Wear Even Finish Compact Foundation
Bobbi Brown Sheer Pressed Powder
Bobbi Brown Sheer Finish Loose Powder
Bobbi Brown Skin Foundation Mineral Make Up SPF 15

ALSO:

Bobbi Brown Instant Long Wear Makeup Remover

GENTLE CLEANSERS/WASHES

Aquaphor Baby Gentle Wash and Shampoo
Aveeno Cleansing Therapy Moisturizing Body Wash
CeraVe Baby Wash and Shampoo
Free & Clear Liquid Cleanser for Sensitive Skin
Neutrogena Ultra Gentle Hydrating Cleanser Creamy Formula
Olay Regenerist Luminous Brightening Foaming Cleanser

ACNE PRODUCTS

Clearasil Daily Clear Vanishing Acne Treatment
Clearasil Daily Clear Tinted Acne Treatment Cream
Neutrogena Rapid clear Stubborn Acne Spot Gel
Paula's Choice Clear Regular Daily Strength Skin Clearing Treatment
Paula's Choice Clear Extra Strength Daily Skin Clearing Treatment
Persa-Gel 10, Maximum Strength
Proactive Emergency Blemish Relief
Proactive Advanced Blemish Treatment
Proactive Repairing Treatment

CLINIQUE PRODUCTS

It's very difficult to get ingredients for Clinique products, but here are some that are salicylate-free. (This is not a complete list)

Clinique Advanced Concealer
Clinique All About Shadow Super Shimmer
Clinique All about Shadow Duo
Clinique Almost Powder Make Up
Clinique Beyond Perfecting Foundation and Concealer
Clinique Blended Face Powder
Clinique Chubby Stick Cheek Colour Balm
Clinique Clarifying Powder Make Up
Clinique Colour Surge Shine Butter Lipstick
Clinique Even Better Compact Make Up Broad Spectrum SPF 15
Clinique Face Soap Regular Strength
Clinique Face Soap Extra Strength
Clinique Face Soap Extra Mild
Clinique Derma White Fluid Cream Makeup
Clinique Face Bronzer
Clinique Fresh Bloom All Over Colour
Clinique High Impact Mascara
Clinique Long Last Glosswear Lipstick
Clinique Perfectly Real Make Up
Clinique Perfectly Real Compact Makeup
Clinique Quickliner for Eyes
Clinique Rinse Off Foaming Cleanser
Clinique Rinse-Off Eye Make Up Solvent
Clinique Skin Smoother Pore Minimizing Makeup
Clinique Soft Pressed Powder Blusher
Clinique Stay Matte Sheer Pressed Powder Oil Free
Clinique Superbalanced Compact
Clinique Superpowder Double Face Makeup
Clinique Superbalanced Powder Make Up SPF 15
Clinique Take the Day Off Make Up Remover Lids, Lashes Lips
Clinique Take The Day off Make Up Remover



LIQUID HAND SOAPS

Attitude Foaming Hand Soap Green Apple and Basil
Attitude Little Ones Foaming Hand Soap
Dawn Hand Renewal Olay Tropical Shea Butter
Dial Gold Liquid Antibacterial Hand Soap
Dial Complete Foaming Hand Wash
Ivory Liquid Hand Soap
Jergens Extra Moisturizing Liquid Hand Wash
Lava Heavy-Duty Hand Cleaner Liquid
Lysol Healthy Touch No Touch Antibacterial Hand Soap Kit
Lysol Health Touch Antibacterial Hand Soap Creamy Vanilla Bliss
Lysol Touch of Foam Antibacterial Hand Wash Creamy
Lysol Antibacterial Hand Wash Rose & Cherry
SoapBox Liquid Hand Soap
Softsoap Premium Liquid Hand Soap Rich Moisturizing Shea Butter
Softsoap Antibacterial Hand Soap with Moisturizers Crisp Clean
Softsoap Crisp Cucumber & Melon Hand Soap
Softsoap Teenage Mutant Ninja Turtles
Studio 35 (Walgreens) Liquid Antibacterial Hand Soap
Softsoap Sponge Bob Squarepants Foaming Hand Soap
Wayle of London Luxurious Hand Soap Oatmeal and Almond

MAKE UP REMOVING WIPES

Aveeno Positively Radiant Make Up Removing Wipes
Cetaphil Gentle Skin Cleansing Cloths
Clean & Clear All-in-One Cleansing Wipes Oil Free
Cover Girl Clean Make Up Remover Wipes
Neutrogena Make Up Remover Wipes
Olay Regenerist Micro-Exfoliating Wet Cleansing Cloths
Olay Total Effects 7 Wet Cloths Cleanser
Ponds Luminous Clean Wet Cleansing Wipes
Simple Cleansing Facial Wipes



Cover FX Custom Cover Drops

This game changer is marketed as concentrated pigment "boosters" that can be added to any concealer, foundation or moisturizer—allowing you to add coverage and/or custom-tailor the level of tint. They are exceptionally effective at their job, and for those that love experimenting with makeup, these are fun new products to consider adding to your routine.

If you are in search of a simple way to add a tint to mineral sunscreens, create your own foundation from your favorite moisturizer, add coverage or adjust the tint of a foundation or concealer, Custom Cover Drops are a unique, effective (and fun) product to consider. Though it is pricey, a bottle will last you some time given the tiny amount needed per use. It earned our highest rating for its ingenuity, and is worth checking out on your next trip to Sephora.

—Paula Begoun



CLEURE SALICYLATE-FREE PRODUCTS

All Cleure Products are salicylate, sodium laurel sulfate, paraben and gluten free.

Natural Mineral Shea Butter Lip Gloss with Vitamin B5 Mineral Lipstick Waterproof Gel Liner
Lip Balm with Shea Butter Lipliner with Vitamin E Mascara Eye Shadow Kits Powder Bronzer
Brow Pencil with Blender Loose Mineral Eye Shadows Powderliner Eye Pencil Soft Eyeliner Pencil
Non Toxic Nail Polishes Emu Oil Liquid Matte Foundation Loose Mineral Powder Foundation
Stick Mineral Blemish Concealer Total Cover Concealer SPF 25 Rice Veil Finishing Powder
Cream to Powder Blush SPF 15 Loose Mineral Sheer Silk Blush Hair Styling Gel
Aluminum-Free, Fragrance Free Deodorants: Roll On, Spray 3-in-1 for Feet, Underarms and Body, Stick
Sunscreen for Sensitive Skin SPF 30 Zinc Oxide Natural Sunscreen SPF 15 Lotion Cleanser
Glycerine Face/Body SLS Free Bar Face & Body Wash SLS Free Alcohol-Free Toner
Anti-Aging Day Cream Anti-Aging Night Cream Eye Repair Gel Exfoliating Gentle Scrub
Facial Mask with Kaolin Clay Volumizing SLS-Free Shampoo Replenishing Conditioner
Alcohol-Free Mouth Wash Xylitol Chewing Gum SLS-Free Toothpastes Dental Floss
New: Salicylate-Free Hair, Skin and Nails Supplement Travel Kits and Travel Sizes Available

To order: www.cleure.com

Sales of Cleure products benefit The Fibromyalgia Research Project at City of Hope

QUICK CHECK FOR PRODUCTS:

DO NOT USE:

Salicylate, Salicylic Acid

Chemicals with the syllable **SAL**, **CAMP**H, or **MENT**H

OIL, GEL or EXTRACT with a plant name

(except Corn, Rice, Oats, Wheat or Soy—which you *can* use)

Sunscreens: No octisalate, homosalate, mexoryl or meradimate

Anything with a flavor: No mint of any kind or menthol

Supplements: No bioflavonoids: quercetin, hesperidin or rutin

No plant names including balsam, bisabol or pycnogenol

DO NOT DRINK TEA FROM THE CAMELLIA PLANT OR MINT

CRISPY FLOURLESS CRAB CAKES (STRICT DIET)

1 pound of jumbo lump crabmeat
 ¼ cup fresh cilantro, finely chopped
 1 teaspoon of fresh lemon juice
 ½ cup real mayonnaise

2 green onions, white and light-green parts, finely chopped
 1 teaspoon seeded and minced jalapeno pepper (optional)
 1 teaspoon Old Bay seasoning
 A pinch of salt

¼ cup flat-leaf parsley, chopped
 1 teaspoon Worcestershire sauce
 ½ teaspoon powdered mustard
 1 large egg
 2 Tablespoons light olive oil (not extra-virgin), bacon fat, or other high heat fat

Go through crab meat and pick out any bits of shell or cartilage, leaving lumps intact as much as possible. Place picked crab in a large bowl. Add green onions, parsley, cilantro, jalapeno, Worcestershire sauce, lemon juice, Old Bay, and mustard to bowl. Carefully fold in without breaking up the lumps of crab meat.

Beat egg in a second bowl; add mayonnaise and mix well. Gently fold into crab mixture and place in a strainer. Set strainer over a large bowl. Cover strainer and bowl with plastic wrap and refrigerate for several hours or overnight.

Discard liquid and shape mixture into 6 cakes, about 3 inches in diameter and about ½ inch thick. Cover and refrigerate until ready to cook. Place a baking sheet in oven and preheat to 200°F.

Heat half the oil in a large skillet over medium heat until it shimmers in the pan. Place half the crab cakes in the skillet and cook without moving for 3 minutes or until the bottoms are well browned. Turn them over with a wide spatula. Cook for another 3 minutes until second side is brown.

Transfer to heated baking sheet and put in oven to keep warm until the remaining cakes are cooked.

Wipe out skillet and add the rest of the oil. Heat oil as before and repeat the cooking process. Serve warm.

TIPS:

Many stores sell fresh crab in 1-pound cans that can be stored in the refrigerator for quite a long time. I'm not sure I want to know how they do that, but it is very good, with large, meaty chunks of crab, and it is also relatively inexpensive compared to the fresh crab at the fish counter.

Be sure to get "real" mayonnaise. It will have real eggs and no sugar. Better yet, make your own fresh mayonnaise. (Dr. Mary Dan Eades's wonderful recipe is in *Nourished*.)

JUDY BARNES BAKER IS THE AUTHOR OF NOURISHED AND CARB WARS COOKBOOKS, AVAILABLE FROM WWW.AMAZON.COM. HER WEBSITE: CARBWARSBLOGSPOT.COM

SPRING VEGETABLE SOUP (STRICT DIET)

3 Tablespoons canola oil
 1 small yellow squash cut into ½ inch pieces
 ¼ teaspoon ground pepper

4 leeks (white parts only) washed well and chopped
 4 ounces pea pods, cut into ½ inch pieces
 4 ½ ounces chicken broth

½ pound asparagus, cut into ½ inch pieces
 ½ teaspoon salt

Heat oil in a large soup pot over medium-high heat.

Add leeks and cook 2 minutes, until softened, stirring occasionally. Add asparagus and cook 2 minutes, until color brightens.

Add squash and pea pods and cook 2 minutes, or until squash begins to soften. Add salt, pepper, broth and water; bring to a boil.

Reduce heat to low and simmer 5 minutes, until vegetables are tender.

Just before serving, stir in parsley and lemon zest.

WWW.ATKINS.COM

LITTLE GEM SALAD WITH LEMON CREAM AND HAZELNUT (LIBERAL DIET) **

4 garlic cloves, smashed
 4 small carrots scrubbed
 ½ cup mint leaves

½ cup heavy cream
 6 heads little gem lettuce

kosher salt
 3 Tablespoons olive oil
 1 ½ oz. shaved SarVecchio or parmesan cheese

½ teaspoon freshly ground pepper
 2 Tablespoons fresh lemon juice divided
 ¼ cup blanched hazelnuts

Combine the garlic and cream in a small bowl. Season with salt and pepper. Cover and chill for 1 hour.

Toast the hazelnuts on a rimmed baking sheet in a 350° oven, tossing occasionally until golden, 8-10 minutes. Let cool and coarsely chop.

Thinly slice the carrots lengthwise on a mandolin and separate leaves from lettuce.

Strain the infused cream into a medium bowl and add the oil. Whip into very small peaks and whisk in 1 Tablespoon lemon juice. Taste and season with more salt and pepper if needed.

Toss the carrots, lettuce, mint leaves with the remaining 1 Tablespoon lettuce in a large bowl, season with sea salt and pepper if needed. Add a few dollops of lemon cream and gently toss to coat. Spoon remaining lemon cream onto a platter and mound salad over it.

Top with cheese and remaining hazelnuts, some cracked pepper and flaky sea salt.

GOURMET MAGAZINE

****THIS SALAD COULD EASILY BE MADE ON THE STRICT DIET IF YOU SUBSTITUTED SOMETHING FOR THE CARROTS. I'D SUGGEST CRISPY SNOW PEAS.**

CALABRIAN GRILLED PORK RIBS (STRICT DIET)

4 servings

1 rack St. Louis-Style pork ribs (2-3 pounds)
 1 Tablespoon fresh rosemary leaves

5 Fresno Chiles, seeded if desired
 ½ teaspoon crushed red pepper flakes

10 garlic cloves
 2 Tablespoons fresh parsley

1 cup olive oil

1 Tablespoon rice vinegar
 lemon wedges for serving

Preheat the oven to 250°F. Place a double layer of foil large enough to wrap ribs on a rimmed baking sheet (to catch any drips). Set ribs on top and generously season with salt and pepper.

Pulse chilies, garlic, oil, vinegar, rosemary, and red pepper flakes in a food processor until mixture is almost smooth (a few larger pieces should still be visible.) Rub ribs all over with marinade and pour any excess over top. Wrap up tightly in foil.

Roast ribs until meat is tender but not quite falling off the bone, about 2½-3 hours. To check doneness, run a paring knife through 2-3 ribs, it should slide easily into flesh.

Heat broiler. Once ribs are cool enough to handle, remove the foil and reserve juices. Place ribs on a clean rimmed baking sheet and broil until charred in spots and marinade has formed a golden-brown crust, 8-10 minutes. Transfer to a cutting board and let rest at least 10 minutes.

Slice meat into individual ribs. Drizzle with reserved juices and top with parsley.

Serve with lemon wedges.

BON APETIT

PHYSICAL FINDINGS IN FIBROMYALGIA R. Paul St. Amand M.D. and Claudia Marek**ABSTRACT:**

Fibromyalgia is an illness that presents with multiple symptom variations but very few described physical signs. The American College of Rheumatology has adopted a system of examination that seeks often-elusive tender points from predetermined sites. The spectrum of patient pain thresholds and pharmaceutical interventions for pain negate the reliability and specificity required for validating the results of such searches. We suggest a totally objective replacement method that relies on simple palpation. Minimal experience is needed to appreciate abnormally swollen or spastic musculoskeletal lesions using this technique.

INTRODUCTION:

Fibromyalgia is a somewhat whimsical entity comprised of seemingly unconnected symptoms that suggest a total body disturbance by their sheer volume affected systems. In adult patients, eighty-five percent of patients are female but in children boys and girls are evenly represented before the growth spurt of puberty. Aching, stiffness, pain and fatigue are present in nearly all affected individuals. There is a high incidence of co-existing central nervous system, gastrointestinal, genitourinary and musculoskeletal complaints. Despite kaleidoscopic assortments, systems often cluster and consequently serve to attract patients to various medical disciplines. The dominant distresses of the moment determine which specialty will be visited.

In the past several years, the American College of Rheumatology has utilized certain criteria for the diagnosis of fibromyalgia.¹ Suggestive symptoms should have been present for at least three months and should involve a variety of systems. Nine symmetrical areas have been designated in the four quadrants of the body for conducting a digital examination. Eliciting tenderness from at least eleven of those eighteen points helps secure the diagnosis. Allying symptoms with tender point findings have proven unifying in the condition. We challenge the continuing acceptance of this paradigm since pain thresholds are a spectrum and vary greatly among individuals.

In the earliest description (1853) of what may have been fibromyalgia, Froriep drew attention to a condition he called "a type of rheumatism with tender and swollen places."² Swelling has been largely ignored using the currently mandated search that seeks sites of purely subjective tenderness. We find greater concordance, reproducibility and reliability by using a distinctively different method that is more in keeping with this original description.

We systematically palpate much of the musculoskeletal system accessible to manual exploration. It encompasses all of the sites prescribed by the ACR, but many other areas are included. Indurated, swollen or spastic lesions are sought, that, coupled with the patients history, secure the diagnosis. We will review symptoms and describe what we offer as a more productive and reproducible examination.

MATERIAL:

Fourteen hundred and twenty-three (1423) consecutive, ambulatory females of mixed ethnic origin from the general community were the source of this report. Each subject was an unselected and unsolicited new patient to a private practice which is limited to fibromyalgia. All patients suspected they suffered from the disease and expressed multiple symptoms consistent with fibromyalgia. None were excluded following the confirmation of the diagnosis by the primary author. Implied consent for obtaining a history of complaints and a physical examination was given by patients' scheduling an appointment and appearing for a physician's visit. No laboratory or X-ray tests were performed and no medication was involved in obtaining the following information. Applicable symptoms were obtained and combined with physical findings using ACR criteria for the diagnosis. Data was accumulated over a three year period. Since all information was gathered at a single initial visit, no follow up data is included.

METHODS:

One examiner conducted both the interview and examinations. Patient complaints are sequentially elicited when taking the initial history. Such symptoms are systematically checked in boxes as displayed in the lower portion of **figure 1**.

Patients were examined either disrobed or wearing clothing with no interfering seams, bunches or rippling effects. Thus there should be no impediment to smooth stroking of the muscles, tendon and ligaments and joints that will be examined. Patients are asked to avoid expressions of tenderness during palpation to maximize the objectivity of the search.

Moderate pressure is applied with the pads of the examiner's fingertips using a sweeping motion as though attempting to iron out or massage the underlying tissues. This approach works best for muscles, though tendons and ligaments are often better appreciated by rolling the fingers perpendicular to their long axes.

1. Wolfe F., Smythe HA, Yunus MB, Bennett RM, Bombadier C. et al., The American College of Rheumatology 1990 Criteria for the Classification of Fibromyalgia: Report of the Multicenter Criteria Committee. *Arthritis, Rheum*, 1990; 33 (2): 160-172.

2. Froriep, Robert: Ein Beitrag zur Pathologie und Therapie des Rheumatismus. Weimar, 1843. 16: 117-121.

FIBROMYALGIA TREATMENT CENTER



**Post Office Box 64339
Los Angeles, CA. 90064**

The Fibromyalgia Treatment Forum is a bi-monthly publication available by subscription only.

To subscribe or renew your subscription, please mail a check to the above address. \$28/year.

For information about your subscription, email claudiacmarek@aol.com.

PSRST STD
U.S. POSTAGE
PAID
PRINTPELICAN.COM

ACTION REQUESTED FOR NEW REGULATIONS ON SUPPLEMENTS:

A group of 14 state attorneys general have asked Congress to investigate the supplements industry after a New York probe last year turned up ingredients not listed on labels which raised concerns.

The attorneys general cited these results and added that researchers have found other problems, including high levels of lead, mercury and arsenic in them.

The group also asked Congress to give the U.S. Food and Drug Administration more oversight of supplements, urging "swift action."

Four major retailers, GNC, Target, Walgreens and Wal Mart Stores halted

sales of certain supplements after being subpoenaed by the New York attorney general. DNA tests were unable to detect plant materials listed in the majority of products tested.

GNC has since made an agreement to adopt more stringent testing standards than the FDA requires. The attorneys asked the subcommittees to work with the FDA to see whether the agency should develop enhanced quality assurance programs and other new safety requirements. The FDA regulates dietary supplements under a different set of rules than those covering drug products.

STRENGTH TRAINING FOR TENSION HEADACHES:

Strength training might help prevent tension headaches, or at least reduce their pain.

Researchers found neck and shoulder muscles were up to 26% weaker in people with regular tension headaches, compared to those without. They also saw strength imbalances between sets of muscles that hold the head straight. The use of computers, laptops and tablets have increased in recent years and this may increase the time sitting with a protruded head posture.

People with tension-type headaches may feel like they have a tight band wrapped around their head but with less pain than is felt from cluster headaches or migraines, which tend to strike one side of the head. Cluster headaches are often accompanied by sinus congestion or runny nose, while migraines cause throbbing,

moderate-to-severe pain and sometimes nausea and/or vomiting and sensitivity to light and sound.

The study's author suggests that patients work with a physical therapist or trainer to strengthen their core. "I know that's very trendy but there's a reason for it, it actually works," she said. A therapist checks the posture and works on any imbalance, giving individuals exercises to do at home. While there are analgesics, nerve blocks and trigger point injections that can help with neck problems, many patients prefer non-drug methods. "If you work on these different pieces, you can probably limit the amount of exposure you need to get from analgesics. It's great that we have them but having a good physical response doing some of your own work on this can be helpful."