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FIBROMYALGIA

Fibromyalgia is a cyclic and progressive illness that affects millions of people primarily women regardless of race. Its symptom cluster lasts for just a few days initially. Recurrent attacks affect ever more body parts and systems until patients unrelentingly 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. These limited searches perpetuate the current tendency to create separate entities such as **chronic fatigue, systemic candidiasis, myofascial pain, irritable bowel, vulvodynia, and interstitial cystitis**. Such nomenclature obscures making an all-inclusive diagnosis and promotes symptom driven, only partially effective, mind-altering treatments that fail to change the course of the illness.

The American College of Rheumatology is retreating from its recommendation of eliciting eleven or more tender points from eighteen predetermined sites. Individual pain thresholds vary greatly and many so-called chronic fatigue patients are not particularly sensitive to finger-poking. Most of them do feel considerable aching, but mainly complain of fatigue, depression and cognitive impairment. There are no confirmatory laboratory tests though our recent collaborative papers have reported a few gene mutants and elevated plasma cytokines. The diagnosis of fibromyalgia is reliably secured by the array of symptoms and by physician *palpation* that seeks out the widely-scattered, swollen places. We call this system ‘**mapping**’ (*see below*).

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

Central Nervous System: Fatigue, irritability, nervousness, depression, apathy, listlessness, impaired memory and concentration, anxieties, and suicidal thoughts. Frequent awakening reflects neck discomfort that ensures non-restorative sleep.

Musculoskeletal: Swollen structures pressure nerves to produce a variety of aches, pains and generalized morning stiffness. Muscles, tendons, ligaments or fascia from anywhere on the body participate. They easily tire and weaken. They cause calf or foot cramps, numbness and tingling of the face and digits. Old injured or operative sites are commonly affected. Fibromyalgia is deemed non-arthritis yet joints may hurt, swell, get hot, red, and potentially warn of damage later in the illness.

Irritable Bowel: (leaky gut, spastic colon or mucous colitis). Symptoms include nausea (usually in transient waves), indigestion, gas, bloating, steady aching, cramps, alternating constipation and diarrhea, and sometimes mucous stools.

Genitourinary: This system is affected almost exclusively in women: pungent urine, urgency with scant urine, frequency, bladder spasms and pain, burning urination (dysuria), repeated bladder infections and so-called interstitial cystitis. The term “vulvodynia” describes vaginal spasms, irritation of the labia (vulvitis) or a deeper involvement (vestibulitis) without the typical cottage-cheese discharge that would specify a yeast infection. Collectively, they cause painful intercourse (dyspareunia). Most fibromyalgia symptoms get worse premenstrually and even resurrect previously-dormant PMS and uterine cramping.

Dermatological: Various rashes may appear with or without itching: hives, red blotches, acne-like bumps, blisters, eczema, seborrheic or neurodermatitis, and rosacea. Skin is often dry; nails are brittle or easily peel; hair is of poor quality and often falls out prematurely. Odd 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: Various-located headaches (migraines), dizziness, vertigo or imbalance; itchy, burning dry eyes or lids can produce morning sticky-sandy discharges; blurred vision; nasal congestion and post-nasal drip; burning or painful mouth and tongue; abnormal tastes (bad, metallic); intermittent low-pitched sounds or transient ringing in the ears (tinnitus); ear and eyeball pain; sensitivity to light, sounds and various odors sufficient to induce headaches.

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

Hypoglycemia Syndrome: This affects about thirty percent of female and fifteen percent of male fibromyalgics especially those with a family history of diabetes mellitus. Sugar craving, tremors, clamminess, anxiety, irritability, weakness, panic attacks, pounding heart (palpitations), headaches and faintness induced by hunger or eating carbohydrates provide ample diagnostic clues. Hypoglycemics *must* follow a low- carbohydrate diet to reverse such symptoms that highly overlap fibromyalgia.

We have treated patients as young as two and some late into their seventies. There is usually a family history of rheumatic complaints spanning three or four generations. Boys and girls are equally affected before puberty. In adulthood, females heavily

predominate (85%). Over forty-five percent of patients recall having so-called *growing pains* as children that cleared despite the accelerated growth spurt of puberty. Fibromyalgia is almost always inherited. Improperly treated, we believe it eventually segues into ‘tartar of joints’ and ultimately evolves into *osteoarthritis* in older family members. Our studies have currently found three mutant genes and other suspects are under investigation. Trauma, infection, surgery, and other stresses may prematurely prod genetically susceptible individuals into overt attacks.

Fifty-five years ago while taking a gout medication a patient demonstrated how he could strip tartar (calcium phosphate) off his teeth with his fingernail. That observation suggested to me that tartar might be a reflection in saliva of some systemic disease. For sound biochemical reasons I began to suspect that some mutant gene was interfering with adequate renal excretion of phosphate. The result would be a system wide retention affecting primarily **mitochondria** and seriously impeding energy formation (**ATP**). Generalized cellular fatigue would cause malfunctions that easily explain all of the symptoms of fibromyalgia. Our technical paper for interested professionals provides several references that defend our theory.

We currently treat fibromyalgia using **guaifenesin**. It offsets the genetic defect by increasing the urinary excretion of phosphate. That eventually allows the body to extract abnormal cellular accumulations. Guaifenesin has no significant side effects and is totally safe for children. It has been marketed to increase and loosen mucus in airways for over sixty years. Differing manufacturing processes determine its potency, effectiveness and duration of action. We monitor and recommend brands of proven efficacy some of them over the counter. Short-acting tablets lack the prolonged action needed to clear fibromyalgia. Combined long-short tablets may fail due to insufficient contents of either component. We determine what works for individuals by sequential physical examinations (mapping). We begin treatment with compounded, long-enough acting, 300 mg dye-free capsules twice daily. There are no side effects so **getting worse suggests this dosage has begun reversal (only 20% of patients)**. If patients feel no changes the first week, we instruct them to increase to 600 mg twice daily and hold there until the next examination. That amount begins the desired **response in 80% of patients**. Obviously, 20% will need further adjustments.

Symptoms intensify during reversal and new, swollen places may actually surface suggesting the purge is underway. Objective examination eventually confirms softening, sometimes splitting, or vanishing lesions. Better hours gradually cluster into days and finally weeks. Recovery is rapid compared to the time it took to develop the illness. The slowest responders clear at least one year’s accumulated debris every two months. The earliest lesions are the last to resolve.

The original description of fibromyalgia as “rheumatism with **hard and tender places**” has been forgotten. The modern limited tender-point exam seeks only *subjective* pain sensations. Our body **mapping** is totally *objective*, reliably diagnostic, and effectively documents the sequential reversal of the illness. We examine musculoskeletal tissues using the pads of our fingers to feel muscles, tendons, and ligaments. With practice, the extent of swollen places becomes obvious. We sketch them on a printed caricature by location, size and degree of hardness (*figure 1*). The hands should move as if to iron out wrinkles on the underlying tissues. Expressions of tenderness should not influence findings. We repeat this procedure at each patient visit and compare maps for rate of clearing and the efficacy of dosage. **Most important for confirming the diagnosis and determining the dosage is the left thigh. The outside quadriceps muscle (vastus lateralis) and the front part (rectus femoris) are involved in 100% of adults. Amazingly, they clear during the first month of correct treatment.**

PATIENT: _____ DATE: _____

Fatigue	Hunger-Tremors	Eye Irritation	Bloating	Itching
Irritability	Palpitations	Nasal Congestion	Constipation	Rashes
Nervousness	Flu-like Attacks	Abnormal Tastes	Diarrhea	Sensitivity
Depression	Frontal Headaches	a) Bad	Dysuria	a) Chemical
Insomnia	Occipital Headaches	b) Metallic	Pungent Urine	b) Light
Impaired Concentration	General Headaches	Ringing Ears	Bladder Infections	c) Odor
Impaired Memory	Dizziness	Numbness	Vulvodynia	d) Sounds
Anxiety	a) Vertigo	Restless Legs	Weight Changes	Allergies
Salt Craving	b) Imbalance	Leg Cramps	Brittle Nails	Growing Pain
Sugar Craving	c) Fatigue	Nausea	Itching	Pain
Sweating	Blurred Vision	Gas	Skin Sensations	

If one ignores the following, we guarantee failure: aspirin and other sources of salicylate block the action of guaifenesin at the same kidney level as uricosuric medications. Natural salicylates are present in all plant species. They are readily absorbed through intact skin and especially the thin membranes of the mouth and intestine. Contents of topical products and medications must be thoroughly identified. Individual genetic makeup determines susceptibility to blocking. To assure success patients must be faithful in adhering to the protocol and allow themselves 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, Anacin, Excedrin, Disalcid; (2) **Herbal products** such as St. John's Wort, Ginkgo Biloba, Saw Palmetto, Evening Primrose or Flaxseed Oil; vitamins with **bioflavonoids (quercetin, hesperiden or rutin)**; plant extracts such as alfalfa and rose hips (3); wart or callus removers. Acne products and dandruff shampoos may contain salicylic acid (4); topical pain creams (Tiger Balm, Ben Gay, Myoflex etc.); (5) medications such as Pepto Bismol, Asacol, and Urised.

COSMETIC AND OTHER TOPICAL PRODUCTS (1): scrubs and peels that use salicylic acid (2); hair products with plant extracts, **balsam** or **bisabol** (3); bubble baths with essential oils such as lavender (4); sunscreens made from **octisalate, homosalate, mexoryl** or **meradimate** (5); lip balms/Chapsticks with **camphor, menthol, or mentholatum**. (6) When gardening, wear waterproof gloves and closed-toe shoes. (7) Avoid tissue or wipes containing aloe. (8) Shaving creams with aloe, plant oils, or menthol will block. (9) Do not use razors with aloe strips (*Vitamin E, lanolin, shea butter or baby oil are acceptable.*) (10) Skin products with plant **oils** such as almond, plant **extracts** of green tea, and plant **gels** with arnica or witch hazel also block. You must check the total ingredient list on every product applied to the skin.

Oral Agents: (1) Most mouth washes and toothpastes contain mint or salicylate (Listerine) sometimes hidden in "flavors". (2) Avoid lozenges, floss, breath fresheners or chewing gums with mint family members (menthol, wintergreen, peppermint and spearmint). So use non-minted mouthwashes, rinses, and toothpastes (some of the Tom's of Maine, all Cleure)(3) Baking soda and/or peroxide also provide good cleansing and whitening (3). Beware: *Strong fruit and/Cinnamon flavors may mask unlisted blocking flavors from the mint family.* **Tea leaf beverages strongly block most fibromyalgics: drink no tea of any kind!**

YOU MUST TAKE RESPONSIBILITY FOR THE PROTOCOL. Clerks, pharmacists and physicians are not trained to recognize salicylate-containing ingredients. If you fail, your doctor will be convinced guaifenesin does not work and other fibromyalgics will not get help. Dictionaries and search engines such as Google will help you identify plant names. Get the full list of ingredients when you phone manufacturers because customer service operators do not know that plants make salicylates. Our website www.fibromyalgiatreatment.com connects you to a knowledgeable support group that will answer questions.

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

Decongestants and cough medicines should not be used as sources of guaifenesin due to side effects from their other constituents. Pure guaifenesin has no serious side effects (rarely transient nausea) and no known drug interactions. Pain medications such as acetaminophen (Tylenol), tramadol, Imitrex, and non-steroidal drugs such as Advil, and Aleve are not salicylates and will not block. Since we are dealing with a chronic illness, we refuse to prescribe certain medications (narcotics such as codeine, hydrocodone, Vicodin, oxycontin, morphine methadone etc.) even though they do not block guaifenesin. They are too liberally prescribed at the cost of eventual addiction. Patients so treated do 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.

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

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April 2014

Important: Do not assume fibromyalgia is the cause of all your 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

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ADDENDUM:

*Fibromyalgics with hypoglycemia must adhere to a low carbohydrate diet or they will not feel totally 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 STRICTLY IF YOU ARE HYPOGLYCEMIC:

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, SWEET CORN, POTATOES, AND GRAINS SUCH AS QUINOA. SWEETS OF ANY KIND **INCLUDING** DEXTROSE, GLUCOSE, HEXITOL, MALTOSE, SUCROSE, HONEY, FRUCTOSE, AGAVE, BROWN RICE OR 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) Third Edition New and Updated in 2012.

[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.

[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

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.

The Fibromyalgia Treatment Forum is available for order through the office or on the website. It is a bi-monthly publication that lists new products, new research finding and other articles of interest. \$28/year

Copies of this paper and others available free of charge at www.fibromyalgiatreatment.com.