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# Foreword

It is difficult to approach a new book by Dr. Leon Chaitow without some measure of bias. The exceptional merit of his previous books leaves one expecting the same from each new one. This biased expectation is fully justified by this new edition of *Fibromyalgia and Muscle Pain*. With the clarity that is a hallmark of Chaitow's books, he makes these complex disorders easy to understand. At the same time, he provides the reader with an array of practical, self-help methods of treatment. Chaitow also leaves the reader with the invaluable awareness that any self-help method works best as part of an integrated approach to treatment. This integrated approach is vital to most patients' recovery from fibromyalgia and muscle pain, and having long championed the approach, Chaitow teaches it as few other writers can. This third edition of *Fibromyalgia and Muscle Pain* is essential not only for those who want to free themselves from these disorders, but also for loved ones and clinicians who want to help them do so.

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# Introduction: The Big Picture

Fibromyalgia and other chronic muscle pain and fatigue syndromes are complex. Before investigating what is known about the causes and the possible solutions to these problems, an explanation is needed as to how the body becomes unwell, and how it can be helped to recover.

To do this, some simple examples will be used and the reader is asked to refer to the first few pages of Chapter 6, particularly to the diagram and notes associated with Figure 6.1 (page 123). This deals with the biochemical, biomechanical and psychological ‘load’ with which your body, and mind, are coping, and what happens when the load is too heavy, our adaptive processes fail and symptoms start.

Let’s start with a few basic examples.

If you cut yourself, unless the wound is infected the cut will heal over a period of a few days. You know this, and you trust your body to do the repair work necessary. All you have to do is avoid getting the wound dirty and try not to aggravate it, as repair takes place – *automatically*.

More simplistically still, if you play a sport or dig the garden before you have acclimatized your muscles to the efforts involved, you will be stiff and will ache for a day or so afterwards. You *know* that this will pass as normal repair mechanisms sort out the overload and minor muscle damage.

If you catch a cold, and you are in reasonable health, you *know* that the cold will get better, in a week or two. There are many things you can do to make yourself more comfortable during the recovery phase, but not much you can do to speed up the process. But you do know that you will get better, and that the healing process is automatic.

In the same way, if you eat contaminated food, you may develop diarrhoea or vomit. Neither symptom is pleasant, but both are designed to get whatever is undesirable out of your system as fast as possible. Usually, with a little rest and a lot of liquid, recovery is rapid and complete. The body will heal itself.

In fact, most illnesses get better on their own (research suggests well over 90 per cent of infections get better without any treatment), but few of the symptoms associated with getting well are enjoyable (fever, diarrhoea, inflammation, etc.).

But headaches do go away, cuts do heal, bones do mend, and colds and most infections are taken care of by our amazing defence and repair systems. There is a constant tendency towards 'wellness', but the processes involved are not always comfortable.

Together, the self-repair, self-regulating and self-balancing systems of the body are known as the homeostatic mechanisms. Homeostasis also takes care of other demands. When you go out into the cold, and start to shiver, your homeostatic mechanisms are trying to warm you up. This is called *adaptation*: you are adapting to the cold.

When a cut is healing, the area will be red and inflamed. Inflammation is a sign that the homeostatic repair process is going on. This process of inflammation is necessary for recovery and

tissue repair. Inflammation is a sign that your defence systems are adapting to, and repairing, the injury.

When you have an infection, your temperature goes up. This is a sign that the immune system is fighting (adapting to) the infection. The symptom is not pleasant (few symptoms are), but for recovery to take place it is essential that the bacteria or virus is overwhelmed by the homeostatic defences of the body. An elevated temperature is a sign that your defence systems are adapting to the infection.

But when your homeostatic mechanisms have to adapt to a great many things at the same time, they may not always be able to cope. Adaptation systems may begin to break down (see Figure 6.1, page 123). For example, someone may not be getting enough essential vitamins and/or minerals in the diet, and/or not getting adequate exercise, and/or has picked up a viral infection which never seems to quite go away, and/or is not sleeping well, and/or is under work and/or emotional stress, and/or has a slight hormonal imbalance. Each of these 'problems' (stresses) may be relatively minor, and could probably be sorted out by taking appropriate actions such as eating more sensibly, exercising more, ensuring a better sleep pattern, doing something positive about the stress, getting advice and treatment for the hormonal and the viral problems, etc.

But if nothing is done, and these various adaptive demands (and others) continue, the body's defence and repair systems can become so overloaded that they begin to break down. And as this happens, more chronic symptoms start to appear.

And of course, whatever emotional stress load, whatever nutritional deficiencies and acquired toxicities, and whatever biomechanical stresses (poor posture, tense muscles, poor breathing habits) are added to this 'load', all are being coped with in the context of the unique genetic characteristics which each of us is born with. Some people will have inborn abilities to handle some of the 'stress' load more efficiently than others.

Responses to similar stress burdens will therefore not be the same from one person to another.

What is the solution? One of two things needs to be done:

1. There is a need to stop, or to reduce, doing the things that are causing the adaptive demands which are overloading the system.
2. There is also a need to provide help to the repair and support systems of the body, and so to allow them to handle the adaptive load more efficiently.

If appropriate positive changes are made, the homeostatic repair systems may be able to start to work more efficiently again, to detoxify, fight infection, rebuild and repair, etc., and symptoms should gradually ease. In Chapter 6, the notes on homeostasis, as well as Figure 6.1, give a more in-depth picture of this vital subject. What is needed is that we do whatever we can to lighten the adaptive load, and as much as we can to help the body to handle its load better, so that health can be restored.

Some of the actions needed to help in recovery might involve providing nutritional, herbal or medical assistance, and/or there may be a need to learn to handle stress differently, using a variety of techniques. Specific action may be needed to deactivate painful trigger areas in the muscles, using bodywork or acupuncture or other techniques. The machinery of the body, the muscles and joints, may need to be toned and encouraged to work better, through better breathing and posture and exercise habits. Hormonal rebalancing may be necessary to restore equilibrium to the chemistry of the body, or whatever else may be needed to help to eliminate the adaptive demands that are loading the homeostatic systems.

When we come to consider a complex and debilitating condition such as fibromyalgia, it is possible to see that this is usually the result of a great many 'causes' interacting with the unique genetic

makeup of the person involved. We should never lose sight of the self-repair aspect of the homeostasis story (as evidenced by the examples of the healing of cuts and colds discussed earlier). This process of self-repair is constant, but not always comfortable. So, keeping in mind the examples of inflammation and a high temperature, we need to accept that symptoms often represent evidence of healing in progress.

The questionnaires throughout this book will help to identify some of the changes which need to be made. And while a qualified and responsible health care professional may be required to guide one through the necessary dietary, herbal and other changes, in the end it is the person with the health problem who will need to make the choices and changes which can lead to a return to good health.

## **Resources**

On pages 262–265 there is a list of some of the many organizations in the USA that support people with fibromyalgia, chronic fatigue and associated conditions.

These organizations, and others not listed, provide useful information, support, articles, ideas, contacts, networks – usually for little or no cost.

# An Introduction to Fibromyalgia Syndrome (FMS)

Do you remember the last time you had flu? The aches, pains, stiffness, headache, lethargy, disturbed sleep, inability to concentrate, discomfort and sheer unpleasantness of it?

Imagine having flu all the time (but without the fever, and with the muscle pain as the strongest symptom) – for months or years – and you have an idea of what fibromyalgia syndrome (FMS) can be like.

Because fibromyalgia is a syndrome (a collection of symptoms and conditions), not everyone who has it has exactly the same symptoms. One person may have more pain than another, and some may be more exhausted than others, while many may feel more depressed or anxious than others.

Also, because doctors do not all agree, some people may be given a diagnosis of ‘chronic fatigue syndrome’, while others with very similar symptoms might be told they have fibromyalgia. Unfortunately, many people with exactly the same symptoms find it very difficult to get a diagnosis at all, and may be labelled as

being 'neurotic' or 'depressed', when in fact their nervousness and depression are caused by the fact that they feel so physically awful.

Throughout this book, short questionnaires will be found. These are meant to help you to find answers, to know more about yourself and your condition. But they are *not* designed to help you to make a diagnosis. Only when *all* the different signs and symptoms are looked at together, by a qualified health care provider who has a full understanding of what they mean, can a diagnosis be made.

The questionnaires and the information in this book should be used to give you a deeper understanding of what may be happening to cause the symptoms you are feeling.

After each questionnaire, positive suggestions will be found which are aimed to encourage better health.

### **The symptoms of fibromyalgia and the associated illnesses**

The most common symptoms of fibromyalgia and conditions associated with it are:

- almost 100 per cent of sufferers have muscular pain, aching and/or stiffness (especially in the morning)
- almost 100 per cent have fatigue and badly disturbed sleep
- almost 100 per cent find that the symptoms are usually worse in cold or humid weather
- between 70 and 100 per cent (different studies have given different figures) suffer depression (though this is more likely to be a *result* of the muscular pain than be part of the *cause*)
- 34 to 73 per cent have Irritable Bowel Syndrome
- 44 to 56 per cent have severe headaches
- 30 to 50 per cent have Raynaud's phenomenon (in which the hands go white and cold)
- 24 per cent suffer from anxiety
- 18 per cent have dry eyes and/or mouth (Sicca syndrome)

- 12 per cent have osteoarthritis
- 7 per cent have rheumatoid arthritis
- an as yet unidentified number of people with fibromyalgia have had silicone breast implants; a newly identified silicone breast implant syndrome (SBIS) is now being defined
- between 3 and 6 per cent have substance (drugs and/or alcohol) abuse problems.

Other conditions extremely common among fibromyalgia sufferers include allergies, chronic rhinitis (an almost constantly runny nose), bruising easily, night cramps, restless leg syndrome, dizziness (sometimes caused by antidepressant medication taken to help the sleep problems experienced with fibromyalgia), sleep apnoea (when your breathing seems to stop while you are asleep), dry eyes and mouth, bruxism (teeth grinding), photophobia (extreme sensitivity to light), premenstrual syndrome, digestive disturbances, viral infections, Lyme disease (resulting from a tick bite), itchy skin – with or without a rash – loss of hair, sensitive bladder, mouth ulcers, generalized muscular stiffness, ‘foggy’ brain (difficulty in concentrating and poor short-term memory), dyslexia (the wrong words come out or what is read is not understood), panic attacks, phobias, mood swings, irritability and a feeling of the hands and feet being swollen without evidence of fluid retention. It has been noted, too, that commonly there is a history of injury – sometimes serious but often only minor – occurring within the year before the symptoms started.

#### THE OFFICIAL DEFINITION OF FIBROMYALGIA

Many people suffer from generalized muscular aching and pain. However, this only *officially* becomes the medical condition labelled ‘fibromyalgia syndrome’ (FMS) when this aching muscle pain is accompanied by pain when pressure is applied to certain specific body areas.

The most commonly accepted definition (devised by the American College of Rheumatology in 1990) is that a person has fibromyalgia when they show the following.

- A history of widespread pain. Pain is considered 'widespread' when all of the following are present:
  - pain in the left side of the body
  - pain in the right side of the body
  - pain above the waist and pain below it
  - pain in the spine or the neck or front of the chest or thoracic spine or lower back.
- Pain in 11 out of 18 tender point sites when these are pressed with the fingers. There should be pain on pressure (around 4 kg/8  $\frac{3}{4}$  lb of pressure maximum) in no fewer than 11 of the following sites:
  - either side of the base of the skull, where the suboccipital muscles insert
  - either side of the side of the neck, between the fifth and seventh cervical vertebrae (technically described as between the 'anterior aspects of inter-transverse spaces')
  - either side of the body on the midpoint of the muscle that runs from the neck to the shoulder (upper trapezius)
  - either side of the body on the origin of the muscle that runs along the upper border of the shoulder blade (the supraspinatus)
  - either side, on the upper surface of the rib, where the second rib meets the breastbone, and in the pectoral muscle on the outer aspect of either elbow, just below the main bone which can be felt (epicondyle)
  - in the large buttock muscles, either side, on the upper outer aspect, in the fold in front of the muscle (gluteus medius)

- just behind the large bump of either hip joint where the piriformis muscle inserts
- on either knee, in the fatty pad just above the inner aspect of the joint.

### **Neutral points and other sites**

When the specific sites just mentioned are being pressed, some healthcare professionals will also press ‘neutral’ or ‘dummy’ sites in order to see whether or not the person being assessed is suffering from a more widespread, generalized sensitivity that might be something other than fibromyalgia.

### **When there are different pain reports under different circumstances**

Experts say that there seems to be some variation in sensitivity of the tender points, due to age, sex and race. For example:

- Caucasians (white people of European stock) report more tender point sensitivity than do black races or Hispanics
- women report more tender points than men
- the number of tender sites reported increases with age, with the maximum noted around the age of 70, on average (E Wolfe, 1985).

### **How many points?**

Disagreement exists over how many tender point sites are needed before you will be diagnosed as having fibromyalgia – whether 3, 7 or 11 areas of pain are needed for such a diagnosis. Over the years, the diagnostic rulings seem to have varied widely. At one time, 19 painful sites out of 75 tested were thought to be necessary, but this was later changed to 10 out of 25.

As we have seen, now, officially, 11 sites need to be found to be painful, out of 18 tested. However, international experts Drs Yunus, Simms and Rothschild state that they think only three are

required, as long as putting pressure on these places produces the pain reported by the patient.

Alternatively, there could be sensitivity in almost all the points pressed, even the neutral points, which could lead (often wrongly) to the diagnosis that the pain is psychological in origin.

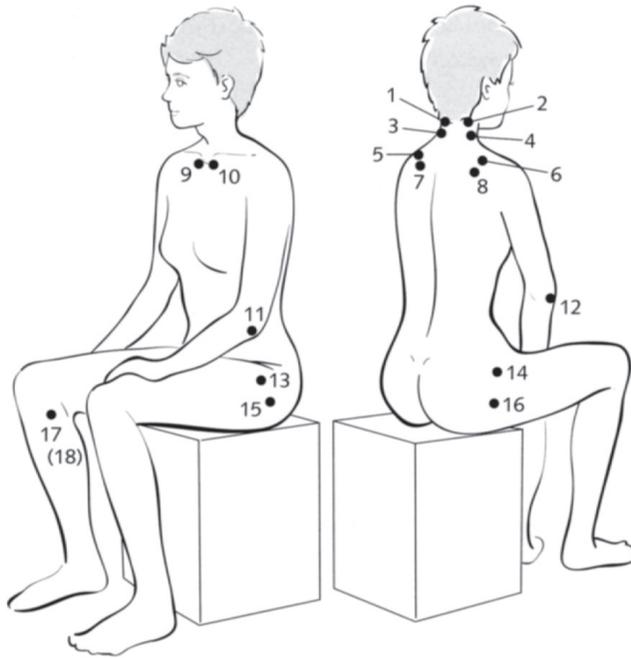
The difference between the current guidelines for diagnosing fibromyalgia and those for fibrositis (the old name for fibromyalgia) seems to lie in the number of tender points found. These were 5 or more for fibrositis, and are 11 or more for fibromyalgia, although, as we have just seen, there is not yet general agreement among experts on this last figure.

Thus, finding 11 tender points out of 18 sites tested by pressure can be enough to produce a diagnosis of fibromyalgia, as can 3 'referring' sites (trigger points) in patients who have chronic pain in all 'corners' of the body.

All patients diagnosed as having fibromyalgia have to meet some such criteria, either as set out by the official statement of the American College of Rheumatologists (see Figure 1.1) or as described by experts who take a different view. At least 75 per cent of people diagnosed as having chronic fatigue syndrome (CFS) will also meet these specific [fibromyalgia] criteria and can therefore also be diagnosed as having fibromyalgia syndrome (George Duna and William Wilke, 1993).

The similarities between fibromyalgia syndrome, chronic fatigue syndrome and Irritable Bowel Syndrome are listed in Table 1.1 (see the discussion below in this chapter and in Chapter 2 on the link between fibromyalgia and chronic fatigue syndrome).

In addition to these similar – indeed, identical – factors, *all* these conditions are also frequently characterized by pain, fatigue, headaches, disturbed sleep patterns, anxiety, depression, numbness and tingling in the arms, hands or feet, and bowel disturbances (diarrhoea and/or constipation on their own or alternating), which are all frequently affected by the weather, activity and stress, and there are usually many painful and sensitive areas to be found, on palpation,



**Figure 1.1** *These are the tender point sites as defined by the American College of Rheumatologists. Of the 18 points (9 sites each side of the body), at least 11 must be reported to be painful on mild pressure to allow an 'official' diagnosis of fibromyalgia to be made.*

in sufferers of all of them. Irritable bowel problems will usually be associated with areas in the abdomen that are painful when pressed.

In 1992, a 'Consensus Document on Fibromyalgia' was produced at the Second World Congress on Myofascial Pain and Fibromyalgia in Copenhagen (Consensus Document, 1992). This declaration accepted the American College of Rheumatologists' definition of FMS and added a number of symptoms to that definition (apart from widespread pain and multiple tender points) including persistent fatigue, generalized morning stiffness and non-refreshing sleep, headache, irritable bladder, dysmenorrhoea, extreme sensitivity to cold, restless legs, odd patterns of numbness and tingling, intolerance to exercise and others.

**Table 1.1** The similarities between fibromyalgia, chronic fatigue syndrome, and irritable bowel syndrome

	<b>Fibromyalgia</b>	<b>Irritable bowel</b>	<b>Chronic fatigue</b>
<b>Age</b>	Young adult	Young adult	Young adult
Primary sex	Female	Female	Female
Prevalence	Common	Common	Common
Cause	Not known	Not known	Not known
Chronic	Yes	Yes	Yes
Lab. studies	Normal	Normal	Normal
Pathological findings	None	None	None
Disabling	Yes	Yes	Yes

The data in this table derives from S. Block, 'Fibromyalgia and the rheumatisms' *Controversies in Clinical Rheumatology*, 19 (1) p. 68, 1993; M. Yunus, 'Fibromyalgia and other functional syndromes', *Journal of Rheumatology*, 16 (sup. 19) (69), 1989, and D. Goldenberg, 'Fibromyalgia and its relationship to chronic fatigue syndrome, viral illness and immune abnormalities', *Journal of Rheumatology*, 16 (sup. 19) (92), 1989.

This declaration recognized that people with FMS may at times present with fewer than 11 painful points. In such a case a diagnosis of 'possible FMS' is appropriate, with a follow-up assessment suggested to reassess the condition.

#### CHILDREN WITH FIBROMYALGIA

Many children are now being diagnosed as having fibromyalgia. It often starts with flu-like symptoms and then becomes chronic, with sleep disturbance as a major feature. Some children also display attention deficit disorder (ADD) symptoms, which are fatigue, school and behaviour problems and, commonly, a tendency to allergies. Some fibromyalgia experts also find that such children frequently have very loose (hypermobile) joints (see pages 41, 84 and 212).

## **How many people are affected by fibromyalgia?**

Muscular pain that goes on for months or years is now common, often causing sufficient disability to prevent people from working or functioning normally. In fact, fibromyalgia is now the most common disorder seen by rheumatologists after osteoarthritis and rheumatoid arthritis.

Dr. Don Goldenberg, Chief of Rheumatology at Newton-Wellesley Hospital and Professor of Medicine at Tufts University School of Medicine, estimates that there are between 3 and 6 million Americans affected by fibromyalgia, mainly between the ages of 26 and 35, and with the vast majority being women (86 per cent females against 14 per cent males according to many surveys).

Based on population size and surveys, we can therefore estimate that between 750 thousand and 1.5 million people in Britain also have fibromyalgia.

According to leading medical experts, in total it is estimated by Professor Bruce Rothschild of Northeast Ohio Universities College of Medicine, that nearly 25 per cent of patients seen at rheumatology clinics are actually suffering from fibromyalgia (1991).

A Norwegian study of nearly 250 young women with chronic musculoskeletal pain (aged 20 to 49) found that 10 per cent of them fully met the strict criteria for the diagnosis of fibromyalgia, while many more partly met them.

## **How disabling is fibromyalgia?**

Out of 394 patients, 100 (that is, 25.3 per cent) with fibromyalgia (all female), and 12 out of 44 males (27 per cent), were shown in a survey (presented to the 1994 American College of Rheumatology meeting by Don Goldenberg, MD) to be sufficiently badly affected by the condition as to be unable to work; they were, effectively, disabled (1993).

Almost all the others surveyed claimed that their fibromyalgia affected their job performance very badly. This survey found that those who were disabled by their fibromyalgia remained in great

pain long after they'd received their disability benefits, which shows that stopping work brought them little or no relief.

In Canada, the insurance company London Life reported in 1989 that it was issuing monthly long-term disability payments to over 630 people who had been diagnosed as having fibromyalgia, which involved a total of around a million dollars a month.

### **Clearing up the confusion about names and conditions**

Just as 'fibrositis' has become 'fibromyalgia', 'chronic fatigue syndrome' has now replaced the terms 'chronic mononucleosis' and 'chronic Epstein-Barr syndrome' of the recent past, and those of 'neurasthenia' and 'nervous exhaustion' used in Victorian times.

There is still disagreement among experts as to whether chronic fatigue syndrome is the same as myalgic encephalomyelitis (ME, known in the USA as post-viral fatigue, PVFS) or not, and it seems likely that this argument will run for some time. In this book, wherever the chronic fatigue is not related to known disease processes, such as diabetes or clinical depression, or simply overtiredness as a result of natural causes (such as overwork), we will refer to the two names together: chronic fatigue syndrome (ME).

Some doctors insist that the psychological aspects of these conditions are the most important cause, and so use the terms 'masked depression' and 'somatoform disorder' to describe such conditions. This is strongly resented by those afflicted by chronic fatigue syndrome (ME) or fibromyalgia, who see the psychological and emotional symptoms as being the result of their fatigue, pain and general ill-health, not the causes.

#### **ARE CHRONIC FATIGUE SYNDROME (ME) AND FIBROMYALGIA THE SAME?**

Fibromyalgia syndrome and chronic fatigue syndrome (ME) often seem to begin after an infection or a severe shock (physical or emotional), and the symptoms are very similar. The only obvious difference seems to be that, for some people, the fatigue

element dominates, while for others the muscular pain is their worst symptom.

In other words, for many people ‘chronic fatigue syndrome’ and ‘fibromyalgia syndrome’ are interchangeable terms, although there are certain symptoms (fever and swollen glands, for example) that are found in a higher percentage of chronic fatigue syndrome (ME) patients than those with fibromyalgia. The term chronic fatigue syndrome (ME) will be used together with fibromyalgia throughout this book to indicate that this large body of people has symptoms that it is widely acknowledged are often identical to those of fibromyalgia.

In 1988, Dr. Harvey Moldofsky tested chronic fatigue syndrome (ME) patients as well as fibromyalgia patients whose symptoms started after a flu-like illness (infection), and those whose symptoms started in other ways. He found that the electrical brain wave patterns (EEG brain anomalies), tender points, pain and fatigue were identical in all these groups (1993).

In 1993 Don Goldenberg, MD, compared 50 patients diagnosed as having fibromyalgia with 50 patients diagnosed with chronic fatigue syndrome (ME). He found that symptoms of a sore throat (54 per cent), rash (47 per cent), chronic cough (40 per cent), swollen lymph glands (33 per cent) and recurrent low-grade fever (28 per cent) were virtually the same in both groups. As these symptoms are common among chronic fatigue syndrome (ME) patients, it seemed likely to him that the diagnosis can often be interchangeable.

#### FIBROMYALGIA AND MYOFASCIAL PAIN SYNDROME

There have also been debates among experts as to whether or not fibromyalgia is or is not the same as another painful muscle condition – myofascial pain syndrome. Some believe it is, and others are quite sure it is not (see also Chapter 4).

Yet other experts continue to use terms such as ‘muscular rheumatism’ or any of literally dozens of other similar words and terms to describe what is, essentially, exactly the same condition.

## WHAT'S IN A NAME?

Such arguments may not seem important, but they are a key factor in the lack of progress in addressing this widespread problem. As long as there remains no general agreement as to what name to give to a condition, there tends to be no concerted focus on research or on understanding what is going on. For years, the sometimes violent verbal debate as to whether or not ME was 'real' – was it 'all in the mind' or a real physical problem? – focused attention away from the profound suffering involved and prevented the real and dramatic progress via research that has since shown us so much of what is really going on in the brains and bodies of those afflicted.

It was only when researchers started taking the condition seriously – after the Centers for Disease Control labelled it 'chronic fatigue syndrome' and after a concerted campaign by sufferers for action – that scientists began to obtain research grants and clinicians could begin to look at treatment protocols without feeling that they were dealing with a mirage.

An example of why the naming of a condition matters can be seen when you look at the word 'fibrositis' (the previously used name for fibromyalgia, which means 'muscle pain').

When a word ends in 'itis' in medicine, it signifies that an inflammatory process is involved. However, no evidence has ever been produced that the muscular aches and pains which are among the main symptoms of fibrositis and/or fibromyalgia have much to do with inflammation.

It is not surprising, therefore, that anti-inflammatory drugs have no effect on the condition and, because of this, many doctors assumed that the condition itself was a fiction – that there was no such thing as fibrositis and that the symptoms complained of were unimportant or imaginary.

By changing its name to fibromyalgia syndrome, the inflammation element was removed from its name and, because the word 'syndrome' is part of its full name, this tells the doctor that there is more to the condition than just muscular pain.

The whole condition suddenly became more believable, and with this perception came the possibility of researching into it to acquire a wider understanding of the processes involved. Indeed, the change in name from fibrositis to fibromyalgia syndrome was accompanied by a sudden rash of research and review articles on it in the medical journals – there were only a few in 1985, but around 100 in 1990, and thousands today, although many still confuse the names used to describe the condition (Joseph Kalik, 1989).

It is true that none of these debates about what to call a disorder (of which we will hear more in Chapter 4) alters the unpleasant symptoms being experienced by hundreds of thousands of people one tiny bit, but it can help to explain why so much confusion exists among doctors and other healthcare professionals. Also, when the experts themselves have differing views, it is not surprising that there is no clearly defined procedure for those trying to help the person in pain.

## PATIENT POWER

Just as with chronic fatigue, it has been activists suffering or recovering from the condition who have helped most in clarifying just what is going on and bringing the most sensible information as to the needs of those suffering to the attention of the public, the media and the healing professions. Organizations such as ME Action in the UK and the Fibromyalgia Network in the USA are to be commended for the consistently professional and dedicated manner in which they have activated authorities and supported those affected.

### **What should make you suspect that you might have fibromyalgia?**

If you have chronic muscular pain (that is, you have been experiencing it for at least three months), affecting most areas of the body, and if a number of the particular sites listed by the American College of Rheumatologists (Don Goldenberg, 1993) feel painful when subjected to moderate pressure, even if there

are no additional associated symptoms (such as sleep and bowel disturbances or fatigue) and whether or not the symptoms are affected by climatic factors, you may have fibromyalgia.

What you need to know next is what is actually happening to the body to produce the painful muscular (and other) symptoms, and then what can be done to help you.

In the coming chapters we will examine conditions that can be confused with fibromyalgia as well as some other health problems which seem to be associated with it. In these discussions we will learn of some of the most recent research findings, which will help to explain the way science is gradually coming to understand the processes involved.