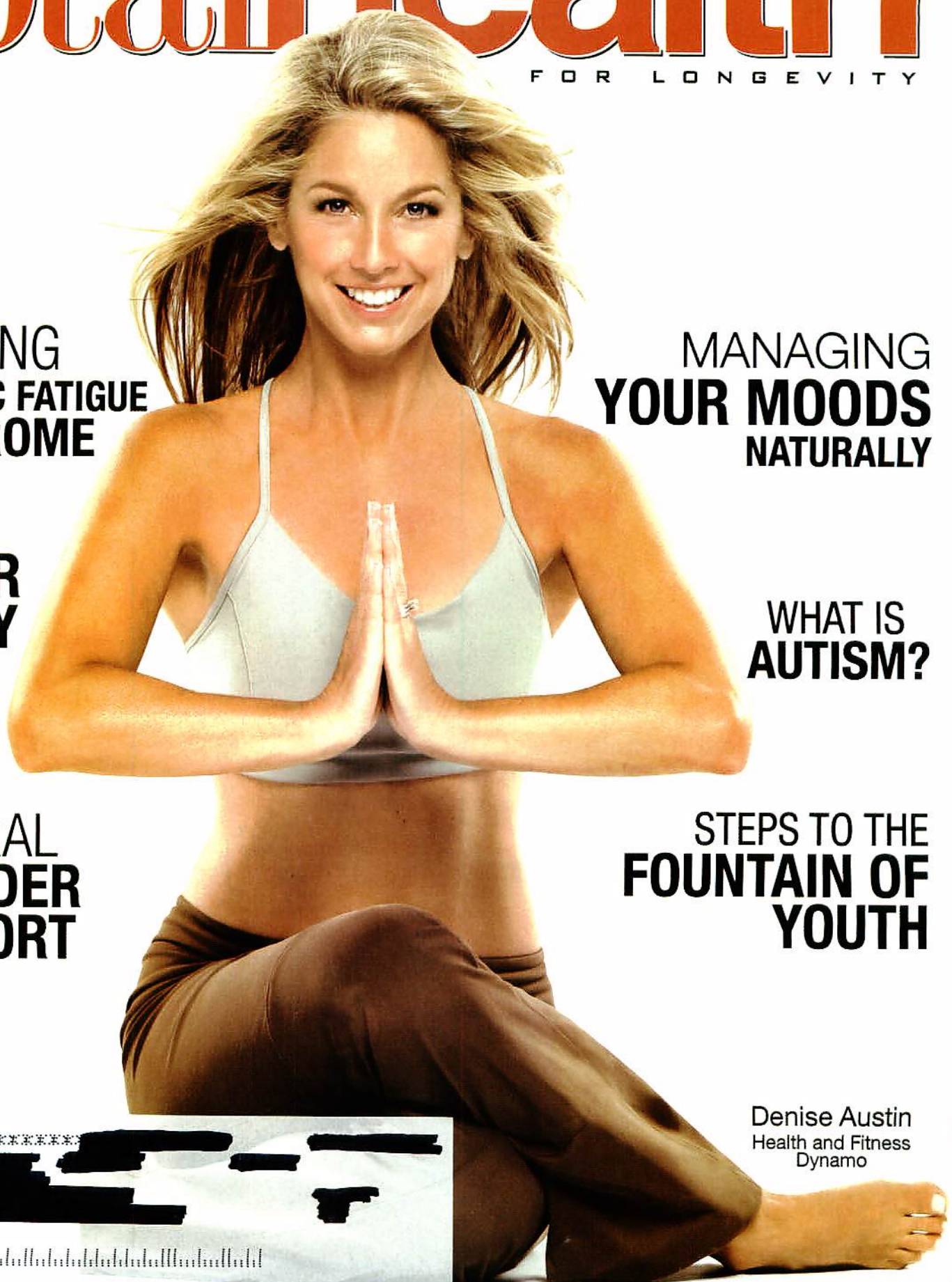


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by Jacob Teitelbaum, M.D.

from fatigued to FANTASTIC!

Treating CFS, Fibromyalgia and Myofascial Pain

The “perfect storm” for American health is preparing to hit. A combination of poor nutrition, decreasing sleep, increasing stress and environmental toxins has created a human energy crisis of unprecedented proportions. Over the past 10 years, the incidence of chronic fatigue syndrome (CFS) and fibromyalgia (FMS) has exploded by 400 to 1000 percent, as documented in five separate studies. The numbers for those with CFS in the U.S., previously estimated at 500,000, are now being re-tallied at closer to 2.5 million. Previous estimates placed the number of Americans with FMS at 6 million. Studies worldwide suggest this has likely gone up in the last decade to 12–24 million Americans! Meanwhile, one quarter of Americans suffer with chronic pain and most are fatigued.

The publication of the newest edition of the best-selling book, *From Fatigued to Fantastic!* (FFTF-Avery/Penguin Group USA, October 2007) provides a timely solution following the recent recognition by the CDC, NIH, and FDA that CFS and FMS are bona fide and devastating illnesses. This information is now

even being presented on “*Oprah and Friends*” with Dr. Oz and was recently discussed on the “*Oprah Winfrey Show*” as well. Newly updated in a third edition, FFTF provides a comprehensive understanding of CFS/FMS and the latest research, as well as a step-by-step guide to the “SHINE protocol” that has helped so many of these patients get their lives back.

So what does the research show?

The lead article published in an issue of the *Journal of Chronic Fatigue Syndrome* is titled, “Effective Treatment of Chronic Fatigue Syndrome and Fibromyalgia—the Results of a Randomized, Double-blind, Placebo-controlled Study.” After decades of hard work by hundreds of researchers in the field, we have progressed to the point where effective treatment is now available for these illnesses. In our study, over 90 percent of patients improved with treatment.

In the average patient, after two years of treatment, the average improvement in quality of life was 90 percent. Pain decreased by over 50 percent on average. Many patients no longer even qualified for the diagnosis of CFS or fibromyalgia

after treatment. Interestingly, many of the same principles for treating fibromyalgia also apply to myofascial pain syndrome (MPS—muscle pain).

That the vast majority of patients improved significantly in the active group while there was minimal improvement in the placebo group proves two very important things. The first is that these are very treatable diseases. The second is anyone who now says these illnesses are not real or are all in your head are clearly both wrong and unscientific. The full text of the studies can be seen at www.vitality101.com.

A new day is dawning in how CFS/fibromyalgia/MPS will be treated. In support of our work, an editorial in the April, 2002 *American Journal of Pain Management* noted, “The comprehensive and aggressive metabolic approach to treatment detailed in the Teitelbaum study are all highly successful approaches and make fibromyalgia a very treatment responsive disorder. The study by Dr. Teitelbaum et al. and years of clinical experience make this approach an excellent and powerfully effective part of the standard of practice for treatment of people who suffer from fibromyalgia and myofascial pain syndrome.”

It is important to recognize these syndromes can be caused and aggravated by a large number of different triggers. When all these different contributing factors are looked for, and treated effectively, patients improve significantly and often get well.

What is causing these illnesses?

As we noted above, CFS/FMS/MPS is not a single illness. Our study has shown it is a mix of many different processes that can be triggered by many causes. Some of you had your illness caused by any of a number of infections. In this situation, you can often give the time that your illness began almost to the day. This is also the case in those of you who had an injury (sometimes very mild) that was enough to disrupt your sleep and trigger this process. In others the illness had a more gradual onset. This may have been associated with hormonal deficiencies (e.g., low thyroid, estrogen, testosterone, cortisone, etc.) despite normal blood tests. In others, it may be associated with chronic stress, antibiotic use with secondary yeast overgrowth, and/or nutritional deficiencies. Indeed, we have found dozens of common causes of, and factors that contribute to, these syndromes.

What these processes have in common is that most of them can suppress a major control center in your brain called the hypothalamus. This center controls sleep, your hormonal system, temperature, and blood flow/blood pressure. When you don't sleep deeply, your immune system also stops working properly and you'll be in pain. When we realized this, the myriad symptoms seen in CFS/fibromyalgia suddenly made sense. It also gave us a way to effectively treat you.

Five main categories of problems need to be treated.

A half-century of work by Dr. Janet Travell, the White House physician for Presidents Kennedy and Johnson, and author of the *Trigger Point Manual* showed that the same problems caused by hypothalamic suppression resulted in muscles getting stuck in the shortened position. Chronic muscle shortening then causes myofascial and fibromyalgia pain. As she laid the groundwork for effective treatments of these processes, our

research team dedicated our published study to her memory. These are the five key areas that need to be treated for chronic fatigue syndrome, fibromyalgia and muscle pain to resolve. We call this the “SHINE Protocol.”

1. Disordered SLEEP. Most patients with these illnesses find that they are unable to get seven to eight hours of deep sleep a night without taking medications. In part, this occurs because hypothalamic function is critical to deep sleep. Unfortunately, many of the most common sleep medications actually aggravate the sleep problems by decreasing the amount of time spent in deep sleep. For patients to get well, it is critical they take enough of the correct sleep medications to get eight to nine hours sleep at night. These medications include Ambien, Desyrel, Klonopin, Xanax, Soma and, if you don't have Restless Leg Syndrome, Flexeril and/or Elavil. In addition, natural remedies can help sleep. An excellent one (which I developed—the Revitalizing Sleep Formula by Enzymatic Therapy. One hundred percent of my royalty for all products I develop is donated to charity) includes theanine, Jamaican dogwood, wild lettuce, valerian, passionflower, and hops. Other natural sleep aids include calcium, magnesium, 5-HTP (100–300 mg), and melatonin (3/10–1 mg). Some patients find that over-the-counter antihistamines such as doxylamine (Unisom for sleep) or Benadryl can also help. In the first six months of treatment, it is not uncommon to sometimes need to take even six to eight different products simultaneously to get eight hours of sleep at night. After 6–18 months of feeling well, most people can come off of most sleep (and other) medications. I'm starting to believe that, to offer a margin for safety during periods of stress, it may be wise to stay on one-half to 1 tablet of a sleep medication for the rest of your life. Your doctor may initially be uncomfortable with this. Nonetheless, our experience with over 3000 patients and two research studies have found this approach to be safe and critical to people getting well. When one recognizes that CFS/FMS is a hypothalamic sleep disorder—not poor sleep hygiene—this approach makes sense. Otherwise, it is as if your doctor would immediately try to stop blood pressure or diabetes medicines every time the patient was doing better.

2. HORMONAL deficiencies. The hypothalamus is the main control center for most of the glands in your body. Most of the normal ranges for our blood tests were not developed in the context of hypothalamic suppression or these syndromes. Because of this (and for a number of other reasons) it is usually necessary, albeit controversial, to treat with thyroid, adrenal (very low dose cortef; DHEA), and ovarian and testicular hormones—despite normal blood tests. These hormones have been found to be reasonably safe when used in low doses. Growth hormone has also been shown to be helpful in fibromyalgia. We don't always use it because, unfortunately, it can cost over \$10,000 a year and is given by injection. Fortunately, there may be a cheaper way to raise your low growth hormone. Most growth hormone is made during deep sleep. This may be another reason why getting eight to nine hours of deep-sleep a night can be critical.

3. Unusual INFECTIONS. Many studies have shown immune system dysfunction in FMS/CFS. Although there are many causes of this, I suspect that poor sleep is a major contributor. The immune dysfunction can result in many unusual infections. These include viral infections (e.g., HHV-6, CMV, and EBV), parasites and other bowel infections, infections sensitive to long-term treatment with the antibiotics Cipro and Doxycycline (e.g., mycoplasma, chlamydia, Lyme's, etc.) and fungal infections. Although the latter is controversial, both our study and another recent placebo-controlled study found treating with an antifungal to be very helpful with the symptoms seen in these syndromes. Avoiding sweets (stevia is okay) and taking Acidophilus Pearls (healthy milk bacteria—two pearls twice a day for five months) can be very helpful. It is also very helpful to add Diflucan, a prescription antifungal, at a dose of 200 mg a day for six weeks. A new antiviral (Valcyte) has also been extremely beneficial in those whose testing suggests HHV-6 or CMV viral infections.

4. NUTRITIONAL supplementation. Because the Western diet has been highly processed, nutritional deficiencies are a common problem. In addition, bowel infections can cause poor absorption, and the illness itself can cause increased nutritional needs. The most important nutrients include:

- a) Vitamins—especially the B vitamins (most at 25–50 mg/day), vitamin B₁₂ (50–3000 mcg/day), antioxidants (e.g., vitamin C and E).
- b) Minerals—especially magnesium, zinc, and selenium.
- c) Amino acids (proteins). To replace the 35 tablets a day that people needed to take, I developed a good tasting product that contains 50 key nutrients in one capsule and one scoop of a good tasting powder taken daily. It is called “Energy Revitalization System” by Enzymatic Therapy, and is available at health food stores or at www.vitality101.com.

5. EXERCISE as tolerated. In the beginning, walk as much as you can so you feel “good tired” after, and better the next day. Because you do not yet have the energy to condition, do not push beyond what is comfortable. Otherwise, you're likely to crash. After 10 weeks on the program, your energy production will increase, and then you'll be able to condition by increasing your walking by one minute a day as able. When you get to one hour a day, you can increase the intensity of your exercise.

There are many other treatments available as well. Although space does not allow for a full discussion of these in this article, I discuss them at length in my book *From Fatigued to Fantastic!* and at my Web site www.vitality101.com (click on the “Treatment Protocol” link for detailed instructions on treatments for each of these problems).

Ribose (Corvalen): An exciting new discovery!

Corvalen (D-Ribose by Bioenergy Life Sciences, Inc.) is an outstanding new nutrient (a special sugar—even okay for those who need to avoid sugar) for those of you who want a powerful energy boost. In addition to its role in making DNA and RNA, those of you familiar with biochemistry remember Ribose as the key building block for making energy. In fact,

the main energy molecules (like “energy dollars”) in your body (ATP, FADH, etc.) are made of ribose plus B vitamins/phosphate. That makes these energy molecules similar to the paper that money is printed on—kind of like being able to print your own energy currency.

Corvalen has many uses, including treating heart muscle weakness (congestive heart failure). We were so impressed with this product that our research center completed a study (published November 2006) reported on it in the national news services. Two thirds of CFS/Fibromyalgia patients improved, with an average increase in quality of life of 30 percent, outstanding for a single nutrient. Take one scoop three times a day for two weeks, then decrease to a scoop twice a day, but lower the dose or take it with food if you get hyper from being too energized. The use of Ribose (Corvalen) is a major step forward in treating fatigue with the average CFS/FMS patient in the study having a 45 percent improvement in energy after two to three weeks. In our study, pain, sleep, and “brain fog” also improved.

So can I make my pain go away?

Absolutely, fibromyalgia and myofascial (muscle) pain and associated nerve entrapments are now very responsive to treatment. In many cases, they usually will improve dramatically and often even go away if you simply get the eight hours of sleep a night I discuss above, take the vitamin powder, take thyroid hormone, and treat the underlying yeast infections. Other patients require the more thorough evaluation and treatment. Localized myofascial pain also requires an evaluation for structural causes.

Aspirin family medications (including ibuprofen) are not very effective for most fibromyalgia and myofascial pain patients. I avoid Tylenol because it can markedly deplete a critical antioxidant (glutathione). Helpful natural treatments include the End Pain formula, an herbal remedy that includes Boswellia, willow bark, and cherry. This combination can be more effective than Celebrex and Motrin and are much safer. I recommend one to two tablets three times a day. Although some effect can be seen immediately, improvement continues to build over six weeks. At that time, the dose can be lowered. The medications I find to be most helpful for myofascial pain include Ultram, Skelaxin, Neurontin, Lyrica, and Zanaflex. Lidocaine patches and creams creating a mixture of medications can also be highly effective for local areas of pain without significant side effects. There are many other medications and other effective ways to treat pain as well. These can be used to help keep you comfortable while we go after the pain's underlying causes.

How do I go about getting well?

My best-selling book *From Fatigued to Fantastic* has been dramatically updated. It will supply you and your physician with all the information that you need to get treated effectively. It also contains the full text of our, double blind, placebo-controlled study which proves effective pain treatment is now available.

Because determining which treatments are needed by any given individual and then teaching them how to use them can be very difficult and time consuming (even for doctors that are very skilled in treating these syndromes—an initial consulta-

tion in my office usually takes at least four hours of my "one on one" time), I've created a sophisticated computer program on my Web site (www.Vitality101.com) that is like a computerized CFS/Fibromyalgia specialist. It can analyze your history and lab tests to tailor a treatment protocol to your case using both natural and prescription therapies. The good thing about it being a computer program is that it has both the time and ability to guide almost everyone with these syndromes back to health.

In addition, our Web site also contains:

- ✦ Copies of both of our research studies demonstrating effective treatment for these illnesses. The first one, published in 1995, was an open (not placebo-controlled) study in which over 90 percent of patients improved. The second is the placebo-controlled study I've discussed above. Feel free to make copies of this study for your physicians, friends, and for anybody in the news media you think might be interested.
- ✦ How to find a physician.
- ✦ A question, answer, and comments area.
- ✦ A sign up section for a free e-mail newsletter to keep you on the cutting edge.
- ✦ A shop where you can order supplements or books.
- ✦ Articles of interest, and more.

The purpose of our Web site is to supply, in one place, all of the resources that you need in order to get well.

So how do I get help?

For decades, it has been incredibly difficult for people suffering with chronic fatigue or fibromyalgia to find a knowledgeable physician. Those days are over. The good news is there is now a national chain of treatment centers called the Fibro-



myalgia and Fatigue Centers (www.Fibro-AndFatigue.com) whose physicians are extensively trained in the newest research on how to effectively treat these problems. They have treated many thousands of patients with over 80 percent of them improving significantly. This requires a thorough evaluation and aggressive treatment with a mix of natural and, when needed, prescription therapies. This also includes using bioidentical natural hormones.

It's critical to find somebody who specializes in CFS and fibromyalgia to treat you. People often ask me, "How can I talk my doctor into giving me the treatment that I need?" In most cases, the answer is that you can't. Most doctors, appropriately enough, will not do the things they are not properly trained in. This does not make them a bad physician. If you came to me and asked, "Dr.

Teitelbaum, I would like

you to do a heart bypass operation on me." I would say, "I'm sorry, I am not trained in this, and I can't." If you then gave me a copy of a book called *From Bypass to Fantastic* and a scalpel, you still would not want me performing surgery on you. This would not make me a bad physician, and your doctor not treating you for CFS or fibromyalgia does not make them a bad physician either. The best thing to do is to go to a physician who specializes in treating these complex syndromes.

The Fibromyalgia and Fatigue Centers see patients from all over the world. Although the first visit needs to be done in person, follow-ups can be done by telephone. By the fourth visit (i.e., at four months), you will likely be part of those 80 percent of sufferers who have reclaimed their lives.

The approach at the FFC includes a six-step integrated program that works to address the underlying dysfunctions that cause your illness. They use a patient-centered, holistic treatment and plan of care that treats the whole body. Successful treatment of these diseases requires a plan tailored to the individual. Your treatment, then, may occur in

one order, while another person might occur in one completely different. And of course, multiple steps are often initiated simultaneously. Generally, the FFC approach to treatment is done in the following order:

- ★ Stabilize the patient by addressing pain and sleep disturbances;
- ★ Enhance the mitochondria by improving nutrition;
- ★ Balance the hormones by evaluating hypothalamic, thyroid, adrenal, ovarian/testicular and pituitary function;
- ★ Evaluate infectious components and treat underlying infections;
- ★ Address unique etiologies such as neurotoxins and coagulation defects;
- ★ Provide individualized maintenance program with the minimal amount of medications and supplements needed to keep you well.

What if my symptoms persist despite treatments I've tried?

The good news is that many effective treatments are now available, and almost every one can be helped. *From Fatigued to Fantastic!* reviews many different options and, more importantly, let's you know which ones are most likely to help YOU! As you read the book, it will have you fill out a series of questionnaires and check off treatments based on your answers. When the book is done, you will have a treatment protocol tailored to YOUR case. For those of you who have "tried everything," below are a few more (of many) options to consider:

- ◆ Be sure you are sleeping eight hours a night.
- ◆ Do a sleep study to rule out UARS, Sleep Apnea or Restless Leg Syndrome.
- ◆ Consider a high dose T₃ trial (the active thyroid hormone).
- ◆ Repeat a set of six high potency nutritional IVs.
- ◆ Hydrocortisone trial 5–20 mg each morning for three weeks.
- ◆ If yeast symptoms (sinusitis, nasal congestion or mouth ulcers) persist, try Nizoral 200 mg/day for six weeks and the "sinusitis nose spray."
- ◆ If bowel symptoms (diarrhea, gas, bloating) persist despite yeast treatment, consider small intestinal bacterial overgrowth (SIBO) and a trial of Rifaximin 400 mg twice a day



for 10 days. If bowel symptoms still persist, consider Alinia 1 gm twice a day for 10–14 days (the standard course is four days but inadequate). Both of these are expensive.

- ◆ Check HHV-6 and CMV IgG and IgM blood tests by IFA. If IgM positive, or the IgG is 1:320 or higher for either, consider the Valcyte protocol discussed in my book.
- ◆ Take intramuscular injections of gamma globulin 2 cc weekly or 4 cc

every other week for six doses, along with antiviral IVs and perhaps add Nexavir (a natural antiviral) if you have flu-like symptoms (even if your labs are okay).

- ◆ Consider antibiotics if suggested by labs or history.
- ◆ Be sure you are on the Energy Revitalization System multivitamin and ribose. If you have pure fatigue without pain, add NADH.
- ◆ If IgF-1 blood test is still suboptimal despite treatment, consider growth hormone.
- ◆ Add the neurotoxin six step protocol.
- ◆ Try heparin.
- ◆ Add the methylation defect protocol.

Most people improve without needing some of the more aggressive treatments listed above.

In the last 30 years, my associates and I have been successful in our quest to make the possibility of effective treatment available for everyone with CFS, and FMS related problems. Finding effective treatment, doing the research to prove its effectiveness, writing a book that teaches people how to get well (and their doctors how to treat them), and creating the Web site educational program that can help you tailor a treatment program for your specific situation has fulfilled this goal. ■

Dr. Teitelbaum is a board-certified internist and Medical Director of the Fibromyalgia and Fatigue Centers nationally. Having suffered with and overcome chronic fatigue syndrome (CFS) and fibromyalgia in 1975, he spent the next 30 years creating, researching, and teaching about effective therapies for fatigue and pain. He is the senior author of the landmark studies "Effective Treatment of Chronic Fatigue Syndrome and Fibromyalgia—a Placebo-controlled Study" and "Effective Treatment of CFS & Fibromyalgia with D-Ribose."

He lectures internationally. He is also the author of the best-selling book *From Fatigued to Fantastic!* (3rd edition, Penguin/Avery Oct 2007), *Three Steps to Happiness! Healing through Joy*, and *Pain Free 1-2-3- A Proven Program to Get YOU Pain Free!* (McGraw Hill 2006). His Web site is www.Vitality101.com.