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**Testing for
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**Nutrients for
Immune Support**

**How Chronic Stress
Produces Pain**

Jacob and Laurie Teitelbaum

**Shining the Light on
Fibromyalgia and Chronic Fatigue**

**Stacking the Deck Against
Bioidentical Hormones**

Effective Treatment of CFS and Fibromyalgia Can Be Easy

by Jacob Teitelbaum, MD

Treating chronic fatigue syndrome and fibromyalgia (CFS/FMS) is a bit like playing chess. You can learn to play it in a few hours. And it takes a lifetime to master. Unfortunately, most physicians aren't even at checkers yet—not even trained to treat day-to-day fatigue, let alone these devastating syndromes. Unless they are holistic. In this article, we will give an overview and free tools that will dramatically simplify treatment. I will also organize how to approach the illness and discuss my most recently completed study of a simple treatment, called Recovery Factors (www.recoveryfactors.com) that resulted in 60% of people improving, with an average 69% improvement in energy and quality of life.

For those who would like a very in-depth and organized understanding of the dizzying array of processes going on in these conditions, and how to treat them, the fourth edition of my book *From Fatigued to Fantastic!* (Penguin; September 2020) just came out. And it is, well, fantastic! Here is a quick overview.

Organizing Your Treatment Approach

There are literally over 100 different factors contributing to CFS/FMS. This can easily make it overwhelming if you don't organize your approach. The key is to figure out which mix is present in each individual. Begin by using the SHINE algorithm:

S– Sleep and Sensitivities

H– Hormones and Hypotension (orthostatic intolerance)

I– Infections

N– Nutritional Support

E– Exercise as able (low key, to prevent excessive deconditioning)

Then treat the mind/body/spirit components and reset the circuit breakers in their limbic system.

S – Addressing Sleep

CFS/FMS represents an energy crisis where people have essentially tripped a circuit breaker in their brain, called the hypothalamus. The circuit controls sleep, along with hormonal and autonomic function. Severe insomnia is the norm. So aggressive support to optimize sleep is needed. Here are a few of many helpful treatments.

I give people whatever combination of the below is needed to get seven to eight hours of solid sleep a night. For medications, people do far better with a low dose of several of these in combination, than a high dose of just one.

Begin with natural remedies:

1. Hemp Oil caps (EuroMedica), three to five capsules at bedtime work wonderfully for many resistant cases, helping sleep and pain. I find the whole hemp oil to be much

preferable to simply CBD for both sleep and pain, as it has at least 10 synergistically active cannabinoids.

2. Revitalizing Sleep Formula (Enzymatic Therapy), two to four at bedtime. A mix of six herbs and nutrients
3. Terrific ZZZZ (EuroMedica), one to two at bedtime. A mix of essential oils.
4. Melatonin, 5 mg, Dual Spectrum (Nature's Bounty)

Then I add low doses of several medications as needed to get eight hours sleep without hangover. Low doses of several things work better than a high dose of one. I begin with:

1. Zolpidem, 5-10 mg. It has its issues but is the most effective treatment I've found for initiating sleep in this population.
2. Trazodone, 25-50 mg
3. Gabapentin, 100-600 mg
4. Cyclobenzaprine, 2.5-5 mg

All of the above can be combined if needed to get 8 hours restorative sleep.

H – Hormones and Hypotension (Orthostatic Intolerance)

As the hypothalamic pituitary axis controls most of our hormonal system, and the hypothalamus also controls autonomic function, hormones and orthostatic intolerance need to be addressed. The key points are summarized below.

Hormones. Optimizing is essential—even if the blood tests are normal. In fact, the majority of people who benefit from hormonal support in general are in the “normal range.” It helps to understand that the normal ranges, in most cases, are simply based on two standard deviations. This means they check 100 healthy people, and the 95% in the middle are defined as normal. To put this in perspective, the normal range for shoe sizes would be 6 – 13. This does not mean that any shoe size in that range fits everyone. Diagnosis is based on symptoms predominantly, and only secondarily on lab testing. So here are the symptoms to look for:

1. Thyroid. Tired, achy, weight gain, constipation, cold intolerance, or infertility. I consider a trial of desiccated thyroid if the person has even two of these. *The dose is adjusted to what feels best to the person.* At optimal dosing, most people find the TSH will be low (because of the hypothalamic/pituitary dysfunction). I do follow the free T4, making sure that it is not in the top 20th percentile of the normal range or higher. It is not uncommon for the free T4 to be low on the optimal dose of desiccated thyroid, because it may be suppressed by the T3 component. A subset of people will need high doses of triiodothyronine (T3) instead.
2. Adrenal. Simply asking the person if they get irritable when hungry (“hangry”) or if they have symptoms of low blood sugar will indicate whether adrenal support is needed. Low blood pressure, orthostatic intolerance (see below), and frequent or prolonged respiratory infections and sore throats are also suggestive.

In most people, except women with elevated DHEA-S or testosterone, where I suspect polycystic ovarian syndrome (PCOS), I treat with Adrenaplex (by EuroMedica). If needed, I add low doses of hydrocortisone (5 – 12.5 mg a day split between morning and lunchtime dosing). Doses up to 20 mg a day tend to be quite safe for most people. For more information, I recommend a book called *Safe Uses of Cortisone* by Prof. William Jefferies.

- Reproductive hormones. In women over 40 whose fibromyalgia symptoms are worse around their menses, I generally recommend compounded BiEst (4:1 ratio estriol to estradiol) 2.5 mg plus progesterone 30 mg and testosterone 1.5 mg vaginally. In menopausal women, an FSH or LH over 70, or onset of symptoms around perimenopause, leave me to consider a therapeutic trial.

Hypotension/Orthostatic Intolerance (POTS/NMH). If one thinks about it, humans are largely a big bag of water. When we stand up, gravity routinely sends our blood down into our legs. If the autonomic system is functioning poorly, circulation to the brain and muscles suffers. Research shows this to be routinely occurring in CFS/FMS.

I do not bother with tilt table testing. For a one minute orthostatic intolerance screening quiz (validated in the Mayo Clinic journal), a quick 10-minute pulse test, and a summary of helpful treatments, email me at FatigueDoc@gmail.com. If you requested the free treatment tools (see Sidebar 1), this will be included.

I begin with adrenal support, increasing salt and water intake, using medium pressure (20-30 mm) compression stockings when up and around, and midodrine (ProAmatine). Numerous other treatments can be helpful.

***See Sidebar 2
at the end
of the article***

I – Infections

Immune dysfunction and opportunistic infections are a routine part of this illness.

I do not do much immune system testing as the results do not impact my treatment choices. Rather, these are made clinically based on symptoms and history. Here are the key infections that I address:

- *Candida.* I do no testing for this. The free questionnaire that I mentioned above includes a simple screening quiz that I find to be more helpful. Especially helpful? The majority of people who have either chronic sinusitis/nasal congestion or symptoms of irritable bowel syndrome find that these resolve with candida treatment. Along with many other fibromyalgia symptoms. Treatment can be done with Caprylex (Douglas Labs) and/or Lufeneron (www.shop4lufe.com), a good probiotic, plus Diflucan (fluconazole) 200 mg daily for six to eight weeks. In addition, I routinely include the sinusitis nose spray (ITC Compounding Pharmacy 888-349-5453) one spray in each nostril twice a day for one to two months. If I suspect mold toxins (see below) I give the sinusitis spray for six months.

You'll be amazed at how many people find both their irritable bowel syndrome and sinusitis resolve with this approach.

- *Antibiotic-sensitive infections.* Lyme has been discussed at length elsewhere, so I will not include that discussion here. But I will note that simply giving antibiotics results in initial improvement, followed by worsening as the candida is aggravated from the antibiotics. Although the antibiotics can be essential, the person must also be covered

for candida during the antibiotic treatment to prevent overgrowth. And the rest of the SHINE Protocol is essential to optimizing recovery.

Numerous other antibiotic-sensitive infections may be present, but I find blood testing to not be reliable and prefer to treat based on symptoms and clinical response to the antibiotic. In any patient who gives a history of their fibromyalgia improving (even transiently) on antibiotics, I routinely will give the antibiotic that helped for extended periods. Also suspect antibiotic-sensitive infections (there is a wide array) in those who are allergic to several different antibiotics and nothing else. These are unlikely to be allergies but rather represent Herxheimer reactions. Also consider antibiotic trials for those with chronic lung congestion, elevated white blood cell counts, or chronic scalp scabs.

- *Small Intestinal Bacterial Overgrowth* (SIBO) is also common. Suspect when the person has a lot of foul-smelling gas. Ask them if their gas smells like the “silent but deadliest” most kids in grade school are familiar with. This reflects increased sulfur in the gas from the SIBO. I treat with Ultra MFP Forte (Douglas Labs) for one month, repeating as needed. Optimizing thyroid function is critical to preventing recurrence. If symptoms are severe, I consider the antibiotic rifaximin 550 mg three times a day for 10 days. But rifaximin is now obscenely expensive.
- *Viral infections*. Suspect this if the person’s CFS/FMS began with a viral infection or they have chronic flulike feelings. I will check HSV-1, CMV, HHV-6, and EBV IgG (not IgM) antibodies if I am suspicious. These are only minimally helpful, however, as over 95% of the healthy population will also show positive on these. But for HSV-1, CMV, and HHV-6, I have an increased index of suspicion if the IgG is greater than four or greater than 1: 320.

Generally, if I am suspicious of chronic viral reactivation, I will begin with Famvir 500 to 750 mg TID plus Celebrex 200 mg BID for six months. It takes four months to see if it will start helping. In rare cases, I will go with Valcyte if the Famvir is ineffective and the CMV or HHV-6 antibodies are elevated. If the illness began with marked GI symptoms, I consider a trial of Equilibrant (Equilibrenthealth.com) for possible enterovirus. Directions for use are on their website. A small percentage of very refractory cases have responded to this.

- *Parasites*. If significant gut symptoms persist despite candida and/or SIBO, or travel history is suggestive, I will consider parasite testing at Genova, DiagnosTechs, and/or the Parasitology Center. In CFS/FMS, all parasites should be treated.

N – Nutritional Support

I start everyone on the following:

1. Energy Revitalization System vitamin powder (Enzymatic Therapy)
2. Smart Energy System (www.EndFatigue.com). This is a mix of ribose, ashwagandha, rhodiola, schisandra, green tea extract, and licorice. The effect on energy can be remarkable.
3. CoQ10, 100 mg (I use the orange chewable from EuroMedica – one tablet gives the absorption of 800 mg coenzyme Q 10)
4. EurOmega-3 (EuroMedica) one daily. Equal to seven normal fish oil pills.

The above supplies the equivalent of 80 pills in one drink and four capsules/tablets daily. While giving outstanding and overall comprehensive nutritional support. It is very important

to keep the pulldown count when possible. I find this mix helpful for everyone who wants to increase energy and vitality.

Also add nutritional support with the Recovery Factors (www.recoveryfactors.com), having them follow the dosing instructions on the website. One bottle will tell them if it will help (see Sidebar 2).

E – Exercise

Simply have the person walk to the degree where they feel good tired after and better the next day. This is to prevent deconditioning. Simply giving an overaggressive exercise program is likely to make the person worse. Have them walk so they feel good tired after and better the next day. If they feel wiped out the next day, they did too much. After eight weeks on the protocol above, their ability to condition will usually markedly increase.

Mind-Body Spirit

This is covered in depth in *From Fatigued to Fantastic*. But here is the very short version:

1. Teach people to say no to things that *feel* bad—with no justification needed. This is important for authenticity and protecting one's energy boundaries.
2. Reset the "tripped circuit breakers" in the limbic system by doing the Dynamic Neural Retraining System (retrainingthebrain.com). This DVD training series is remarkably effective at helping the overall process without any pills. Benefits are usually seen after about 8 to 10 weeks of one hour a day. They can be extraordinary.
3. Release emotional trauma with techniques such as the Emotional Freedom Technique.
4. Release muscle memory of trauma by using the trembling technique described in Peter Levine's simple book *Waking the Tiger*.

Sensitive to Everything?

If sensitivity is routinely to the same foods, using the Nambudripad Allergy Elimination Technique (www.NAET.com) can be very helpful.

If they have sensitivity reactions to multiple different things, but what they react to varies from day-to-day, suspect *mast cell activation*. The regimen below can help:

1. Quercetin (500-1000 mg), 2-4 times daily.
2. Montelukast (Singulair), 10 mg at bedtime.
3. Loratadine (Claritin), 10 mg in the morning. If this medication helps, consider diphenhydramine (Benadryl) 12.5 – 50 mg bedtime.
4. Some people will get additional benefits by adding famotidine (Pepcid), 20 mg twice a day. Do not use the other acid blocking medications (called PPIs). They will not help here and are quite toxic long-term.
5. Cromolyn (Rx – gastrocom) ampules (100 mg in 5 mL) one before each meal can be quite effective for histamine reactions from food but is often not insurance covered. But with the Good Rx app, they are about a \$1.60 per ampule.
6. In persistent severe cases, consider a low histamine diet (these can be found online).

For those fibromyalgia cases that are refractory, especially associated with severe environmental and treatment sensitivities, or anxiety and depression, consider urine **mycotoxin** testing (Great Plains Labs) and treatment. I highly recommend the book *Toxic* by Dr. Neil Nathan, who simplified the complex work of Ritchie Shoemaker. I have simplified it even further in *From Fatigued to Fantastic*. Unfortunately, this area is complex enough that space does not allow me to do it justice here.

Pain Relief

When you treat the root causes of the pain using the protocols above, our research shows that much of the pain goes away. But in the interim, I find the following to be especially helpful for pain management:

1. Low Dose Naltrexone (3-4.5 milligrams a night). It takes two months to start working.
2. Curaphen (EuroMedica). This has been a pain relief miracle for many people.
3. Hemp Oil (EuroMedica) (3 – 5 caps, twice a day as needed for pain). I am very picky about the forms of hemp oil I use and have found this to be the most effective.
4. Tramadol, gabapentin, and other medications can also be helpful.

I find that virtually everybody can get good solid pain relief, usually without narcotics, by treating the root causes of the pain using the protocol above and other (often) natural treatment options.

The good news? CFS and fibromyalgia can now be very effectively treated!

Jacob Teitelbaum, MD, is one of the most frequently quoted integrative, pain and fibromyalgia medical authorities in the world. He is the author of the best-selling *From Fatigued to Fantastic!*, *Pain Free, 1,2,3!*, *the Complete Guide to Beating Sugar Addiction, Real Cause Real Cure*, *The Fatigue and Fibromyalgia Solution*, *Diabetes Is Optional*, and the popular free Smart Phone app *Cures A-Z*. He is the lead author of five studies on effective treatment for fibromyalgia and chronic fatigue syndrome and a study on effective treatment of autism using NAET. Dr. Teitelbaum appears often as a guest on news and talk shows nationwide including Good Morning America, The Dr. Oz Show, Oprah & Friends, CNN, and FoxNewsHealth. Learn more at www.Vitality101.com and www.EndFatigue.com.

SIDEBAR 1

Free Treatment Tools Make It Easy

Gathering and assessing the information can take you hours. Or about 10 minutes. For those who prefer the latter, I have created several free tools:

1. We have an extensive questionnaire and treatment protocol, both of which are organized by condition (e.g. – sleep, thyroid, etc.). Simply scanning the questionnaire to see which areas have a lot of check offs can tell you what key issues are going on. Meanwhile, instead of (illegibly) writing out the same directions over and over and over, you can simply check off the recommended treatments on the treatment checklist. This is available in a free word document, so you can tailor it to your practice. Simply email me at FatigueDoc@gmail.com and ask for the free treatment tools, and I will be happy to send them to you.
2. Want to make it even easier? I hold the US patent for a computerized physician. I designed this to make effective treatment available for everyone. We have modified this into an Energy Analysis Program. People with any degree of fatigue can simply go

to www.EnergyAnalysisProgram.com and fill out the free quiz (including optionally adding their pertinent lab test results). They will get a printout of what their likely energy drains are, and a detailed management program applying the SHINE Protocol. Simply have them bring you the report.

This is all part of our making effective treatment available for everyone!

SIDEBAR 2

New Research Offers Dramatic Hope

I recently submitted a study using a serum polypeptide extract called **Recovery Factors** (www.RecoveryFactors.com). The results were remarkable, and usually seen within one month (one bottle).

In the 60.5% of subjects who improved, significant improvement was seen in all categories:

1. 69.4% average increase in energy (p<.001)
2. 69.2% average increase in overall well-being (p<.001)
3. 53.8% average improvement in sleep (p<.001)
4. 60.5% average improvement in mental clarity (p<.001)
5. 37.9% average decrease in pain (p<.013)
6. 57.5% average composite improvement in the above five domains (p<.001)
7. 34.8% average decrease in anxiety (p<.001)
8. 54.6% average improvement in digestive symptoms (p<.001)
9. FIQR decreased from 59.2 to 39.3. (33.5%) (p<.001)

In the six people who also had pre- and post-IgG antibody levels, total IgG increased by 13.8% on average, with similar improvements seen in the IgG 1-4 subsets.

I have people follow the dosing instructions on the website. For a copy of the study report that I submitted for publication, you can email me at FatigueDoc@gmail.com. A second study with over 200 people is currently underway.