

CHIROPRACTIC TREATMENT FOR FIBROMYALGIA

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ABSTRACT

Objective: To report both subjective and objective improvement in fibromyalgia patients given a specific chiropractic adjustment and nutrition protocol.

Clinical Features: Eight patients, all female, were treated using the protocol and evaluated by general health symptom survey, Rand 36 Study and pressure algometer for pain threshold, pain tolerance and pain at 9 pounds of pressure. This reports¹ of those 8 patients.

Intervention and Outcomes: Chiropractic care, using C1 and cranial adjustments, along with a nutritional protocol, were used. The patient was monitored for 6 months with initial treatments at 3 per week with decreasing frequency down to twice a month. The patient had positive outcomes, including decreased pain, decreased fatigue, increased quality of sleep and increased overall health.

Conclusion: Chiropractic care and nutritional supplementation provided significant subjective and objective improvement for a patient with fibromyalgia. Chiropractic care should be considered as an alternative to pharmaceutical intervention for patients with fibromyalgia. (*Chiropr J Australia 2018;46:92-99*)

Key Indexing Terms: Chiropractic; Fibromyalgia

INTRODUCTION

Fibromyalgia (FM) is a chronic disorder characterized by extreme fatigue, widespread musculoskeletal pain and sleep disturbances (1). It affects 10 million people in the United States and 3-6% of the world's population (1). Although fibromyalgia can affect males and children, it is estimated that 75-90% of the cases are found in women (1). Fibromyalgia is thought to be the result of an imbalance in 2 systems, the hypothalamic-pituitary- adrenal (HPA) axis and the autonomic nervous system (2-5). Chiropractic treatment, specifically upper cervical and cranial manipulation, along with nutritional support for the autonomic nervous system, hypothalamus, pituitary and adrenal glands may be effective for treating fibromyalgia.

There were 8 patients that followed a 6-month protocol. Each of the patients had been diagnosed with fibromyalgia and had a pain and fatigue level above a 5 (0-10 with 10 being the worst) and a sleep and quality-of-life below a 5 (0-10 with 10 being the best).

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This paper describes a patient who was treated using this approach.

CASE REPORT

The patient was a nurse and had previously been treated for low back pain. In 2002 and 2003, she was treated for neck and shoulder pain. She was treated again in 2006 for neck and shoulder pain. She had been diagnosed as having osteoarthritis and an L4-5 disc extrusion; she also had a gastric bypass in 2005. She had been seen on 14 occasions between 2001 and 2006 for a variety of low back, neck and shoulder complaints.

At the time of starting the fibromyalgia treatment, she had not been treated in our office for over 3 years. She was a 61-year-old female who had been diagnosed with FM more than 8 years earlier. She had 21 treatments over 6 months, starting 3 times a week for 1 week, once a week for 6 weeks and then twice a month for the last 4 months. The frequency of treatment was not based on a pre-determined protocol but on the stability of her adjustment protocol. She was treated with only 5 types of adjustments: 1 upper cervical – anterior atlas (See figure 1) and 4 cranial faults- Universal (5, P.174-176), Temporal Bulge (5, P. 177-179) Parietal Descent (5, P. 157-161) and Pituitary Pump/Bilateral respiratory inspiration assist (6,7).

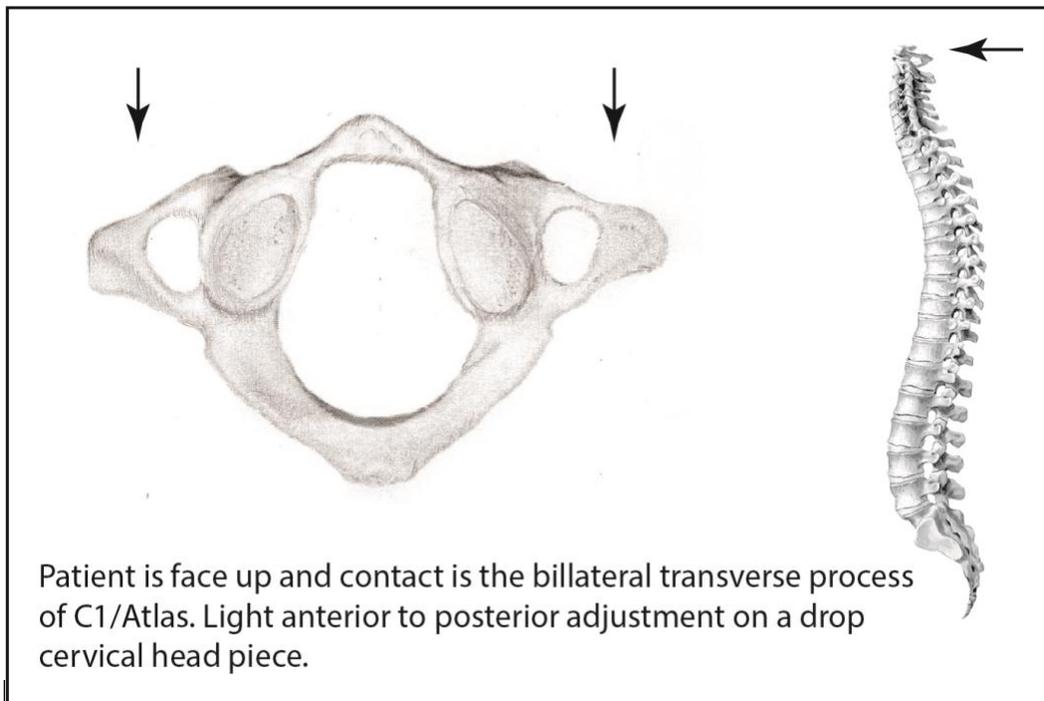


Figure 1. Patient adjustment.

She was placed on the following nutritional protocol (all Standard Process) (8)

- Folic Acid B12 2/day
- Symplex® F 1/day
- Drenamin® 3/day
- Neuroplex® 2/day
- RNA 4/day
- Min-Tran® 4/at night

She was treated for 6 months and evaluated by her reporting of pain, fatigue, sleep quality and quality of life. She was also given a pre and post-treatment Rand 36 and general health index. Fibromyalgia patients should have at least 11 of 18 positive pressure points, and 8 were evaluated 3 different ways (pain threshold, pain tolerance and pain at 9 pounds of pressure) by the pressure algometer (Table 1).

Table 1: Subjective Evaluation

	Beginning	At Reported Flare-ups	End
Pain (0-10) 10 being worst	9	10	3
Fatigue (0-10) 10 being worst	10	10	1
Sleep Quality (0-10) 10 being best	2	2	5
Quality of Life (0-10) 10 being best	1	1	10

In a Rand-36 questionnaire, the patient is asked to rate 36 questions about what he or she can do, such as walking and exercising and how they are functioning (Table 2).

General symptom survey – Patients are asked 212 questions about their symptoms that are rated on a 0-3 scale and then is scored by the Symptom Survey Maestro from 0-1000 with the highest score indicating better general health. At the beginning of treatment, the patient had a score of 200; at end, it scored 775.

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Table 2: Rand Results for Patient

Rand 36 Study	Beginning	End of Study
Physical Functioning (84.2)	20	85
Limitations physical (81.0)	0	100
Limitations emotional (81.3)	0	100
Energy/Fatigue (60.9)	10	100
Emotional Well Being (74.7)	40	100
Social Functioning (83.3)	12.5	100
Pain (75.2)	45	90
General Health (72.2)	15	85

Pain is evaluated by a pressure algometer at 8 locations (4 points bilaterally) of the 18 FM pain points. The points that were chosen were 2 neck, 2 back, 2 chest/rib and 2 extremities (medial knee). See Figure 2. The average of the 8 points is listed below (Table 3). Pain threshold is where the patient first feels pain. Pain tolerance is where the patient tells the doctor to stop because it hurts too much. Pain at 9 pounds of pressure is the patient rated degree of pain (0-10) at nine lbs of pressure.

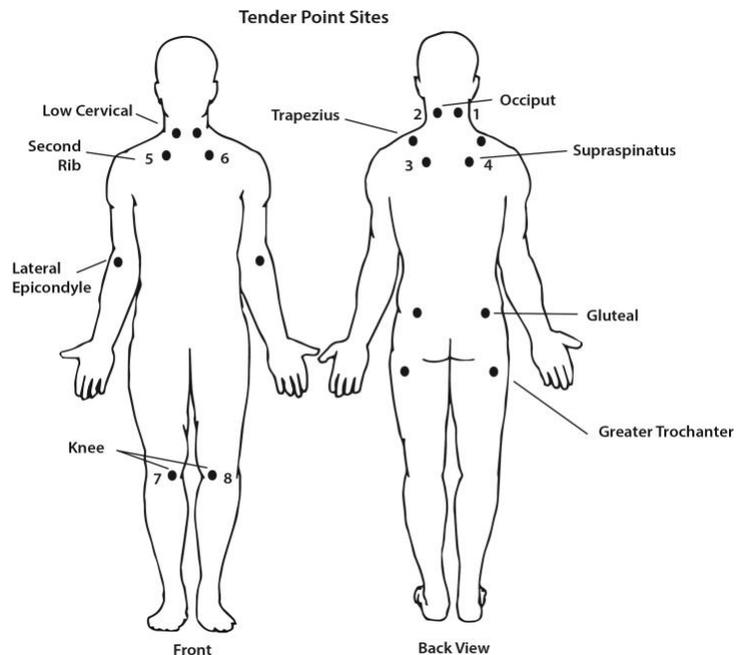


Figure 2. Algometry points.

Table 3: Pain

	Beginning	End of Treatment
Pain Threshold (lbs)	3.5	7.56
Pain Tolerance (lbs)	4.875	12.81
Pain at 9 lbs	10+ (could'nt reach 9 lbs)	5.125

It has been 7 years since the patient underwent care. She returns for treatment when her condition flares up. She continues on the supplementation and has had to visit the office for fibromyalgia adjustment protocol only 9 times in 7 years.

DISCUSSION

In March of 2001, an ABC News 20/20 program reported a connection between Chiari malformation treatment and fibromyalgia (FM) and chronic fatigue syndrome (CFS) (9). The patients with Chiari malformation/spinal stenosis in the cranial and upper cervical region got relief of their FM and CFS symptoms with surgery for Chiari malformation. These results suggested that mechanical compression of the brainstem and spinal cord may account for symptoms of both FM and CFS. During the surgery, the posterior arch of the atlas is removed to reduce mechanical pressure on the spinal cord. Could an adjustment to move the atlas from anterior to posterior achieve the same results?

Over the next 8 years, I worked on a protocol and in 2009, I treated 8 patients with it. All obtained significant subjective and objective relief from pain. Fatigue, sleep quality and quality of life were also improved in all patients. Improvement was seen in Rand 36 and Symptom Survey in all patients.

There is disagreement over cause but there is a definite overlap of symptoms of Chiari Malformation and FM (10). MRI studies suggest that most patients with FM do not have the pathology most associated with Chiari malformation (10). These MRI studies were not dynamic neuroimaging of the craniocervical neuroanatomy and the authors recommend the dynamic imaging be performed (5, P.23). The endocrine system may be influenced by imbalances in the cranial primary respiratory system and the functional endocrine disturbances may be present when frank pathology is not (10).

Although this is a small group of patients, they all had significant improvement in the symptoms of FM. Even the patients who had modest improvement, continued to improve after they had discontinued all pain medication. FM has been a difficult

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syndrome to treat by all health profession and chiropractic treatment should be considered a viable alternative to drug intervention.

CONCLUSION

Since we were studying a specific protocol, no other adjustments or supplementation were used. In the patient's lowest area of improvement, sleep quality (2 to 5), there were times during the study that her sleep quality was rated as a 10. There are different types of sleep disturbance patterns and the type of sleep disturbance that is associated with fibromyalgia is difficulty falling asleep. This is thought to be due to autonomic nervous system dysfunction with an increase in sympathetic activity. During the study, the patient saw improvement in this type of sleep. At 1 point, she had a different type of sleep disturbance, of getting to sleep well but waking up during the night. This type of sleep disturbance was due to underlying allergies and once her course of care was completed we were able to add additional nutritional supplementation and other adjustments and her sleep quality went back up to a 10.

She ultimately had significant reduction in pain (9-3), much less fatigue (10-1), improved sleep (2-5) and her own rating of her quality of life was much better (1-10). Other subjective improvement was observed in her Rand 36 questionnaire and in the symptom survey with improvement in her physical functioning in all 8 categories and in her general health. Objectively there is a great reduction in pain. Her pain threshold has more than doubled and her pain tolerance is more than 2.5 times greater.

The patient has had a long-term improvement in all symptoms related to FM and this protocol and chiropractic treatment could make a significant impact on millions of FM sufferers.

REFERENCES

1. Alder GK, Kinsley BT, Hurwitz S, Mossey CJ, Golderberg DL . Reduced hypothalamic-pituitary and sympathoadrenal responses to hypoglycemia in women with fibromyalgia syndrome. *Am J Med* 1999;106:543-43
2. Baker S, Schweinhardt P. Dysfunctional neurotransmitter systems in fibromyalgia, their role in central stress circuitry and pharmacological actions on these systems. *Pain Res Treatment* 2012, Article ID 741746, p. 1-10
3. Martinez-Martinez LA, Mora T, Vargas A, Guentes-Iniestra M, Martinez-Lavin M. Sympathetic nervous system dysfunction in fibromyalgia, chronic fatigue syndrome, irritable bowel syndrome and interstitial cystitis: a review of case-control studies. *J. Clin Rheumatol* 2014;20:146-50

4. Bonifazi M, Suman AL, Cambiaggi C, et al. Changes in salivary cortisol and corticosteroid receptor-alphaMRNS expression following a 3-week multidisciplinary treatment program in patients with fibromyalgia. *Psychoneurocrinology* 2006 Cot 31 (9) 1076-86. Epub 2006 Sept 7
5. Walther D. *Applied Kinesiology Volume 2 Head, Neck and Jaw Pain and Dysfunction - The Stomatognathic System* 1983 p 187-189
6. McCord K, Schmitt W. *Quintessential Application A(K) Clinical Protocol* 2009 15,18 Appendix 24
7. *Standard Process Health Professional's 2017 Product Guide Manual*
8. Johnson T. Brain Surgery for Chronic Fatigue? *ABC News* March 20,2001
9. Watson NF, Buchwald D, Goldberg J, Maravilla KR, Noonan C, Guan Q, Elenbogen RG. Is Chiari 1 malformation associated with fibromyalgia? *Neurosurgery* 2011 Feb; 68(2) 442-8 Discussion 448-9 10.1227/NEU.0b013a3182039a31
10. Heffez DS. "Is Chiari-I malformation associated with fibromyalgia?" revisited. *Neurosurg* 2011;69:E5207, doi:10.1227/NEU.Ob013e3182214cea