

I MAKE THE DIAGNOSIS OF fibromyalgia using the 1990 American College of Rheumatology classification criteria. I rule out comorbidities such as severe psychiatric disease, neurological deficits, cardiac disease, or glaucoma, and refer those patients for proper treatment. I routinely prescribe antidepressant medication in an analgesic dose (between 12.5 mg/d and 75 mg/d), oral instruction to walk for 30 minutes twice a week at the patient's own pace, and to breathe deeply and perform mental relaxation exercises for another 30 minutes. I also recommend to patients that he/she perform twice-weekly stretching exercises involving the paraspinalis muscles, glutei, hamstrings, ankle plantar flexors, and hip flexors.

I also perform acupuncture: usually 20 sessions, twice weekly for 20 minutes each. I use disposable, sterilized, flexible stainless steel 0.25mm × 40mm needles at these classical acupuncture points: Ex-HN-3, and bilateral LR 3, LI 4, PC 6, GB 34, and SP 6 points. Needle penetration is 10–30 mm with or without extra rotational or manual stimulation after needle insertion. Depth of needle penetration is determined by the patient's sensitivity until Qi is obtained. The inclination of the needle is 90° in all points except for Ex-HN-3, where it is 45°.

I inform all my patients about the disease, the poor prognosis, and teach them coping strategies to change pain behavior and improve quality of life. I recommend superficial heat, warm shower/bath, and gentle self-massage during acute pain episodes and leisure activities, proper sleep, and diet.

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ACCORDING TO THE THEORY of Traditional Chinese Medicine (TCM), fibromyalgia belongs to the category of "bi syndrome." In clinical practice, the Ah Shi point (living acupuncture point) is the effective point for relieving pain. The acupuncture points near to the Ah Shi point are selected to release spasm, analgesia, expelling Wind, dispersing Cold, and promoting circulation of meridian and collateral. In addition to the acupuncture points mentioned, some acupuncturists will select the points that are all situated on 2 sides of the midspinal line 0.5, 1.5, and 3 cun near to the midspinal line. These points possess similar innervation, physical function, and therapeutic effects; as a result, they make up the functional area of Beishu. Usually, cupping glass is suitable for the functional area of Beishu because the manuduction of cupping glass is light and soft, and it

avoids infection and wounds. Compared to other methods (acupuncture and moxibustion), it also elevates the threshold of pain and relieves the distress of the patient.

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FIBROMYALGIA IS A SYNDROME that could refer to a variety of Chinese Medicine (CM) energy states ranging from Deficiency/Stagnation to excess Damp/Heat accumulation. Assuming the more common scenario of a Blood and Qi Deficiency with pain and fatigue, then one of the simplest protocols I have found originated from the Shanghai School of TCM and was adapted as a protocol for chronic fatigue syndrome (CFS) by the Acupuncture Foundation of Canada Institute.¹

Though intended primarily for CFS, the protocol is equally applicable to fibromyalgia, being designed to boost the Qi and Blood, and enhance the immune system by tonifying the Kidney, Spleen, and Blood in a logical progression. Ah Shi points can be added as desired.

Beyond that, since many fibromyalgia patients are energetically deficient, herbs and vitamin supplements can be an indispensable adjunct. Formulas such as *Xiao Yao San* and *Bu Zhong Yi Qi Tang* are often useful, while more complete herbal listings can be found elsewhere.² And while any good multivitamin-mineral supplement is probably sufficient, there are always those who recommend much more extensive nutritional and antioxidant support.³

<i>Week</i>	<i>Points</i>	<i>Action</i>
1	GV 14, BL 23	↑ Yang energy + ↑ Kid shu
2	GV 4, BL 20	↑ energy + ↑ Spleen shu
3	CV 6, SP 10	↑ energy + ↑ Blood
4	BL 13, BL 17	↑ Lung shu + ↑ Blood
Treatment frequency: 3× per week; Moxa, then needle 10–15 min		

Finally, the therapeutic program needs be grounded in the context of uninterrupted sleep, and a regular exercise and meditation routine.

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MAYHEW AND ERNST¹ concluded that there is insufficient evidence for acupuncture in the treatment of fibromyalgia, based on a systematic review of 5 randomized clinical trials (RCTs). However, in these 5 RCTs, there were 6 treatments in 4 trials and 24 treatments in 1 of the trials. These trials lacked details in methods used in 1 or more of needling depth, angles, retention, and stimulations. There were variations in selecting acupoints. The common ones selected were: LI 14 (Hegu) and ST 36 (Zusanli). Electroacupuncture with 2–10 Hz was used only in 1 trial.² Thus, I concluded that these trials do not have clinical value because of inadequate acupuncture knowledge.

I treat fibromyalgia with acupuncture points LI 14 (Hegu), LI 11 (Quchi); GB 34 (Yanglingquan), and ST 38 (Tiaokou). These 4 acupoints are selected in pairs for the application of electroacupuncture. A standard acupuncture treatment course constitutes 16 treatments with 20-minute sessions, 2 times per week. G6805-I, an original model of the electroacupuncture stimulator (Shanghai Medical Instruments High-TECH Co) with 50 Hz, which is matched with data from the device inventor, is applied.³

Most patients have had long-lasting positive outcomes after this acupuncture treatment course. However, some uncertainties remain; the precise percentage of satisfactory outcomes, the length of time the outcomes last, and the typical type of patients suited for this kind of treatment. Thus, further study is needed to increase the understanding of the pathophysiology and etiology of fibromyalgia, and most importantly, the degree of effectiveness of electroacupuncture treatment and its mechanisms.

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MY PROTOCOL FOR TREATING patients with fibromyalgia includes:

- Check patient's life stressors. What is going on with them? They may be carrying the weight of the world. Do not forget past stress.
- Dietary measures. Off everything artificial; no dairy or anything with cow's milk protein. I would consider doing the Elisa/Act test for delayed food sensitivities. Basic daily diet: 3 to 4 fruits, 1 pound raw veggies, 1 pound of cooked veggies, 30 grams of fiber per day. These are goals—encourage patients to do their best.
- Exercise. Depending on the patient, may want to start with something gentle like Qi Gong. Consider yoga. Once feeling better, patient can begin weightlifting program.
- Osteopathic evaluation.
- Acupuncture. I use a PENS technique sometimes with plum blossom and red tiger balm.
- Possible physical therapy/massage (with someone who will give them personal attention).
- Magnesium load until patient has loose stools. Consider referral to someone who does IV.
- Discuss with patient not “becoming their disease.”
- Check lab for vitamin D, ferritin, B₁₂, and treat even if low normal.
- Some combination of anti-inflammatory supplements—Quercetin, Boswellia, Zyflamend, fish oils.

This would be a start. I think these are all multiple etiologies of this condition. It takes time, but I believe that all of these patients may be cured if the etiology is found. The person who is angry is probably the hardest to treat.

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