Dr. Teitelbaum’s Three Steps to Fibromyalgia Pain Relief

By Jacob Teitelbaum M.D.* • ProHealth.com
BEING in pain is optional in fibromyalgia. In the thousands of people I’ve treated for fibromyalgia, I can count on my fingers how many I’ve not been able to get pain free, or at least good solid pain relief, where it has no longer interfered with the person’s life.

But first it helps to understand what the pain is and what it’s telling you. This information will put YOU back in control.

Unlike infections, and many other health conditions, pain is not an outside invader. It is actually a normal and healthy part of our body’s monitoring system, telling us that something needs attention. In many ways, it is like the oil light on a car’s dashboard, telling you that you are low on oil. If you put oil in the car, the oil light goes away. If you give the body what it is saying that it needs, the pain goes away.

So when you have your hand on a hot stove, the pain tells you to take it off. Sometimes though, it is not clear what the pain is asking for. This article will help you understand the pain, so you can help it go away. In our published research, fibromyalgia pain decreased by 50% in the first three months just by treating with this approach. Other treatments can then help the rest of the pain go away.

Part 1:
Pain Pain Go Away - Understanding Fibromyalgia Pain

Types of Fibromyalgia Pain

There are 7 major types of fibromyalgia pain:

1 - Myofascial pain. This comes from tight muscles. As the muscle shortens, the belly of the muscle forms a tender knot, called a trigger point. In addition to causing pain locally, it can also cause pain at a distance as well as other symptoms such as nasal congestion, indigestion, etc.

A critical point is to realize that, like a spring, it takes more energy for muscles to relax than to contract. When muscles don’t have enough energy, as occurs during the human energy crisis seen in fibromyalgia, they get locked in the shortened position. This can occur throughout your body, and after a while they start to hurt. Often severely. That’s why after a heavy day’s work, you don’t come home and say “Honey, I’ve worked so hard my muscles are all loose.” Instead, people come home talking about how tight their muscles are.

The same is the case in fibromyalgia, where your muscles are shortened, tight, and painful throughout your body. These muscles are attached to bones with bony ropes called tendons. When the tight muscles keep pulling on the tendons, you also see tendinitis. This will often feel like joint pain, chest pain, or deep organ pain. For example, pain that feels like it’s coming from the liver, spleen, or kidneys is usually coming from tight muscles attaching at the bottom of the lowest rib. You can tell this is so by pushing on those muscles by pushing up on the bottom group with about 10 pounds of pressure and reproducing the pain.

Tight muscles are the major initial source of the pain in most people with fibromyalgia. The body then deals with chronic pain by two key mechanisms, which go out of balance and then aggravate and worsen the pain. These include central sensitization and neuropathic pain.

2 - Central sensitization, sometimes called “brain pain”. Extending the analogy of the oil light, as the oil level continues to drop, the brain amplifies the signal. In fibromyalgia, sensitivity to pain then increases in the brain itself. This can be addressed by a number of treatments, including medications such as Lyrica, Cymbalta, and Neurontin. Especially important for decreasing central sensitization is a treatment called low dose naltrexone, along with eliminating the source of the pain so the brain can recover.

3 - Neuropathic pain. This often comes from the nerves being pinched by tight muscles, and compression of the joints they pass through, as occurs in carpal tunnel syndrome. Helping the muscles to release, and decreasing tissue swelling by optimizing thyroid function and adding nutritional support can be very helpful for this kind of pain. In addition, small fiber
neuropathy can occur, which also contributes to the autonomic dysfunction (i.e. low blood pressure, weakness, and gut problems).

4 - Allodynia, or skin pain. This is when light touch hurts, and tends to be a later stage of fibromyalgia. For this kind of pain, the medications Namente, along with Neurontin and/ or Lyrica, can be very helpful.

5 - Pelvic pain syndromes, and pain with intercourse. Most often, these come from muscle pain in the pelvic floor but may also be neuropathic. Pelvic floor physical therapy combined with the medications Neurontin (300-600 mg) and Elavil (10-25 mg) at bedtime can help somewhat initially while treating the root causes of the pain with my SHINE Protocol (Sleep, Hormones, Infections/Information/Impingement, Nutrition, and Exercise). For more information search ProHealth.com for “Shine Protocol”.

6 - Migraines and other headaches. These are very treatable using the proper tools, as we will discuss later on.

7 - Abdominal pain from indigestion, small intestinal bacterial overgrowth, and irritable bowel syndrome. Treating the underlying infections and improving digestion are very effective for these.

Treatment tools fall under four key areas, and pain resolves the best when all of these are combined as needed. Unfortunately, medical training by and large only includes a tiny part of this toolkit, using medications and surgery, with virtually no training in doing a proper examination to determine the source of fibromyalgia pain.

Simply put, although most physicians are well-meaning and very good at what they are trained in, they are no more familiar with pain management than most chiropractors are with doing heart bypass surgery. This does not make them bad physicians. It simply means you need to see somebody who is trained in pain management. Chiropractors, bodyworkers trained in myofascial release, physicians trained in Physical Medicine and Rehabilitation, and others are often better trained.

The information we give you in this article will allow you to eliminate much of the pain on your own.

The Key Four Treatment Areas Are:

1 - Biochemical. This includes herbs, nutrients, and medication. The SHINE Protocol (Sleep, Hormones, Infections/Information/Impingement, Nutrition, and Exercise) helps to get to the root biochemical causes of the pain and can be very helpful. Until these are addressed, structural treatments will generally not hold and only give temporary relief.

2 - Structural. This includes massage, chiropractic, ergonomics, yoga and surgery.

3 - Biophysics. This includes acupuncture (which generally is not very effective for fibromyalgia) and frequency specific microcurrent (which is effective).

4 - Mind-body issues. There is a reason some people are called a pain in the back (or lower).

In the next section, I will discuss natural treatments for pain relief. Three of these are especially helpful after six weeks of use. These include the herbal mixes Curamin and End Pain, and topical creams such as comfrey. These can be combined with any pain medications.

After that section we will discuss pharmacologic treatment for pain including Neurontin, Ultram, Flexeril, Namenda, low dose naltrexone, compounded topical medication mixes for local pain, Lyrica, and Cymbalta.

There are dozens of other natural and medication pain relievers as well.

Isn’t it time for you to be pain free?
Part 2: Natural Pain Relief

As we discussed in the last section, pain is your body’s way of saying that something needs attention. By giving your body what it needs, the pain usually decreases and often goes away.

I prefer to use a mix of natural and prescription therapies while going after the root causes of the pain, as this is most effective with the least side effects. While they may each be helpful, no single treatment is likely to give completely effective pain relief on its own, and they are best combined in an integrated program.

The free Energy Analysis Program at EnergyAnalysisProgram.com can analyze your symptoms and lab tests and guide you and your physician on how to optimize your energy and Institute the SHINE protocol in your case. This often addresses the root causes of the pain. While doing this, the treatments below can be very helpful. They can all be combined together, and with pain medication. After pain has decreased or resolved for three months, the dose of most natural and prescription pain treatments can be lowered or used intermittently as needed. Think of it like a fire. Once the fire is put out, you can put away the fire hose.

I begin most people with Curamin and comfrey topical.

Curamin

For day-to-day pain, this herbal mix has been nothing short of remarkable. I’ve seen it eliminate pain in people where morphine was not helping. Although sometimes it begins to work very quickly, give it six weeks to see the full effect. I recommend one to two tablets three times a day depending on the severity of the pain.

Experience has shown that combining moderate doses of several synergistic remedies (which calm inflammation through multiple pathways, instead of basically poisoning a single pathway as occurs with most medications) is far more effective, and better tolerated, than pushing high doses of a single herb. Curamin takes advantage of this principle, and combines the special new highly absorbed forms of Curcumin and Boswellia to great benefit.

What is in Curamin?

1. **BCM 95.** The special highly absorbed form of Curamin called BCM 95. Curcumin has been shown in many studies to regulate numerous transcription factors, cytokines, protein kinases, adhesion molecules, and other enzymes that have been linked to inflammation.

2. **Boswellia** (also known as Frankincense). This herb settles down several critical inflammatory pathways, including lipoxygenase (LOX) and elastase.

3. **DLPA** (phenylalanine). This amino acid is the key building block for the pain relieving neurotransmitters dopamine and norepinephrine.

4. **Nattokinase.** This natural clot dissolver helps break down the wall of debris around the inflammation, allowing the herbal (and medication) relief to get where it is needed, while speeding healing.

When I first looked at this combination, I thought it would be an interesting, and possibly a helpful addition, based on the theory of how it would work. Sometimes, though, medicine stumbles onto a mix that comes together to give incredibly powerful relief. Curamin was one of those magical moments.

Head-on studies of this curcumin and Boswellia combination has shown it to be more effective for arthritis pain than Celebrex. Interestingly, the BCM 95 form of curcumin (CuraMed 500 mg twice daily) was also more effective than antidepressants for depression in a head-on study. This is the only form of curcumin I would use, unless you are ready to take 7 to 250 tablets a day instead of just one.

End Pain

This mix of Willow bark, Boswellia, and cherry can have potent immune balancing properties. In head-on studies against Motrin for severe chronic low back
pain, the Willow bark was twice as effective as ibuprofen. This can be especially helpful when there is an inflammatory component to your fibromyalgia. I recommend one to two tablets three times a day depending on the severity of the pain.

**Nonprescription Topical Pain Creams**

There are three main ones that I recommend:

1. **Topical comfrey (called TraumaPlant).** Rub it over painful areas three times a day. Effects can be seen fairly quickly. Over 14 studies have shown this to be helpful for sprains, strains, bruises, cuts, burns, wounds, muscle soreness and joint pain. It reduces inflammation while speeding healing.

   In centuries past, it even used to be called “bone knit”, as it helped to speed the healing of broken bones. I would use only this brand, as comfrey contains a mix of helpful and problematic compounds, and this one has removed the latter.

2. **Mixtures of salicylate and menthol.** Putting menthol on the skin occupies the nerves by sending a cooling sensation. This can create a “busy signal” on your nerves’ telephone lines, diminishing the pain signal. Try this over your temples on your forehead next time you get a tension headache. Some brands include Icy Hot (www.icyhot.com/cream) and Tiger balm (has menthol and other herbals).

3. **Histamine creams such as Australian Dream Cream** (can be found online).

In the next section on prescription medications, I will discuss compounded topical creams that can also be very helpful for pain. When combining this with any of the above three, put the prescription one closest to the skin.

Try these individually or combined to see which are most helpful.

Interestingly, in our two studies using ribose (5 g 2-3 times a day), which increased energy an average of 60% after two weeks, both sleep and pain also improved. See http://benthamopen.com/contents/pdf/TOPAINJ/TOPAINJ-5-32.pdf

Natural remedies can also be helpful when tailored for a number of other types of pain. For example, for migraines...

**For Migraine Prevention**

Magnesium 200 mg a day is very important. I would add vitamin B2 400 mg daily. If your migraines are predominately around your period or associated with taking estrogen, they can often be eliminated by adjusting estrogen dosing or adding an estrogen patch around your menses. Food allergies are also very important to consider in the prevention of migraines.

The most common implicated foods are wheat in 78% of patients, orange in 65%, eggs in 45%, tea and coffee in 40% each, chocolate and milk in 37% each, beef in 35% and corn, cane sugar, and yeast in 33% each. If you have severe and frequent migraines, it is worth exploring this. You may find that instead of avoiding these foods for the rest of your life, you can eliminate the sensitivities/allergies using an acupressure technique called NAET (see www.NAET.com).

Petadolex (butterbur) – 50mg 3 times a day for 1 month and then twice a day can be helpful to prevent migraines. Can take 2 every 3 hours up to 6 capsules for acute migraines. I use only Enzymatic Therapy or ITI brands – others often have impurities and may not contain the amount of Butterbur the label claims. This can be highly effective

**Acute Migraines**

Petadolex (butterbur) - 50mg - 2 every 3 hours up to 6 capsules for acute migraines

Acetaminophen 500 mg, aspirin 500 mg, and caffeine 130 mg is more effective than Imitrex 50 mg in a head to head study, however, and much cheaper. Sold as Excedrin Migraine, I find that higher doses than the label recommendations are sometimes needed in those I treat.
Magnesium 1-2 grams intravenously over 15-30 minutes will knock out acute migraine attacks in 85% of the cases in placebo-controlled research. This can be helpful if you find yourself in the emergency room with an open-minded physician.

Neuropathic Pain

This can take 3 to 12 months to begin healing, and I use a mix of:

1. Acetyl l-carnitine* 1000 mg twice a day
2. Lipoic acid* 300 mg twice a day
3. Coenzyme Q10* 200 mg daily
4. Vitamin B12* (methylcobalamin 5000 µg sublingual daily) and pyridoxal five phosphate 50 mg a day (a special form of vitamin B6)

There are many, many natural treatments that the scientific literature has shown to be helpful for pain relief. I invite you to read my books, Pain Free 1-2-3 and/or The Fatigue and Fibromyalgia Solution, for more information.

Part 3:
Prescription Pain Relief

As we discussed earlier, both natural and prescription treatments can be very helpful while you are eliminating the root causes of your pain with the SHINE protocol. Once the biochemical root causes of the pain have been addressed, then structural treatments such as chiropractic manipulation and massage (such as myofascial release) cannot only be helpful, but the treatments will hold for longer and longer until they are no longer needed. Also be sure to address ergonomics such as uneven hip heights, and make sure that your computer area has proper wrist and elbow support with your feet planted comfortably on the floor.

In addition to addressing the root causes of the pain, the actual pain mechanism can be subdued from many directions. This works better than just using a high dose of one medication, which often causes more toxicity for less benefit. Low doses of several treatments are more likely to be safe and effective for treating fibromyalgia pain.

A few general principles for using pain medications:

1. Start with a low dose and work up as tolerated. If you do not tolerate a medication, it is usually because you started with too high a dose. Happily, the body usually will adapt to the sedation and other side effects, but not to the pain relief, over time.

2. A low dose of several medications tends to work better than a high dose of one (I am purposely repeating this one!)

3. The cost of the medication has nothing to do with its effectiveness. Old low-cost medications often are far more effective than very expensive new ones - with much lower side effects. The cost of the medication simply tells you whether or not it is still under patent.

Especially helpful treatments to begin with include:

1. Low dose naltrexone 4.5 milligrams at bedtime. This actually helps suppress the glial cell activation playing a role in chronic pain central sensitization, while also helping to balance immune function. Higher doses will not work, and several studies have shown this to be effective for fibromyalgia. Give it at least 2 to 3 months to start seeing the effect. It cannot be taken in people taking narcotics. See the website www.lowdosenaltrexone.org for more information.

2. Ultram (tramadol) 50-100 mg 2-3 times a day can be very effective for fibromyalgia pain.

3. Neurontin (Gabapentin) is very helpful for both sleep and pain as well as restless leg syndrome. I find it has less side effects than Lyrica, which can also be helpful, but often is pretty poorly tolerated at doses over 300 mg a day. When used by itself, higher Lyrica doses than this are needed.

4. Flexeril (cyclobenzaprine) 2.5 to 5 mg 1-4 times a day.

5. For severe local pain, using a mix of medications

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in a topical cream can be very helpful after 2 to 6 weeks. These medications may include Neurontin, amitriptyline, beclomethasone, lidocaine, and a host of others. Because they are used topically, there are virtually no side effects. But they can be very effective. Your doctor will likely not be familiar with this, but they can call your local compounding pharmacist who can guide them on how to prescribe these. I recommend ITC pharmacy (have your physician call 888-349-5453 and ask for the pharmacist Allen Jolly who can instruct them on using the topical pain creams).

Tylenol can be helpful, but it depletes the critical antioxidant called glutathione. If using acetaminophen/Tylenol chronically, I have people take a sublingual glutathione (I use only one called Clinical Glutathione) one tablet one to two times daily. For most people (86%), ibuprofen related medications are not helpful for the fibromyalgia pain and have significant side effects.

**If these medications are not effective, I next go with the medications:**

1. **Zanaflex (tizanidine)** 4 mg one half to one tablet up to four times a day. I stop it if it causes nightmares. Do not combine it with Cipro antibiotics.

2. **Namenda (Memantine)** - I am especially likely to use this for chronic severe neuropathic and allodynia pain, or pain not responding to the other treatments.

3. **Cymbalta (duloxetine).** This medication has the benefit of not causing as much sedation as some others, but can cause horrific withdrawal symptoms, and therefore needs to be tapered off slowly after long-term use. Unfortunately, the company does not make a low enough dose to allow proper tapering, and because of its time-released nature the pills cannot be crushed or broken in half. Fortunately, inside the pills there are a number of small pellets that can be obtained by opening the pill carefully, and these can be slowly decreased to allow tapering.

There are numerous other medications that can be quite helpful as well.

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**Narcotics**

**The savior or the Devil?**

I find it sad that, societally, the discussion has been framed in these terms. Put simply, narcotics are a helpful and sometimes invaluable tool for treating chronic pain. For those with severe chronic pain, generally the chronic pain is far more toxic than the narcotics.

The concern? The narcotics carry risks just like any other medication. Especially important is the risk of addiction and drug diversion. 15,000 Americans die each year from overdose from prescribed narcotics. To put this in perspective, research shows that over 50,000 Americans die each year from heart attacks, strokes, and bleeding ulcers caused by ibuprofen (Motrin) related medications. Odd that we don’t see the news media putting up a fuss over this, and treating people who use Advil as if they are junkies!

The solution? Most often, by treating the root causes of the pain, one simply does not need to use the narcotics. Simple, isn’t it? Instead of leaving people in chronic pain, actually teach physicians how to properly treat pain. Another solution? When looking at yet another sensationalistic “news” story on the topic, consider changing the channel.

If you do need narcotics for pain relief, or find that you’re part of the 5 to 10% of the population with fibromyalgia whose energy and mental clarity improve on the narcotic (where endorphin deficiency is actually contributing to the fibromyalgia, just as serotonin and dopamine deficiencies can), recognize these are simply one more tool that can help you. But here are a few tips:

1. Excellent work by Dr. Forest Tennant, the editor of Practical Pain Management, has shown that adding in hCG and oxytocin can decrease the dose of narcotics needed (in those with very severe chronic pain and high-dose narcotics) by upwards of 30% http://www.medscape.com/viewarticle/822093.

2. Chronic narcotic use routinely will cause suppression of testosterone and testosterone deficiency, despite normal blood tests. In both men and women, I will add bioidentical testosterone if they are in the lowest 30 percentile of the normal range, as low testosterone then amplifies the pain.
3. Narcotics can cause constipation, so I add magnesium and other natural treatments to keep things moving.

4. Narcotics will cause B vitamin deficiencies, which can sometimes even be severe enough to cause a rash at the corner of your lips. More importantly, the B vitamin deficiencies can aggravate pain.

If you find that you need to escalate the dose of narcotics, that is a bad sign, and it is time to look for other ways to relieve the pain. If one can maintain a stable dose (with occasional adjustments during flares), then generally the narcotics can be used safely. Your needling narcotics is not a character defect. The whole tenor of the discussion nationally is more of a societal/media problem, and the whole discussion needs to be re-framed. It is okay to ignore it until it is.

The above is simply the tip of the iceberg of what can be done to get you pain free. Chronic pain is optional!

Love and blessings,
Dr. T

Many of the supplements mentioned in this article can be found online at the ProHealth store.
Visit www.ProHealth.com

*Jacob Teitelbaum, MD, is author of the popular free iPhone application “Cures A-Z,” and of the best-selling books From Fatigued to Fantastic and The Fatigue and Fibromyalgia Solution: The Essential Guide to Overcoming Chronic Fatigue and Fibromyalgia, Made Easy! (Avery/Penguin Group). He is lead author on 4 studies of effective treatment for fibromyalgia and chronic fatigue syndrome. Dr. Teitelbaum does frequent media appearances including Good Morning America, CNN, Fox News Channel, the Dr. Oz Show and Oprah & Friends. He lives in Kona, Hawaii and does phone consultations with people worldwide (410-573-5389). His free energy analysis program (http://energyanalysisprogram.com) can analyze your symptoms, and even pertinent lab tests if available, guiding you and your physician on how to optimize your energy.

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