



by Ira Gerstman, MD

Fibromyalgia/Chronic Fatigue: Allopathic vs. Holistic Approaches

prine (Flexeril). These are in turn followed by one or more of gabapentin (Neurontin), Cymbalta, Lyrica, Savella, trazadone (Desyrel), amitriptyline (Elavil), nortriptyline (Pamelor). If needed for pain relief tramadol (Ultram) or opioids can be considered. Frequently, psychotherapy and exercise are prescribed.

The Holistic approach

In contrast, the IHM approach is more structured. I find patients are very reassured simply by being validated by the physician that they have a real condition. The fact that there is a framework with which to approach treatment is even more reassuring. The starting points are related to sleep and nutrition.

Sleep

All individuals with this condition have disordered sleep. As a matter of fact, that is one of the keys to the diagnosis. These patients are all very fatigued yet are unable to get a good night's sleep. An IHM practitioner will try a combination of sedating/calming teas (containing perhaps a combination of Kava, chamomile, valerian, lavender, catnip), melatonin, calcium/magnesium, and small doses of commonly prescribed sedative hypnotics – zolpidem (Ambien) or trazadone (Desyrel). Much emphasis is placed on the recuperative nature of healthy sleep.

Nutrition

The most commonly found nutritional deficiencies in fibromyalgia/chronic fatigue are vitamin D, calcium, magnesium, iron, vitamin B12, zinc, glycine, cysteine, and coenzyme Q10. Recent research has elucidated the

role of mitochondria (the energy factories within our cells) in this disorder. This has lead to the use of D-ribose as a supplement. D-ribose has been shown to increase energy in these patients.

Hormones

Next the patient's hormone status is evaluated. Hypothalamic dysfunction is central to the disordered endocrine status. That in turn affects the pituitary gland, which in turn affects the thyroid and adrenal glands. When the thyroid is underactive, an IHM practitioner will choose to prescribe Armour Thyroid which contains both T3 and T4 instead of levothyroxine (Synthroid) which only contains T4. T3 tends to be more energizing.

The adrenal glands also tend to be underactive because of the hypothalamic dysfunction. As a result, cortisol and DHEA (both adrenal hormones) levels tend to be decreased. This situation is treated with low doses of hydrocortisone (Cortef) and DHEA. Fortunately, these levels can be measured and

monitored after treatment is started. The blood tests should be performed in the morning. They are called AM serum cortisol and DHEA-S, a reflection of DHEA in the body.

The Immune System

Next in the systematic approach is taking care of the immune system. In the last issue I discussed that the gastrointestinal tract (gut) is the center of the immune system. Therefore, it is essential to emphasize appropriate probiotics to help balance the microflora in the gut. Many patients with fibromyalgia also suffer from irritable bowel syndrome and chronic sinus disorders. **Jacob Teitelbaum, MD**, an expert in this field, recommends an empiric course of fluconazole (Diflucan, an antifungal agent) because of the associated overgrowth of fungi (such as Candida) in individuals who have been treated with multiple courses of antibiotics.

Exercise

The final point is exercise. Patients should not push them-

selves. Exercise should be performed only as tolerated. With the above approach energy levels should return over a 6 week to 6 month period of time which will allow for a gradual increase in the level of physical activity.

Each patient is treated in the context of her/his daily lives and unique family relationships. Dealing with the mind, body, emotions, and spirit is the totality of an IHM approach. Appropriate steps should always be taken to ensure the entire person is treated even including family and loved ones as the situation requires. Fibromyalgia does not simply affect the person with the disorder.

Holistic provides more options

Integrative holistic medicine improves a physician's ability to provide a wider range of beneficial options to patients in their health management. These are the principles employed by the two physicians of Concierge Medical Services of FPUD.

In the August/September issue of *MCWJ*, I discussed that at Concierge Medical Services, we blend the best aspects of allopathic (traditional western medicine) and integrative holistic medicine (IHM). I discussed further the importance of nutrition and the gastrointestinal tract, highlighting the importance of vitamin D and probiotics. In this issue I would like to change my focus to highlight the different approaches taken by allopathic versus holistic physicians toward a very common disorder – fibromyalgia. Generally allopaths have a very difficult time treating this disorder. There is no single test available to establish the diagnosis. In addition, there appears to be overlap with other disorders such as chronic fatigue syndrome, depression, and chronic pain syndromes.

Because of space limitations, I will forego discussion about criteria used in establishing the diagnosis. Instead, I will list various medications and treatments recommended in an allopathic practice.

The Allopathic approach

The approach is very much trial and error. Physicians attempt to find a successful combination of medications and treatments to alleviate symptoms. A starting point is often nonsteroidals (Motrin, Naprosyn), and cyclobenza-

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