

Fibro Fog and Fatigue

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- Board certified in Rheumatology & Integrative and Holistic Medicine



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- * Founder MDNutrics; Nutrition and Wellness Solutions
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Financial Disclosure

- * No pharmaceutical company is sponsoring this educational program

Fibromyalgia at a Glance

- * Chronic wide spread pain and fatigue
- * Sleep disturbance, depression , irritable bowel
- * Affects 7 women to every man
- * Often underdiagnosed or misdiagnosed
- * Mimickers of fibromyalgia: Trigger points, organic diseases and metabolic disorders



Classic Fibromyalgia

Global pain

History of
trauma

Comorbid
symptoms

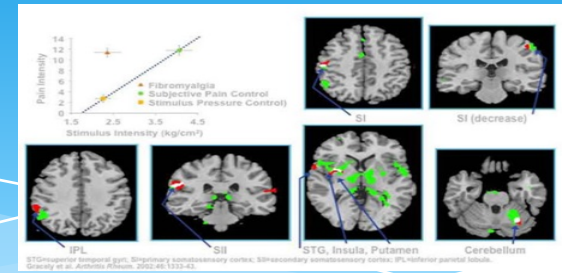
Centrally-
mediated
pain

Pain in soft
tissue

Defining Classic Fibromyalgia

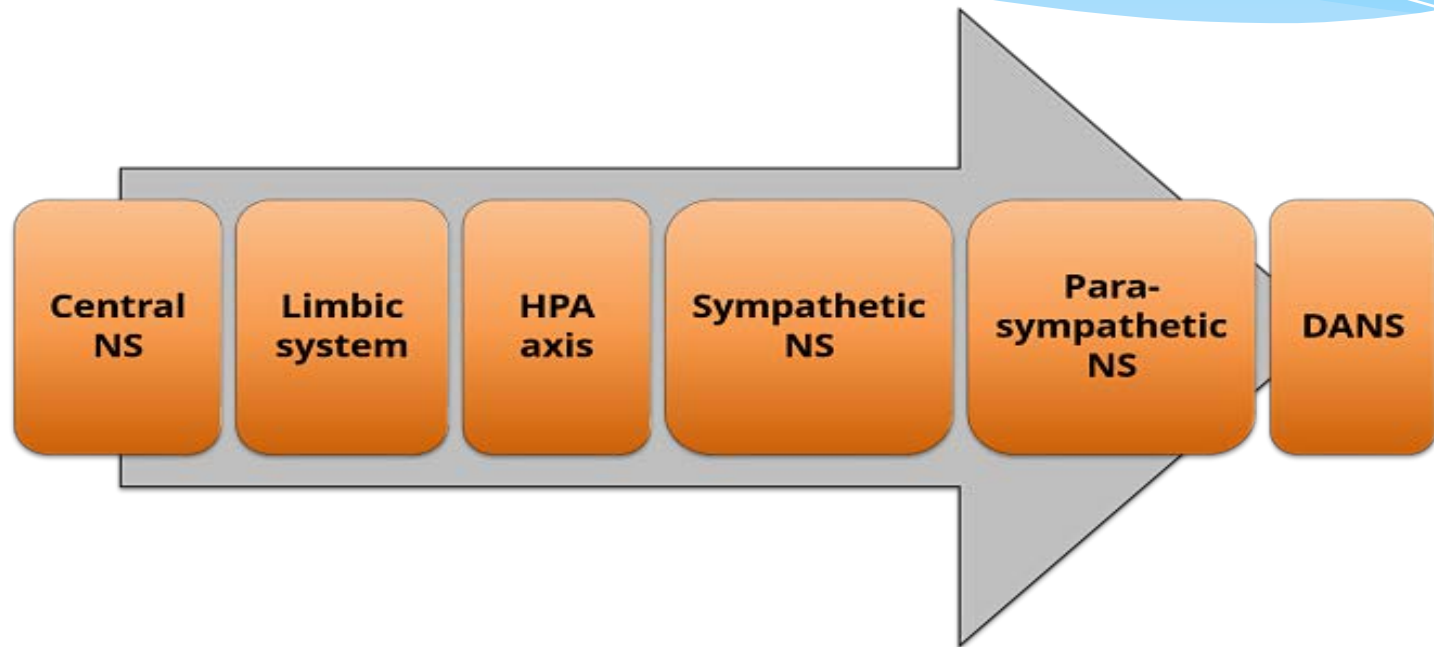
- * Global Pain (never regional)
- * History of trauma (physical and emotional)
- * Pain is real and centrally mediated
- * Increased pain perception from stimuli
- * Pain is in soft tissues ; tender points
- * Comorbid conditions sleep disturbances, cognitive decline, anxiety and depression

What does it mean by “Central Pain”



- * Brain misinterprets benign stimuli as a threat
- * Initial change in patients limbic system
- * Involves Hypothalamic-pituitary-adrenal axis
- * Spreads to sympathetic and parasympathetic system
- * Resulting in pain Sensitivity and amplification
- * Hyperactivity in these regions is detected in fMRI

How does it becomes “Global Pain”

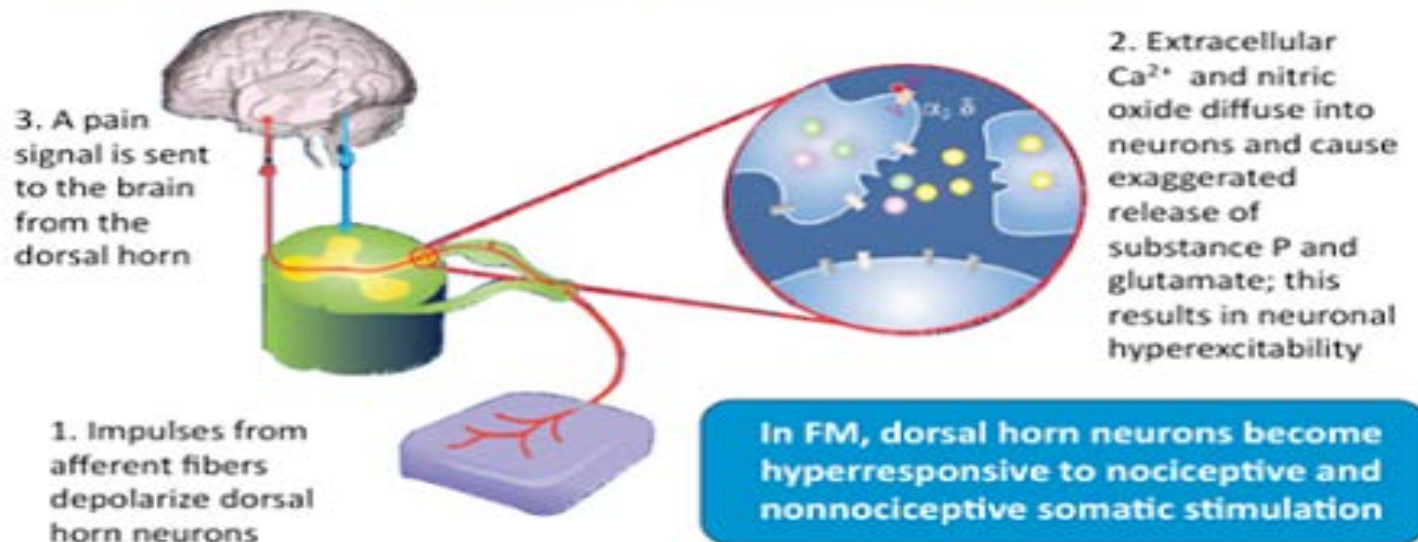


Central to Global Pain

- * Increased production of stress hormones
- * Symptoms like insomnia, headache, irritable bowel
- * Pain gateways wide open and don't close in fibromyalgia
- * Dysfunction of “***Descending antinociceptive system***”
(***DANS***)
 - * Inhibitory pain pathway that dampens the sensation of pain
 - * Its activity is blunted in classic fibromyalgia

Central sensitization

The Role of Central Sensitization in FM



Central sensitization is thought to result in hyperalgesia in FM patients

Adapted from Gottschalk A, Smith DS. *Am Fam Physician*. 2001;63:1979-1984.
Staud R. *Arthritis Res Ther*. 2006;8:208.
Henriksson KG. *J Rehabil Med*. 2003;41:89-94.

MedscapeCME[®]

Serotonin Deficiency State

- * FMS sufferers have serotonin deficiency
- * Causes sleep disturbances, irritable bowel syndrome
- * High levels of substance P are found in the spinal cords.
- * Substance P lowers the pain threshold
- * It widens the receptive fields of pain, leading to hyperalgesia and global pain

Role of trauma to female brain

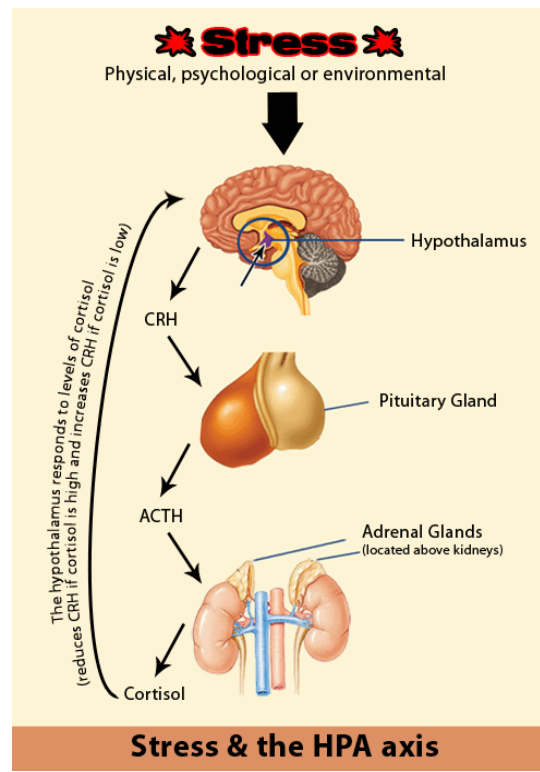
- * Emotional or physical trauma is often associated with fibromyalgia.
- * Trauma can create an excessive stress response
- * Stress can alter central pain processing in susceptible individuals
- * The female brain reacts to stress differently than the male brain
- * Classic example female , high achiever and prone to anxiety with a sense of not feeling safe in the world
- * Genetic component to fibromyalgia - runs in families

Art of Diagnosis



- * A patient should never be diagnosed with fibromyalgia before very basic and standard labs are run to rule out anemia, hypothyroid disease, infection, or autoimmune disease
- * Checking a Lyme panel and rheumatic panel will also help achieve the exclusionary diagnosis of classic fibromyalgia

HPA and Role of Stress



Functional Medicine Testing

- * Oxidative Stress/Inflammation Panel
- * Urinary organic acid test (OAT)
 - * Identifies metabolic, toxic, or infectious factors
 - * Detects deficiencies of coenzyme Q10, B vitamins, magnesium, serotonin, tryptophan
 - * Opportunistic infections , GI dysbiosis or bacterial overgrowth (SIBO)



Personalized Medicine



- * Adrenal stress profile can indicate disruptions in the HPA axis
 - serum and urine hormonal and neurotransmitters
- * Comprehensive digestive stool analysis
 - * There is more than a 90% correlation between fibromyalgia and irritable bowel syndrome
 - * Identify dysbiosis and other associated gut pathologies

Comprehensive treatment

- * Comprehensive treatment of classic fibromyalgia addresses
 - * Neurotransmitter balance
 - * HPA axis
 - * Energy metabolism
 - * Nutrient deficiencies
 - * Be aware of interactions and use neurotransmitter support in patients taking SSRIs, SNRIs, or MOAIs

Treatment of Fibromyalgia

Pharmaceuticals

Supplementation

Mind-body Therapies

Pharmaceuticals

- * NSAIDS
- * Analgesics
- * Muscle relaxants : Flexeril
- * Pregabalin (Lyrica)
 - * Decreasing the release of excitatory neurotransmitters
 - * Has anxiolytic, analgesic, and anticonvulsant activity
- * Minalcipran (Savella) and duloxetine (Cymbalta) are serotonin and norepinephrine reuptake inhibitors (SNRIs)

Why take natural approach

- * An alternative to synthetic agents, natural products can be used in a similar approach
- * Allows the body to create more of the desired neurotransmitters
- * Supplements can alleviate symptoms via physiological pathways that trigger fibromyalgia

Rise and Shine Integrative Approach

- * **RISE**

- * Reduce Inflammation, stress and exhaustion

- * **SHINE**

- * Sleep
- * Hormonal balance
- * Infections
- * Nutrition
- * Energy & Exercises

RISE: Reduce Inflammation

- * Nsaids
- * Fish Oil : omega 3 fatty acids
- * Turmeric (Curcumin)
- * Boswellia
- * Bromelian
- * Proteolytic enzymes

RISE: Stress (Muscle tension)

- * To calm muscle tension and support mitochondrial energy production
 - * Magnesium glycinate or malate (500-1000 mg/d in divided doses)
 - * Malic acid (1200-2400 mg/d in divided doses)
 - * B complex (50-100 mg 2x/d)
 - * Coenzyme Q10 (100 mg 2x/d)
 - * L-carnitine (500 mg 2x/d or 3x/d)
- * Acupuncture

RISE :Reducing Stress

- * Supplements to promote calming neurotransmission
 - * Phosphatidylserine (50-100 mg/d) can calm the receptors in the brain
 - * Pharma-GABA (100-200 mg 3x/d)
 - * L-theanine (100-200 mg/d)
 - * L-aurine (100-200 mg/d)

RISE: Reduce Exhaustion

- * To support the serotonergic pathway
 - * 5-HTP (50-100 mg 3x/d with meals)
 - * Taken with vitamin B6 to support conversion
- * St John's wort with 0.3% hypericin content (300 mg 3x/d) is a botanical alternative to 5-HTP
- * S-adenosyl-methionine (SAME 1,600 mg/d) supports production of serotonin, norepinephrine, and dopamine

SHINE: Sleep

- * Melatonin (1-20 mg 1 h before bed) can promote sleep
- * Calming botanicals
 - * Valerian (100-200 mg/d)
 - * Passion flower (100-200 mg/d)
 - * Lemon balm (100-200 mg/d)

SHINE: Hypothalamus & Hormone

- * Adrenal support to balance the HPA axis
 - * Ashwagandha with 1.5% with anolides (100-200 mg/d)
 - * Valerian (100-200 mg/d)
 - * Passion flower (100-200 mg/d)
 - * Lemon balm (100-200 mg/d)
- * Thyroid support
 - * L-Tyrosine 300 mg
 - Coleus root
 - * Ashwagandha root
 - * Schizandra Berry

SHINE: Infections

- * Lyme testing
- * Co-existing infections
- * Sensitive testing then traditional labs



SHINE: Nutritional Support

- * Nutri-Eval Functional testing
- * Address nutrient deficiencies based on laboratory findings
 - * Vitamin D 2000-5000IU/d
 - * Iron glycinate (30-60 mg/d)
 - * Vitamin B12 (1000 µg/d)
 - * Folate (1-2 mg/d) can correct



SHINE: Energy



- * When urinary catecholamine metabolites are low, we use stimulating adaptogenic herbs:
 - * Eleutherococcus with 0.8% eleuthrosides (200 mg/d)
 - * Panax ginseng with 5% ginsenosides (100-200 mg/d)
 - * Ashwaganda with 1.5% with anolides (100-200 mg/d)
 - * Rhodiola with 3% rosavins and 1% salidroside (100-200 mg/d)
 - * Licorice (20-100 mg/d)

SHINE: Encourage Exercises

- * Fibromyalgia patients need activities that calm the nervous system
 - * Tai chi
 - * Yoga
 - * Pilates



Mind-body Therapies

- * Mind-body therapies are arguably even more important than medications or supplements
- * Cognitive behavior therapies
 - * Heart rate variability training
 - * Guided imagery
 - * Yoga
 - * Tai chi
 - * Prayer
 - * Or simply more recreational time



Get all the help you can get

- * A team approach to therapy is the most successful approach for patients with fibromyalgia
- * Involve chiropractors, physical therapists, counselors psychotherapists, acupuncturist and other complementary healthcare professionals



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