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#### **Nicole's Story and the Epic Tale of Fibro Explained**

In the “How Can We Help?” section of our WholeHealth Chicago Patient Questionnaire, Nicole had written “I’m in constant pain as long as I can remember and I’m so tired I can’t even think straight.”

Even as I welcomed her to our center, I noticed how slowly she moved, her muscles stiff. The deeply etched lines around her eyes revealed a daily struggle with constant pain. And yet she was young, not yet 35.

#### **Patient Stories: Nicole**

Before I could ask her anything, Nicole initiated the conversation. “I don’t mean to be rude, but you’re my sixth doctor and if you want to tell me this is all in my head or that I’m depressed, I’ll save you the time and me the money and I’ll leave. I read an article about fibromyalgia and I think that’s what I have. The first four doctors told me my tests were normal and to take it easy. The fifth said I was depressed and to take an antidepressant. Of course I’m depressed. I’m in pain every single day.”

I leaned back in my chair. “OK, let’s take it slowly, Nicole. Pretend your life is on videotape. Press the rewind button and go back to a time when you felt just fine. No pain, energy good, no health issues--nothing. A time when you took good health for granted, like people who feel fine usually do.”

Nicole was silent for almost a full minute as her eyes filled with tears. “I’m sorry, doctor--I’ll get control in a minute.” I handed her a tissue and she sighed slowly. “It’s just that I’m just realizing how long I’ve felt this way. How many days I’ve woken up in pain. How many...years, actually.”

“OK, so we’re back in time now. Pain-free. When is this? Where are you in your life?”

“Oh, you won’t have time for this. It’s really too long...”

“No—it’s fine. Just tell me when.”

“I think maybe just before the time my mother was dying and my life fell apart. It was terrible. She had cancer, dad had died the year before, and there was only me to take care of mom. Frank, my husband, had just lost his job and we were living on my income and his unemployment checks. Frank Jr was five or maybe six and sick all the time with his tonsils. I was *always* in a doctor’s office with someone and we came this close (she held up two fingers) to losing our home.”

“And you started hurting?”

“It seemed like nothing at first--like the aching when you get the flu. Frank would rub my neck and back and I'd feel OK, but in the morning I'd wake up and think: Why am I still *so tired*? Just walking to the bathroom made me feel like I was 90, like I was coming apart. This went on for weeks and I thought, 'I'm only 33. What if I live the next 40 years feeling like this?'

Then my mother passed away. Frank Jr outgrew his tonsil problems—he's 13 now. And my husband finally got a job, but our marriage didn't survive. He was drinking and getting abusive. He started reminding me of my father and I wasn't going that route again. I don't even want to tell you about my childhood.”

“But it does sound like your life regained some semblance of order.”

Nicole smiled. “I really didn't do too badly for a single mom, and I finally got to use my business degree. Now I make a decent living, though I still struggle through every single day, especially mid-afternoon, when I feel like a truck hit me. My son is my best friend and doing very well in school, but I can barely do the things for him I know he needs—like homework and watching sports. I'm sure he's really tired of hearing me complain about how much I hurt.”

“And how's the job?”

She laughed for the first time since we'd met. “Stress follows me everywhere. I went into PR and you'd never believe the stress. My supervisor is sick all the time from the stress she says the VP gives her. And the clients! It's always more, more, more. You don't need to hear all about this. Trust me, every day is a battle and I don't do anything outside of work except what Frank Jr needs.”

We discussed the details of her childhood and adolescence with her angry alcoholic father, the fibro-triggering stress of her mother's illness and death, financial pressure, and her husband's drinking and the subsequent divorce. Then we went over the other symptoms that had started cropping up through the years. Chronic sinus congestion, irritable bowel, PMS, poor concentration, all low-serotonin disorders.

Despite tentatively starting a new and promising relationship with Mark, a single dad in the neighborhood, Nicole told me she had no interest in sex. “I know he's going to leave me. I feel fried and I hurt all the time and I'm no fun to be around.” And then she paused. “I can't believe my body is such a wreck. And I can't imagine what it's like to feel well.”

I looked over all the records Nicole had brought with her. It came as no surprise that all her tests were normal. Then, during the physical exam, 18 of the 18 hallmark fibromyalgia tender points were so painful to light pressure that minutes after the exam she was still hurting. “Is it hopeless?” she asked. “Am I really crazy?”

Reassuring her that not only was she perfectly sane, but that all her symptoms were quite genuine, I agreed that the only reason she could be called depressed was her completely rational response to feeling awful day after day with no light at the end of the tunnel.

### **Fibro is your low-serotonin body’s response to chronic stress**

Nicole and I spent some time discussing the human body’s physical response to chronic stress. Initiated in the brain, which sends signals to the adrenal glands (which in turn release several hormones that produce our fight-or-flight response), I told Nicole this bodily response was meant to be a brief on-off reaction lasting just a few minutes, the amount of time it takes to escape a mugger or veer your car away from a potential accident. If you picture this stress response as a switch, it’s certainly not meant to remain in the “on” position day in and day out.

“Like it is with me?”

“Exactly. And what happens next is that your body sends you symptoms of distress. These signals mean there’s trouble somewhere, and your irritable bowel, PMS, and lack of concentration are all low-serotonin symptoms of something called the fibromyalgia spectrum. Symptoms don’t necessarily mean you have a disease. They’re a signal that something needs attention.”

“But what if you try to get help with the signals, like I did, and you don’t get any help?”

“Well, your body starts undergoing changes. And those changes, like the PMS or the brain fog or the constant pain and tenderness of your muscles, and any of a dozen other symptoms...”

“...are fibro?”

“You got it. Fibromyalgia means ‘muscle pain’ in Greek. For a lot of doctors, fibro doesn’t fulfill what we learned in medical school about the definition of disease. It’s not an autoimmune disorder. It’s not an infection. It’s not contagious. No one ever dies of it. The blood tests, x-rays--even biopsies that we use to

diagnose other diseases--are all normal. But obviously, it's something. You feel terrible! And, there are 12 million women like you here in the US."

### **Nicole's treatment plan**

We spent the rest of the visit going over a treatment plan that would slowly but surely move her body out of constant stress mode. I asked three things of Nicole before we met again:

- **First, I wanted her to carefully review her life and examine all sources of stress.** Maybe it would be reconsidering her job and switching to a less stressful firm. Some companies seem to pride themselves on creating stress as a way of life for their employees. She should practice the word "no" (pronounced "no") when others piled demands on her. And she was to start some pleasurable activities. A morning walk. Time spent reading. Going somewhere with her son. Some very limited gentle exercise.
- **Second, I wanted her to start taking a combination of nutritional supplements.** Nicole was adamant about not taking pharmaceuticals as a first step, having experienced awful side effects from most every drug she'd ever taken. We agreed she'd start on the supplement regimen and see if she got some relief, though I asked her to keep an open mind about taking tiny doses of fibro drugs if this path didn't pan out. I warned her in advance that the supplements would seem like a lot of pills to swallow, but these weren't forever. My goal was twofold. We wanted her symptoms relieved: Better sleep, less pain, more energy, better mood, no PMS. But we also wanted to start repairing some of the damage to her body that the years of chronic stress had inflicted.
- **Third, I wanted her to begin sessions with a myofascial release massage therapist** to start the process of releasing her locked-up muscles. I told her how important it was to know the sensation of feeling good again--of being pain-free--even if at first it was only temporary. She needed this sense of hope, a taste of the possibilities of wellness that lay ahead. To understand how her muscles had "remembered" the repeated stressful assaults of her raging alcoholic father so long ago, I also asked her to read *Memories in Your Muscles*.

For me to tell you that Nicole's fibro was cured in three weeks would not only be deceptive, but just plain silly. If only life worked such miracles! But after just five weeks following the plan laid out in the *Nearly Natural Fibro Cure*, Nicole told me she was undeniably aware of changes going on in her body. And these were changes for the better.

As months passed and I saw less of Nicole, I learned from other therapists in our office what was happening. She'd left her job and found a position for a little less

money, but with a fraction of the pressure, a shorter commute, and one day a week working from home. Nicole herself had used the Nearly Natural Cure to reframe her life, focusing on eating nutritionally powerful foods and exercising routinely.

She'd also been journaling and one day told me she now recognized how extreme the stress had been, growing up with her father. "I started to understand what you meant about muscles remembering, and also I forgave myself for feeling so awful all these years," she told me.

Nicole was finding yoga classes incredibly helpful, both for body and mind, and she said the guided imagery "was like a vacation." During brief follow-up visits with me for a cold or Pap smear, we trimmed her supplement list until she was down to some basic vitamins and a healthy bone supplement.

And Nicole's fibro began drifting to the back burner of her life.

One year later, this is what she told me:

"It's not gone, like gone-gone, but I rarely have any muscle pain anymore. And my irritable bowel is completely gone and the PMS just about. My energy has zoomed up--enough to have a standing Sunday date with Mark and his son, me, and Frank Jr.

"But I have to tell you the muscles in my neck are like radar. If they start tensing up, I scan the horizon. 'OK,' I ask myself, 'what's going on in my life?' I realized months ago that there will always be stuff happening to stress me out. That's life. But I can choose to not give in to it. I made some changes to step away from that stress and so far it's working."

And then she thanked me and gave me a hug. I knew Nicole would be OK.

## Fibromyalgia explained

Fibro affects more than 12 million people, the vast majority of them women.

And though there's a Fibromyalgia Awareness Month each year, many sufferers who have lived with widespread muscle pain for decades are already plenty "aware" of their fibro. Then there are others, like the 71-year-old woman I saw recently whose fibro began when she was about 25. After several doctors told her "it was all in her head," she had accepted this (hogwash) as truth.

A half century of constant daily pain is so unimaginable that simply for her we should all learn more about fibro and share the information. You get an idea of the frustration fibro patients feel by looking at websites like Fighting Fatigue, the National Fibromyalgia Association, and Focus on Fibromyalgia Inc (better known by its web address: [fibromyaliasucks.org](http://fibromyaliasucks.org) and, yes, t-shirts are available).

### **Doctors who "care for" people with undiagnosed fibro are almost always no help whatsoever**

Patient surveys confirm that the typical woman with fibromyalgia sees five physicians before she actually learns she has fibro. Until the internet broadened awareness of the condition, most gave up after two or three doctors and accepted pain as their lot in life. For the diligent ones, that fifth doctor probably said something like: "Well, I'm sorry to tell you this. It appears you have fibromyalgia. We don't know much about it. Here's an antidepressant. Since it's not a disease, there's really not much we can do about it. Go exercise—that's supposed to help."

But because deep fatigue accompanies fibro pain, when the person with fibro tries to follow her doctor's recommendation to exercise she finds she can barely manage a fraction of what she handled with ease just a few years earlier.

In fact, Fibromyalgia Awareness Month should be directed at the entire medical profession, including chiropractors. I have some experience in this area. During the past few months, I've been all over the country giving lectures to physicians about fibro, and their overall lack of knowledge is appalling.

Most of the doctors I've met say they "never see fibro" in their practices or at the most have one or two patients, whom they refer to rheumatologists. Many still believe there's "no such condition" and consider it "basically psychiatric," referring their patients to a psychiatrist. These are actual quotes from physicians I've met with and they are wrong, wrong, wrong.

### **Remember the game “hot potato”?**

That’s the way most fibromyalgia patients are treated, tossed around from one medical professional to the next. If you’ve traversed the medical system with fibro, I’m not telling you anything new.

Many rheumatologists also believe fibromyalgia is a psychiatric disorder. Psychiatrists don't understand fibro at all and wonder why the rheumatologist referred the patient to them. After realizing the patient referred for alleged depression is basically (and reasonably) depressed because of chronic pain, the psychiatrist refers her to a pain management specialist. Pain specialists have told me they regard fibro patients as “needy and time consuming.”

Psychiatrists may not be recognizing vast numbers of fibromyalgia patients because this particular specialty, fearing malpractice over “inappropriate behavior,” has become phobic about performing physical examinations on their patients. Fibro is painfully (pardon the pun) simple to diagnose. All that's necessary is for the doctor to apply firm pressure to fibromyalgia’s 18 classic tender points and watch the patient's startled reaction to the jolt of pain the pressure induces.

What a mess this all is for the woman in chronic daily pain. And believe me if any of these doctors actually had fibro, he’d be in the back seat of his BMW being driven to Mayo Clinic for help this afternoon. What he doesn’t know is that Mayo would turn him away—they’re already swamped with fibro patients and would tell him that his local doctor should be able to manage the case as effectively as they could. Except of course, he is “the local doctor” and clueless about what’s wrong with him.

### **But doctors are not managing fibro because it doesn’t fit with their training**

Most physicians simply don’t get it when it comes to fibro, and the reason for this is a single glaring deficiency in medical education. As medical students, doctors learn that symptoms without corresponding disease somewhere in the body are not to be taken as seriously as symptoms caused by a specific disease.

Headaches are thus less compelling without a brain tumor to treat. Back pain is of routine interest until disc surgery is in order.

When you tell your doctor about your symptoms (“I have a headache” or “I’m tired”), your physician is trained to look for an underlying disease responsible for your discomfort. He or she orders tests--blood tests, imaging, biopsies--a cornucopia of tests. If the tests show *something*, treatment will be started with the goal of curing you and relieving your symptoms.

If, however, the tests come up normal (as they do with fibro), to the doc's way of thinking his or her responsibilities are basically over. You're reassured your symptoms are harmless and maybe get a prescription for a pill that might relieve (or mask) your symptoms. Intellectually, your physician is off the hook. Occasionally you might be referred to another physician who orders a different battery of tests, but generally doctors become less and less interested in you because to their way of thinking, there's nothing wrong with you...nothing to "cure."

I've had patients who told me that other doctors asked "Aren't you pleased to learn nothing serious is going on? You should be relieved we can't find anything wrong with you. All your tests are normal."

But you're not feeling in any way normal. If you have undiagnosed fibromyalgia, you're thinking, "All this pain, this fatigue--it can't be normal." If you know you have fibro and you're told, "There's nothing we can do," then life looks very bleak indeed.

But please believe me: There is hope for people with fibro and this book contains the recipe for getting better. But before we get there, let's review a few facts about fibro.

### Stress, low-serotonin disorders, the fibromyalgia spectrum, and fibro pain

To understand fibro pain, you need to understand serotonin, the brain chemical (neurotransmitter) that acts as your buffer against stress. Women have lower levels of serotonin than men, and as a consequence women are more vulnerable to stress of any kind. Some women have it even worse, coming from families at the very low end of the serotonin curve. These families have an even higher rate of low-serotonin disorders, including fibromyalgia.

Women whose low serotonin makes them particularly susceptible to stress are sensitive to everything. They feel potentially painful stimulus (like an inflated blood pressure cuff) more strongly than others and are unusually sensitive to certain foods, chemicals, and drug side effects. They're also extremely aware of changes in their body, *feel* their hormone fluctuations, *know* when a food is wrong for them, and *sense* negative energy from an indifferent or impatient physician. Interestingly, low-serotonin women are often creative and highly intuitive, frequently needing to explain what's obvious (to them) to otherwise clueless men.

Men, of course, are not immune to low-serotonin disorders, but statistically women far outnumber them.

It's also worth noting that all the low-serotonin disorders were once thought to be all psychological in nature. The list included depression, anxiety, panic attacks, obsessive thinking, compulsive behaviors, social anxiety, post-traumatic stress disorder, anger

issues (common in men), and self-medication tendencies using food (especially carbs), and alcohol and other drugs.

Why are the antidepressant herb St. John's wort and the SSRI family of antidepressants (Prozac, Zoloft, Lexapro, et al) effective against all these disorders? Because they boost serotonin levels in the brain.

### **How low serotonin leads to fibromyalgia spectrum disorders and fibro pain**

Researchers in fibromyalgia began seeing so many conditions associated with it they began using the medical term "co-morbidities." I myself dislike anything using the word "morbid" and thus prefer "fibromyalgia spectrum disorders." These include all the psychological mood disorders listed above *plus* all the manifestations of being an extremely sensitive person (the reactions to food, drugs, and chemicals that make up multiple chemical sensitivity syndrome) *plus* manifestations of an unchecked fight-or-flight response, like tension/migraine headaches, jaw clenching/TMJ, irritable bowel syndrome, PMS, and adrenal/thyroid/ovarian fatigue.

The physical manifestations of low-serotonin, fibromyalgia spectrum disorders occur when your body itself experiences unchecked stress. Everyone--male or female, fibro or not--has the potential to feel these fight-or-flight symptoms. It's just that low-serotonin women feel them more than anyone else. As I explained to Nicole, your fight-or-flight response is meant to be a quick on-off system that gets you out of trouble. It's supposed to shoot you full of adrenalin so you can move with lightning speed to avoid an oncoming car, for example. But for stressed-out, low-serotonin women, it's like the fight-or-flight "on" button is pressed down and held there, putting their stress response systems into constant overdrive. After a time, the body simply can't cope.

Most people first notice the physical manifestations of stress as constant tension in the muscles of their neck and upper back. These muscles fan out over the top of the head (producing tension headaches), jaw (jaw-clenching TMJ), and face (felt as a pressure sensation, often incorrectly diagnosed as sinus headache). Migraines are involved here, too, when arteries deep in the brain start contracting in response to stress messages.

If you observe women in a workplace, someone's always reaching behind to massage a knot in her shoulder or tilting her head back to dig in and loosen her neck muscles. When muscles start tightening up over your entire body, you're entering fibro pain territory.

The extremely painful tender points of fibro are small areas where muscles attach to bone. Once tender points are activated, it becomes painful to sit for long periods, find a comfortable position for sleep, or even fall asleep at all. A diagnosis of fibromyalgia depends on the existence of these tender points, and doctors who understand fibro and apply about ten pounds of fingertip pressure to them will get a response like "Gee, doc, that REALLY HURTS!"

### **Easing fibro pain**

To be fair, doctors face a real challenge when treating fibro.

- **First, fibro patients are extremely chemically sensitive**, probably related to their low levels of stress-buffering serotonin. If anyone is going to experience a side effect from medications, it will be a fibro patient. That's why many of my patients begin by taking the supplements listed in the Nearly Natural Cure.
- **Second, fibro drugs taken at recommended doses actually have more side effects** than most other prescription medicines. I've personally sampled them all on myself, just to anticipate what side effects my patients might experience, and I don't regard myself as particularly chemically sensitive, but all things considered I would have preferred sampling a selection of Cote du Rhone wines. However, as you'll read in Medications for Fibro, by taking the small doses I recommend you can largely side-step side effects while targeting the unique pain of fibro.

There are three FDA-approved drugs for fibro. Two of them, Savella and Cymbalta, were originally developed as antidepressants, but were later found to have fibro pain-relieving benefits. Physiologically, they do correct the basic underlying issue with fibro--low levels of the brain chemicals serotonin and norepinephrine--and ease pain for about half the women who try them. The other half are stymied by the side-effects of these meds, which include nausea, headaches, palpitations, and sweating, though these can be mitigated by taking the drugs in much smaller doses.

The third FDA-approved med is Lyrica, one of several in a class of anti-epilepsy drugs that some years ago was found to have pain-reducing qualities. Lyrica works for about a third of my patients who try it, the other two-thirds abandoning it due to side effects including dizziness, brain fog, double vision, and weight gain. Again, I prescribe a far lighter dose regimen, presented in the medications chapter.

I also prescribe pain drugs for fibro pain, again in small doses. Many physicians won't even consider giving a woman with fibro a pain medicine, and I believe this is not only heartless but cruel. More about pain and how I recommend you tackle it in Pain Drugs for Fibro.

### **Fibro in a nutshell**

Here's a fibro diagnosis short list: You've had three or more months of widespread muscle pain and chronic tiredness, 11 of your 18 tender points elicit an "Ow!" response when tested, your tender points have a right-left symmetry, and your tender points are above and below the belt-line.

Each of these low-serotonin symptoms—the pain, exhaustion, and response to tender point pressure—is a physiological response to stress and not a disease. As crazy as it may seem, your body is reacting in the way it’s supposed to react, given excessive stress and your insufficient stress buffer. But because your body’s response is not a disease, finding a cause for these symptoms flies under the radar of blood tests, x-rays, and other diagnostic tests. In other words, “Your tests are normal.”

A few review notes:

- **Fibro is one of the low-serotonin fibromyalgia spectrum disorders**, a group of often disabling conditions that manifest themselves among genetically susceptible people (mainly women) after a period in their lives of unchecked stress.
- **Because of the relationship between serotonin and estrogen**, the severity of any low-serotonin disorder (but especially fibro) parallels your estrogen level. Hence, symptoms worsen during PMS days and pre-menopause, when your estrogen levels are dropping. Most women feel a tad better the week after their periods, when estrogen (and serotonin) levels are rising. Most also feel better in summer than winter because sunshine boosts serotonin levels.
- **Low-serotonin disorders can begin at any age when stress exceeds your stress buffer.** My youngest fibro patient was eight years old. Serotonin disorders like childhood depression and anxiety have reached epidemic proportions. One recent report estimated that 10% of the US population over age 9 is taking serotonin-boosting SSRI antidepressants.
- **From a biographical perspective, fibro usually follows a highly stressful year from hell** in a woman’s life. Your fibro-triggering stress might have come from job, family situation, financial situation, injury or serious illness, or simply from living in a stressful world.
- **“Time heals all wounds” ought to apply.** Most stressful life events recede, given enough time. But for fibro patients, they’re replaced by the stress of fibro itself with its relentless widespread pain, profound fatigue, unrefreshing sleep, and a medical system (“We can’t find anything wrong with you”) that doesn’t know how or exactly what to treat (“I’m referring you to a ...”). Soon the quest to simply feel normal again becomes life’s major source of stress.

Fibro begins with stressors that trigger painful muscle contractions. Now that same pain exacerbates stress, which further increases pain levels. An evil snowball of pain, rolling down a mountain, larger and larger, out of control.

### The Fatigue of Fibro

Right up there with pain, the second most common fibro symptom is a constant sense of profound exhaustion. Disability insurance companies, people who don’t have fibro, and (sadly) most doctors can’t appreciate the extraordinary degree of this fatigue.

It’s not easy for people who don’t have fibro to imagine waking up achy all over, feeling as if you’d never really slept, and then staggering through your day before crashing

between 2 and 5 pm with even more fatigue. If you actually do have fibro, at this point you've probably tried fortifying yourself with a Starbucks, but what you really want is to crawl into bed. You plan no evening activities and you say "sorry, I can't" to most invitations. Your house is a mess and your significant other is not happy with you being exhausted all the time since your doctor has told you "all your tests are normal."

It's taken scientists about 40 years to figure out where this fatigue comes from. In the 1960s, when fibro itself was barely known, reports of patients who were constantly tired and felt flu-like achiness and poor sleep began to appear in medical journals. All the tests for fatigue were negative for the usual conditions, and some years later the mysterious condition was nicknamed "yuppie flu." Later it would be called chronic fatigue syndrome (CFS).

In an attempt to find a culprit for CFS, researchers pointed to variety of infections, including chronic mononucleosis, herpes, cytomegalovirus, candida (a yeast), and the then newly discovered Lyme disease, but nothing was consistently shown to cause CFS. A patient support group named their condition "chronic fatigue immune dysfunction syndrome" (CFIDS) based on the belief that a compromised immune system was the cause, but again, this wasn't supported by research.

Now it's pretty much agreed that fibromyalgia and CFS are one and the same.

### **Several factors occur simultaneously to induce fibro fatigue**

The most significant is how the human body responds to chronic stress. Please don't feel bad if you have to read this next explanation a couple of times. Med students have to memorize all this and don't enjoy it one bit.

As discussed earlier, when you experience a stressful event your body goes into a temporary fight-or-flight response. The full pathway, which operates at blazing speed when needed, looks like this:

- A stress message from your conscious brain sends two signals at lightning-fast speed. The first goes directly to your adrenal glands by way of a set of nerves called the autonomic nervous system, triggering a release of adrenalin, the fight-or-flight hormone. This places your body into temporary overdrive. It's this rush of adrenalin that gives a woman the super-human strength to lift a car off her toddler. The second signal travels to your brain's hypothalamus, which then shoots it over to the brain's pituitary (the master gland), which in turn releases adrenocortical stimulating hormone (ACTH), triggering the release of a second adrenal hormone called cortisol. Cortisol helps you adjust to chronic stress by producing a variety of subtle metabolic changes throughout the body, some of which (like abdominal weight gain) we'd all rather do without.

The full pathway--brain-to-adrenal glands **plus** brain-to-pituitary-to-adrenal glands--is the human stress response. The second pathway alone is commonly called the HPA axis (hypothalamic-pituitary-adrenal axis).

Your brain-to-adrenal glands pathway is generally pretty resilient, capable of dealing with life's little stressors (dog throwing up on your rug, traffic, bicycle messengers) all day long. But you need to imagine a sign dangling from your HPA axis that reads "WARNING: For emergency use only." That's the way it *should* be. The delicate HPA axis is protected by stress-buffering serotonin. If you're a low-serotonin person and life's stresses (bad boss, financial strain, sick child, too much responsibility) exceed your stress buffer, your HPA axis is activated again and again.

If your stressful life simply won't let up, you exhaust your HPA system.

When you see the phrase "adrenal fatigue" or a natural practitioner says "you've fried your adrenals," this is what's being described. Conventional physicians rarely test patients for adrenal fatigue and generally are unaware of its existence. That's because adrenal fatigue is not a disease, but rather a physiologic response (your overused HPA axis) gone awry.

In addition, with this longer-lasting chronic stress (months on end of real-life stressors, but not the car-lifting type) your pituitary releases a second hormone called TSH (thyroid stimulating hormone) to boost levels of thyroid hormone. TSH is needed to help your metabolism adjust to chronic stress. The thyroid controls the rate of your metabolism--how slow or fast your incredibly complex body will run.

During the initial days and even weeks of stress, you'll have elevated levels of both thyroid and adrenal hormones, the increase being part of your normal stress response. But over time--and during the relentless stress of fibro--the HPA axis, including the thyroid and even sometimes your sex glands (ovaries and testicles, also under pituitary control), begin to become "exhausted" as well.

Thus the primary source of fatigue in fibro is the exhaustion of the HPA axis and thyroid gland, both of which started out trying to protect you but dropped from exhaustion along the way. And this intricate action flies under the radar of conventional doctors testing for fatigue.

#### **Here's how fatigue symptoms present themselves**

- **Thyroid fatigue** produces pervasive tiredness, dry skin, dry hair, weight gain, and cold hands and feet. The standard test result for an underfunctioning thyroid is high TSH (thyroid-stimulating hormone). But because TSH comes from your pituitary and it's exhausted too, your TSH is spuriously low. And patients hear, "You can't have an underactive thyroid--your TSH is low."

- **Adrenal fatigue** also brings overwhelming fatigue, along with a mid-afternoon crash of still more exhaustion between 2 and 5 pm. This occurs because you have a one-day supply of hormones in your adrenal glands that need to be restored each night during sleep. They aren't replenished if, like most fibro patients, you're not sleeping well.
- **Ovarian fatigue** leads to irregular periods, worsening PMS, infertility issues, and low or nonexistent sex drive.

**In addition to exhaustion of the HPA axis,  
there are three unrelated sources of fibro fatigue**

- **Chronic pain from any source**--whether from fibro, arthritis, or cancer--is itself exhausting.
- **People with fibro sleep very poorly.** Unable to find a comfortable position in bed, you rarely achieve the deep, restorative sleep necessary for normal next-day activities. You awaken exhausted, feeling as though you hadn't slept at all.
- **Eventually the muscles of fibro patients atrophy.** Many who suffer with fibro live a bed-to-chair existence because they're exhausted and in pain. But not moving just makes fatigue worse.

One last word about the long-ago suspected immune dysfunction of fibro-CFS. A well-conducted clinical study at Chicago's DePaul University some years ago did come up with two positive tests among their hundreds of patients. One test showed evidence of adrenal fatigue. The other revealed minimal dysfunction of the immune system, basically the same abnormalities you'd expect if an immune system were experiencing unchecked stress and wasn't functioning efficiently.

In other words, the mono, herpes, candida, et. al., weren't *causing* the fibro-CFS. It was the reverse. The stress of fibro-CFS was impairing the immune system, allowing the emergence of these minor players. For decades, scientists were sidetracked by these microorganisms, believing them to be the "cause" of fibro-CFS, rather than the "result."

Complicated, eh? It's taken decades to figure this out.

**Listening for the message your body is conveying**

If you have fibro, philosophically understanding what's occurring in your body is an essential part of treatment. Like Nicole, once you pull back and see the larger fibro picture, you'll realize that all your life you (and likely your mom) have been more susceptible to stress and more sensitive to physical sensations, including pain, than other people.

Identifying the triggering stresses of your fibro is also key, as is developing a plan to lift that stress off your life so you can breathe and start getting well.

As you work with the Nearly Natural Cure, you'll come to see that fibro is not a disease but rather a defense, and you'll recognize that it will never develop into a disease, but will remain what it is--a stress response from hell--until you acknowledge the message of this pain and take steps to resolve it.

No, I assure you, it's not your fault.

You're a low-serotonin person and your fibro appeared as a response to stressful factors in your life. But there's hope in the step-by-step plan I designed for Nicole and my other patients. You can start that plan today.

Once you free yourself from the pain and you're feeling better, excellent. But if fibro symptoms start to return, don't panic. Rather, regard them as a message that your body is perceiving stress from some source.

With this kind of fibro-flare, it's fine to restart supplements and/or medication, but this time, press the pause button on your life. Seriously reflect on the possible source that's triggering the return of your symptoms. Are you trying to do too much? Have you been neglecting your diet? Is physical activity at a standstill? Are you in a relationship or job that your body *knows* is wrong?

Listen carefully for the message your body is trying to convey and act on it.

If you're just starting the process of healing your fibro, know that when you take steps to resolve these triggers, your muscles will slowly relax, the pain will recede, your body will heal, and many of the meds and supplements I recommend in this book can be tapered off or even discontinued altogether.

In short, you'll get your life back.