

— PART I —

# The Problem

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## Fibromyalgia and Its Common Triggers

**F**ibromyalgia is a syndrome of widespread pain and fatigue. Its underlying causes are many, although in each case the symptoms appear to be driven by injury to the central nervous system. The initial injury may appear obvious at first, like a car accident or a sudden illness, but sometimes the inciting event is more insidious, such as an emotional trauma that occurred months or even years before the onset of fibromyalgia. In some cases, the trauma to the central nervous system isn't a single event but a constant barrage of daily unhealthy stress. While the precipitating factors are too numerous to mention, the symptoms are strangely alike—fatigue and diffuse pain. Overlapping conditions such as irritable bowel syndrome, migraine headaches, and insomnia are also common, and a heightened awareness of external stimuli

(stress, painful touch, loud noise, noxious smells, and bright lights) appears to arise from a phenomenon known as **central sensitivity**.

Fibromyalgia has been a puzzling syndrome ever since it was described as neurasthenia more than a hundred years ago by Sir William Osler:

Neurasthenia appears to be the expression of a morbid, unhealthy reaction to stimuli acting on the nervous centers that preside over the functions of organic life. Sleeplessness is a frequent concomitant and may be the first manifestation, and when the spinal symptoms predominate, the patient complains of weariness on the least exertion. The aching pain in the back or in the back of the neck is the most constant complaint in these cases. Occasionally, there may be disturbances of sensation, particularly a feeling of numbness and tingling.

A century later, we still don't know exactly why someone gets fibromyalgia, but we are now able to document and understand the subtle changes that occur inside the nervous system. Advanced medical technology can identify the hidden abnormalities inside the brain of a fibromyalgia sufferer by using functional magnetic resonance image (fMRI) scanning. We can measure pain messengers such as **substance P** in the **cerebrospinal fluid** and can even track neurotransmitters and the signals that they carry from the brain to various parts of the body. These advances allow us not only to understand, but to measure, someone's sensitivity and reaction to pain and to clarify that fibromyalgia is not a subjective disorder but instead is quantifiable pain and discomfort directly related to an injury to the central nervous system. We have a clearer picture of how certain illnesses and trauma (physical or emotional) can trigger fibromyalgia in a susceptible person. For example, it is now

accepted that there is an association between fibromyalgia and other conditions such as **whiplash**, post-Lyme syndrome, and **systemic lupus erythematosus**. The connection to these conditions is an important discovery. For many years, people with fibromyalgia suffered without having a clue as to why they might have this syndrome. Now doctors are able to evaluate a patient's medical history and come up with a logical explanation for the symptoms. It's a tremendous relief to find a contributing factor because knowing the root of the symptoms can help to determine a plan of action.

## An Injury to the Central Nervous System

If you've been diagnosed with fibromyalgia, you probably wonder why this has happened to you. The answer, as far as scientists can determine, lies not in the peripheral muscles and joints where most of the pain is felt but in the delicate cervical spine or in the *brain itself*, where the message of pain is both received and interpreted. Whether the damage arises from a single event or cumulative traumas, infection to the brain, or chronic emotional stress is unclear, but the brain is susceptible to damage from many assaults that are not always obvious.

In fibromyalgia, injuries inside the brain initially involve three areas: the **limbic system**, the **hippocampus**, and the **hypothalamus**.

The limbic system is the most primitive center of the brain, from which feelings of suffering and stress emerge. The hippocampus is a sensitive area of the brain in which memory is stored. It is highly vulnerable to trauma and chronic stress, and it ultimately affects one's learned behavior and response to emotional triggers. The hypothalamus is the master thermostat of the brain, where the automatic functions of the body are regulated; these include arousal, blood flow, body temperature, and hormonal balance.

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### The Hippocampus

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The hippocampus is the part of the brain in which memories are stored. It is quite sensitive to trauma and, in fact, has been seen to atrophy, or shrink, when an individual endures too much stress. This can occur in the brain of a person who has suffered a childhood trauma or long periods of depression. Furthermore, the hippocampus can secrete substance P (a pain messenger) under such circumstances, thereby sensitizing people with post-traumatic stress to more physical pain. It is no surprise that for someone who suffers from fibromyalgia and dormant memories of stress, the condition of the delicate hippocampus may contribute to how that person perceives pain and responds to it.

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The **hypothalamic-pituitary-adrenal axis (HPA axis)** helps to regulate the body's response to stress, partly by controlling one's level of **cortisol**. Brief periods of stress increase the level of cortisol, which produces the protective **fight-or-flight** response, but chronic stress is unhealthy and adversely affects the delicate balance of the brain and the body. We all deal with a certain amount of stress in our lives. This can be as simple as slamming on the brakes to avoid an accident or rushing to make an appointment on time. There are also other stressors that aren't momentary and don't seem to go away. Perhaps you are coping with a difficult relationship, a job where you can't keep up with demands, or a busy family life. If a situation is stressful enough to cause your body to keep producing cortisol at unhealthy levels, there are physical consequences.

Stress hormones—in particular, cortisol—can cause the atrophy of parts of the brain. Stress hormones originate in the hypothalamus, the center of the brain, and when everything is working properly, our bodies produce the right amount of cortisol. It is when the stress never seems to end that cortisol production increases to the point where the brain is affected.

Feedback in the brain works to keep cortisol production within normal bounds, but during periods of stress or illness, the HPA axis provides a temporary increase of cortisol production. This increase occurs because of the body's natural reaction to stress, but in the case of fibromyalgia, lengthy periods of chronic stress cause a dysregulation of the system and a failure to respond properly to trauma or illness.

For example, Patricia, age forty-five, is a hardworking school administrator who has raised three children. Ten years ago, she suffered a neck injury. Then, everything seemed to change. She had not only pain in the back of the neck but diffuse muscular tender points, one of the key symptoms of fibromyalgia. She struggled with exhaustion and fatigue and had diffi-



Chronic daily stress causes an unhealthy imbalance of the mind and body. Energy, sleep, pain perception, and immune function are all affected.

culty sleeping, muscle tightness, and an aching, irritable bladder. She couldn't concentrate. "It was like I never got any relief; I never felt totally like myself after that initial injury," she said. The demands of her job and her children and the day-to-day responsibilities of a household became impossible to manage. Fortunately, her husband was willing and able to shoulder some of these duties, but even so, picking up her youngest child became an excruciating task. Some days, plagued by cystitis, headaches, and muscle pain, she just wanted to stay in bed in a darkened room.

For any woman who has dealt with the multiple demands of children, household, and work, it's clear that there are few avenues of escape. Even if she can't drag herself out of bed, the household

comes to her. Patricia struggled through day after day. Some periods were manageable, others intolerable. The whole family had to make compromises because of her fibromyalgia.

Her recovery took nearly a year, but the time went quickly, and now she almost feels like her normal self again. After a careful medical assessment, it was discovered that Patricia had been suffering from a protracted myofascial pain syndrome and a sleep disorder, both of which fueled her fibromyalgia. She received integrative care from a rheumatologist and a holistic practitioner. A combination of manual therapy designed to relax her muscles, along with guided imagery, an adjustment to her diet, and a short course of a novel **membrane-stabilizing medication** was orchestrated for her, and the results were good.

For Patricia, having a name for all the disparate aches and pains, as well as a plan of action for treatment, “was like getting a second chance at life.” She learned not to push too hard and overextend herself. Prioritizing and doing what needed to be done first meant that she could stop and rest without feeling guilty. It took time, but it was worth it.

The bottom line is that fibromyalgia affects a person’s ability to function. The individual not only develops aches and pains but may also report difficulty coping with the demands of daily living. The person typically struggles to keep up at work and needs more time to recuperate after ordinary exertion. People with fibromyalgia often become concerned because their symptoms mirror certain potentially serious diseases, so they visit their primary-care physicians to be evaluated. Indeed, a medical workup is a reasonable thing to get because it is essential to rule out other conditions that mimic fibromyalgia, for which proper treatment might be different. This important point will be discussed later in the book. It suffices to say that your fibromyalgia might be triggered by a persistent pain generator due to previous trauma or a precipitating illness. Once this trigger is



established, the focus should quickly return to an appropriate plan of action for fibromyalgia. It's helpful to address the precipitating factor—illness, injury, or trauma—and not to expect one strategy to resolve all symptoms. Reactive fibromyalgia, the fibromyalgia that occurs after sudden physical trauma, can be particularly difficult to treat and needs to be identified right away. Any lengthy delay can be detrimental to recovery because living with fibromyalgia for a long period of time, without addressing it, leads only to increased levels of stress, pain, and frustration for the person involved and further establishes the problem of central sensitivity.

During the diagnostic process, be as specific about your symptoms as possible. Many people complain of fatigue, but fatigue means different things to everyone, and it can indicate a variety of conditions. In fibromyalgia, people complain about being physically tired, mentally exhausted, or simply unable to stay awake. This might be very different from someone who has daytime drowsiness but otherwise has energy to complete tasks, or from the person who has muscular aches but no tiredness. Articulate your symptoms clearly—this is no time to be vague or to minimize the way you feel. Tell it like it really is, even if it's slightly embarrassing to admit that you sometimes fall asleep at your desk when no one else is around or nap at the wheel of your car before the kids get out of school. Any specific details that you can add will help your physician understand the extent of your physical and mental exhaustion. In addition, with fibromyalgia there is often widespread musculoskeletal pain, sensitivity to touch, and an absence of objective swelling. Because all of these symptoms can overlap with many other conditions, help your doctor to rule out everything else and then get down to the business of treating the fibromyalgia.

An accurate diagnosis might take some time, so it's crucial that people with fibromyalgia have the support of their families from the very beginning. Obviously, this is easier said than done. One

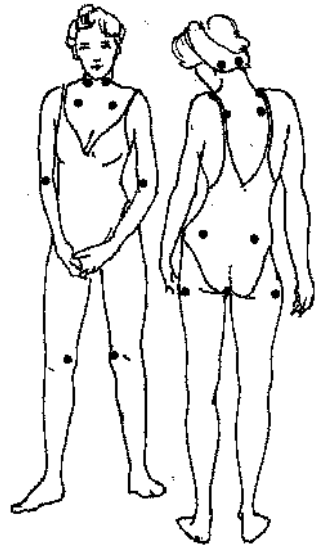
husband of a fibromyalgia sufferer admitted that because his wife wasn't diagnosed for several years, he often found himself wondering whether she was just a hypochondriac. "The syndrome is unpredictable," he said. "So, you ascribe certain circumstances to each flare-up, such as, she was hungry or she was too tired. Then it becomes a question of whether she did something to bring on the symptoms, or maybe it was my fault. I can't imagine how a child would react to this because it's so difficult for adults. I think a child would always be feeling guilty, like Mommy was sick because he was naughty. It's not a simple thing to live with."

Caroline, age forty-two, is another woman whose life was nearly ruined by fibromyalgia. She is single and doesn't have children. Her life is perhaps somewhat different from Patricia's. She hasn't ever been particularly sick. She did, however, have a traffic accident four years ago when she was hit from behind at a stoplight. Her injuries, whiplash and a broken wrist, healed with time, but suddenly, out of nowhere, she began to suffer from extreme pain. It wasn't in the joints or necessarily related to the whiplash and the broken wrist, but the pain was always there, in a dozen different places. She spent sleepless nights, struggled through days with headaches and irritable bowel syndrome, and began to miss more and more days of work. She became depressed, as one might expect, and heard once too often that all these symptoms might be related to her depression. Often, it can be difficult to determine whether depression is just another symptom of the fibromyalgia, or whether it's a result of the pain and the compromised lifestyle. Certainly, it was a struggle for Caroline to keep her spirits up when she could barely accomplish daily tasks, especially when people didn't believe there was anything wrong with her. Even without the added burden of a family, Caroline struggled through her workday. Only when she received a diagnosis and instructions to take time off work to begin her recovery did things begin to change. She needed to concentrate

on herself, exploring all the treatment options and most especially taking time to rest, before her symptoms eased. Like Patricia, Caroline waited too long to find out what was wrong. Because she had lived with fibromyalgia for many months before her diagnosis, her recovery required a careful unraveling of symptoms. When she understood what had triggered her illness and which factors made it worse, she could begin to get better.

One key to diagnosing fibromyalgia is searching for **tender points**—specific areas that are particularly sensitive to pressure—mostly around the neck and the lower back. The pain can be anywhere and everywhere, although it seems to concentrate in specific locations that are predictable among fibromyalgia sufferers.

A good physician can diagnose fibromyalgia by finding a majority of the eighteen tender points illustrated. The tender points are found in a symmetrical fashion, both above and below the waist. Basically, tender points are the sensitive spots at the centers of certain muscles and in certain places where muscles join tendons. A caregiver can apply pressure to each point and observe the individual's pain reaction. Note that these tender points are not just tender; they are definitely *painful*. The pain is generally in the muscles, the ligaments, and the tendons, and some people say that they ache all over. Others say that it feels as if the muscles have been overworked or strained. It's also not uncommon for people to have the burning and tingling pain of



Most fibromyalgia sufferers have a majority of the eighteen tender points in a symmetrical pattern above and below the waist.

neuropathy. Needless to say, if a physician presses a patient's tender point, a spot where muscles are aching and throbbing or sending out shooting, stabbing pains, the patient will react dramatically. If the patient has a sufficient number of tender points, and a thorough workup suggests no other cause, then fibromyalgia is likely to be the diagnosis.

The muscles around the neck, shoulders, chest and rib cage, lower back, and hips are inclined to be most painful in fibromyalgia. It's the diffuse nature of muscular pain—the way it is spread

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### Functional Magnetic Resonance Image Scanning

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A novel approach to mapping a pain message in the brain is with functional MRI scanning (fMRI). The standard MRI and fMRI have overlapping methods of operating, but the main difference is of mapping anatomy versus physiology. While the standard MRI gives a bird's-eye view of anatomical abnormalities such as a brain tumor, a stroke, a bleed, atrophy, and so on, the fMRI basically looks at where the blood is flowing. This is accomplished by mapping where the oxygen is from one second to the next.

For example, if you produce a source of pain in a person's left foot, a standard brain MRI would be unchanged, but the fMRI would reflect increased blood flow in the right sensory cortex. Using the fMRI on people with fibromyalgia has demonstrated important differences in blood flow through several parts of the brain, particularly the limbic system, which controls, in part, the degree of suffering perceived by the person. It should be mentioned, however, that fMRI isn't a perfect tool; it's still considered experimental and is rarely covered by insurance plans. In addition, how the radiologist reads the results can vary significantly. What it does offer, though, is the possibility of a new objective measure of pain perception in people with fibromyalgia, something that will help to validate the complaints of those who suffer.

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throughout the body—that distinguishes fibromyalgia from other regional pain syndromes such as **myofascial pain**, which typically affects only one quadrant of the body. Keep in mind, however, that the two conditions—fibromyalgia and myofascial pain—frequently coexist, particularly after whiplash or other such traumas.

While a large percentage of people who have fibromyalgia are women of childbearing age, any individual can get it, including children. Men get fibromyalgia, too, although they are less likely to see a doctor about it. Moreover, doctors tend not to make the diagnosis in men, in some cases due to gender bias. Men generally have fewer symptoms, and these may be less severe; however, a man with fibromyalgia is still in significantly more pain and discomfort than is a man *without* fibromyalgia. Much of what is written in *Healing Fibromyalgia* will be useful to men as well. A man with fibromyalgia may find it more difficult to locate a physician who believes this is the correct diagnosis, though, because fibromyalgia is considered a woman's illness. This can be isolating and troubling to the male patient. It's the reverse of the gender discrimination practiced against women who have chest pain; until recently, heart attacks had always been considered a man's problem. Clearly, this isn't the case, and the gender bias is unfair. There are resources for men with fibromyalgia, just as there are for women with chest pain, and it will be the persistent man who can go against societal expectations and work to solve his difficulties with fibromyalgia.

One man who succeeded at this was Jack. As a truck driver, he had experienced a particularly severe low back injury, followed by diffuse muscular pain that kept him out of work for months. He grew depressed and slept poorly, began to drink more, and gained weight. After the fibromyalgia diagnosis and the lengthy process of applying for temporary disability, he sought counseling, started taking antidepressant medication, and stopped drinking. He began a light aerobic exercise regimen, eventually lost the weight he

gained, and noticed an improvement in his sleeping patterns. He found tremendous relief by using electrical muscle stimulation on the affected areas of his back. This technique of allowing gentle electrical currents to massage deep into the affected tissue is particularly successful in both physical therapy and chiropractic. Once Jack was trained to use the equipment and had it available at home, he discovered that he could achieve relief from his symptoms. He continues with physical therapy, rests when he needs to, and uses **transcutaneous electrical nerve stimulation (TENS)** for immediate relief when his symptoms are painful. Best of all, he's back at work, nearly full time, feeling productive once more.

In older people, the diagnosis of fibromyalgia is often delayed because the symptoms of pain and fatigue occur in conjunction with other chronic conditions such as degenerative disk disease and arthritis of the spine. The physician may also suspect depression or malignancy as a root cause. Occasionally, a patient who already has a clear diagnosis of **lupus**, **Lyme disease**, or chronic rheumatic condition will also present with fibromyalgia. Sadly, these conditions are not mutually exclusive; in fact, there seems to be a higher incidence of fibromyalgia among people who already have an underlying rheumatic disease. We'll examine the connection between fibromyalgia and other conditions in later chapters.

Like Caroline and Patricia, whose problems were described earlier, you might have started out with a few minor aches and pains before those developed into a pattern of diffuse, debilitating muscular soreness. Like these women, you may have trouble sleeping or may suffer from fatigue, anxiety, or depression. Perhaps it's getting harder to perform optimally at your job or keep up with the chores at home, your family, your social life, and other activities and interests. You and your doctor might already have ruled out a host of serious illnesses—things you don't have—and finally arrived at the diagnosis of fibromyalgia. If you don't necessarily feel grateful

that it's fibromyalgia, hopefully the knowledge that it isn't something worse has given you cause for optimism.

We are closer than ever to understanding the problem; according to most of the cutting-edge research, it appears that fibromyalgia is triggered by an injury to the central nervous system. The initial insult might be a form of physical trauma such as a car accident (particularly, whiplash), an infection such as Lyme disease or hepatitis C, or one of many different kinds of emotional upheaval, such as bereavement, assault, or the repressed fallout from childhood abuse. Some cases do not result from any single event but only from the chronic daily stress of the modern world. Examples of this include job dissatisfaction, a malevolent boss, and spousal abuse (verbal or physical), among other forms of discord.

We've all probably dealt with difficult work situations. Imagine for a moment, or just remember, what it is like to work for someone who disapproves of everything you do. You can't afford to quit, at least not until you have another job prospect, so you go in to work, day after day, knowing that the boss will belittle you, yell at you, leave nasty notes on your desk, reprimand you for taking too much time at lunch, and generally make your life miserable. The mounting stress of such a situation leads to anxiety that you take home at night. Perhaps you become less able to cope with other stressors in your life or have bad dreams that interrupt your sleep. The chronic nature of this stress leads to the overproduction of cortisol, which we mentioned earlier in this chapter, and you become ever vigilant and hyperaware, always watching for the next attack from this malevolent boss.

Any stress that you feel at work, under such unfavorable circumstances, extends beyond nine to five. You may not sleep as well, may have bad dreams, or may feel anxious when you're not at work. Some people are better than others at leaving work where it belongs, but lots of people carry this stress home, in unseen ways,

and it has a negative impact that they don't anticipate. If you have fibromyalgia and your work situation is particularly negative, look at techniques to address this source of stress in your life, perhaps before or at least simultaneously with your recovery.

In certain cases, we keep dormant issues hidden even from ourselves, which can interfere with our peace of mind or a good night's sleep. This is just one aspect of **post-traumatic stress disorder (PTSD)** that will receive attention when we discuss the biology of stress later in the book. PTSD may result from a situation such as childhood abuse or from living with the constant threat of violence. Perhaps you have long since forgotten about repeated episodes of abuse—it's not uncommon for people to block out these memories, to some degree. Yet even if you don't remember the initial trauma anymore, that doesn't mean it is resolved.

When we bring up childhood abuse, you might think of violent or physically abusive situations. PTSD can also result from less obvious forms of abuse. Perhaps a young girl was left alone at home, long before she was ready for that responsibility. She became fearful of cars driving by, anticipated someone knocking at the door, and was agitated by any unexplained noises in the house. Underneath these superficial fears lurked a very real dread that her parents might not come home. She experienced feelings of abandonment and despair every time they left after dark. Today she is an adult woman, but being alone in a dark house triggers anxiety that she can't explain. Fear and sadness stem from early childhood experiences that she has dismissed as unimportant. True, other children might have similar experiences and might emerge into adulthood unscarred, but this particular woman now suffers from PTSD symptoms that she doesn't trace back to this childhood situation until she undertakes therapy and a little soul searching.



## The Stage Is Set

Even in a healthy, stable body, many things can trigger brief periods of insomnia, a heightened sensitivity to pain, and other symptoms of fibromyalgia. If you have a family history of fibromyalgia, particularly a mother or a sister with the syndrome, your odds of developing fibromyalgia are higher. Tests have shown that female relatives of people with fibromyalgia have a heightened sensitivity to pain. In some cases, low levels of **corticotropin-releasing hormone (CRH)** indicate a predisposition to post-traumatic stress disorder, a precursor to fibromyalgia. There may also be a link between fibromyalgia and eating disorders, particularly in obese people with insomnia.

## How Pain Generators Work

Physical abnormalities, such as degenerative disk disease or other forms of arthritis, can serve as chronic **pain generators** and can perpetuate fibromyalgia. Whiplash is a particularly troubling source of fibromyalgia, as is an episode of Lyme disease. People with systemic lupus are also more likely to develop fibromyalgia, and since many of the features of fibromyalgia overlap with chronic fatigue syndrome, it's not unusual for the two conditions to coexist.

The diagnosis of fibromyalgia is not always so clear-cut. One person might suffer through an illness or an injury, then might recover, return to work, and suddenly come down with symptoms of fibromyalgia. There isn't always an obvious correlation between one event and another. Even more puzzling, perhaps, is when fibromyalgia comes along many years after a trauma, making it difficult for the person to connect what might have happened in the distant past with what is going on medically today. Women or men who were

victims of childhood sexual abuse or other childhood traumas are sometimes unaware of the lingering impact that their traumas may have on their sleep or sense of well-being. They may still be susceptible to getting fibromyalgia if they have not resolved these issues.

Some people need to confront their abusers and extract apologies. Others might achieve resolution by remembering the incidents, discussing them with their therapists, finding a way to forgive or forget, and resolving to move on with their lives. Repressing feelings of anger or humiliation that might linger for years afterward only contributes to chronic stress. Searching your past for experiences that were particularly stressful or troubling, and then working in a systematic way to resolve those experiences, will help you to lead a healthier life in the future.

Sometimes a person has a healthy, normal lifestyle when an injury or an inciting event unmasks a dormant issue. Maybe there is a reunion with an abuser or a new situation triggers emotions similar to those experienced in a previous trauma. Shortly afterward, tender points, fatigue, sleeplessness, and depression occur. It is particularly vexing when there doesn't appear to be any precipitating factor for these symptoms, and medical tests fail to pinpoint specific conditions. When this occurs, people become victims a second time when they are not taken seriously.

Consider the case of Janet. She occasionally recalls memories of an uncle who insisted on taking her for car rides, alone. As an adult, she knows that he was sexually abusive to her, but the actual incidents remain unresolved. There was never a confrontation, a confession, or any kind of resolution. It's just an emotional burden she carries with her. When she developed fibromyalgia, she became especially limited by lower-back pain, fatigue, and sleeplessness. Nothing seemed to ease her suffering. She made no conscious connection between her troubled past and her poor health today.

In fact, her efforts to recover focused almost exclusively on

treating muscle soreness and back pain. She relied on analgesics and muscle relaxants to relieve the pain, she cut back her activities and hours of work, and she limited household chores and family activities. In short, she compromised the fullness of her life because she didn't make a connection between her past emotional trauma and her present pain.

In her case, it was imperative to go back to the root of her distress and work through the emotional scars; then she could address her physical symptoms.

Tapering off medications, along with starting a regimen of gentle stretching, weight loss, and a careful diet, under the supervision of her physician, helped her to get back her life after years of suffering.

It's important to remember that many people with fibromyalgia have never been the victims of sexual abuse. Moreover, the majority of victims of childhood sexual abuse will never develop fibromyalgia. Yet early childhood abuse has been shown to have lasting effects on brain neurobiology, and it is one of the more insidious causes of PTSD that can predispose a person to fibromyalgia. Two sisters, exposed to the same stressors, might reach adulthood and one will have fibromyalgia, while the other will not. Although there are some familial tendencies in fibromyalgia, it's not clear why one woman with a history of childhood abuse will develop this syndrome, while another won't. What we do know is that the abuse has an impact on the brain, predisposing a person to develop PTSD and later, perhaps, fibromyalgia. This fertile area of psychosomatic medicine will be covered in the next chapter.

## The Impact of Stress

The ordinary rigors of daily life come into play as well. Someone may live with a particularly difficult burden that he or she cannot

discuss with others, so this person soldiers on and accepts the daily pain. It's hard to quantify the impact this may have on an individual, but it's fair to say that chronic stress is unhealthy, has a deleterious effect on the immune system, contributes to insomnia, and can trigger fibromyalgia.

Here is an illustration of the impact of daily stress. Dorothea's husband is unpredictable. Some days he might fly into a rage because the lawnmower doesn't work or he doesn't like what Dorothea bought at the grocery store. She tries to anticipate his needs and wants. She protects him from bad news, if possible, such as a high electric bill or something one of the children has done that he won't like. Yet the constant worrying about what might trigger his temper tantrums and all the energy involved in keeping his life stress free means that Dorothea lives in a state of continual anxiety. Similar to a boss who has a vendetta against you, an angry, unreasonable spouse can make his or her mark in very unhealthy ways.

Dorothea didn't feel the impact of his unreasonable rage only on occasional bad days. It was a daily, cumulative effect because she always anticipated trouble and never wanted to be caught off guard. Her actions became almost unconscious, filtering out anything that might annoy him—such as the barking dog, a ringing phone, or quarrelling children. After some months, she realized that she couldn't fall asleep at night because her whole body was tense. Then, she had periods of wakefulness during the night and sometimes woke long before dawn. The fatigue lessened her ability to cope with the normal stressors in her own life. She felt exhausted all the time and suffered from severe headaches, intermittent cystitis, and irritable bowels. When her physician explained the relevance of the tender points in conjunction with all the other symptoms, Dorothea understood what was going on. Getting better, for her, had to start with the root of the problem—a difficult relationship that needed a lot of work.

If you have experienced the symptoms of fibromyalgia but can't relate them to any specific illness or trauma, you must search to discover the cause and figure out why you were susceptible in the first place. Healing begins when you address critical issues that are causing you stress and anxiety, whether they occurred years ago or are now part of your daily life.

The symptoms of fibromyalgia remain strikingly similar in most people, although it's crucial to remember that in each case, fibromyalgia develops as a result of emotional or physical trauma. The term *trauma* does not necessarily mean a life-threatening accident. The initial injury can be very subtle and the immediate damage may be overlooked, but the consequences of central sensitivity eventually become apparent. Something happened to the brain—the central nervous system—even if you are not aware of it. If you were in a minor car accident, you might have had a silent whiplash injury or an insidious concussion. If you endured an emotional trauma from which you feel that you've recovered, the damage may have been suppressed, but it didn't necessarily go away. In each case, the delicate mind-body balance has been upset.

Before we go any further, it's important that we describe the symptoms of fibromyalgia. If you have already been diagnosed, you know only too well what they are, but if you are still struggling to find out exactly what is going on, this list may help you to understand the syndrome. We'll go into each symptom in greater detail later in the book.

First of all, most fibromyalgia sufferers complain of pain. It can be aching, throbbing pain or intense, burning pain, generally with tender points in symmetrical locations throughout the body. Many people feel fatigue, and, again, the intensity can vary from person to person. Some people may cope with it, while others find that the fatigue drains them of every ounce of energy. Sleep disorders, the inability to achieve full, restful sleep, are a hallmark symptom. In

addition, many people suffer from irritable bowel syndrome—constipation, diarrhea, frequent abdominal pain, and other gastrointestinal complaints. There are chronic headaches, **TMJ** (**temporomandibular joint**; jaw-related face or head pain), and then, to a lesser extent, cognitive or memory impairment, irritable bladder, dry eyes and mouth, dizziness, or a heightened sensitivity to bright lights or noise.

A good physician should be able to determine whether the imbalance in the central nervous system is due to a lingering physical injury, an insidious sleep disturbance, a chronic illness, or an emotional issue that can overlap with any of these. This is an arduous task, even by modern standards. It takes patience, understanding, and a healthy partnership between patient and caregiver.

Fortunately, recent research has taken much of the mystery out of fibromyalgia. If a disruption of the delicate mind-body balance has occurred due to trauma or insult, healing can take place. To suffer needlessly from fibromyalgia is unacceptable because the human body, in the absence of permanent damage and with the proper care and treatment, should be able to recover—or “reboot,” if you will. The key to recovery is an accurate diagnosis and a determination of the type of fibromyalgia that you have. It’s important to know the precipitating factor and the existence of stubborn pain generators before you begin treatment. As you’ll see in the following chapters, fibromyalgia is unique. No one person has the same experience as someone else, although there may be many similarities. Talking to other fibromyalgia sufferers may help you to learn to cope with your own ailments. Finally, once you understand what caused the syndrome and have sorted out which symptoms are a result of fibromyalgia, this book will help you to create a plan that allows you to climb out of the depths. Subsequent chapters of *Healing Fibromyalgia* will take you step by step from the onset of the syndrome through diagnosis and treatment and, most important, to a healthy recovery.