The Fibromyalgia Breakthrough Program™
Natural Health Solutions For A Practical Self-Help Program

FIBROMYALGIA
The Breakthrough Treatment & Prevention Program
Dietary and Lifestyle Strategies to Reclaim Your Health and Live Symptom-Free
A Guide to Gentle, Non-toxic Healing
MATT TRAVERSO
Important please read before starting the eBook

Please read this book starting at chapter one without jumping forward. The information is laid out in a way that will answer questions as you go if you read each chapter in order. This will make it much easier to understand what you need to do to cure your Fibromyalgia, FOREVER.
<table>
<thead>
<tr>
<th>Chapter Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of Fibromyalgia</td>
<td>5</td>
</tr>
<tr>
<td>(If you have read mainstream medical information on Fibromyalgia, then you</td>
<td></td>
</tr>
<tr>
<td>may want to jump over this section)</td>
<td></td>
</tr>
<tr>
<td>Chapter 1. The end of your Fibromyalgia forever</td>
<td>28</td>
</tr>
<tr>
<td>Chapter 2. Fibromyalgia is not what you think it is</td>
<td>34</td>
</tr>
<tr>
<td>Chapter 3. The cause of your Fibromyalgia, and the cure</td>
<td>41</td>
</tr>
<tr>
<td>Chapter 4. Can drugs cure Fibromyalgia?</td>
<td>60</td>
</tr>
<tr>
<td>Chapter 5. Is there a question of calcium?</td>
<td>72</td>
</tr>
<tr>
<td>Chapter 6. Your plan of action</td>
<td>75</td>
</tr>
<tr>
<td>Chapter 7. Florence Griffith Joyner was an all-American hero</td>
<td>91</td>
</tr>
<tr>
<td>Chapter 8. The end, but your beginning</td>
<td>97</td>
</tr>
<tr>
<td>Conclusion</td>
<td>105</td>
</tr>
</tbody>
</table>
Disclaimer: The material in this book is provided for educational and informational purposes only, and is not intended to be a substitute for a health care provider's consultation. Please consult your physician or appropriate health care provider about the applicability of any opinions or recommendations with respect to your own symptoms or medical conditions. The author shall have neither liability nor responsibility to any person or entity with respect to any loss, damage, or injury caused or alleged to be caused directly or indirectly by the information contained in this book.
Introduction to Fibromyalgia

Fibromyalgia (FM) is a disorder classified by the presence of chronic widespread pain and a heightened and painful response to gentle touch. Other core features of the disorder include debilitating fatigue, sleep disturbance and joint stiffness. In addition, persons affected by the disorder frequently experience a range of other symptoms that involve multiple body systems, including difficulty with swallowing, functional bowel and bladder abnormalities, difficulty breathing, diffuse sensations of numbness and tingling, abnormal motor activity, and cognitive dysfunction.

An increased prevalence of affective and anxiety-related symptoms is also well known. While the criteria for such an entity have not yet been thoroughly developed, the recognition that fibromyalgia involves more than just pain has led to the frequent use of the term "fibromyalgia syndrome". Not all affected persons experience all the symptoms associated with the greater syndrome.

Fibromyalgia is considered a controversial diagnosis, with some authors contending that the disorder is a 'non-disease', due in part to a lack of objective laboratory tests or medical imaging studies to confirm the diagnosis. While historically considered either a musculoskeletal disease or neuropsychiatric condition, evidence from research conducted in the last three decades has revealed abnormalities within the central nervous system affecting brain regions that may be linked both to clinical symptoms and research phenomena.

Although there is as yet no generally accepted cure for fibromyalgia, there are treatments that have been demonstrated by controlled clinical trials to be...
effective in reducing symptoms, including medications, patient education, exercise and behavioral interventions.

**Signs and symptoms**

The defining symptoms of fibromyalgia are chronic, widespread pain and allodynia. Other symptoms can include moderate to severe fatigue, needle-like tingling of the skin, muscle aches, prolonged muscle spasms, weakness in the limbs, nerve pain, functional bowel disturbances, and chronic sleep disturbances. Sleep disturbances may be related to a phenomenon called *alpha-delta sleep*, a condition in which deep sleep (associated with delta waves) is frequently interrupted by bursts of alpha waves, which normally occur during wakefulness.

Many patients experience cognitive dysfunction (known as "brain fog" or "fibrofog"), which may be characterized by impaired concentration, problems with short and long-term memory, short-term memory consolidation, impaired speed of performance, inability to multi-task, cognitive overload, diminished attention span and anxiety and depressive symptoms. "Brain fog" may be directly related to the sleep disturbances experienced by sufferers of fibromyalgia.

Other symptoms often attributed to fibromyalgia that may possibly be due to a comorbid disorder include myofascial pain syndrome also referred to as Chronic Myofascial Pain, diffuse non-dermatomal paresthesias, functional bowel disturbances and irritable bowel syndrome (possibly linked to lower levels of ghrelin, genitourinary symptoms and interstitial cystitis, dermatological disorders, headaches, myoclonic twitches, and symptomatic hypoglycemia.
Although fibromyalgia is classified based on the presence of chronic widespread pain, pain may also be localized in areas such as the shoulders, neck, low back, hips, or other areas. Many sufferers also experience varying degrees of facial pain and have high rates of comorbid temporomandibular joint disorder. Eye problems such as eye pain, sensitivity to light, blurred vision, and fluctuating visual clarity, can also be a symptom of the condition.

As a consequence of this, sufferers may have to change their lens prescription more often. Symptoms can have a slow onset, and many patients have mild symptoms beginning in childhood, that are often misdiagnosed as growing pains. Symptoms are often aggravated by unrelated illness or changes in the weather.

They can become more or less tolerable throughout daily or yearly cycles; however, many people with fibromyalgia find that, at least some of the time, the condition prevents them from performing normal activities such as driving a car or walking up stairs. The disorder does not cause inflammation as is characteristic of rheumatoid arthritis, although some non-steroidal anti-inflammatory drugs may temporarily reduce pain symptoms in some patients.

Their use, however, is limited, and often of little to no value in pain management. An epidemiology study comprised of an internet-based survey of 2,596 people with fibromyalgia reported that the most frequently cited factors perceived to worsen FM symptoms were emotional distress (83%), weather changes (80%), sleeping problems (79%), strenuous activity (70%), mental stress (68%), worrying (60%), car travel (57%), family conflicts (52%), physical injuries (50%) and physical inactivity (50%). Other factors included infections,
allergies, lack of emotional support, perfectionism, side effects of medications, and chemical exposures.

**Causation hypotheses**

The cause of fibromyalgia is currently unknown. However, several hypotheses have been developed, which are discussed below.

**Genetic predisposition**

There is evidence that genetic factors may play a role in the development of fibromyalgia. For example, there is a high aggregation of FM in families. The mode of inheritance is currently unknown, but it is most probably polygenic. Research has demonstrated that FM is associated with polymorphisms of genes in the serotonergic, dopaminergic and catecholaminergic systems. However, these polymorphisms are not specific for FM and are associated with a variety of allied disorders (e.g. chronic fatigue syndrome, irritable bowel syndrome) and with depression.

**Stress-induced pathophysiology**

Studies have shown that stress is a significant precipitating factor in the development of fibromyalgia. Accordingly, it has been proposed that fibromyalgia may result from stress-induced changes in the function and integrity of the hippocampus. This proposition was based in part on the observation that preclinical studies in non-human primates have shown that exposure to psychosocial duress results in material changes to the very tissues of the brain, including atrophic and metabolic changes in the hippocampal complex.

Evidence in support of this hypothesis have been generated by two studies that employed single-voxel magnetic resonance spectroscopy (1H-MRS) to
demonstrate metabolic abnormalities within the hippocampal complex in patients with fibromyalgia with significant correlations between hippocampal metabolic abnormalities and severity of clinical symptoms.

Other authors have proposed that, because exposure to stressful conditions can alter the function of the hypothalamic-pituitary-adrenal (HPA) axis, the development of fibromyalgia may stem from stress-induced disruption of the HPA axis. This proposition is supported in part by the observation from a prospective epidemiology study by the same authors which found that variations in HPA function characterized by high levels of circulating cortisol following dexamethasone suppression testing, low levels of morning salivary cortisol and high levels of evening salivary cortisol are all associated with the development of chronic widespread pain.

**Consequence of sleep disturbance**

Electroencephalography studies have shown that people with fibromyalgia lack slow-wave sleep and circumstances that interfere with stage four sleep (pain, depression, serotonin deficiency, certain medications or anxiety) may cause or worsen the condition. According to the sleep disturbance hypothesis, an event such as a trauma or illness causes sleep disturbance and possibly initial chronic pain that may initiate the disorder.

The hypothesis supposes that stage 4 sleep is critical to the function of the nervous system, as it is during that stage that certain neurochemical processes in the body 'reset'. In particular, pain causes the release of the neuropeptide substance P in the spinal cord which has the effect of amplifying pain and causing nerves near the initiating ones to become more sensitive to pain. Under normal circumstances, areas around a wound become more sensitive to pain
but if pain becomes chronic and body-wide this process can run out of control. The sleep disturbance hypothesis holds that deep sleep is critical to reset the substance P mechanism and prevent this out-of-control effect.

**Central dopamine dysfunction (hypodopaminergia)**

The 'dopamine hypothesis of fibromyalgia' proposes that the central abnormality responsible for symptoms associate with FM is a disruption of normal dopamine-related neurotransmission. Dopamine is a catecholamine neurotransmitter perhaps best known for its role in the pathology of schizophrenia, Parkinson's disease and addiction. There is also strong evidence for a role of dopamine in restless leg syndrome, which is a common co-morbid condition in patients with fibromyalgia.

In addition, dopamine plays a critical role in pain perception and natural analgesia. Accordingly, musculoskeletal pain complaints are common among patients with Parkinson's disease, which is characterized by drastic reductions in dopamine owing to neurodegeneration of dopamine-producing neurons, while patients with schizophrenia, which is thought to be due (in part) to hyperactivity of dopamine-producing neurons, have been shown to be relatively insensitive to pain. Patients with restless legs syndrome have also been demonstrated to have hyperalgesia to static mechanical stimulation.

As noted above, FM has been commonly referred to as a "stress-related disorder" due to its frequent onset and worsening of symptoms in the context of stressful events. Hence, it was proposed that FM may represent a condition characterized by low levels of central dopamine that likely results from a combination of genetic factors and exposure to environmental stressors, including psychosocial distress, physical trauma, systemic viral infections or
inflammatory disorders (e.g. rheumatoid arthritis, systemic lupus erythematosus).

This conclusion was based on three key observations; fibromyalgia is associated with stress, chronic exposure to stress results in a disruption of dopamine-related neurotransmission and dopamine plays a critical role in modulating pain perception and central analgesia in such areas as the basal ganglia including the nucleus accumbens, insular cortex, anterior cingulate cortex, thalamus, periaqueductal gray and spinal cord.

In support of the dopamine hypothesis of fibromyalgia, a reduction in dopamine synthesis has been reported by a study that used positron emission tomography (PET) and demonstrated a reduction in dopamine synthesis among fibromyalgia patients in several brain regions in which dopamine plays a role in inhibiting pain perception, including the mesencephalon, thalamus, insular cortex and anterior cingulate cortex.

A subsequent PET study demonstrated that, whereas healthy individuals release dopamine into the caudate nucleus and putamen during a tonic experimental pain stimulus (i.e. hypertonic saline infusion into a muscle bed), fibromyalgia patients fail to release dopamine in response to pain and, in some cases, actually have a reduction in dopamine levels during painful stimulation. Moreover, a substantial subset of fibromyalgia patients respond well in controlled trials to pramipexole, a dopamine agonist that selectively stimulates dopamine D2/D3 receptors and is used to treat both Parkinson's disease and restless legs syndrome.
Abnormal serotonin metabolism

Serotonin is a neurotransmitter that is known to play a role in regulating sleep patterns, mood, feelings of well-being, concentration and descending inhibition of pain. Accordingly, it has been hypothesized that the pathophysiology underlying the symptoms of fibromyalgia may be a dysregulation of serotonin metabolism, which (it was proposed) may explain in part many of the symptoms associated with the disorder.

This hypothesis is supported by the observation of decreased serotonin metabolites in patient plasma and cerebrospinal fluid. However, selective serotonin reuptake inhibitors (SSRIs) have met with limited success in alleviating the symptoms of the disorder, while drugs with activity as mixed serotonin-norepinephrine reuptake inhibitors (SNRIs) have been more successful.

Accordingly, duloxetine (Cymbalta), a SNRI originally used to treat depression and painful diabetic neuropathy, has been demonstrated by controlled trials to relieve symptoms of some patients. It should be noted, however, that the relevance of dysregulated serotonin metabolism to the pathophysiology is a matter of debate. Ironically, one of the more effective types of medication for the treatment of the disorder (i.e. serotonin 5-HT3 antagonists) actually block some of the effects of serotonin.

Deficient human growth hormone (HGH) secretion

An alternate hypothesis suggests that stress-induced problems in the hypothalamus may lead to reduced sleep and reduced production of human growth hormone (HGH) during slow-wave sleep. People with fibromyalgia tend to produce inadequate levels of HGH. Most patients with FM with low IGF-I
levels failed to secrete HGH after stimulation with clonidine and l-dopa. This view is supported by the fact that those hormones under the direct or indirect control of HGH, including IGF-1, cortisol, leptin and neuropeptide Y are abnormal in people with fibromyalgia. In addition, treatment with exogenous HGH or growth hormone secretagogue reduces fibromyalgia related pain and restores slow wave sleep though there is disagreement about the proposition.

**Psychological factors**

There is strong evidence that major depression is associated with fibromyalgia, although the nature of the association is controversial. A comprehensive review into the relationship between fibromyalgia and major depressive disorder (MDD) found substantial similarities in neuroendocrine abnormalities, psychological characteristics, physical symptoms and treatments between fibromyalgia and MDD, but currently available findings do not support the assumption that MDD and FM refer to the same underlying construct or can be seen as subsidiaries of one disease concept.

Indeed, the sensation of pain has at least two dimensions: a sensory dimension which processes the magnitude of the pain, and an affective-motivational dimension which processes the unpleasantness. Accordingly, a study that employed functional magnetic resonance imaging to evaluate brain responses to experimental pain among FM patients found that depressive symptoms were associated with the magnitude of clinically-induced pain response specifically in areas of the brain that participate in affective pain processing, but not in areas involved in sensory processing which indicate that the amplification of the sensory dimension of pain in FM occurs independently of mood or emotional processes.
An alternative hypothesis regarding the development of fibromyalgia in relationship to psychological conflict proposes that the disorder may be a psychosomatic illness as described by John E. Sarno's writing related to "tension myositis syndrome", in which chronic pain is proposed to be a psychic diathesis of the mind's subconscious strategy of distracting painful or dangerous emotions. Education, attitude change, and in some cases, psychotherapy are proposed as treatments.

Other hypotheses

The 'deposition hypothesis of fibromyalgia' posits fibromyalgia is due to intracellular phosphate and calcium accumulations that eventually reaches levels sufficient to impede the ATP process, possibly caused by a kidney defect or missing enzyme that prevents the removal of excess phosphates from the bloodstream. Accordingly, proponents of this hypothesis suggest that fibromyalgia may be an inherited disorder, and that phosphate build-up in cells is gradual but can be accelerated by trauma or illness.

Other hypotheses have been proposed related to various toxins from the patient's environment, viral causes such as the Epstein-Barr Virus, an aberrant immune response to intestinal bacteria, and erosion of the protective chemical coating around sensory nerves. Still another hypothesis regarding the cause of FM symptoms proposes that affected individuals suffer from vasomotor dysregulation resulting in sluggish or improper vascular flow.

Pathophysiology

Sleep disturbances

The first objective findings associated with the disorder were reported in 1975 by Moldofsky and colleagues who reported the presence of anomalous alpha wave activity (typically associated with arousal states) on sleep
electroencephalogram (EEG) during non-rapid-eye-movement sleep. In fact, by disrupting stage IV sleep consistently in young, healthy subjects Moldofsky was able to reproduce a significant increase in muscle tenderness similar to that experienced by fibromyalgia but which resolved when the subjects were able to resume their normal sleep patterns. Since that time a variety of other EEG sleep abnormalities have also been reported in subgroups of fibromyalgia patients.

**Poly-modal sensitivity**

Results from studies examining responses to experimental stimulation have shown that fibromyalgia patients display sensitivity to pressure, heat, cold, electrical and chemical stimulation. Experiments examining pain regulatory systems have shown that fibromyalgia patients also display a dysregulation of diffuse noxious inhibitory control, an exaggerated wind-up in response to repetitive stimulation, and an absence of exercise-induced analgesic response. Together these results point to dysregulation of the nociceptive system at the central level.

**Neuroendocrine disruption**

Patients with fibromyalgia have been demonstrated to have a disruption of normal neuroendocrine function, characterized by mild hypocortisolemia, hyperreactivity of pituitary adrenocorticotropin hormone release in response to challenge, and glucocorticoid feedback resistance. A progressive reduction of serum growth hormone levels has also been documented—at baseline in a minority of patients, while most demonstrate reduced secretion in response to exercise or pharmacological challenge.
Other abnormalities include reduced responsivity of thyrotropin and thyroid hormones to thyroid-releasing hormone, a mild elevation of prolactin levels with disinhibition of prolactin release in response to challenge and hyposecretion of adrenal androgens. These changes might be attributed to the effects of chronic stress, which, after being perceived and processed by the central nervous system, activates hypothalamic corticotrophin-releasing hormone neurons.

Thus, the multiple neuroendocrine changes evident in fibromyalgia have been proposed to stem from chronic overactivity of corticotropin-releasing hormone releasing neurons, resulting in a disruption of normal function of the pituitary-adrenal axis and an increased stimulation of hypothalamic somatostatin secretion, which, in turn, inhibits the secretion of a multiplicity of other hormones.

**Sympathetic Hyperactivity**

Functional analysis of the autonomic system in patients with fibromyalgia has demonstrated disturbed activity characterized by hyperactivity of the sympathetic nervous system at baseline with reduced sympathoadrenal reactivity in response to a variety of stressors including physical exertion and mental stress. Fibromyalgia patients demonstrate lower heart rate variability, an index of sympathetic/parasympathetic balance, indicating sustained sympathetic hyperactivity, especially at night.

In addition, plasma levels of neuropeptide Y, which is co-localized with norepinephrine in the sympathetic nervous system, have been reported as low in patients with fibromyalgia, while circulating levels of epinephrine and norepinephrine have been variously reported as low, normal and high.
Administration of interleukin-6, a cytokine capable of stimulating the release of hypothalamic corticotropin-releasing hormone which in turn stimulates activity within the sympathetic nervous system, results in a dramatic increase in circulating norepinephrine levels and a significantly greater increase in heart rate over baseline in fibromyalgia patients as compared to healthy controls.

**Cerebrospinal fluid abnormalities**

The most reproduced laboratory finding in patients with fibromyalgia is an elevation in cerebrospinal fluid levels of substance P, a putative nociceptive neurotransmitter. Metabolites for the monoamine neurotransmitters serotonin, norepinephrine, and dopamine—all of which play a role in natural analgesia—have been shown to be lower, while concentrations of endogenous opioids (i.e., endorphins and enkephalins) appear to be higher.

The mean concentration of nerve growth factor, a substance known to participate in structural and functional plasticity of nociceptive pathways within the dorsal root ganglia and spinal cord, is elevated. There is also evidence for increased excitatory amino acid release within cerebrospinal fluid, with a correlation demonstrated between levels for metabolites of glutamate and nitric oxide and clinical indices of pain.

**Brain imaging studies**

Evidence of abnormal brain involvement in fibromyalgia has been provided via functional neuroimaging. The first findings reported were decreased blood flow within the thalamus and elements of the basal ganglia and mid-brain (i.e., pontine nucleus). Differential activation in response to painful stimulation has also been demonstrated.
Brain centers showing hyperactivation in response to noxious stimulation include such pain-related brain centers as the primary and secondary somatosensory cortex, anterior cingulate cortex and insular cortex, while relative hypoactivation at subjectively equal pain levels appears to occur within the thalamus and basal ganglia. Patients also exhibit neural activation in brain regions associated with pain perception in response to nonpainful stimuli in such areas as the prefrontal, supplemental motor, insular, and cingulate cortices.

Evidence of hippocampal disruption indicated by reduced brain metabolite ratios has been demonstrated by studies using single-voxel magnetic resonance spectroscopy (1H-MRS). A significant negative correlation was demonstrated between abnormal metabolite ratios and a validated index of the clinical severity (i.e. the Fibromyalgia Impact Questionnaire).

Correlations between clinical pain severity and concentrations of the excitatory amino acid neurotransmitter glutamate within the insular cortex have also been demonstrated using 1H-MRS. An acceleration of normal age-related brain atrophy has been demonstrated using voxel-based morphometry (VBM) with areas of reduced gray matter located in the cingulate cortex, insula and parahippocampal gyrus. Studies utilizing positron emission tomography have demonstrated reduced dopamine synthesis in the brainstem and elements of the limbic cortex.

A significant negative correlation between pain severity and dopamine synthesis was demonstrated within the insular cortex. A subsequent study demonstrated gross disruption of dopaminergic reactivity in response to a tonic pain stimulus within the basal ganglia with a significant positive correlation.
between the defining feature of the disorder (i.e. tender point index) and dopamine D2 receptor binding potential specifically in the right putamen. Finally, reduced availability of mu-opioid receptors in the ventral striatum/nucleus accumbens and cingulate cortex has been demonstrated, with a significant negative correlation between affective pain levels and receptor availability in the nucleus accumbens.

**Diagnosis**

The location of the nine paired tender points that comprise the 1990 [American College of Rheumatology] criteria for fibromyalgia. There is still debate over what should be considered essential diagnostic criteria. The difficulty with diagnosing fibromyalgia is that, in most cases, laboratory testing appears normal and that many of the symptoms mimic those of other rheumatic conditions such as arthritis or osteoporosis.

In general, most doctors diagnose patients with a process called differential diagnosis, which means that doctors consider all of the possible things that
might be wrong with the patient based on the patient's symptoms, gender, age, geographic location, medical history and other factors. They then narrow down the diagnosis down to the most likely one.

The most widely accepted set of classification criteria for research purposes was elaborated in 1990 by the Multicenter Criteria Committee of the American College of Rheumatology. These criteria, which are known informally as "the ACR 1990," define fibromyalgia according to the presence of the following criteria:

- A history of widespread pain lasting more than three months— affecting all four quadrants of the body, i.e., both sides, and above and below the waist.
- Tender points—there are 18 designated possible tender or trigger points (although a person with the disorder may feel pain in other areas as well). During diagnosis, four kilograms-force (39 newtons) of force is exerted at each of the 18 points; the patient must feel pain at 11 or more of these points for fibromyalgia to be considered. Four kilograms of force is about the amount of pressure required to blanch the thumbnail when applying pressure.

This set of criteria was developed by the American College of Rheumatology as a means of classifying an individual as having fibromyalgia for both clinical and research purposes. While these criteria for classification of patients were originally established as inclusion criteria for research purposes and were not intended for clinical diagnosis, they have become the de facto diagnostic criteria in the clinical setting. It should be noted that the number of tender points that may be active at any one time may vary with time and circumstance.
Treatment

As with many other syndromes, there is no universally accepted cure for fibromyalgia, though some physicians claim to have found cures, and treatment is typically aimed at symptom management. Developments in the understanding of the pathophysiology of the disorder have led to improvements in treatment, which include prescription medication, behavioral intervention, exercise, and alternative and complementary medicine.

Indeed, integrated treatment plans that incorporate medication, patient education, aerobic exercise and cognitive-behavioral therapy have been shown to be effective in alleviating pain and other fibromyalgia-related symptoms. In 2005, the American Pain Society produced the first comprehensive guidelines for patient evaluation and management. More recently, the European League Against Rheumatism (EULAR) issued updated treatment guidelines.

Pharmaceutical

Analgesics

A number of analgesics are used to treat the pain symptoms resulting from fibromyalgia, including nonsteroidal anti-inflammatory drugs (NSAID), COX-2 inhibitors, and tramadol.

Selective serotonin reuptake inhibitors

Research data consistently contradict the utility of agents with specificity as serotonin reuptake inhibitors for the treatment of core symptoms of fibromyalgia. Moreover, SSRIs are known to aggravate many of the comorbidities that commonly affect patients with fibromyalgia including restless legs syndrome and sleep bruxism.
Note that a controlled clinical trial of the tricyclic antidepressant amitriptyline and the SSRI fluoxetine demonstrated superior utility when used in combination than either drug used in isolation, although neither drug is labeled for use in treatment of fibromyalgia.

**Anti-seizure medication**

Anti-seizure drugs are also sometimes used, such as gabapentin (Neurontin) and pregabalin (Lyrica). Gabapentin is not approved or labeled for use in treatment of neuropathic pain or fibromyalgia. Pregabalin, originally labeled for the treatment of nerve pain suffered by diabetics, has been cleared by the US Food and Drug Administration for treatment of fibromyalgia. A randomized controlled trial of pregabalin 450 mg/day found that a number needed to treat of 6 patients for one patient to have 50% reduction in pain.

**Dopamine agonists**

Dopamine agonists (e.g. pramipexole (Mirapex) and ropinirole(ReQuip) have been studied for use in the treatment of fibromyalgia with good results. A trial of transdermal rotigotine is currently on going.

**Investigational medications**

Milnacipran, a serotonin-norepinephrine reuptake inhibitor (SNRI), is available in parts of Europe where it has been safely prescribed for other disorders. On May 22nd, 2007, a Phase III study demonstrated statistically significant therapeutic effects of Milnacipran as a treatment of fibromyalgia syndrome. At this time, only initial top-line results are available and further analyses will be
completed in the coming weeks. If ultimately approved by the FDA, Milnacipran could be distributed in the United States as early as summer, 2008.

Dextromethorphan is an over-the-counter cough medicine with activity as an NMDA receptor antagonist. It has been used in the research setting to investigate the nature of fibromyalgia pain; however, there are no controlled trials of safety or efficacy in clinical use.

Fibromyalgia patients frequently self-report using cannabis therapeutically to treat symptoms of the disorder. Writing in the July 2006 issue of the journal *Current Medical Research and Opinion*, investigators at Germany's University of Heidelberg evaluated the analgesic effects of oral THC (Δ⁹-tetrahydrocannabinol) in nine patients with fibromyalgia over a 3-month period.

Subjects in the trial were administered daily doses of 2.5 to 15 mg of THC, but received no other pain medication during the trial. Among those participants who completed the trial, all reported a significant reduction in daily recorded pain and electronically induced pain. Previous clinical and preclinical trials have shown that both naturally occurring and endogenous cannabinoids hold analgesic qualities, particularly in the treatment of cancer pain and neuropathic pain, both of which are poorly treated by conventional opioids. As a result, some experts have suggested that cannabinoid agonists would be applicable for the treatment of chronic pain conditions unresponsive to opioid analgesics, and they propose that the disorder may be associated with an underlying clinical deficiency of the endocannabinoid system.

Among the more controversial therapies involves the use of guaifenesin; called St. Amand's protocol or the guaifenesin protocol the efficacy of guaifenesin in
treatting fibromyalgia has not been proven in properly designed research studies. Indeed, a controlled study conducted by researchers at Oregon Health Science University in Portland failed to demonstrate any benefits from this treatment, and the lead researcher has suggested that the anecdotally reported benefits were due to placebo suggestion. The results of the study have since been contested by Dr St. Amand, who was a co-author of the original research report.

**Physical treatments**

Studies have found exercise improves fitness and sleep and may reduce pain and fatigue in some people with fibromyalgia. Many patients find temporary relief by applying heat to painful areas. Those with access to physical therapy, massage, or acupuncture may find them beneficial.

Most patients find exercise, even low intensity exercise to be extremely helpful. Osteopathic manipulative therapy can also temporarily relieve pain due to fibromyalgia. Whirlpool therapy is very beneficial. It's important that the water temperature be at least 95 degrees Fahrenheit. This therapy was recommended by the Fibromyalgia Clinic at Mayo.

**Psychological/behavioural therapies**

Cognitive behavioural therapy has been shown to improve quality of life and coping in fibromyalgia patients and other sufferers of chronic pain. Neurofeedback has also shown to provide temporary and long-term relief. Biofeedback and self-management techniques such as pacing and stress management may also be helpful for some patients. Because the nature of fibromyalgia is not well understood, some physicians believe that it may be psychosomatic or psychogenic. Accordingly, some doctors have claimed to have successfully treated fibromyalgia when a psychological cause is accepted.
**Prognosis**

Although neither degenerative nor fatal, the chronic pain of fibromyalgia is pervasive and persistent. Most fibromyalgia patients report that their symptoms do not change over time. Recovery is dependent on psychosocial factors, including current or past psychological issues, the ability to work, and disability. Of those diagnosed with fibromyalgia, 10% to 30% report being work-impaired, and patients often need accommodations to fully participate in their education or remain active in their careers.

**Epidemiology**

Fibromyalgia is seen in about 2% of the general population and affects more females than males, with a ratio of 9:1 by ACR criteria. It is most commonly diagnosed in individuals between the ages of 20 and 50, though onset can occur in childhood.

**History**

Fibromyalgia has been studied since the early 1800s and referred to by a variety of former names, including muscular rheumatism and fibrositis. The term fibromyalgia was coined in 1976 to more accurately describe the symptoms, from the Latin fibra (fiber) and the Greek words myo (muscle) and algos (pain).

Dr. Muhammad B. Yunus, considered the father of the modern view of fibromyalgia, published the first clinical, controlled study of the characteristics of fibromyalgia syndrome in 1981. Yunus' work validated the known symptoms and tender points that characterise the condition, and proposed data-based criteria for diagnosis. In 1984, Yunus proposed the interconnection between fibromyalgia syndrome and other similar conditions, and in 1986 demonstrated the effectiveness of serotonergic and norepinephric drugs.
Yunus later emphasized the "biopsychosocial perspective" of fibromyalgia, which synthesized the contributions of genes, personal and medical history, stress, posttraumatic and mood disorders, coping skills, self-efficacy of pain management and social support towards the functioning and dysfunctioning of the central nervous system in relation to pain and fatigue.

Fibromyalgia was recognized by the American Medical Association as an illness and a cause of disability in 1987. In an article the same year, the Journal of the American Medical Association also called the disorder fibromyalgia. The American College of Rheumatology (ACR) published criteria for fibromyalgia in 1990 and developed neurohormonal mechanisms with central sensitization in the 1990s.

**Controversies**

Several controversial issues exist with regard to fibromyalgia that range from questions regarding the validity of the disorder as a clinical entity, to issues regarding primary pathophysiology and the potential existence of fibromyalgia sub-types. Dr. Frederick Wolfe, the lead author of the 1990 paper that first defined the classification criteria for fibromyalgia, has been since quoted as saying he has become cynical and discouraged about the diagnosis and that he now considers the condition a physical response to stress, depression, and economic and social anxiety.

Opponents of the fibromyalgia concept argue that fibromyalgia represents a 'non-disease' and that giving it a label simply legitimizes patients' sickness behavior. In contrast, findings from the London Fibromyalgia Epidemiology Study, which comprised a 36 month prospective, within-group comparison of
100 individuals identified as having fibromyalgia (72 of whom were newly diagnosed with the disorder), demonstrated that although physical functioning decreased slightly over time, there was also a statistically significant improvement in satisfaction with health, and newly diagnosed FM cases reported fewer symptoms and major symptoms over the long term. No other differences in clinical status or health service use occurred over time. The authors of the study concluded that the ‘fibromyalgia label’ does not have a meaningful adverse affect on clinical outcome over the long term.

The validity of fibromyalgia as a unique clinical entity is also a matter of some contention among researchers in the field. Contradictory findings from clinical research, compounded by differences in psychological and autonomic profiles among affected individuals, have been interpreted by different groups to indicate the existence of fibromyalgia sub-types. There is also considerable overlap between fibromyalgia and other clinical disorders, which are frequently referred to collectively as "functional somatic syndromes" (e.g. irritable bowel syndrome, chronic fatigue syndrome).

Others have proposed that the clinical phenomena that fall under the label ‘fibromyalgia syndrome’ might actually comprise several clinical entities, ranging from mild, idiopathic inflammatory processes in some individuals, to somatoform disorders resulting from neuropsychiatric processes in others, with probable overlaps in between.

*From Wikipedia, the free encyclopedia*
Chapter 1

The theories of what causes Fibromyalgia are many

There are many different theories as to what causes Fibromyalgia. However, at this point the pharmaceutical industry and medical community, just have no idea what causes it, how to treat it, and they certainly don’t know how to cure it.

But the question of a cure for your Fibromyalgia may be more simple then you could possible imagine, or have been lead to believe, and there may be other factors in play.

What kind of other factors?
MONEY and PROFIT…. And how could money have anything to do with your Fibromyalgia? Stay tuned.

Cured Forever?
Fibromyalgia cured forever, how is that possible? The scientists, pharmaceutical companies and medical community have said they do not know what causes Fibromyalgia and have discovered no cure for it as of this date. Why?

For the simple reason that what causes Fibromyalgia is not something
that any drug company or medical organization would ever consider a reason for, or possible cause of, Fibromyalgia. When I tell you what the cause of Fibromyalgia is and what cures it you will understand why.

Fibromyalgia is actually one piece of a larger picture that encompasses (FMS) Fibromyalgia Syndrome, Restless Leg Syndrome (RLS), Irritable Bowel Syndrome (IBS) and Chronic Fatigue Syndrome (CFS). All these might actually be part of the same condition with combinations of symptoms effecting individuals differently.

Researchers have determined that a family history of Fibromyalgia accounts for as many as 50 percent of cases and this suggests a genetic link or form of the disorder. However, there is a very good reason why Fibromyalgia would plague multiple family members, and genetics, (heredity) and other medical conditions are not necessarily the reason. (More on this subject in later chapters)

If you are diagnosed with having Fibromyalgia, your doctor might tell you that there can be underlying conditions that are causing your symptoms. This is a list of some possible causes:

- Antiseizure medicines
- Antinausea medicines
- Antidepressants
- Some cold and allergy medicines
- Diabetes
- Parkinson’s disease
- Damage to the nerves in the hands or feet (peripheral
neuropathy)

- Rheumatoid arthritis
- Pregnancy
- Abnormalities in brain chemicals (neurotransmitters)
- Abnormalities central nervous system controls automatic movements
- Certain medications or substances
- Alcohol
- Caffeine
- Anticonvulsant drugs
- Beta-blockers
- H2 blockers
- Lithium
- Vasodilator drugs
- Sedatives
- Parkinson disease
- Stomach surgery
- Chronic obstructive pulmonary disease
- Varicose veins
- Hypothyroidism or hyperthyroidism
- Chronic diseases such as kidney failure
- Smoking and chewing Tobacco
- Pregnancy
- Obesity
- Iron deficiency
- Anemia
- Nerve disease
- Heavy metal toxicity
• Kidney failure
• Vitamin and mineral deficiency
• Restless Leg Syndrome

What about Fibromyalgia possibly being a Neurological disorder or that it might have overlapping medical conditions, or may be a newfound gene that is causing your Fibromyalgia?

Actually, there is no single unifying cause known at this point for Fibromyalgia. And frankly, a lot of the medical community is still divided over many issues that surround Fibromyalgia, like what it is, how to test for it, how to treat it, what drugs and possible lifestyle changes to prescribe if any?

In addition, there are still many practitioners that do not believe that Fibromyalgia is real at all. They think it could possibly be a disease of the mind, not an actual physical ailment at all. In other words as I said earlier, the medical community has no idea what causes Fibromyalgia, how to treat it and certainly no idea whatsoever how to cure it.

**Up against “big pharma”**

Maybe you are asking when will the pharmaceutical companies have a drug that will cure my Fibromyalgia? Not for a very long time. Why is that? Cures are really not very good for the pharmaceutical companies because they cut into profits. Maintenance drugs are the name of the game for “Big Pharma.” Just listen to the TV ads. You may be feeling better but the RISK NEVER GOES AWAY. So take your drugs every day IF YOU WANT TO STAY ALIVE (“not said in the AD but implied,”).
Anyway, they are not going to find the real cure for Fibromyalgia because they will be looking for solutions that are linked to causes like heredity, genetics and DNA. But the cure for Fibromyalgia won’t be found in any bottle containing drugs. The reason is simple you can end your Fibromyalgia forever and you don’t need drugs, or anything else for that matter to be completely rid of Fibromyalgia.

Why and how is that possible? Because Fibromyalgia is not something you have, but is something you trigger everyday. As surprising as it is to imagine, what is causing your Fibromyalgia is something you are actually doing to yourself. In the next few chapter you will find out exactly what that is!
If Fibromyalgia is not associated with any other medical condition or disorders listed previously, then what is causing it? What is the cause and what is the cure for Fibromyalgia?
Chapter 2

Fibromyalgia is not what you think it is.

You have already heard me say this before and now I going to tell you why that is, because. . .

. . . Fibromyalgia is:

• Not a neurological disorder
• Not an Abnormality in the central nervous system
• Not a spontaneous occurrence
• Not caused when micro trauma to the muscles decreases their blood flow and causes weakness and fatigue.
• Not a sensory and motor disorder
• Not inherited
• Not a problem of deficiency: vitamins or minerals
• Not an anxiety disorder
• Not attention deficit disorder
• Not hyperactivity disorder
• Not a misguided gene
• Not caused by depression, although if you have Fibromyalgia there's a good chance you are depressed.

These conditions are just a few of what the medical community, and the pharmaceutical companies would have you believe that Fibromyalgia
might be. Nevertheless, the truth is they do not know what causes Fibromyalgia, how to cure it, or for that matter have any consistent or uniform relief for it. This means that any remedy that is found for someone suffering from Fibromyalgia is on case-by-case basis.

In other words, your doctor will find a drug or combination of drugs plus different lifestyle changes and strategies for each individual. Then your doctor will try to balance all these variables and hope to relieve the pain and suffering that you are having with as little side affects as possible. It is done this way, until now!

And now the answer . . . What Fibromyalgia really is

Fibromyalgia is an allergic like reaction, that’s right, it is an allergy. You are having an allergic like reaction, and that reaction is to something that is in your diet. Something you have been eating and drinking most probably your whole life in one form or another. I know, I ate and drank it for the better part of my life, until I discovered that it had been making my life miserable not just for years, but many decades.

Definition of an allergy: A misguided reaction to foreign substances by the immune system, the bodies system of defense against foreign invaders, particularly pathogens (the agents of infection). The allergic reaction is misguided in that these foreign substances are usually harmless. The substances that trigger allergies are called allergens. Examples include pollens, dust mite, molds, danders, and certain food. There are a number of tests that can diagnose allergic conditions. They
include testing the skin for responses to known allergens or analyzing blood for the presence and level of allergens.

**Allergy VS allergic like reaction**

Why do I say, the cause of your Fibromyalgia is, an **allergic like reaction** and not an **allergy**? Because by definition an allergy is a disorder of the immune system. However, these days that definition has been expanding to include and explain any number of undesirable effects of certain substances that cause people to become ill. And with that expanded definition in mind, we will refer to the reaction that causes Fibromyalgia as an **allergic like reaction** for the rest of this book.

While an allergic reaction can yield test results to determine what the allergen is, the **allergic like reaction** that causes the Fibromyalgia response, for reasons unknown, cannot be successfully tested to either prove, or disprove, the existence of Fibromyalgia. This makes a competent diagnosis of Fibromyalgia impossible. Of course, this leaves the ultimate burden of proof on the patient and of their description of the symptoms they are having.

Here is where the definition of **allergy** and **allergic like reaction** part company to a degree, and the reason why we use an altered definition. We say that an allergy or allergic reaction can have positive or negative test results for specific allergens, while an **allergic like reaction** only has symptoms for the person who is experiencing the Fibromyalgia reaction. In addition, Fibromyalgia cannot be tested successfully except to rule in or out other medical conditions. As stated earlier the ultimate diagnosis for Fibromyalgia is determined from the patients own description.
Many people think Fibromyalgia is a disease of deficiency and feel that they are missing something from their diet like vitamins and minerals, Iron, Calcium, Magnesium, Potassium and others. When Fibromyalgia is actually a disease of inclusion, something in your diet needs to be eliminated and removed. Fibromyalgia is triggered by something you are taking in and not something, that is missing.

Now of course when you see your doctor that person is diagnosing your whole state of health, physical and emotional as well as your mental health. Then after all the testing is done, whether in office or through lab work (blood, urine analysis and so forth), your doctor will look at the results of those tests, and with all that information in hand your doctor will put the pieces of the puzzle together to form a diagnoses or an evaluation of your overall health.

But if your doctor determines that you do have Fibromyalgia, it will come from you and your description of your symptoms, and not from any laboratory test, or any outward signs that your doctor observes, because there are none. Why? Because Fibromyalgia is silent to all but the participant and that may be the real nightmare. What you tell your doctor is the only proof that your Fibromyalgia exists at all. And there are many people in the medical profession who still believe that Fibromyalgia is nothing more then a psychological problem (mental issue) and not physical in nature at all.

If a muscle contracts, that movement can be detected by medical equipment because its reaction has an electrical impulse that can be measured. However,
the Fibromyalgia pain and the other symptoms that usually accompany it will not have any perceptible changes in any tests, (blood, urine or otherwise). Nor will any electrical impulse be detected from the pain that you are having.

Since a test for Fibromyalgia does not exist you are going to be giving your doctor a detailed explanation of your symptoms and how or what you are feeling, and based solely on that description is how your Fibromyalgia will be diagnosed and treated. And in most cases some drug or combination of drugs (known, as a drug cocktail) along with lifestyle changes will be prescribed.

If it’s an allergy why do I have it everyday?

The reason that Fibromyalgia acts like a disease is that the antagonist is never removed from the diet and so the reaction continues and the cycle is never broken or interrupted. Therefore, you’re Fibromyalgia pretends to be a disease, when in fact it is a never-ending allergic like reaction brought on by something that you are voluntarily ingesting.

Break the cycle of the allergic like reaction and you end your Fibromyalgia, and that can be forever if you choose. Why do I say if you choose? Because if you decide to go back to your old ways and continue eating what triggers your Fibromyalgia, then that would be your choice, to live your life with Fibromyalgia.

One of the biggest differences between an allergic reaction and a Fibromyalgia allergic like reaction is the length of time it takes your body to react to the antagonist. It may take three to four days
for the symptoms of the **allergic like reaction** to take place. What this means is what you consumed days earlier is what is causing your Fibromyalgia today. By the same account, tomorrow’s reaction of your Fibromyalgia will be caused by what you ate days previously, and so the cycle continues. . . .

. . . That vicious cycle is never broken and so your Fibromyalgia continues day after day. To you it feels like one long never-ending medical issue, when in fact everyday is a new beginning for your Fibromyalgia, because everyday you eat what is causing the **allergic like reaction** that triggers the continuation of your Fibromyalgia.

This lag time is one of the main reasons that discovering what causes Fibromyalgia has been so elusive. Another reason might be that if Fibromyalgia is caused by something that you consume (and it is) then the drug companies and medical community would not have any interest in establishing that link. The reason for that is simple and you already know what the answer is, **MONEY** and **PROFIT**.
So if Fibromyalgia is an *allergic like* reaction, then what is the trigger?

What is causing your Fibromyalgia?

And the answer is . . . .
Chapter 3

Milk and dairy products are the cause of Fibromyalgia

That’s right, the dairy industry and their products milk and dairy cause Fibromyalgia.

In my website, I say that you are not going to believe what industry would not want you to know that their product is the cause of Fibromyalgia and now you know that it is the dairy industry.

When we talk about the dairy industry, we are not just talking about the dairy section in your supermarket (milk, cottage cheese, sour cream, butter, yogurt, cheese).

The industries whose products are directly related to and dependent on the dairy industry are really mind-boggling.

Just to list a few:

- The pizza industry
- The cereal industry
- The soup industry
- The ice cream industry
- The frozen dinner industry, and so on...
These are just some of the industries whose products are dependent in part or in whole, on the dairy industry.

**OK, now that we know who, what and where we need to find out the big question WHY!**

**Most people on this Earth cannot consume milk and dairy products**
Fruits, vegetables, legumes, beans, grains, chicken, seafood, and meat are foods that for the most part everyone on planet Earth can eat without many, if any physical side affects. In a few cases, there are people who are truly allergic to some of these foods.

**But, when it comes to milk and dairy products it’s another story all together.**
Seventy five percent (75%) of the world’s population (over 3 billion people) is lactose intolerant. They cannot digest the sugar in milk (lactose). If they do consume any milk or dairy products, the result can be nausea, cramps, bloating, vomiting, diarrhea and gas. This normally happens within a couple of hours after eating and it can make a person sick, or at the very least extremely uncomfortable.

That number does not include the people who are more than just lactose intolerant, but are allergic to milk and dairy products and consuming it could not only be uncomfortable, it could be dangerous to their health, even to their very lives. An allergic reaction happens when your body’s immune system launches an attack against what it perceives to be a foreign invader. The symptoms can be sneezing, runny nose, itchy eyes, and so on. The most severe reaction,
anaphylactic shock, may involve difficulty in breathing, a drop in blood pressure and ultimately heart failure and death.

**The undesirable components of milk and dairy products**

Whole milk, cheese, butter and many other dairy products contain high levels of saturated fat, cholesterol and animal protein all of which are not required in the diet and have been linked to a wide range of illnesses and diseases. For example, excess saturated fat and cholesterol in the diet is associated with an increased risk of heart disease and stroke. Cross cultural studies show that as the consumption of saturated fat, cholesterol and animal protein increases from country to country, so does the incidence of the so-called diseases of affluence such as obesity, heart disease, diabetes, osteoporosis and certain cancers. It has been suggested that this is because of genetic differences between different races.

However, when people migrate from an area of low incidence of the so-called affluent diseases to an area of high incidence, they soon acquire the same high incidence shared by the population into which they have moved. This correlation must then be attributed, at least in part, to environmental factors such as diet and lifestyle. So if you can increase the risk of disease by changing your diet and lifestyle, it stands to reason that you can reduce the risk of disease by changing your diet and lifestyle. The World Health Organization (WHO) state that there are major health benefits in eating more fruit and vegetables, as well as nuts and whole grains and moving from saturated animal fats to unsaturated vegetable oil-based fats (WHO, 2006c).

Milk contains many biologically active molecules including enzymes, hormones and growth factors. In 1992, Pennsylvania State University endocrinologist
Clark Grosvenor published an extensive review of some of the known bioactive hormones and growth factors found in a typical glass of milk in the US. The list included seven pituitary (an endocrine gland in the brain) hormones, seven steroid hormones, seven hypothalamic (another brain endocrine gland) hormones, eight gastrointestinal peptides (chains of two or more amino acids), six thyroid and parathyroid hormones, 11 growth factors, and nine other biologically active compounds (Grosvenor et al., 1992). Other biologically important proteins and peptides in milk include immunoglobulins, allergens, enzymes, casomorphins (casein peptide fragments) and cyclic nucleotides (signaling molecules). The concern here is that these signaling molecules that have evolved to direct the rapid growth of a calf into a cow may initiate inappropriate signaling pathways in the human body that may lead to illnesses and diseases such as cancer.

**DAIRY AND YOUR HEALTH**

The suggestion that the consumption of cow’s milk can lead to a wide range of health problems, illnesses and diseases strikes at the core of many people’s thinking. How can such a natural food be unhealthy? Well the answer lies in the question; milk is not a natural drink for adults. Furthermore, **cow’s milk is not a natural drink for humans.** In nature, milk is consumed from a mother up until weaning, which is when the mother normally stops producing milk. Consuming milk from a pregnant mother is not the normal course of events. Furthermore, in nature, mammals consume the milk of their own species, not that of another.

In addition to the unsuitable nutritional composition of cow’s milk, there are many other reasons why cow’s milk and dairy products are not natural foods for
humans. For example, there is an increasing body of evidence linking bioactive molecules in milk (hormones and growth factors) to disease. While the dairy industry would have us believe that milk is an essential part of the diet, much of the research used to promote this view is industry-sponsored. Furthermore, given that around 70 per cent of people in the world do not drink milk, just how essential can it be? The list of illnesses and diseases associated with the consumption of milk and dairy products is quite extensive. These health problems tend to occur at levels that relate directly to how much milk is drunk in a particular region or country. Consequently, as milk consumption spreads to areas where previously it was not drunk, these diseases follow.

Why in the world would milk and dairy products be responsible for Fibromyalgia?

Milk is not just another food, it is much more than that in so many ways. It is designed to bring a 65 pound calf to a 600 pound cow in an extremely short length of time, and is a very powerful food that is designed for cows.

Casein makes up 80% of the protein in milk. Casein is a polymer used to make plastics, and glue that is so incredibly strong it is used to construct furniture and to attach labels to beer bottles among other uses. (ever tried to scrape off a label? Good luck)

What is it about milk and dairy products that trigger the Fibromyalgia reaction? The answer to that question is unknown; however, the following are some possible reasons why. . .
• Drugs
• Antibiotics
• Hormones
• Homogenization, there is evidence that it breaks down milk fat into particles that are so small they easily pass through the intestinal walls
• Lactose, milk sugar
• Pesticides from treated grains
• Genetically engineered growth hormones to increase milk production
• Casein, a very powerful milk protein that causes many people to have an extremely allergic reaction.

In addition, the farms, cows, and the milk they produce today are not the same as they were 60 to 100 years ago. Back then, cows weren’t injected full of all kinds of drugs, antibiotics and genetically engineered growth hormones. They spent much of their time out in pastures, grazing on good healthy grass in the open air, living productive lives for 25 to 30 years. A cow today might never leave her stall. Her productive milking life expectancy may be only 4 or 5 years before she is physically used up and sent to slaughter.

All lifestyle changes, drugs, screenings, diagnoses, and doctors, can all be avoided just by eliminating milk and dairy products from your life and with that ending your Fibromyalgia forever.
**Fibromyalgia is activated by what you eat**

The body’s reaction to allergies and lactose intolerance can take place within a few minutes to a few hours, but the reaction to milk and dairy products in the form of Fibromyalgia can take many days before you have a reaction. Why? Unknown.

What this means is that you could have an adverse reaction to what you ate many days earlier. For that reason unless you kept very careful records of what you have been eating day to day and recording that information meticulously it would be very difficult to spot the offending foods.

In this case, it also turns out that what is causing your Fibromyalgia you eat and drink everyday. That is milk and dairy products, a food you wouldn’t think twice about eating or drinking because it’s so healthy for you, and couldn’t possible be what is causing your Fibromyalgia . . . or could it?

Your body reacts in very specific ways when it comes to allergies or lactose intolerance reactions. It might happen as an itch, or burning, vomiting, perspiring, swelling, dizziness, fainting, palpations or other symptoms that are all typical of allergies or lactose intolerance reactions. However, in the case of Fibromyalgia, it is marked by severe pain and heightened tenderness at different body locations. In addition, people who have Fibromyalgia usually have one or more of these other conditions, Restless Leg Syndrome, Irritable Bowel Syndrome and or Chronic Fatigue Syndrome.

The same thing, milk and dairy products trigger all of these syndromes, and all these conditions will disappear when milk and dairy products are removed for your diet.
But if you continue to consume milk and dairy products the Fibromyalgia reaction will repeat over, and over, again, and again. The medical community and the drug companies might call your pain a neurological disorder, or anxiety disorder, or genetic defect or what ever, when in fact Fibromyalgia is simply an **allergic like reaction**. A reaction that your body is having to milk and dairy products. A food that you grow up believing is important for your health, when in fact it is just the opposite.

Maybe you might have trouble accepting the possibility that milk and dairy products are the cause of your Fibromyalgia. Not as good for all of us as we have been lead to believe by the dairy industry, government agencies, medical organizations. However, their interests lie in seeing that the concept of milk and dairy products continue to hold a very high opinion and importance for overall health by the general population. This image is very important for those different industries who are dependent on the dairy industry and milk and dairy products because many billions of dollars are at stake.

Eat a pizza today and your Fibromyalgia may not react to the cheese in that pizza for three to four days. You had ice cream a day before that and milk two days before that. This is why Fibromyalgia seems like a single issue because your system is continually reacting to a never-ending conveyer of milk and dairy products that is triggering the **allergic like reaction** and rarely do you get any chance to rest and recover. Therefore, your Fibromyalgia goes on without interruption.
With all the commercials, advertising, and TV programming we have grown up with over the years, like “drink your milk if you want to grow up healthy with strong bones”, it is not a surprise that you might have some healthy skepticism accepting the news that milk and dairy products should not be glorified when it comes to our health.

We see many celebrities wear milk mustaches for the dairy industry in their real belief that this product is something that we desperately need for good health. Those celebrities with good intentions try enticing us into believing that milk and dairy products are the wonder food of the ages, and without it our lives and health can be seriously compromised. These celebrities may have tremendous influence over our children and start the next generation of people who will suffer from Fibromyalgia their entire life.

When it comes to your health and well-being you need to be proactive and not to overlook or pre-judge, and that is all I am asking you to do here when it comes to eliminating milk and dairy products from your diet.

**Genes do not create Fibromyalgia; they only make it possible**

You may well have genes that make you more sensitive than other people when it comes to milk and dairy products triggering your Fibromyalgia and that sensitivity may indeed extend to other family members.

However, life style and environmental variables do play a very important role in determining our susceptibility to the genes that predispose us to Fibromyalgia, and other health issues for that matter.
We all have genes that make us different in all sorts of ways. Many genes that we have, we have no control over whatsoever, while others could be influenced by variables in lifestyle that may have a direct influence on our Fibromyalgia.

You could also have a gene that could make you more susceptible to cancer if you smoked. You might have a gene that causes you to be more predisposed to diabetes if you eat poorly and do not exercise. But if you never smoke, you eat healthy and exercise regularly, those genes may not be of any concern or consequence to you because you have not created an environment for those genes to activate and impact negatively on your health.

The point is that having different genes can, predispose all of us to a whole host of different possibilities in our life, but it does not necessarily determine what the absolute outcome will be, especially when it comes to our personal health. Lifestyle choices can and do have a direct impact on whether we will have to live with Fibromyalgia for the rest of our life or not.

You probably already know what many of those life-style choices are, like not smoking, exercising regularly, drinking alcohol in moderation, eating good healthy food, and of course when it comes to your Fibromyalgia eliminating milk and dairy products from your life.

Your body is reacting to milk and dairy by telling you that something you are eating does your body no good. The medical community and drug companies would like you to believe with out question that a cure for Fibromyalgia will take many years of research before one can be found, if ever. But the truth is that you can cure your Fibromyalgia starting right now, and forever.
Fibromyalgia is not inherited

What I mean is that families tend to have a lot of similar likes and dislikes (or habits) that may be learned, and then passed from person to person and from generation to generation. From the father and mother who pass these habits to their children who grow up and in turn pass these habits on to the next generation, and so on, and, so forth.

Some of these habits will include differences in what families eat as part of their daily diet choices. Consuming a lot of milk and dairy products might be highly prevalent in one family, while another family may not have the same passion for dairy products.

So two different families might be prone to Fibromyalgia by way of heredity from particular genes (characteristics passed from parents to their children). But family “A” has little interest in milk and dairy products, and also has no symptoms of Fibromyalgia at all in their family. However, family “B” indulges frequently in all forms of milk and dairy products and Fibromyalgia plagues other family members.

So yes, particular genes do make a difference, for those people who have Fibromyalgia, but only because they have created an environment for their Fibromyalgia to flourish.

Fibromyalgia can become more painful

Fibromyalgia can become progressively more painful and intense over a very
long span of time, in fact many years. It creeps up on you so slowly that you may not be fully aware of just how debilitating your Fibromyalgia has become. Until one day, you suddenly realize that you are in much more pain then you had been previously. That you are not sleeping, you are exhausted both physically and mentally, and that overall you feel pretty bad. For the first time it hits you that your quality of life has completely deteriorated.

In some ways, Fibromyalgia is not unlike other parts of our body that wane over time. Take your vision for instance. You may have had great vision for a good part of your life, until one day you are reading and you suddenly realize, you are having trouble seeing the words on the page, and you need glasses.

Fibromyalgia can be like that also because it sneaks up on you. It can have a similar timeline as the vision example. Your Fibromyalgia can go on, year after year, making your life very uncomfortable but bearable, until one day you realize that your Fibromyalgia has reached a tipping point. No longer is it just a nuisance, after having it for all those many years. Suddenly it has become a serious fight for your quality of life.

While our later years of life can be some of the most rewarding, enjoyable, and productive years, Fibromyalgia can railroad all of that. Trying to balance Fibromyalgia, drugs, lack of sleep, relationships, pain and just day-to-day living all take their emotional toll. This is when a feeling of helplessness and loss of control can take a person further down the emotional path and into a serious depression.
Milk and dairy products are the fuel that ignites the reaction causing your Fibromyalgia. Wood, oxygen and an ignition source together can create a fire, but without all the elements, coming together at the same time, your house made of wood is perfectly safe to live in. And your body is perfectly safe for you if you don’t add the ignition source for your Fibromyalgia and that is milk and dairy product.

**Why can Fibromyalgia go into remission?**

It is true that Fibromyalgia can go into remission for weeks or possibly even months at a time for no apparent reason. But there is a very good reason why this would happen and it is for the same reason that Fibromyalgia can get worse for days or weeks at a time. Why is that?

Because our eating habits change, and vary, we go through periods of craving some foods over others and that creates variety in our life. And as they say, variety is the spice of life. That’s why you might go into remission from time to time, because your diet changes, and your consumption of milk and dairy products may become less then it had been in previous days, weeks, or even months.

What happens is your body reaches a point that you have not consumed enough milk and dairy products to trigger your Fibromyalgia, and then you go into a kind of remission and find some relief for a time. However, you have no clue as to why your Fibromyalgia has disappeared!

Then your cravings for something different change again, and you start
consuming more milk and dairy products. Maybe you have gone long enough without those milkshakes! You start eating more cheese, or maybe you suddenly have a craving for lasagna or creamy soups. You can’t live without pizza with extra cheese or maybe it’s the cheese cake, ice cream, yogurt, frappuccino with lots of cream or….whatever.

In any case your consumption of milk and dairy products goes up enough to trigger your Fibromyalgia again, and its back. And because you had no idea why it disappeared for a time, you have no idea why its back now. It’s a mystery!

But not any longer because now you know that milk and dairy products are the cause of your Fibromyalgia, and with that knowledge comes your cure, and that cure will be forever.

I personally don’t like being the bearer of bad news about dairy and the dairy industry. In fact I loved all the products they make, the different varieties of cheese, milk with my cookies, and I loved those milkshakes, and ice cream, (damn, I miss that Haagen-Dazs vanilla ice cream). I enjoyed them all since forever, but that’s not the point. The point is they made my life miserable, in fact a living hell because of Fibromyalgia. The nights were a nightmare, and that’s not the way I wanted to live, and I don’t anymore and you don’t have to live with Fibromyalgia any longer either.

**Big Tobacco vs. Big Dairy**

Now everyone knows at this point that cigarettes are very bad for your health. However, it wasn’t long ago that the tobacco industry had us believing that smoking would not harm us. In fact at one point in history, smoking was actually
considered healthy….Can you imagine!

Then the executives of the major tobacco companies were told to come to Washington D.C. They stood up in front of the United States Congress, and one tobacco company after the other told what we all know now to be one of the biggest lies ever told. That lie was that cigarette smoking is not harmful to a person's health.

Eventually the truth was disclosed and everyone knows now how dangerous and addictive (habit-forming) cigarette smoking is, and the tobacco companies, to this day, continue to pay and settle lawsuits amounting to billions of dollars, as well, they should.

But who at that time representing the tobacco companies was going to stand up, and say, cigarette smoking is dangerous, and, an addictive substance? That person representing big tobacco would be committing industrial suicide.

**Big Dairy**

The same might be true for the dairy industry. The difference is milk and dairy products, unlike tobacco, are on a proverbial pedestal of health, and unfortunately, in most of the public's eyes, can do no wrong. They have people believing that milk and dairy products are the Holy Grail of health when in fact it is a wolf in sheep's clothing. Rather then making us healthier, it is in fact doing just the opposite, destroying our health.

Some people might have difficult time believing that it is possible that a
food, (dairy), that we have come to expect as nourishing and healthy is just the opposite. But it is the truth and you can prove this to your self beyond a shadow of a doubt when it comes to your Fibromyalgia by eliminate all dairy products from your diet when you do the Two-Week Action Program in chapter 6.

Casein is 80% of the protein that is in milk, it is used in the manufacture of adhesives, binders, protective coatings, plastics, fabrics and many other products including the glue that is used to hold wood furniture together. Is it any wonder that someone might have an adverse reaction to something so powerful.

How much dairy do you consume?
Now I hope your are not trying to tell me that you don’t consume any or not much milk and dairy products because either you are not being truthful with yourself, or you are in complete denial.

But in any case, not much is not none, and if you have Fibromyalgia consuming some milk and dairy products is not going to cut it when it comes to completely curing your Fibromyalgia.

Drug Companies are throwing many different drugs at us that were not designed for or intended to treat Fibromyalgia. They were created to cure or control other disease. We have become lab rats of a sort and we have no idea what the long-term affects will be on our overall health from these rogue drugs.
Milk and dairy products can be found in many places:

- Milk
- Cheese
- Yogurts
- Butter
- Ice cream
- Chocolate or flavored milks
- Coffee or tea / milk, cream or other that you add
- Cakes, cookies, pies...not all
- Puddings...not all
- Eggs / scrambled with milk
- Pancakes, waffles...some but not all
- Creamed vegetable dishes / as in creamed spinach, broccoli and so on.
- Pizza
- Sandwiches that contain cheese
- Non dairy creamers / although it is called non dairy it is made from milk because of a loop-hole in the law (you can read about it by typing non dairy creamers in one of the search engines)
- Soups/cream of broccoli, cream of mushroom, and cream of potato...you get the idea, you have to read the labels and you are going to be surprised by how much dairy is in those products.
- Salad dressings...some but not all

In addition, you can probably come up with many more.
Milk and dairy products have been linked to, autism, MS, diabetes, attention deficit disorder, cancer, depression, arthritis, asthma, Restless Leg Syndrome, GERD, acid reflux, behavioral problems, and a number of other serious medical problems.
The truth is that you can cure your Fibromyalgia starting right now, and that can be forever, but it is up to you.
End of Free Chapters

GET YOUR COPY HERE