

# **FIBROMYALGIA**

## **Arresting The Cause, Eliminating The Symptoms**

**By Jonathan Gilbert, NCCAOM**

This is the second article of a series addressing the treatment of fibromyalgia (FM) by The Gilbert Clinic (TGC) method. In the first article, I explored the present state of FM treatment or management currently available from both allopathic (Western) and alternative medicine. That article demonstrated the inadequacies of the reductionist model in its ability to assess and effectively treat fibromyalgia. (“Reductionist” is the method of reducing the condition to its respective symptoms and attempting to control these symptoms independently of each other. This is the method we have traditionally worked with in the West, and it is the basis for the protocols, regardless of the marketing, of the vast majority of allopathic and alternative modalities). I also made a case for the truly holistic model that is able to get to the root of FM to relieve the suffering and restore health, enabling patients to take back their lives and live freely. This article will follow from my initial article and will explain how an integrative, holistic program can achieve success in the treatment of FM. This also happens to be a description of The Gilbert Clinic program, simply because we are unaware of any other clinical model within the field of FM care that truly incorporates these principles.

### **Integrative Holistic Care**

In our experience, the only way a patient with FM can be effectively treated is to work concurrently with modalities that address the physical, mental, and emotional aspects of the patient. To achieve this, a clinical team at TGC is comprised of a M.D., trained in naturopathic therapies; a practitioner of Traditional Chinese Medicine (TCM); and a psychotherapist. We firmly believe that the patient must also be a member of the clinical team because, once recovered, (s)he must be able to maintain health without the need for further treatment. It follows that the patient

should be aware of the treatment process being undertaken by the team and positively contribute to it. This sounds like a common sense approach, but it is actually rarely practiced by clinicians and patients. In the West, we have been conditioned to think that when we are sick we can go to a chap in a white coat who will run a test or just ask a few questions and then give a solution. We may be told in the most general terms what the diagnosis is, but there is frequently little communication or any real understanding about what is happening to us. The patient is discouraged from asking about the prescribed treatment because the “science” is far beyond his realm of understanding. This may be acceptable in acute maladies that require an immediate prescription and for which an understanding is secondary to effective care. However, it is simply inappropriate to exclude the patient when treating chronic disease. It also means that the health care provider and the patient have a much harder time creating any meaningful doctor-patient relationship.

We believe that it is crucial for the patient and the health care provider to understand this “patientinclusive” approach before any meaningful intervention can commence. This interactive mindset must also be maintained throughout the program, as it is very easy for the patient to revert to a state of passivity due to the aforementioned habits. Recovery is a not only a process of healing the body but also one of self-empowerment. Once we’ve come to an agreement with the patient on this approach, the program itself can begin.

The modalities used in The Gilbert Clinic program combine allopathic medicine, traditional Chinese medicine, naturopathic solutions, and psychotherapeutic coaching. The combination of these techniques is essential for a successful outcome. Because each patient is different, the exact treatment protocol prescribed (and the emphasis given to each modality) is decided on a case-by-case basis. In short, each program is designed to suit the patient’s unique circumstances; there is no cookie-cutter solution for the FM state.

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There are, however, three general stages to the

program that are common to recovery, and for the purposes of this explanation they are relevant.

### **First Stage – Eliminating Toxicity**

The principle of treatment associated with this stage deals with the reduced functioning and relative toxicity that the patient is experiencing as a result of FM. The toxicity that we are referring to is a result of the systemic fatigue that the body is experiencing. It is our opinion that there is a reduced level of functioning associated with FM, and therefore the body is unable to effectively excrete waste products, which in turn leads to a relative buildup of toxins in the patient. This downregulation is where our initial intervention first takes place. Because FM is a state of exhaustion from chronic exposure to stress, and because the body can no longer fight against the stressors by which it feels affected, the result is a downward spiral, which without intervention, has effectively become a “closed loop.” What this means is that many of the body’s systems have deregulated and decreased in their level of functioning as a result of FM and will not return to health without an intervention.

In our experience, such a state of affairs can lead to symptoms such as abnormal digestion, low immunity, and irregular sleep patterns that the body cannot recover from by itself. This situation may be coupled with unwanted side effects from medications that exacerbate these complaints and the process of deregulation. If this weren’t bad enough, it is not uncommon for a patient to also feel depressed and unhelpful due to the circumstances of living with FM. For instance, many of our patients have spent their life savings on other treatments and just plain survival. They have also had major revisions in their social life or the way in which they are perceived in their social environment as a result of FM, fueling their depression even further.

It is because the patient is battling different forms of dysfunction simultaneously that the initial phase of treatment is designed to restore functioning and to regulate different systems of the body that have become affected *at the same time*. At The Gilbert Clinic, we review the

supplements and medications that the patient may be taking and try to minimize them in accordance with our program. This is essential so as not to merely manage the functioning of the body but to re-create health. The goal is the restoration of normal functioning.

An important note must be made regarding allopathic medications which are prescribed to a patient. It is not our intention to add to the list of medications that the patient has been given, but to actually help regain health to a point where the patient has no further need for them. This does not mean that essential medications will be altered. If a patient no longer has a thyroid gland, it would be irreprehensible to discontinue a necessary thyroid medication since such a medication is critical to the patient's survival. However as explained in my earlier article, until recently there were no medications specifically "labeled" for FM, and many of the medications given were (and continue to be) given on a symptom-by-symptom basis. The result of this method of work is that the patient can be left with a complex medication profile that is full of pharmaceuticals that, although helpful, are 'bad fits' as they were never originally designed for the condition.

It is also important to note that any recommended medication withdrawal is undertaken slowly and only as it becomes apparent that there is a sound medical case to be made for the change (i.e., an improvement). In doing this, we work hard to ensure that there is the least possible disruption in the patient's life and much to be gained instead. Lastly and without question, all prescription medication decisions are made exclusively by the physician member of the clinical team.

Utilizing Chinese herbal formulas and naturopathic support, we begin a process of stabilizing and guiding the body back to a place of balance where the various systems of the body are working together. Along with this and crucial to this process is the therapeutic coaching that takes place as the physical healing begins. This is the most contentious aspect of The Gilbert Clinic program, as the history of this disorder has led many

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## **RESTORATION**

**It is not enough to use alternative substances like herbal remedies or naturopathic supplements if the way in which they are being used is a symptom-by-symptom approach. One aspect of the Gilbert Clinic program that is crucial to the patients' recovery, is the concept of a restoration of essential body functioning. This does not involve stimulation to eradicate fatigue, but instead the restoration of the different systems of the body at the same time. This is a fundamental aspect of the holistic paradigm of healing. High-dose vitamin solutions (and worse still, animal glandulars) have no ability to do this as they merely add fuel to a dysfunctional situation in the body, and so provide only temporary relief, with no long term sustainability. The only way to create an environment for sustainable health requires an initial balancing of the whole body before any other work can be achieved. Unless this is done, at some future point the patient will inevitably return to his/her previous state.**

sufferers to be reluctant to consider the mental and emotional aspects of FM.

For many years FM was labeled as purely psychosomatic. Because it took so much work by committed physicians, scientists, and patients to convince the medical community at large that there really was a physical aspect to the syndrome, the pendulum now seems to have swung the other way with less recognition being given to the psychosocial aspects of FM. We firmly believe that this has been to the detriment of the patient. There is a saying from antiquity that aptly illustrates our reasoning. It states: "Energy follows thought, muscles follow energy, and bones follow muscle." Our experience indicates strongly that if a therapeutic assessment of the mental/emotional aspects of the patient is not undertaken in a chronic malady, with appropriate treatment delivered as necessary, it becomes extremely difficult to achieve lasting health. This is because the way we think influences the way we behave and consequently the way we deal with stress. Our responses to stressors are mediated by how we perceive the world. When recovering from any chronic illness, the patient's ability to perceive/believe in the

possibility of health and to eradicate negative thought patterns that contribute to the illness in the first place are both necessary to maintain a stable, prolonged, healthy existence. Such a state of affairs is not easy to achieve, but our work has shown it to be possible.

This first stage is by far the most challenging stage for both the clinical team and patient. Because we are just beginning the treatment process, we see the fewest discernable changes in the primary characteristics of FM, namely fatigue and pain. Therefore, the trust and commitment on the part of the patient are essential at this time. It is, in effect, a period of “cleaning house” and allowing the metaphorical room for health to return.

### **Second Stage -- Rejuvenation**

This is the stage during which we directly work on the patient’s recovery from the primary symptoms of fatigue and pain associated with the syndrome. It is a period of nourishment and rejuvenation of the nervous system. Again, the same modalities are used as in the first stage but now there is a different emphasis. Here we employ a direct approach to alleviate the different symptoms that the patient has as a result of the exhaustion resulting from stress, and consequently patients begin to feel well, have more energy and less pain, and experience the success of the therapy. Emotionally, the patient begins to realize health and is encouraged to embrace it. The goal is an 80% return to health, vitality, and well-being. In effect, this is the payoff for all the hard work of the first stage.

### **Third Stage – Towards Total Health**

This stage of the program is the progression towards a conclusion of treatment. The patient is expected to be nearly well and on a path to total health. There is a return to “normal” functioning, and there are no symptom pictures that are a cause for concern. However, at this point it is still relatively easy for a recurrence of ill health to

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**Symptoms are warning signals that something is out of balance. The body is saying, “I’m being overwhelmed, and I need you to pay attention to what you’re doing to me!”**

**The common interpretation of symptoms is denial, treat the symptoms, and continue life as usual. In the case of FM, the symptoms are a result of stressors to which the body has been constantly exposed. If the stress continues (or the stressors have taken the nervous system to a point of decline), the symptoms usually increase in intensity. Because of the fast paced lifestyle most of us live we usually choose to medicate our symptoms with drugs that stimulate or depress our physiological responses. This may go on for years until the symptoms can no longer be ignored. It's frequently at this point that we seek medical intervention from providers who think about symptoms from a disease perspective, leading to incomplete relief (if any at all) from suffering.**

**At the Gilbert Clinic, we have found success with a comprehensive model that includes effective practices used by other medical systems.**

**Humans are much more than physical bodies, and understanding the broader influences on health and well-being are crucial to creating health (creating a balance between body/mind/spirit and environment) in the FM patient. There is growing evidence that mental states affect physical health by inhibiting the immune system and/or cause damaging effects to the cardiovascular system. Unfortunately, our health care system ignores the positive effects beliefs have in influencing healing. Such an approach has been seen and discredited by pharmaceutical research. Multiple studies have shown that beliefs have the power to heal or destroy. This natural healing system is an untapped reservoir for creating well-being. Herbert Benson, M.D., of Harvard University calls this response "remembered wellness." It is based in the belief of possibilities.**

## **SYMPTOMS**

occur, especially if the patient has been in a FM state for an extended period of time. The body can still retain a "memory" of dysfunction and revisit that place unless there is reinforcement and emotional support. Therefore, the third stage involves the reinforcement, both physically and emotionally, of the success that has been achieved. This is done by a therapeutic "revisiting" of the place where the patient existed while sick and by looking at the achievement the patient and the clinical team have made in returning the patient

to a place of health. It is a time of taking stock. This is in some ways the most dangerous time for patients because to stay well they must actualize all that they have learned in the program and incorporate it into their daily lives. It is dangerous because there is a natural tendency to fall off the wagon and revert. To provide proper care at this point, there must be constant support until it is decided that there no longer is a need for any help from The Gilbert Clinic. Only then do we finish with the physical and emotional work that the program provides. At this point, health has returned.

The above represents the perfect outcome for a patient going through The Gilbert Clinic program. It does not always work as smoothly or as easily as this article illustrates. However it has been our experience that the majority of our patients, when working concurrently with us, have regained their lives and have continued to do well years after they are effectively discharged. In fact, 91% of those who *complete* the protocol rate their treatment as “successful.”

The TGC program is gauged to be 12 months in duration with the time approximately divided into 50%-25%-25% splits between the first, second, and third stages. This is a rough guide as differing patients will require different time frames. Once engaged in the program, the patient’s medical doctor and other medical specialists are given updates on the patient and informed of progress, if so desired by the patient. If there is a need to consult with other physicians or health care providers for any reason while on the program, this is done by a TGC physician. A recommendation of someone we personally know can be made to the patient, if necessary. At the end of the program the patient returns to his/her health care providers; there is no ongoing program with TGC. It is worth noting that some of the specialists formerly used by the patient may no longer be required as there has been a recovery of the malady. The goal is healing and health, and so by definition, the result is actually the absence of treatment once health has been found again.

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The Gilbert Health Clinic protocol is not a “cookbook” program. I would argue that there is no cookbook solution for any chronic illness, especially one that is rooted in the lives we live in today. However, there are other disciplines that may be able to recreate our program, and we certainly feel that we do not have the beginning, middle, and end of effective care for FM. However, any program with the potential to be helpful has to be time-intensive and demand a high degree of skill from any clinician of any discipline who tackles it. It demands also a patient who is trusting, willing, and most importantly, ready to regain health and the ability to live life freely.

—Jonathan Gilbert, NCCAOM

**Janine Blackman M.D., Ph.D.**

**Dr. Blackman is board-certified in family medicine and a clinical professor of medicine at the University of Maryland. She was the first fellow to study in the clinical Integrative Medicine fellowship program at the University of Maryland. She has been the Medical Director at the University of Maryland Center for Integrative Medicine, one of the largest centers of its kind in the nation. She has been an invited speaker on FM or CFS at the National Institutes of Health, the American Holistic Medical Association, several Arthritis Foundation conferences, The American Academy of Pain Management, The American Academy of Family Medicine, and a variety of other medical conferences focusing on pain conditions, nutrition and dietary supplements.**

**Jonathan Gilbert, NCCAOM**

**Mr. Gilbert is nationally certified in Chinese Herbology and Acupuncture from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). He is also an examination writer for the NCCAOM. He attended the London Academy of Oriental Medicine from 1991 to 1995 and received a diploma in Traditional Oriental Medicine in Acupuncture and Herbal Medicine. His postgraduate training was conducted at the Institute of Traditional Medicine Saigon, Vietnam, from 1995-6. He has also completed a 12-year apprenticeship with Dr. Phouc Huynh in the study of chronic disease. Mr. Gilbert has been the Senior Consultant for Traditional Chinese Medicine at the University of Maryland Center for Integrative Medicine. He has lectured both at the University of Maryland and at the Johns Hopkins School of Medicine. Jonathan Gilbert is currently writing a book to inform the public about the causes and**

treatments of fibromyalgia and chronic fatigue immune deficiency syndrome.

**Anita Bains APRN, BC**

Ms. Bains is a licensed clinical psychotherapist who has been in private practice and teaching for 15 years. She worked as an RN in hospitals in the U.S. and Canada and has helped to establish a school of nursing at the University of Victoria in Victoria, British Columbia. She is past President of the Psychiatric Advanced Practice Nurses of Maryland. During her career as a hospital nurse, she advocated for patients, assisting them in identifying and verbalizing their health care needs. She realized that Western medicine was limited in its scope for creating optimal well being and began a pursuit of alternative modalities that addressed the body-mind-spirit connection. Living, working and studying in Canada for 17 years has given her a unique perspective on health and healing.

**The Clinical Staff Of The Gilbert Clinic**