

**Chronic Fatigue | Pain | Fibromyalgia**

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**FIBROMYALGIA AND  
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Improving Sleep and  
Reducing Pain

35 Treatments for  
Tough Cases

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# Effective Treatment for Chronic Fatigue Syndrome and Fibromyalgia: An Overview and 35 Treatments for Tough Cases

by **Jacob Teitelbaum, MD**

Chronic fatigue syndrome (CFS) and its painful cousin fibromyalgia (FMS) represent a severe energy crisis in the body. When energy levels drop below a certain point, the area using the most energy for its size, the hypothalamus, goes off line. In essence, it acts like a circuit breaker that clicks off when a circuit is overloaded.

The hypothalamus controls:

- overall hormonal function via the pituitary;
- sleep, making disordered sleep a hallmark of these syndromes;
- autonomic function. This contributes to the NMH/POTS, irritable bowel syndrome, endometriosis, and other autonomic dysfunctions seen in these syndromes;
- temperature regulation. This is why most people run lower than 98.6 °F. Temperatures over 99 °F suggest an antibiotic-sensitive infection.

Low energy also causes the muscles to get stuck in the shortened position. It takes more energy for a muscle to contract than to expand, which is why our muscles get tight after a heavy workout, instead of going loose and limp. Chronic muscle shortening results in chronic pain (called myofascial pain). The chronic pain then triggers secondary central

sensitization (“brain pain”) and small fiber neuropathy (SFN). Multiple immune deficiencies are also seen, and the recent clinical experience of Dr. Mark Sivieri shows a possible association between low IgG 3 levels (common in fibromyalgia), autonomic dysfunction, and SFN. These tantalizing data may lead to a better understanding of the “missing link” between our immune and nervous systems.

Because these conditions represent a common end point resulting from many triggers, there are literally hundreds of treatments and theories about what causes CFS/FMS, which can make things very confusing. The purpose of this clinically focused article is to offer a simple but proven framework into which these varying causes and treatments can be placed. We will also give a quick summary of how to institute an overall and highly effective treatment protocol (p < .0001 versus placebo with an average 90% increase in quality of life). We have called this protocol the SHINE protocol, addressing the following five areas. As overall treatment has been discussed at length in an earlier *Townsend Letter* article, we will give it a brief summary here. I will then give a checklist of 35 key problems and treatments to consider for more difficult or refractory cases.

## **S: Sleep**

Nonrestorative sleep with insomnia is a hallmark of CFS/FMS.

Helpful natural treatments include the Revitalizing Sleep Formula (a mix of six herbs from Integrative Therapeutics), melatonin, magnesium, the smell of lavender, and sleep hygiene. If the person’s mind is wide awake and racing at bedtime, this suggests that cortisol is too high at bedtime, and this may be helped with phosphatidylserine and Ashwagandha.

Helpful sleep medications include Ambien, trazodone 25 to 50 mg, gabapentin 100 to 300 mg, and Zanaflex 2 to 4 mg.

There are over 30 natural and prescription sleep aids that can be helpful. Unfortunately, Valium-related sleep medications tend to keep people in light sleep, worsening sleep quality.

## **H: Hormones**

Because the hypothalamic-pituitary axis controls almost all of the hormones in the body, and most tests rely on normal hypothalamic pituitary function, treatment is based on a mix of clinical signs and symptoms along with actual hormone levels. That a test is in the normal range means very little. Bioidentical hormones should be used, adjusted to optimize function, along with natural support

for the glands (e.g., tri-iodine 6¼ mg for thyroid function, Adrenal Stress End for Adrenal Function, edamame for estrogen support).

### I: Infections/Immunity

There are literally dozens of infections that can cause a person to have an energy crisis and “blow a fuse.” Most important is treating candida. Considering the presence of antibiotic-sensitive infections such as Lyme disease and a host of others is also important, but only treating with the antibiotics and not addressing the rest of the SHINE protocol is likely to result in only incomplete and transient improvement. Antivirals and immune support (both discussed below) can also be helpful in selected cases.

### N: Nutritional Support

This is simplified by using powders and other treatments that keep the pill count down. People do *not* like being part of the “handful club,” where they are taking handfuls of pills all day, and are not likely to stick with a protocol when this is required. In addition to improving the quality of their diet, have patients avoid excess sugar, and increase protein, salt, and water intake. I also give those with fibromyalgia the following supplement regimen, which requires only one drink and 3 to 5 pills a day instead of over 50:

1. The Daily Energy Enfusion Vitamin Powder (by Integrative Therapeutics) plus a 5 g scoop of ribose (Corvalen by Douglas Labs) each morning. I simply have them add water and stir with a fork. This simple combination will dramatically and easily optimize energy and health, and I use it in virtually everyone (including myself). The powder supplies 50 key nutrients. Ribose Corvalen, by Douglas Labs) has been shown to increase energy by an average of 61% after 3 weeks. Begin with 5 g t.i.d. for 3 weeks and then drop to 1 to 2 times a day
2. Coenzyme Q10 200 mg, acetyl-L-carnitine 1000 mg daily, and if

ferritin is under 60, I add iron. I also give EurOmega-3 (by EuroMedica) one a day for omega-3 support. This is the brand that I use, as 1 pill replaces 8 regular large fish-oil capsules

### E: Exercise As Able

Too much exercise will result in what is called “postexertional fatigue” where the person feels bedridden the next day. Not enough exercise will result in deconditioning, which is just as bad. Have the person begin a simple walking program, where they feel “good tired” after and better the next day. They can increase by 50 steps a day (a simple \$15 pedometer can be an excellent investment) as tolerated. After 10 to 12 weeks on the SHINE protocol, their energy will dramatically increase as well as their ability to condition.

### Pain

Like the oil light on your dashboard, pain is your body’s way of a saying that something needs attention. Our published research showed that after 3 months on SHINE, pain decreased by approximately 50% ( $p < 0.0001$  versus placebo). On the other hand, it is almost never acceptable to leave somebody in chronic pain, and adding treatments for pain can be very helpful. Narcotics are rarely needed, but are much less toxic than the chronic pain when they are needed.

Helpful treatments for pain include:

**Natural:** structural and energy-based treatments such as chiropractic, osteopathy, acupuncture, and massage can be very helpful but are unlikely to give persistent relief until the underlying biochemical problems are also addressed. People do best when SHINE and the structural/energy treatments are combined. In addition, several herbal combinations are outstanding for pain. My favorites are:

1. Curaphen, a mix of four herbs, plus Traumaplant comfrey cream (both by EuroMedica)

2. Pain Formula, a mix of three herbs (Integrative Therapeutics)

The Curaphen has been a pain relief miracle for people. It works quickly for acute pain, but give natural treatments 6 weeks to see the optimal effect for chronic pain. They can be combined with each other and with pain medications.

**Pharmaceutical:** Ultram, Neurontin, and Flexeril are good medications to begin with. NSAIDs are generally not helpful for fibromyalgia pain and can be toxic. Acetaminophen can help but depletes glutathione. If it does need to be used, I will add a special highly absorbed form called Clinical Glutathione.

### Treatment Tools to Simplify Care

To dramatically simplify care of these complex conditions, I offer free symptom questionnaires and treatment checklists. If you would like me to e-mail you the file, simply request the free treatment tools from me at EndFatigue@aol.com. If you would like a much more detailed treatment checklist with approximately 300 helpful treatments, feel free to ask for the “long protocol” as well. In addition, to simplify evaluation and treatment of anybody with fatigue or fibromyalgia, we have the free “Energy Analysis Program” available at [www.EndFatigue.com](http://www.EndFatigue.com). This can analyze their symptoms, and even their pertinent lab tests if available, to determine what is draining their energy and tailor a program for that individual to optimize their energy. This will also dramatically simplify your care of people with these conditions.

An 8-hour online CFS/FMS training course can also be found at [www.vitality101.com/PAN](http://www.vitality101.com/PAN).

### 35 Helpful Treatments to Consider in Refractory Cases

The below is a quick checklist to go through and consider when people are not responding to basic treatments:





1. Rule out sleep apnea and restless legs syndrome. I simply have people videotape themselves to see if they snore and stop breathing (in which case they need a sleep study) or have restless legs syndrome. If the latter is present, I make sure that the ferritin (iron) level is over 60 and supplement with magnesium at bedtime. The medications Neurontin and Ambien both help restless legs syndrome as well.
2. Be sure that the person is sleeping 8 hours a night.
3. Ask about nasal congestion during sleep. Inability to breathe through one's nose while sleeping will cause nonrestorative sleep. Breathe Right nose strips, Max-Air, and/or NoZavent products (all on Amazon) can be helpful, as can treating candida.
4. Consider Xyrem (prescription) if unable to get good-quality sleep by other means.
5. Consider thyroid receptor resistance with the high-dose T3 thyroid protocol devised by the late Drs. Broda Barnes and John Lowe.
6. Try different forms of thyroid if others do not work. Although most people do best with Nature-Throid, some do better with Cytomel or Synthroid. If using T3, some do best taking it in a single daily dose, where others need to divide the dose into 2 to 4 doses daily.
7. Consider a treatment trial of low-dose hydrocortisone (Cortef) up to a maximum of 20 mg a day.
8. Consider and treat for orthostatic intolerance (NMH or POTS) with increased salt, water, support stockings, midodrine, and even Dexedrine (maximum dose 20 mg daily). In severe cases I also consider DDAVP, although this helps in only a small subset.
9. Bioidentical testosterone kept at about the 70th percentile of the normal range helps pain and energy in both men and women.
10. Growth hormone may be helpful in a small subset.
11. If the HHV-6 IgG level is 1:640 (or four) or higher, or if the CMV IgG is >4, I consider a 6-month treatment trial with Valcyte if the person has not adequately responded to other treatments. Otherwise, if there is a history of sudden onset with viral symptoms with the CMV and HHV6 IgG being <4, I consider a high-dose Valtrex trial (1 g 4× day for 6 months). Celebrex 100 to 200 mg 1 to 2× day can augment the antivirals' effectiveness
12. Be sure that the candida has been adequately treated with at least 6 weeks of an azole medication (e.g., Diflucan). Unfortunately, I have not found the natural treatments by themselves to be adequately effective in some cases.
13. If nasal congestion is present, prescribe the Sinusitis Nose Spray (ITC pharmacy) and the silver nose spray (Argentyn 23). I give 1 spray of each in both nostrils b.i.d. for 6 to 12 weeks.
14. Remember to give zinc 20 to 25 mg a day for 3 months. Whenever chronic infection or inflammation is present, the person will become zinc deficient, causing marked immune dysfunction. More is not better, as it can cause copper deficiency. For long-term support, the vitamin powder has 15 mg a day, which is adequate.
15. If bowel symptoms are present despite 6 weeks of anti-candida treatment, especially with foul (sulfur) -smelling flatus (think back to the "silent but deadliest" of your grade-school days), a bacterial gut infection such as SIBO (small intestinal bacterial overgrowth) is likely and needs treatment. Parasites should be ruled out as well, using a lab that knows how to do proper testing (e.g., Genova, Doctor's Data, or Diagnos-Techs).
16. Low-dose naltrexone 4.5 mg at bedtime (from a compounding pharmacy). Give at least 3 months to work. If it initially disrupts

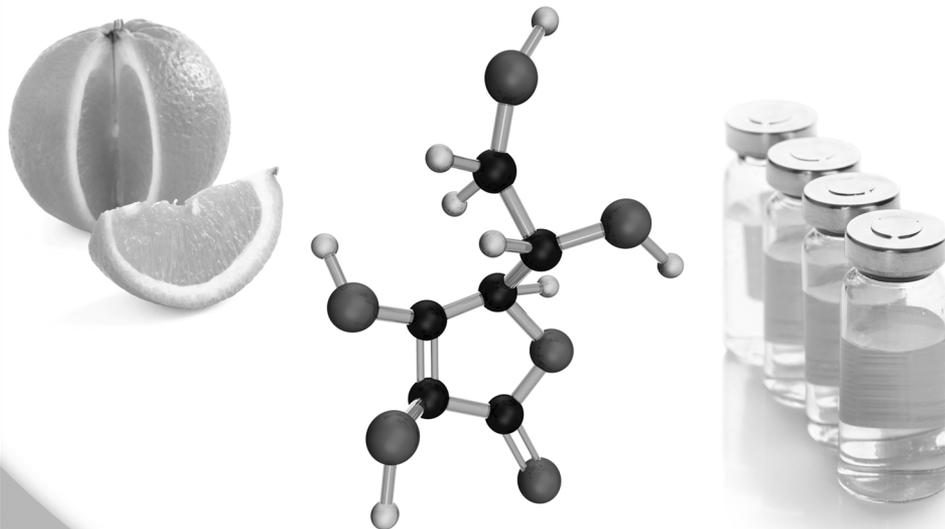


Jacob Teitelbaum, MD, is director of the Practitioners Alliance Network (PAN) and author of the popular free iPhone application Cures A-Z and the best-selling books *From Fatigued to Fantastic!* (Avery/Penguin Group; 2007), *The Fatigue and Fibromyalgia Solution* (Penguin; 2014), *Pain Free 1-2-3: A Proven Program for Eliminating Chronic Pain Now* (McGraw-Hill; 2006), *The Complete Guide to Beating Sugar Addiction* (Fairwinds Press; 2015), and *Real Cause, Real Cure* (Rodale Press; 2012). He is lead author on four studies of effective treatment for fibromyalgia and chronic fatigue syndrome, and a study on effective treatment of autism using NAET. Dr. Teitelbaum does frequent media appearances, including *Good Morning America*, CNN, Fox News Channel, the *Dr. Oz Show*, and *Oprah & Friends*. He lives in Kona, Hawaii. Website: [www.EndFatigue.com](http://www.EndFatigue.com).

- sleep, begin with a lower dose and give in the morning. See [www.LowDoseNaltrexone.org](http://www.LowDoseNaltrexone.org) for more info).
17. Consider a 6- to 24-week therapeutic trial with doxycycline or Zithromax.
  18. Check a blood test for "Immunoglobulin G, subclasses 1-4, serum." If one of the four subsets is low (most commonly IgG 3 followed by IgG1), treatment with IV gamma globulin can result in a dramatic response after 4 months. This is very expensive and takes a lot of work to get insurance coverage, so I reserve it for the 10% to 15% of people with the most severe and refractory illnesses.
  19. Consider Dr. Ritchie Shoemaker's neurotoxin protocol.
  20. SQ Heparin may be helpful, but carries significant risk, so I reserve it for the ~5% of people with the most severe and refractory illnesses.
  21. Consider the methylation protocol. I do *not* recommend SNP genetic testing, as the majority of healthy people will come out "abnormal." Instead, see the work done by Dr. Neil Nathan.
  22. Do a transglutaminase IGA and IgG antibody to check for celiac disease.
  23. Check a total IgE level. If elevated, do IgE (*not* IgG) food and inhalant testing to isolate the specific allergies.
  24. If food sensitivities are present, do NAET desensitization (see [www.NAET.com](http://www.NAET.com)).
  25. A wheat and gluten-free diet trial. Check transglutaminase IgG and IgA to rule out celiac disease
  26. Be sure they are on the vitamin powder and ribose. Consider a trial with NADH 20 mg sublingual (called Enada Mojo) each morning for 6 weeks.
  27. Be sure that the ferritin is over 60.
  28. B1 (thiamine) 600 to 1500 mg a day

29. Rhodiola 100 mg each morning. Increase by 100 mg daily each week to max 400 mg/day.
30. Frequency specific microcurrent (FSM) for persistent pain (see [www.FrequencySpecific.com](http://www.FrequencySpecific.com)).
31. Atlas chiropractic treatments for those with autonomic dysfunction.
32. Annie Hopper's Dynamic Neural Retraining System (see [www.dnrssystem.com](http://www.dnrssystem.com)).
33. For pain, have the person use woolen long underwear and woolen sheets and pillowcases during cold weather. This has been shown to be as or more effective than pain medications. (Resource: <http://us.icebreaker.com>.)
34. Dr. Paul St. Amand's guaifenesin protocol.
35. Provigil/Nuvigil 100 mg 1 to 2 each morning (caution: interferes with birth control pills).

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