

YOUR
3 KEYS
TO TREATING
AND BEATING
FIBROMYALGIA



Dr. Rodger Murphree's
TREATING AND BEATING
FIBROMYALGIA

WORLD'S #1 FIBROMYALGIA DOCTOR, AUTHOR, INTERNATIONAL SPEAKER,
FUNCTIONAL MEDICINE SPECIALIST & YOUR FIBROMYALGIA EXPERT

Foreword

Dear Friend,

After specializing in treating fibromyalgia for almost two decades, I've learned that there are several things you must do to have the opportunity to beat fibromyalgia. In fact, there are five keys, five things that must be done in order to beat fibromyalgia. Do these three things and you'll most likely beat your fibromyalgia symptoms and feel good again.

I have provided the first 3 keys as a gift, simply for taking the right steps to feeling better.

To your best health,

Dr. Rodger Murphree
Your Fibromyalgia Expert

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THE FIRST KEY: GET DEEP RESTORATIVE SLEEP ON A CONSISTENT BASIS

The Importance of a Good Night's Sleep

We've all heard that we need eight hours of restful sleep each night. The amount of sleep an individual actually needs will vary from person to person. A five-year-old may need eleven to twelve hours of sleep, an adult seven to nine hours of sleep a night. But why is a good night's sleep so important? Several studies have shown that a lack of sufficient sleep will cause a host of unwanted health issues. Poor sleep has been linked to various health problems, including depression, poor immune function, anxiety, weight gain, muscle pain, low thyroid, irritable bowel syndrome, fatigue, CFS, fibromyalgia, and headaches. This isn't news to those who suffer with fibromyalgia and chronic fatigue syndrome; they already know their symptoms get worse when they don't get a good night's sleep.



If you don't get a good night's sleep, you're not going to feel well. It really is that simple. Most people with chronic illnesses, including those with fibromyalgia, haven't slept well in years. Many of my patients take sleeping pills (tranquilizers), muscle relaxants, or over-the-counter sleep drugs to get them to sleep. But most of these drugs don't produce deep restorative sleep. Most folks taking these drugs don't feel refreshed the next day.

In fact, most users of these drugs report that they often feel hung over from these medications. And, as we'll see later in this report, these drugs have side effects that can cause the very same symptoms associated with fibromyalgia; diffuse muscle aches and pain, depression, fatigue, and brain fog.

One study showed that college students who were prevented from going into deep (REM) sleep for a week developed the same symptoms associated with FMS and CFS: diffuse pain, fatigue, brain fog, irritable bowel syndrome, lowered immune function, depression, anxiety, irritability, stomach disturbances, and headache. Another study, conducted by the University of Connecticut School of Medicine, compared the sleep patterns and associated symptoms of fifty women with FMS. The study showed that a poor night's sleep was followed by an increase in the subject's symptoms, especially body pain. Sadly, the study also showed that a poor night's sleep, followed by an increase in symptoms, then went on to prevent the person from getting a good night's sleep the next night, even though the subject was exhausted. This vicious cycle continues and creates a pattern of declining health.

And research presented at the Endocrine Society in San Francisco, in June 2002, showed that sleep deprivation markedly increased inflammatory cytokines (pain causing chemicals)—by a whopping 40 percent. Sleep Cycles Sleep cycles follow our circadian rhythms. It has been found that the natural hormone melatonin plays a large part in mediating sleep. As darkness falls, enzymes in the brain stimulate the release of melatonin from the pineal gland in the brain. Melatonin induces sleep, and then the release of melatonin is halted when daylight arrives and we experience wakefulness. Upon falling asleep, the brain and body go through five stages

of sleep in one sleep cycle. Researchers have classified these stages of sleep by monitoring muscle tone, eye movements, and the electrical activity of the brain using an electroencephalogram (EEG). EEG readings measure brain waves and classify them according to speed. Alpha rhythms are the fastest waves, followed by slower beta rhythms. Theta and delta waves are the slowest. A sleep cycle lasts 90 minutes or so, during which the brain revolves through each type of EEG rhythm. This sleep cycle is repeated approximately five or six times during the course of the night and corresponds to the circadian rhythms, which we experience during the day.



The first four stages are considered to be Non-Rapid Eye Movement sleep (NREM) or orthodox sleep. The function of these stages is to restore and rebuild the body after a long period of wakefulness. Vegetative functions dominate NREM sleep. The body temperature, heart rate, and blood pressure decrease, muscles relax, and the body metabolism slows. Stage I is a transition between sleep and wakefulness, which is usually only five minutes in duration. Short dreams may occur, usually involving images

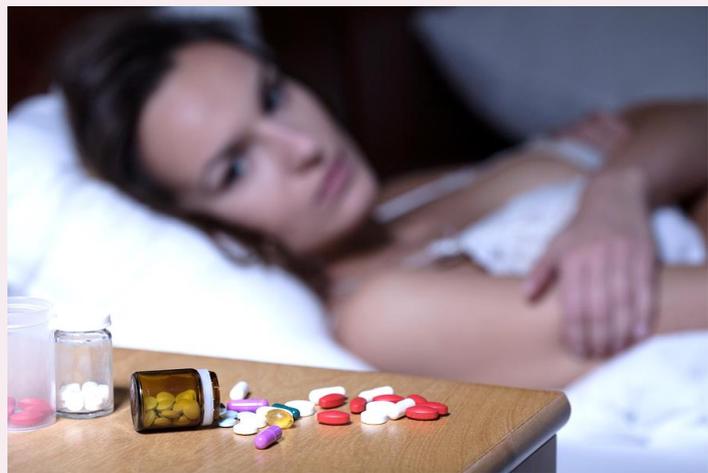
remembered from throughout the day. Stage II is a somewhat deeper level of sleep, characterized by slower breathing and heart rates. About fifty percent of all sleep in a given night is Stage II. Stages III and IV are the deepest levels of sleep and have the slowest waves, as measured by EEG. Stage III has both theta and delta rhythms, while Stage IV has only delta rhythms. The body uses this time to maintain and restore itself. Growth hormone secretions are at their highest during these stages. Stages III and IV begin after one has been asleep for approximately one-half hour. This is the deep, restorative sleep that we all need in order to be healthy. Stage V is remarkably different from the previous stages. The brain and body become active, increasing heart rate and blood pressure. The eyes shudder quickly back and forth, giving this stage the name Rapid Eye Movement (REM) sleep. EEG patterns for REM sleep are much like those during wakefulness, and include many fast beta rhythms. It may even be that the brain works harder during REM sleep than when awake.



REM sleep usually lasts anywhere from 11 to 25 minutes, typically longer in the later sleep cycles of the night. Approximately 25 percent of all sleep is REM sleep in adults; in children, it is even higher (up to 50 percent). On completion of a phase of REM sleep, the brain and body return to Stage I and begin another sleep cycle. The differences between NREM and REM sleep are dramatic. As mentioned above, NREM sleep deals mainly with the regeneration of the body, especially Stages III and IV, while REM sleep has much to do with the inner-workings of the brain. Researchers have speculated that NREM sleep (especially Stages III and IV) also functions to recharge the brain and body by allowing depleted glycogen supplies to be replenished.

Some Sleep Drugs Don't Promote Deep, Restorative Sleep

Please note that many of the current recommended sleeping pills DON'T produce deep Stage III and IV restorative sleep. Most of the sleep drugs, especially the sedatives (tranquilizers), don't allow a person to go into deep (Stage III and IV) restorative sleep. So they have their eyes closed while they're knocked out for eight hours, but they don't receive the health benefits of deep, restorative sleep. They often feel hung over in the morning and have to rely on stimulant drugs or beverages to get them going. This cycle often further interferes with their sleep/wake cycle, especially if they consume caffeinated beverages throughout the day. In fact, many of these sleep drugs actually deplete the body's own natural sleep hormone, melatonin.



Warning: Your Sleep Drug May Be Doing More Harm Than Good. Sleep medications can cause numerous side effects. Each year Americans consume five billion sleeping pills and sadly, 15,000 Americans die from taking sleeping pills.

Prescription drugs that may be used for sleep disorders include the following: Ambien (zolpidem) is a short-acting drug that usually lasts for four to six hours. If a patient takes a half-dose before bed, then he can take an additional half-dose if needed four to six hours later. Even though the literature on Ambien suggests patients don't build up a tolerance, many do. Some patient's do well on Ambien; some build up a tolerance over a period of time and need higher and higher doses until finally the medicine no longer works. It does promote deep, restorative sleep.

However, the side effects are similar to fibromyalgia and CFS. Side Effects: Short-term memory loss, fuzzy thinking, sedation or next-day hangover, mood disorders (anxiety and depression), flu-like symptoms, muscle aches and pains, and in-coordination (clumsy).

Ambien may cause fatigue, headache, difficulty sleeping, and memory loss. Long-term use (two weeks or more) can result in constipation, upset stomach, joint pain, upper respiratory infections (URI), sore throat, urinary infection, and heart palpitations. The liver processes this drug, like most drugs, so those

with sluggish liver function should use this medication with caution. The most common side effects include dizziness and diarrhea. Some patients complain of loss of coordination or concentration. Ambien is known to cause amnesia (short-term memory loss). Patients are cautioned against abruptly stopping the medicine, since withdrawal symptoms commonly occur.



Lunesta (eszopiclone) is similar to Ambien. Side effects include the following: Allergic reactions (itchy, watery eyes, rash, difficulty breathing, swelling of face, tongue, or throat), confusion, anxiety, depression, hallucinations (seeing, hearing, or feeling things that are not really there), lightheadedness, fainting spells, or falls, sleepwalking or performing other activities while asleep, slurred speech or difficulty with coordination, vision changes, restlessness, excitability, or feelings of agitation, dizziness, daytime drowsiness (sometimes called a 'hangover' effect), headache, strange dreams, bad taste, and slight stomach pain. It does promote deep, restorative sleep.

But, once again, look at the potential side effects.

Tricyclic Antidepressants Doxepin, Elavil, Trazadone, Amitriptyline, Despramine, Imipramine, Pamelor, etc. Tricyclic antidepressants block the hormones serotonin and norepinephrine. This produces a sedative effect.

These drugs do promote deep, restorative sleep. But, as you'll read below, they are associated with numerous unwanted side effects. Like other antidepressant medications, these drugs are processed by the liver and can cause liver toxicity. These drugs deplete the natural sleep hormone melatonin and CoQ10. Anyone taking tricyclic antidepressants, beta-blockers, and/or statin drugs should be taking CoQ10 on a daily basis. These drugs deplete CoQ10. CoQ10 is vital for proper heart, brain, muscle, and liver function. Low levels of CoQ10 can cause a host of unwanted symptoms, including fatigue, muscle pain, high blood pressure, congestive heart failure, brain fog, tingling in the hands and feet, swelling, and mood disorders.

They can cause early morning hangover. They do promote deep, restorative sleep.



Common side effects include upset stomach, constipation, bad taste in the mouth, heartburn, diarrhea, rash, rapid heartbeat, mental confusion, hostility, swelling in the arms or legs, dizziness, nightmares, drowsiness, and fatigue.

Zanaflex (tizanidine) is a muscle relaxant that has gained some popularity among physicians treating FMS. It is sedating, but it doesn't produce deep, restorative sleep. And it doesn't help increase serotonin levels; it only tranquilizes the nervous system. For this reason alone, it should be avoided.

Zanaflex is associated with numerous side effects, including liver failure (at least three individuals have died from taking this medication), asthenia (weakness), somnolence (prolonged drowsiness or a trance-like condition that may continue for a number of days), dizziness, UTI (urinary tract infection), constipation, liver injury, elevated liver enzymes, vomiting, speech disorder, blurred vision, nervousness, hypotension, psychosis / hallucinations, bradycardia (slow heart action), pharyngitis (sore throat), and dyskinesia (defect in voluntary movements).

The stuff is poison!

Sonata (zaleplon) is designed to last for only four hours; this helps prevent morning hangover. I've not found it to be very effective, though, since most of my patients have trouble sleeping through the night, not just with getting to sleep. Abdominal pain, amnesia, dizziness, drowsiness, eye pain, headache, memory loss, menstrual pain, nausea, sleepiness, tingling, and weakness.

Lyrica, (pregabapentin) and Neurontin (gabapentin) are anticonvulsant medications originally used to control seizures. They are now being used to block nerve related pain (neuralgia), including pain caused by herpes zoster. These medications are also being prescribed for chronic headaches (with some success) and fibromyalgia (little success). I've not found them to be helpful for the diffuse extremity pains associated with fibromyalgia. They don't promote deep, restorative sleep and can cause many of the same symptoms associated with fibromyalgia, including fatigue, muscle aches, poor mental clarity ("fibro fog"), and mood disorders. Most patients can wean off these medications with the help of their physician (slowly, within four weeks) with no problem.

There are several side effects associated with their use, including somnolence (prolonged drowsiness or a trance-like condition that may continue for a number of days), dizziness, weakness, fatigue, double vision, edema (fluid retention), ataxia (muscular incoordination), thought disorder, possible long-term ophthalmic problems (abnormal eyeball movements and disorders), tremors, weight gain, back pain, constipation, muscle aches, memory loss, asthenia (weakness), depression, abnormal thinking, itching, involuntary muscle twitching, serious rash, and runny nose.

Benzodiazepines or Anti-Anxiety Medications Xanax, Klonopin, Ativan, Restoril, Busbar, Tranxene, Serax, Librium, Tegretol, Valium, Trileptal, Seraquel, Risperdal, Symbax, etc. These medications are usually used as anti-anxiety medication. They're addictive, and patients build up a tolerance so that the drug eventually loses its effectiveness as a sleep aid. Sadly, patients often become addicted to these drugs within two to three weeks. These medications are loaded with side effects that cause further health problems (depression, fatigue, memory loss, "fibro fog" etc.), yet don't promote deep, restorative sleep. They actually deplete the natural sleep hormone melatonin. And, as you learned above, they deplete CoQ10. Benzodiazepines are central nervous system depressants (the reason why depression and fatigue are common side effects) that act on the neurotransmitter GABA (gamma-amino butyric acid). GABA acts as a calming chemical as it transmits messages from one cell to another. Directly or indirectly, these drugs influence almost every brain function and most other bodily systems, including the central nervous, neuromuscular, endocrine, and gastrointestinal systems. Benzodiazepines have numerous side effects, including poor sleep, seizures, mania, depression, suicide, ringing in the ears, amnesia, dizziness, anxiety, disorientation, low blood pressure, nausea, fluid retention, sexual



dysfunction (decreased desire and performance), weakness, somnolence (prolonged drowsiness or a trance-like condition that may continue for a number of days), headaches and tardive dyskinesia.

A mind boggling 40 percent of adults who are 60 or older experience drug-induced tics or tardive dyskinesia (tremors or uncontrollable shakes) from taking a benzodiazepine drug. Sadly, for many, these tremors are permanent. Over 61,000 older adults have developed Parkinson's disease from using antipsychotic drugs (benzodiazepines and antidepressants).

The crippling side effects and addictive nature of these drugs has been known for at least 40 years, yet doctors continue to prescribe them at an ever-increasing rate.

Surveys show that over 5.6 million adults over the age of 65 are now taking benzodiazepines. An incredible 50 percent of all women 60 and older will be prescribed a benzodiazepine drug. And since addiction often occurs within two to four weeks of starting these drugs, the majority of folks are now dependent on these drugs. Tolerance to the hypnotic

(sleep) effects of these drugs may occur within one week. Symptoms of tolerance are identical to drug withdrawal symptoms and may include anxiety, panic, severe insomnia, muscle pain and stiffness, depression, suicidal thoughts, rage, heart and lung problems, and agoraphobia (extreme fear of public or crowded spaces). Tragically, only 10 to 30 percent are able to successfully stop taking these drugs. Most are addicted for life.

These drugs can severely impair mental clarity, especially in the elderly. In a study in the state of Washington, in 46 percent of the patients with drug-



induced mental impairment, the problem was caused by minor tranquilizers or sleeping pills (benzodiazepines, Ambien or Lunesta.); and in 11 percent, by antipsychotic drugs (antidepressants). How many of these folks are then erroneously diagnosed as having senile dementia, Alzheimer's, or worse?

Please understand these drugs don't promote deep, restorative sleep and actually deplete the natural sleep hormone melatonin. Melatonin is the sleep hormone! It can be purchased at most health food and pharmacy stores and works for the first night for the majority of those who take it. Just as important, it doesn't have all the side effects associated with prescription sleep drugs. Studies show that declining levels of the sleep hormone melatonin is the cause of their poor sleep. As we age, our melatonin levels begin to drop. Older adults have one-third to one-quarter the amount of melatonin as younger adults. Ok, so I've warned you about the potential dangers of common sleep drugs. You should now know that you don't need to rely on potentially dangerous drugs. No one has a drug deficiency.

Fortunately, there is a better way to consistently get a good night's sleep. Instead of using potentially dangerous life robbing drugs, my patients find that by using the right combination of vitamins, minerals, amino acids, diet, and nutraceuticals, they are able to fall asleep and sleep through the night.



THE SECOND KEY: RESTORE OPTIMAL ADRENAL FUNCTION

Most of my patients have not only bankrupted their bank accounts, but, have also bankrupted their stress coping glands, their adrenal glands. This is known as adrenal fatigue. The symptoms we see with adrenal fatigue are many of the same symptoms we see in fibromyalgia. Poor sleep, fatigue, low moods, anxiety, depression, weight gain, headaches, cold hands, cold feet, tingling and numbness in the hands and feet, fibro fog, and chronic pain. What they find, is they no longer have their resistance and stamina to stress.

The adrenals are a pair of pea-sized glands located atop each kidney. The adrenal gland consists of two sections: the medulla (inner portion) and the cortex (outer portion). The adrenal glands release certain hormones that allow us to be able to deal with immediate and long-term stress. These glands and the hormones they release allow us to be resilient to day-to-day stress.



Under-active adrenal glands are evident in about two-thirds of fibro patients. The majority of my patients with fibromyalgia are suffering from adrenal fatigue. They have literally burned their stress-coping organs out. Amid years of poor sleep, unrelenting fatigue, chronic pain, excessive stimulants, poor diet, and relying on a plethora of prescription medications, the adrenal glands and the hormones they release have been used up. Once adrenal exhaustion sets in, it's not long before the body begins to break down. Getting "stressed out" and staying "stressed out" is the beginning of chronic illness including fibromyalgia.

So after establishing deep restorative sleep, you have to also correct this adrenal fatigue issue so you don't see the ups and downs of Fibromyalgia ... you know one day is a good day or a bad day. And of course you never know, so you can't make any plans because you don't know if it is going to be a good day or a bad day.

Stress becomes magnified.

Changes in the weather, traffic jams, loud noises, bright lights, and other stressors that used to be tolerated now can be debilitating. The longer you have the Fibromyalgia, the more likely you are to see that any kind of stimulation can be overwhelming. To the point, that many people withdraw further and further from



life. Some become a recluse finding it too stressful to even leave the house. For many, it's herculean task to get up, get dressed, put on their makeup and even think about going grocery shopping much less going to work, entertaining, traveling, spending time with friends or participating in any life pleasures. You find that if you do have a rare day or two where you feel rested because maybe you have gotten a good night sleep, if you over do it, which can something as simple as going to am movie with friends or family, you crash for the next two days.

The Adrenal Gland

The Medulla

In the inner region of each adrenal gland is what's known as the medulla. The adrenal medulla produces norepinephrine and epinephrine (adrenaline). These hormones are known as catecholamines. The medulla hormones are primarily involved in acute (immediate) responses to stress.

Epinephrine

increases the speed and force of the heartbeat.

increases systolic blood pressure (the top number -120/80)

increases pulse rate

increases cardiac (heart) function

dilates (opens) the airways to improve breathing

increases the rate and depth of respiration to allow more oxygen to reach the bloodstream

mobilizes sugar from the liver to the bloodstream in preparation of the fight or flight response

regulates circulatory, nervous, muscular, and respiratory systems when needed.

inhibits the muscle tone of the stomach, so you may feel a "knot" in your stomach during times of stress.

Restoring adequate epinephrine levels is important. This can be done with SAME. However, I've found that by restoring the adrenal cortex and its hormones, cortisol and DHEA, adrenal fatigue can be overcome.

The Cortex

The adrenal cortex is primarily associated with response to chronic stress (infections, prolonged exertion, prolonged mental, emotional, chemical, or physical stress). The hormones of the cortex are steroids. The main steroid is cortisol.

Chronic over secretion of cortisol leads to adrenal exhaustion, which accelerates the downward spiral towards chronic poor health. Once in adrenal exhaustion your body can't release enough cortisol to keep up with the daily demands. Eventually you become deficient in cortisol and then DHEA.

Chronic headaches, nausea, allergies, nagging injuries, fatigue, dizziness, hypotension, low body temperature, depression, low sex drive, chronic infections, and cold hands and feet are just some of the symptoms that occur with adrenal cortex exhaustion.

Abnormal Circadian Rhythm

Cortisol levels are affected by stress and the body's circadian rhythm (sleep-wake cycle). Cortisol secretions rise sharply in the morning, peaking at approximately 8 a.m. After its peak, cortisol production starts to taper off until it reaches a low point at 1 a.m.

Fluctuations in cortisol levels can occur whenever normal circadian rhythm is altered (a change in sleep-wake times). Traveling through different time zones (jet lag), changes in work shifts, or a change bed time can cause drastically alter normal cortisol patterns. Some patients will report that their



symptoms began when they began working at night. Some will begin to have symptoms after staying up several nights in a row to take care of

invalid family members or newborn babies. Changes in circadian rhythm can lead to insomnia and poor sleep. An example of this occurs when a person tries to go to sleep at a certain time but can't wind down. They may catch a second wind when their cortisol levels kick-in. This is why it is important for you to try to go to bed (preferably before 11:00 p.m.) and wake-up at the same time each day. Establishing normal sleep and wake times is crucial in restoring normal circadian rhythms.

Adrenal Burnout

People often experience stress reactions every few minutes when bombarded by stimulus coming from our radios, driving in traffic, cell phones, pagers, and from electromagnetic pollution.

Persistent, unrelenting stress will ultimately lead to adrenal burnout.

The adrenal cortex, when healthy, produces adequate levels of dehydroepiandrosterone (DHEA).



DHEA is notoriously low in fibromyalgia patients. Chronic stress initially causes the adrenals to release extra cortisol. Continuous stress raises cortisol to abnormally high levels. Then the adrenal glands get to where they can't keep up with the demand for more cortisol. As the cortisol levels continue to become depleted from ongoing stress the body attempts to counter this by releasing more DHEA. Eventually they can't produce enough cortisol or DHEA. Aging makes holding on to DHEA even tougher. Even in healthy individuals, DHEA levels begin to drop after the age of 30. By age 70, they are



at about 20% of their peak levels. Stress and DHEA helps prevent the destruction of tryptophan (5HTP), which increases the production of serotonin. This helps provide added protection from chronic stress. Studies continue to show low DHEA to be a biological indicator of stress, aging, and age-related diseases including neurosis, depression, peptic ulcer, IBS, and others.

DHEA and Immune Function

The decrease in DHEA levels correlates with the general decline of cell-mediated immunity and increased incidence of cancer. DHEA protects the thymus gland, a major player in immune function.

Billie Jay Sahley, PhD, writes, "over secretions of the stress hormones [cortisone, cortisol, and corticosterone], caused by long-term mental or physical effort, could lead to cancer, arthritis, and susceptibility to infections. Many psychosomatic disorders are transmitted from the brain to the skeletal muscle system. Anxiety, stress, anger, or any other psychic state can greatly change the amount of nervous stimulation to the skeletal

muscles throughout the body, and either increase or decrease the skeletal muscular tension.”

These same stimulatory responses that affect the muscles also cause changes in various bodily organs: abnormal heartbeats, peptic ulcers (too much stomach acid), hypertension, spastic colon, and irregular menstrual periods. This is why you can't separate emotional stress from physical stress. Testing for DHEA levels is recommended.

Testing for Adrenal Fatigue

Adrenal cortisol levels can be uncovered through blood and saliva testing. Saliva is preferred since it is easier to get four samples throughout the day.

Self-Test Methods

A quick blood pressure test that monitors lying and standing systolic numbers can help us begin a trial treatment of adrenal boosting supplements.

Orthostatic Blood Pressure

Ragland's sign is an abnormal drop in systolic blood pressure (the top number) when a person arises from a lying to a standing position. There should be a rise of 8–10 mm. in the systolic (top) number. A drop or failure to rise, indicates adrenal fatigue.



Example: Someone takes your blood pressure while you're lying on your back. The systolic number is 120 and the diastolic number is 60 (120 over 60). Then take your blood pressure again after immediately standing up. The systolic number (120) should go up 10 points (from 120 to 130). If it doesn't increase 10 points, this indicates adrenal fatigue.

Note: It's not unusual for the systolic number to drop 10 or more points, a sure sign of adrenal fatigue.

Pupil Dilation Test

Another way to test for adrenal dysfunction is the pupil dilation exam. To perform this on yourself, you'll need a flashlight and a mirror. Face the mirror, and shine the light in one eye. If after 30 seconds the pupil (black center) starts to dilate (enlarge), adrenal deficiency should be suspected.



Why does this happen? During adrenal insufficiency, there is a deficiency of sodium and an abundance of potassium, and this imbalance causes an inhibition of the sphincter muscles of the eye. These muscles normally initiate pupil constriction in the presence of bright light. However, in adrenal fatigue, the pupils actually dilate when exposed to light.

Basic Adrenal Fatigue Protocol

1. I Make sure my patients are consistently going into deep restorative sleep each night using the appropriate vitamins, minerals, amino acids, and neutraceuticals.
2. I replace my patient's on a good optimal daily allowance multivitamin/mineral formula.
3. I also start my patient's on adrenal cortical extracts. These help repair and restore normal adrenal function: "Adrenal extracts have been recommended and successfully used for a variety of conditions that involve low adrenal function, including asthenia, asthma, colds, burns, depletion from infectious diseases, from colds, coughs, dyspepsia (poor digestion) early Addison's disease, hypotension (low blood pressure), infections, infectious diseases...neurasthenia (low

energy/weakness), tuberculosis, light-headedness and dizziness, and vomiting during pregnancy."

Adrenal cortical extracts are used to replenish and eventually normalize adrenal function. They have an advantage over prescription cortisol hormone replacement in that they can be instantly discontinued once they have done their job of repairing adrenal function. Adrenal extracts have been successfully used to treat many conditions related to adrenal fatigue, including many symptoms fibromyalgia.

They can increase energy and speed recovery from illness. Adrenal



extracts are not a new treatment. In the 1930s, they were very popular, used by tens of thousands of physicians.

They were still being produced by leading drug companies as recently as 1968.

Today, these extracts are available without a prescription as adrenal cortical glandular supplements.

4. I recommend my patient's drink at least 70 ounces of water each day.
5. It's best to be tested before taking DHEA supplements.
6. Increase vitamin C intake if necessary. It's perhaps the most important nutrient in facilitating adrenal function and repair.

Vitamin C Dosing

I recommend all patients take a minimum of 1,800 mgs a day of vitamin C. Much larger amounts of vitamin C may be needed for adrenal restoration, but it's best to begin with 1,800-2,000mg daily and increase by an

additional 1,000–2,000mg a day, up to 10,000 mgs or until a person has a loose bowel movement. If a loose bowel movement occurs, I recommend they reduce their dose by 1,000 mgs. They should keep reducing the dose by 500–1,000 mgs daily until they no longer have loose stools. This is the ideal dose of vitamin C.

I encourage my patient's to always eat breakfast and to never skip meals. Individuals with low adrenal function are usually not hungry when they wake up. They instead rely on chemical stimulants (coffee, sodas, cigarettes, etc.) to get them going. These stimulants raise blood sugar levels as well as serotonin levels. However, these stimulants also increase adrenaline and cortisol levels. This curbs their appetite even further. However, the body needs to break the eight hour fast (breakfast) it has been under. The brain especially needs to be fed; forty percent of all food stuff fuel goes to maintain proper brain function. This is one reason a person may have problems with “Fibro fog” and mood disorders (anxiety and depression).



Cortisol levels are at their highest around 8:00 a.m. A person may be hypoglycemic (low blood sugar) and their cortisol levels will be extremely high in the morning. They may feel nauseated, mentally and physically drained, jittery, suffer from headaches, and eating is the last thing they want to do. They need to eat anyway!

A small snack (avoid simple sugars) is all they need until hunger comes, usually a couple of hours later. Then they should eat another balanced snack to tie you over until lunch. They should never skip lunch! It's best to eat little meals throughout the day.



THE THIRD KEY: FIX THE OTHER UNDERLYING CAUSES

Along with re-establishing deep restorative sleep filling up your stress coping savings account and fixing your stress coping savings glands, your adrenal glands, the third key to feeling good again is to find and fix the other underlying causes of Fibromyalgia and not merely covering up the symptoms.

Fibromyalgia is a syndrome made up of symptoms such as fatigue, pain, IBS, depression, low moods, poor sleep, fibro fog, among others. Symptoms are nothing but a warning sign that something is wrong with your body. In conventional medicine, once you get the diagnose of Fibromyalgia, then what they attempt to do is to sweep all of your symptoms under the Fibromyalgia rug. They tell you your poor sleep, your low energy, your IBS, your fibro fog, and the other symptoms you are experiencing are due to Fibromyalgia.

But Fibromyalgia doesn't cause anything ... it's just a name. What we want to know, is why are you so tired that you barely can get out of bed in the morning? Why do you have so much pain, that you ache all over that you find even the simplest chores and day-to-day activities are almost impossible? Why is it that you can't sleep at night, even though you are exhausted? It could be that you have adrenal fatigue, something that conventional doctors don't normally test for. It could be that you have a problem with your thyroid and doctors are doing basic tests and you can continue to have all of the symptoms of low thyroid failure, hair loss, weight gain,



chronic pain, poor sleep, cold hands, cold feet, and many of the other symptoms similar to fibromyalgia. Many are already taking thyroid medications but they are the wrong medications.

It could be that your chronic pain is due to leaky gut, yeast overgrowth, neurotransmitter or brain chemical deficiencies, vitamin, mineral, amino acids, and essential fatty acids deficiencies which are the building blocks for your brain chemicals and the hormones that help regulate your pain, energy, sleep, moods, and mental clarity.

**Because your doctor is doing the basic testing,
you'll never know and never feel any better.**

But the problem is you as a Fibromyalgia patient is incredibly complicated. And therefore, you require more thorough testing. You need a detective to find out where you are broken down and start to fix that. Otherwise, it's a lot of guessing. Here, let's try this and you come back three months later with even more symptoms. Guessing just doesn't work.

By getting the appropriate testing, it takes out all of the guesswork out of finding and fixing the causes. Many patients will do hours and hours of research and will try different combinations of supplements, drugs, massage, acupuncture and all sorts of therapies, and still never feel good again. The advantage of having thorough testing, it takes all of the guesswork out of it. When I work one on one with patients, testing allows me to find and fix the underlying causes. Patients find they feel better, quickly once I know exactly where they are broken down.

To summarize, key #3 is through special testing we find out exactly where you are broken and exactly what you need to do fix it.

After almost two decades of specializing in fibromyalgia, working with and successfully helping thousands get healthy and feel good again, I can assure you that these three keys are crucial for beating fibromyalgia. If you don't get these three things right, nothing will help, at least long-term. There are other keys, things that must be done to get healthy, but these three

things are the first three things and therefore the most important. Obviously once you get the appropriate testing you'll know what other things are causes your fibromyalgia symptoms. Finding and fixing the causes is the KEY for beating fibromyalgia.

Now that you know a little more about what you need to do to feel good again, I suggest you make watching my 5 Keys For Beating Fibromyalgia a top priority. You can stay sick and tired or you can be proactive and learn about a new way, a better way, one that has helped thousand get healthy and stay healthy. I've helped thousands of patients feel good again. Are you next? Make time to watch my free webinar 5 Keys For Beating Fibromyalgia and find out how you can feel good again.

