



ACUPUNCTURE TECHNIQUES

An Integrative Approach to Treating Fibromyalgia

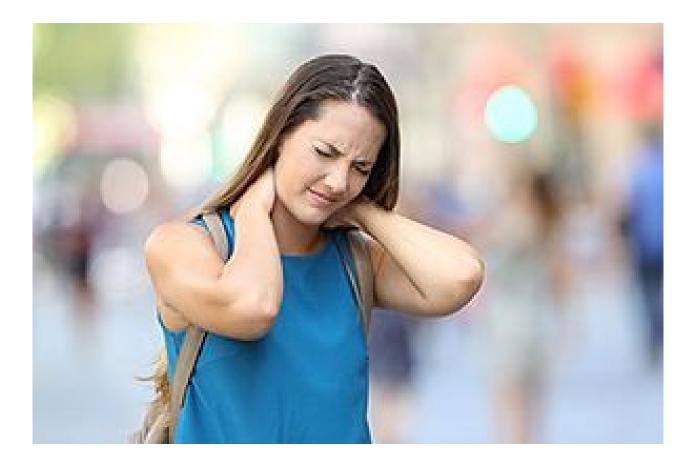
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When a patient presents with chronic pain, tiredness, tenderness in the joints, and typically associated depression and loss of sleep, a number of diagnoses come to the mind of the practitioner. First and foremost would be the widely recognized autoimmune diseases like rheumatoid arthritis, lupus, and their brethren. Western doctors would often test in this situation for systemic inflammation, and treat aggressively with strong medications if the condition persisted.

However, the diagnosis may not be simple, and in fact may ultimately be found to be fibromyalgia. Typically affecting far more women than men, fibromyalgia mimics some of the symptoms of common autoimmune disorders, including diffuse pain, joint tenderness and stiffness, extreme tiredness, sleep disruption, and associated debilitating psychological symptomology.1 Fibromyalgia is startlingly common, affecting at least 2 percent of the population in the developed world (Marcus, 2009).2 Complementary medicine has an important role to play in offering patients relief from this difficult disorder.

Evaluating the Challenges

What is challenging about fibromyalgia is its disputed pathophysiology. There are investigators who hypothesize that the disorder is a dysfunction of pain processing in the central nervous system, with potential behavioral and psychological complicators.



However, many patients challenge this model, pointing out that their lack of energy and depression are a result of their symptoms, and not their cause. In short, it is can be challenging to unpack whether the behavioral and psychological symptoms create the condition, or are the logical result of chronic pain with no good rationale for its existence (Marcus, 2009).2 Many fibromyalgia patients go from doctor to doctor seeking relief. Failure to find that relief must also exacerbate depression, anxiety, and hopelessness.

Conventional Western medicine has tried various therapies with fibromyalgia. Pharmacologic approaches have included the use of opioids and non-opioids for pain, anticonvulsants, and antidepressants. There are side effects for all of these drug-based remedies, and the addictive nature of the opioid class of medications is well-known. Anticonvulsants have been identified as leading to patient torpor, while clinical toleration for antidepressants, especially those in the selective serotonin reuptake inhibitor class, vary from patient to patient.

The SSRI antidepressants are thought to work by increasing brain levels of serotonin and norepinephrine to counter pain. The anticonvulsants, on the other hand, block the ability of nerves to send as many signals to the patient's brain that signal that they are experiencing pain. Opioid and non-opioid pain relievers work in familiar ways to reduce systemic inflammation and block pain signals.

These conventional possibilities may be used in concert with complementary approaches that include psychotherapy, exercise, and herbal supplements, physical exercises and mindfulness-based therapy. However, it must be noted that the overall effectiveness for these complementary approaches have not been impressive, and in fact they have been less efficacious compared to conventional pharmacological approaches. Even mindfulness-based cognitive psychotherapy, so helpful with other chronic illnesses, has come up comparatively short when fibromyalgia is the presenting problem.

Alternative Approaches

With that said, there are several promising alternative medical approaches to fibromyalgia of which acupuncture is specifically a part.3 Going back as far as 1998, the National Institutes of Health Consensus Development Conference on Acupuncture recognized the therapy's possibilities for this disorder, as part of an overall treatment approach.4 As a pattern in point, the physical therapy associated with Traditional Chinese Medicine (TCM) has addressed chronic pain in that region of the world for 2,000 years, and seems to have positive effects in the west as well.

Deare, et al. point out that compared to programs of either no treatment or basic medical therapy, acupuncture has shown improvement in stiffness and discomfort at low to moderate levels. Suggested treatment is 2 sessions of 25 minutes per week over 4 weeks; there is low to moderate-level evidence that compared with no treatment and standard therapy; electro-acupuncture is another modality that may provide benefits, with up to 5 Hz of stimulation at such acupuncture points as L14 and ST36.4 Patients will seek treatment. More than 90 percent of fibromyalgia patients seek alternative remedies in their first two years of diagnosis, and 20 percent of patients have sought acupuncture treatment in the same period.

Crucial to all fibromyalgia treatment is a strong alliance between doctor and patient. Studies show that too many patients feel minimized and dismissed by their doctors, believe that their doctors are skeptical of their reported symptoms, or are being treated by inexperienced or under-educated doctors.5 When doctors can empathize with patients, understand that their reporting of symptoms is generally being done in good faith, and grasp that patients want to be partners in treatment, a multidisciplinary approach that blends western medicine with TCM approaches, including acupuncture or electro-acupuncture, can be used to help restore patients to health, and to the quality of life they want and deserve.

References

- Konuk N, Ortancil O, et al. A comparison of Reboxetine and Amitryptilline in the treatment of fibromyalgia syndrome with co-morbid depressive symptoms: An open-label preliminary study. *Klinik Psikofarmakoloji Bülteni / Bulletin of Clinical Psychopharmacology*, 2010; 20(1), 29–37.
- 2. Marcus DA. Fibromyalgia: Diagnosis and treatment options. Science Direct, 28 April 2009.
- Berman BM, Swyers JP. (2002, May 25). Complementary medicine treatments for fibromyalgia syndrome. Best Practice & Research Clinical Rheumatology, Sept 1999; 13 (3): 487-492.
- 4. Deare JC, Zheng Z, Xue C, et al. Acupuncture for fibromyalgia. *Cochrane Database Syst Rev*, 2013 May 31;(5):CD007070.
- 5. Durif BC, Roux P, Rousset H. Medication and the patient-doctor relationship: A qualitative study with patients suffering from fibromyalgia. *Health Expect*, 2015; 18(6), 2584–2594.

Resources

- Braz AS, Morais LC, Paula AP, et al. Effects of Panax ginseng extract in patients with fibromyalgia: A 12-week, randomized, double-blind, placebo-controlled trial. *Braz J Psychiatry*, 2013; Mar;35(1):21-8.
- Dussias P, Kalali AH, Staud RM. Treatment of fibromyalgia. Psychiatry, 2010; 7(5), 15-18.
- Hayes SM, Myhal GC, Thornton JF, et al. Fibromyalgia and the therapeutic relationship: Where uncertainty meets attitude. *Pain Research & Management*, 2010; 15(6), 385-391.
- Karper WB. Effects of exercise, patient education, and resource support on women with fibromyalgia: An extended long-term study. *Journal of Women & Aging*, 2016; 28(6), 555–562.
- Ko GD, Hum A, Traitses G, et al. Effects of topical O24 essential oils on patients with

fibromyalgia syndrome: A randomized, placebo controlled pilot study. *Journal of Musculoskeletal Pain*, 2007; 15(1), 11-19.

- MartÃn J, Torre F, Padierna A, et al. Interdisciplinary treatment of patients with fibromyalgia: Improvement of their health related quality of life. *Pain Practice*, 2014; 14(8), 721–731.
- Nelson PJ, Tucker S. Developing an intervention to alter catastrophizing in persons with fibromyalgia. *Orthopaedic Nursing*, 2006; 25(3), 205–214.
- Parra-Delgado M, Latorre-Postigo JM. Effectiveness of mindfulness-based cognitive therapy in the treatment of fibromyalgia: A randomised trial. *Cognitive Therapy and Research*, 2013; 37(5), 1015–1026.
- Shaver JL, Wilbur J, Lee H, et al. Self-reported medication and herb/supplement use by women with and without fibromyalgia. *Journal of Women's Health*, 2009; 18(5), 709-716.
- Spaeth M, Briley M. Fibromyalgia: A complex syndrome requiring a multidisciplinary approach. *Human Psychopharmacology: Clinical and Experimental*, 2009; 24(Suppl1), S3–S10.
- Sumpton JE, Moulin DE. Fibromyalgia: Presentation and management with a focus on pharmacological treatment. *Pain Research & Management*, 2008; 13(6), 477–483.

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