

*Yoga Therapy and Fibromyalgia: The Multi Facet Lotus Flower*

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From my first day as a Hatha yoga teacher, I have been surrounded by students who are hungry for alternative therapies to either complement or replace western medicine's treatments for ailments and diseases. From scoliosis, MS, and diabetes, to obesity, severe depression, and partial paralysis, those with major ailments came in droves to my classes. Perhaps I should have marketed myself differently. Being so new to teaching yoga, I didn't realize that when I said my classes were for "everyone," everyone, indeed, would take me up on it. As I hadn't trained in yoga therapy yet, thus began quite a routine of writing or calling my teachers and asking for guidance. Case by case, my teachers helped me identify beneficial asanas and pranayama techniques, and my students and I proceeded slowly, like newborns beginning to walk—partly in excitement of the next victorious step, partly with caution in case there be an accidental fall. One by one, those with severe ailments began to show increased functioning and relief, if not reversal of their symptoms.

And then came Debbie (name changed to protect the innocent, the frustrated, and the desperate). Debbie called me before our first day of class together and asked if I could work with her ailment. Our conversation went something like this:

"I'd love to take your yoga class tomorrow, but I'm just not sure I can handle it."

"Oh, sure you can. We use props to help people at various levels work through each pose slowly and safely, going only as far each person's body allows. We work with breath and alignment as a way to encourage the body to heal itself."

"But I've seen every doctor in the book and nothing really helps—I have Fibromyalgia."

"Oh."

Pause, pause, pause.

"Do you think yoga can help?" The voice on the other end of the phone filled with desperation.

Not a single yoga teacher I know likes to let any of our students (even potential ones) down. I am certainly no exception to that rule of thumb, but I'm also honest about my limits. And Fibromyalgia—well that was truly something I knew very, very little about...

It turns out, though, I'm not alone.

Even though its symptoms were first reported in the 1800s under the general category of muscular rheumatism, it coined its current name in 1976, it wasn't until January 1, 1993 that the World Health Organization officially recognized Fibromyalgia Syndrome (henceforth FMS) as a syndrome which causes chronic, widespread musculoskeletal pain. But—and here's the clincher—two hundred years after its appearance, we still don't quite understand it. In that span of time, however, we have learned quite a lot about it. We now know likely triggers of the syndrome, potential ranges of symptoms (or co-existing conditions) that might accompany it, what often helps it, and, most importantly—we now know that's it's not just Type A personalities, who are control freaks looking for attention in some purely psychosomatic way. We now know the physicality of the syndrome IS real (although, unfortunately, some still do hold to the belief that it's not).

The World Health Organization (WHO) outlines that FMS causes, "...the presence of unexplained widespread pain or aching, persistent fatigue, generalized morning stiffness, non-refreshing sleep, and...at least 11 of the 18 tender [trigger] points...[which affect all four quadrants of the body]" (Starlanyl and Copeland 9-10) (for a look at these 18 trigger point areas, see Appendix A). In addition we know:

It is not contagious... is not directly life-threatening....[and] symptoms may vary greatly from day to day with periods of flares (severe worsening of symptoms) or remission....While neither degenerative nor fatal, the chronic pain associated with Fibromyalgia is pervasive and persistent. FMS can severely curtail social activity and recreation, and as many as 30% of those diagnosed with Fibromyalgia are unable to maintain full-time employment. Like others with disabilities, individuals with FMS often need accommodations to fully participate in their education or remain active in their careers. (Wikipedia)

Although more and more of the FMS population is coming to realize their vast array of symptoms have a name, to some degree, Fibromyalgia does seem to play favorites. It "is seen in about 2% of the general population" (Chakrabarty), and it "affects more females than males, with a ratio of 9:1" (Wikipedia). It is believed to be, at least in part, genetic, and it is most commonly diagnosed in individuals between the ages of 20 and 50, though onset can occur in childhood. (Wikipedia)

To understand the basics of why FMS occurs, we have to understand a few background concepts. The first concept that is critical in both FMS and its close relative, Myofascial Pain Syndrome (MPS), is that the myofascia functions improperly. "In FMS...connective tissues [myofascia] become stiffened, shortened, and tightened....This often starts with simple FMS [i.e. pain or tender points in these areas]....The muscles around the tender points are in a state of sustained tension—and they become tight and hard. This means they are working all the time, even when you are resting...But in FMS, the sustained contraction hampers the delivery of fuel and oxygen and the removal of wastes. In a relatively short time, the tender point can become a toxic waste dump—what we call a myofascial trigger point." (Starlanyl and Copeland 36).

To compound this problem, not only does impaired myofascia lead to trigger points, it also leads to a decreased ability for the body to heal itself. “Not only is the myofascia a major information highway and repair mechanism of the body, its chemistry also monitors inflammatory response, and its fluids deliver antibodies and white blood cells to fight infection. All of these functions of the myofascia are disrupted in FMS/MPS Complex. Killer cells from the immune system are present in the normal amounts, but most don’t function.” (Starlanyl and Copeland 37).

A second important concept in understanding FMS is that it results in a breakdown of communication in the neurotransmitters. Neurotransmitters are the primary ways the body and the brain speak to each other. If this communication is disrupted, the brain and body “misunderstand” each other, especially when it comes to levels of pain or specific areas of the body that have direct pain causing conditions (areas where there is physical injury, impeded blood flow and/or entrapped nerves). Once trigger point areas become inflamed, the brain sends messages to other parts of the body (besides the trigger point areas) that they, also, are in pain. These excruciatingly painful sensations can radiate throughout the body in the 18 main trigger point areas, their offshoots, as well as in other seemingly random places in the body. In such cases it is like the body says, “My thumb hurts when I write letters,” and the brain hears, “OUCH! My entire hand, arm, back and right jaw hurt when I write letters.” FMS’s disruption of neurotransmitter communication is classified as a “systemic dysregulation...[that] occurs as part of a biochemical imbalance.” (Starlanyl and Copeland 31).

Part of this biochemical imbalance also manifests in low levels of serotonin. “Serotonin is an important neurotransmitter that, among other things, regulates and affects sleep, mood, and sensory perception. Serotonin is regulated in delta-level sleep, which...is completely disrupted in FMS.” (Starlanyl and Copeland 37) This deep stage of sleep is also where the body does most of its natural healing. See the problem? When the neurotransmitters stop functioning normally, they send signals of pain that the body would normally heal—but now cannot—in its natural state of sleep. If you add this to the impaired myofascia function which also decreases healing, it’s a double wammy for the body’s self-healing abilities. Further compounding this situation is that as serotonin levels drop in the brain, FMS sufferers also undergo what’s commonly referred to as “fibrofog” where they are unable to think or process information clearly, and they often succumb to periods of SAD or depression (*This is linked—but not proven—to be as a result of these lowered serotonin levels*).

Although trigger point therapy often greatly minimizes or completely reverses the effects of MPS (as MPS is a neuromuscular condition that happens because of mechanical failures where only the trigger point areas themselves are painful), FMS is often resistant to trigger point therapy. In *Fibromyalgia & Chronic Myofascial Pain Syndrome: A Survival Manual*, Starlanyl and Copeland outline a host of perpetuating factors that often contribute to enflamed trigger points not responding to treatment, including behavioral factors (like jaw clenching, poor posture, and repetitive motions), biochemical factors (such as vitamin/mineral deficiencies and allergies), and mechanical factors (such as changes in weather, prolonged sitting and/or lying down, and foot structure). (For a thorough look at this list, see Appendix B).

In addition to this growing list of symptoms that often stands in the way of successful trigger point therapy, a host of other conditions often co-exist with FMS making treatment and diagnosis extremely difficult. One look at the lengthy list of these co-existing symptoms (Appendix C), and you can understand why Fibromyalgia is often misdiagnosed as one of its companion illnesses. Some of the most common co-existing conditions from this plethora of masqueraders include: Chronic Fatigue Syndrome, Depression, Hypometabolism, Irritable Bowel Syndrome, chemical sensitivities, and yeast infections.

With the panacea of conditions that exist with FMS, you might be asking yourself the same question I asked after reading all this information: ***But what initially causes Fibromyalgia?***

The truth is, after 200 years, we still don't entirely know. However, a growing number of studies now point to the finding that many people with FMS have a history of severe abuse or trauma (which includes car accidents, surgeries, and falls). As with many of the chronic diseases our society faces today, it is quite possible that FMS starts in the mind, with strong emotions such as anger, fear, stress, guilt, etc. locking themselves into the very memory of the muscles themselves. "If you hold your body very tensely all the time, as many people do who have been abused, even long after the abuse has ended, it can start a cascade of symptoms. Therefore, abuse may, at times, be implicated in triggering FMS/MPs Complex" (Starlanyl and Copeland 315).

Although this psychological component is quite fascinating, it does not explain all cases of Fibromyalgia. In an attempt to do so, there are several other factors which are being looked at as possible culprits: Genetics, sleep disturbances, reduced Dopamine levels, an impairment of serotonin metabolism, reduced human growth hormone levels (HGH), gluten insensitivity, irritable bowel and deposition disease.

When it comes to potential yoga therapy treatments, perhaps the most interesting hypotheses for the cause of symptoms in FMS are the three leading ones:

1. Electroencephalography studies have shown that people with FMS lack slow-wave sleep. According to the sleep disturbance hypothesis, an event such as a trauma or illness causes sleep disturbance and possibly initial chronic pain that may start the disorder. This hypothesis supposes that stage 4 sleep is critical to "resetting" the nervous system, but when initial pain causes the release of the neuropeptide substance P in the spinal cord (which amplifies pain and causes nerves near the initiating ones to become more sensitive), the inability to "reset" during sleep causes chronic, body-wide pain that runs 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.... (Wikipedia)
2. The 'deposition hypothesis' believes that intracellular phosphate and calcium accumulations eventually impede the ATP process, "possibly caused by a kidney defect or missing enzyme that prevents the removal of excess phosphates from the blood stream. Accordingly...fibromyalgia may be an inherited disorder, and..."

- phosphate build-up in cells [may be] gradual but can be accelerated by trauma or illness. ... it proposes a treatment known as guaifenesin therapy” (Wikipedia).
3. Still another hypothesis is that FMS patients suffer from vasomotor dysregulation causing hindered blood flow through the veins and thus decreased blood flow to a given tissue or organ which causes the beginning of waste build-up in those cells, blocks, and ultimately severe, chronic pain (Katz 517).

Due to the multi-systemic nature of this illness (and others like it), an emerging branch of medical science called Psychoneuroimmunology (PNI) is looking into how the various hypotheses fit together (Wikipedia).

In the meantime, western treatment for FMS includes an entire sea of medications, many of which seem to offer only partial solutions to hit or miss populations. In particular, there have been successful cases with Guaifenesin and other “medications that affect the central nervous system.... These medications target the symptoms of insomnia, muscle rigidity, pain, [depression] and fatigue....[however] FMS/MPS Complex patients often react oddly to medications” (Starlanyl and Copeland 201). On June 21, 2007, the F.D.A. approved the drug Lyrica as a fibromyalgia treatment, and a year later, on June 20, 2008, they approved Cymbalta® (duloxetine HCl), a serotonin-reuptake inhibitor often used for anxiety and major depression. (Wikipedia).

As western medicine is struggling to cure this complex syndrome, more and more patients are turning to alternative medicines in hopes of a cure. A number of these alternatives have actually been found to reverse many FMS symptoms, some absolving them completely. Although most of the results of alternative medicine’s studies are only on smaller populations, they are promising. For an impressive list of these alternative therapies, see Appendix D.

As a yoga therapist, of course, I am particularly interested in those studies involving yoga’s treatment of FMS. Studies in meditation, asanas, pranayama, and diet are impressive; although, I have yet to discover a study which involves all of these areas. I believe this is imperative for the successful treatment of FMS, as it most certainly a tri-doshic disorder:

- Vata imbalances result in sleep disturbances, anxiety and perhaps also in neurotransmitter miscommunications.
- Pitta imbalances result in over-reaction of nerves/muscles and the “spreading” of the pain.
- Kapha imbalances result in wastes and fluids blocked in the muscle, excess mucus in the system, phosphate/calcium build-up in the cells and perhaps also emotional blocks in the body which trigger the syndrome’s onset.

In the absence of a well-worn path, I am throwing out a hypothesis of my own resulting from the research in these areas which includes meditation, pranayama, asana practice, and diet. Through the totality of yoga’s practices, FMS sufferers can look forward to decreased muscle pain & increased strength, greater endurance and stamina, mood

regulation, emotional block releases, improved sleep, stress reduction, greater body awareness, improved concentration and mental clarity.

In the three listed hypotheses for the onset of FMS above, meditation and visualizations offer a treatment for vasomotor dysregulations, for sleep disturbances and for the compounding effects of emotional blocks in the body. During meditation (and other mindwork), breathing deepens (and slows) and circulation improves, increasing blood flow to the muscles (Davis). It is thought that FMS sufferers should try meditation just before bed because at that time it is said that the conscious and subconscious become closely connected (in the hypnagogic state), and a more relaxing sleep can ensue (Starlanyl and Copeland 192). Types of meditation, which have been found to be useful include walking, guided imagery, meditations on life, mindfulness, prayer, and connection (all-is-one) meditation. (Starlanyl and Copeland 193-199).

As patients undoubtedly face an eclectic mix of symptoms over time, with unpredictable flare days, chronic pain, a world that misunderstands or often thinks the pain is “all in their head,” and co-existing symptoms that aggravate FMS symptoms, it is no surprise that anxiety and depression often come into play. For pranayama, bandhas and mudras, it seems that at least one Iyengar Yoga teacher has had—and documented—successful treatment with a FMS client. Ginger G. Wood MPT, ATC, RYT started with initial breath awareness for 6 months. In her study, Jalandhara and Uddiyanda bandha was immediately introduced; after 4 months, Nadi Shodana (alternate nostril breath) and Ujjayi breath was introduced. Wood then introduced Mula bandha last and also used Anjali and Jnana mudras throughout the study.

In reality, any deep, relaxed breath for a FMS client is a good one. As the body takes in more oxygen, and its oxygen reserves are filled, the brain sends a signal to the parasympathetic nervous system to relax. This offers a whole host of healing, including lowered blood pressure, lowered heart rate, overall relaxation, increased oxygen in the blood (and thus more oxygen available for the muscles) and more energy available to the body as a whole.

Building upon this, massage for the FMS client can further reduce the stress response and help break up painful clumps of myofascia. “Proper bodywork can result in the slowing and deepening of ...respiration...Some bodywork will also help break up the tightened myofascia. Bodywork can help diminish muscle tension in trigger points areas, as well as tension in the entire body. It can improve circulation, which will also help the muscles to receive more fuel and oxygen. With most types of bodywork the resting heart rate will also drop. This means that the heart achieves the same degree of functionality with less effort” (Starlanyl and Copeland 239). Although bodywork is good for FMS, it can be excruciatingly painful because it “will often activate latent trigger points.” (Starlanyl and Copeland 239). In particular Starlanyl and Copeland, recommend bodywork therapists familiar with FMS/MPS Complex, especially those who can provide Galvanic Muscle Stimulation (GMS) or ultrasound with electrostimulation therapy (page 239) (see Appendix E for their list of recommended alternative bodyworkers).

I would recommend that personal massage be performed daily along with a professional massage therapist 2-4 times per month as a means to allow the client to open to their body's own healing abilities. It has been my experience that once someone associates another person with the relief of their symptoms, they look to that other person to "heal" them.

But, if they are taught how to heal themselves, they regain control over their own healing and, thus, over their lives. This is particularly relevant to those cases of FMS that might be associated with past histories of abuse or trauma. In these cases, the victim of that abuse/trauma lost control. They were helpless, or at least felt helpless, in preventing harm to themselves. It might be said then that their mind and the body's muscles hold and carry that trauma and then continually reenact it. The brain seeks to control the muscles, the muscles—perhaps in a quasi-quantum physics way—remember the trauma of what relinquishing control meant for them in the past, and they resist that control. That which controls (the brain) and that which is controlled (the muscles) no longer work together. By allowing someone to personally control the break-up of painful myofascial releases in his/her own body, he/she is thus re-establishing a connection that has likely been in growing stages of disrepair since the traumatic event occurred. Self-massages with coconut or castor oil might be tried—perhaps even while chanting, "I am letting go." Tennis ball acupressure has also been found to be very helpful (although painful) as it compresses trigger points and forces liquids out of the compacted muscle cells. In times when flares are too painful for self-massage, castor oil packs on painful areas or castor oil baths could be used. *\*(Note: Studies have shown that long baths, cool water (under 86-89 degrees Fahrenheit) and very hot baths can have a negative effect on some people with FMS/MPS.)*

During flare times, the above recommendations of breath and massage/baths might be all that are possible. If no physical exercise is possible, practicing visualizing asanas has been reported to help with body awareness and strengthening.

However, it is recommended that—as much as possible—those who have FMS should involve exercise in their daily routine. In FMS it is crucial that the toxic blocks in the myofascia, be loosened and coxed back into circulation so that the wastes can drain through the lymph system and be eliminated from the body. Likewise, the blood's fresh nutrients and oxygen are desperately needed in the healing of constricted areas. As long as the blood flow is cut off, there will be pain, and the only way to unblock the blood flow is to exercise—even when it initially causes pain.

Of course that exercise needn't be a Vinyassa or aerobic style flow sequence. The asana practice can be as simple as micro-movements with awareness and breath, restorative poses, or beginning yoga poses with props. Generally speaking, asanas should be approached with the following peculiarities to FMS patients:

- ✚ First, unlike those without myofascial damage, studies show FMS clients don't relax their muscles normally between repetitive motions (Joos 1994).

- ✚ In addition, in FMS, exercise causes a reduction in body temperature and blood flow to the brain (the opposite of what most people experience when they exercise), and thus clients tend to underestimate the amount of exercise they've experienced and work out too hard, which thus causes more pain and the formation of more trigger points (Starlanyl and Copeland 255).
- ✚ Lastly, excessive physical exertion seems to decrease the pain threshold of people with fibromyalgia but increase it in healthy individuals) (Staud 176-184).

In particular, two experts on trigger point therapy, Travel and Simons, make it absolutely clear that people with active trigger points should avoid weight training, repetitive exercises, work hardening activities and swimming in cool water (less than 86-89 degrees Fahrenheit).

With this in mind, it is best to use non-repetitive motions and a pace at roughly 70-75% of what a FMS client thinks they can do. When designing an asana sequence for a FMS client, it is crucial to remember that “repeated repetitive motions tighten muscle fibers, where as relaxing in poses activates stretch receptors in the muscles” (Chapman). Slower, gentler practices are best with ample time to rest between poses (less is more). Clients who find even small motions uncomfortable might also try *heat* to relax muscles and decrease pain before and after asana practice (*Note: those with nerve entrapment will need to ice rather than heat*).

There are several good web sites that have asana routines for those with FMS; however, rather than trying “cookie cutter” routines, it’s always best to assess the situation on an individual basis with a few general guidelines in mind:

- ✓ Remember the above exercise warnings.
- ✓ Focus on breath and awareness through all the asanas.
- ✓ Become familiar with trigger points so that asanas can be prescribed which won't aggravate them on that particular day (see Appendix A).
- ✓ Supported backbends are helpful for opening up the chest & stretching the spine; however, don't compress either the lower back or the neck into a backward bending position without support. Also to prevent pulling on the lower back, don't lock the knees when bending forward (standing or sitting). If trigger point pain is absent, full back bends may be okay—try them gradually.
- ✓ Inversions are good for lymph drainage, increased blood flow, insomnia and stress (to quiet the mind)—however they are warming, and they shouldn't be done if the patient has high blood pressure, glaucoma/eye pressure issues, sinus problems, history of stroke, or are menstruating.
- ✓ Balance poses are good for both strength and balance (FMS needs both).
- ✓ Strength building poses should be done in small increments –break down the pose and work on accomplishing it one tiny step mastered after one tiny step mastered, until the full pose can be tried.
- ✓ Twists are helpful for the spine and for “wringing out” the internal organs of toxins.
- ✓ Remember to have them drink plenty of water afterwards and check in with themselves and you to see how they felt during and after the exercise—adjust

- their routines for the next time accordingly. “Did you feel better, the same, or worse?”—in an effort to allow the FMS client more awareness of their body, it may be wise to have them chart each asana session and their symptoms/pain.
- ✓ If a posture is hurting them, have them ease back or stop it altogether. **Never let them force anything** or push until discomfort is felt.

In my particular journey with FMS clients, I’ve found that quite a few of them had too difficult a time with regular yoga poses in the classroom, no matter how gentle I made the practice. With added research, I came across, Cynthia Bialek, a former sufferer of severe FMS and founder of Yoga Afloat. Water Yoga for fibromyalgia? It makes sense doesn’t it?

If someone is having trouble with excess sensitivities to tactile stimulation, to the effects of gravity, and to muscle tightness, water’s natural, gentle properties are an obvious, yet still overlooked area of asana practice for FMS sufferers. Cynthia Bialek declares:

I first began to practice yoga in the water after a two year struggle with chronic fatigue and fibromyalgia. Having been very extremely active for years in group exercise, running, cycling, dance and yoga made me quite frustrated at the start. But practicing yoga in the water was like nothing else I had ever felt. It is a one on one experience with nature. The water’s energy suddenly becomes your own when you have none. You become excepting of this as you feel yourself slowly being restored. It is not a miracle. You have to “let go” relax and learn to be passive and receive a little at a time. Patience is the key to any successful recovery. Yoga teaches you to be kind to yourself and the water helps by making movements easier (Bailek, [www.wateryoga.net](http://www.wateryoga.net)).

Beyond, Bialek’s support for water asanas and FMS, I did find several research studies which fully supported the use of warm water therapies (walking, gentle aerobics, etc) for FMS sufferers (University Pablo). Note that earlier warnings on water’s minimum temperature of 86-89 degrees Fahrenheit apply here also.

As the FMS person is weaving through a maze of confusing and debilitating concerns, it’s no wonder that her exercise level decreases, and she turns her attention to “comfort” foods to feel better. In this way, following a satvik diet can be very helpful in “jumpstarting” the body’s natural healing mechanism back into its natural rhythm. Avoid red meats, intoxicants, onions, garlic, mushrooms, fermented foods (outside of yogurt) and rotten/stale foods. Reduce or eliminate refined sugars, foods high in fat and fried foods. Food allergies for wheat, corn, nuts, dairy, and citrus should also be checked. As acidic diets may be linked to joint and muscle pains, alkaline diets should be followed with acidic foods reduced as much as possible. Particular diet assessments for dosha imbalances might also be made by an Ayurvedic practitioner or by a yoga therapist familiar with dosha assessment and corresponding diet changes. Additionally, Starlanyl and Copeland recommend: vitamin C (helps immune and stress), CoQ10 (helps brain fog), Melatonin (an antioxidant that triggers sleep), Chromium Picolinate (decreases carb cravings and improves insulin efficiency), raw thymus (helps immune system), L-

Threonine (an amino acid that helps with restless leg syndrome), peppermint oil (often helps Irritable Bowel Syndrome—look for “Peppermint Plus” brand to avoid more gas), Phazyme (helps with bloating), and salt water gargles to decrease nocturnal nose drips (Netis), morning sore throats, and aggravated neck trigger points (215-217).

Along with these specific suggestions, The Director and Nutritional Counselor at Health Equations in Vermont, Lynne August, M.D., a previous FMS sufferer, is convinced that a diet similar to the Zone diet—a 30/30/40 ratio of carbohydrate, fat and protein—is the best diet for FMS/MPS patients in order to maintain optimum health and to assist the regression of their symptoms. Perhaps a 30/30/40 ratio diet with the above stipulations might be the key.

In looking at the full summary of these severe symptoms and their treatments, it’s important to note the mental aspects of Fibromyalgia Syndrome. The far-reaching effects of trauma might very well be the main culprit in many cases of FMS. Again, in these cases in particular, it’s important for the patient to take back some of the control that they’ve lost (being careful not to swing to the opposite extreme) while balancing that with healthy ways of relinquishing control.

Starlanyl and Copeland offer a beautiful list of possible ways for FMS patients to do this. This list includes scheduling blocks of time for yourself—taking time to just be—taking a soothing bath (remember not too long, not too hot, not too cold)—call a friend—laugh—go for walks—review your accomplishments at the end of the day—listen to music—garden—play with pets, etc., etc.

Last but certainly not least, for those with issues of past trauma, chronic or unresolved pain, it is often the case that they feel “disconnected” from others. In FMS, in particular, the pain can be so severe that often isolation is sought in order to not be a burden to anyone and to keep up the appearances that everything is okay (a typical reaction with chronic pain sufferers).

The mind-body connection has been well established, but perhaps, a more critical and primary link to our ill health and stress-related disorders—the mind-body-*community* connection—has escaped the conventional and integrative medical worlds....the loss of close, intimate connections creates a broad echo of isolation and distress and underlies the difficulties we have in recovering from stress. Isolation plays a key role in the ever-expanding incidences of depression, anxiety, and post-traumatic stress disorders we see in our practices (Hyman).

At such times, reconnecting with others—with our “oneness” in life—is essential. Finding support groups (off or on-line), good friends to talk to/confidants, supportive therapists & doctors, books/websites carrying success stories of others with FMS are all great ways to further coax the healing process.

As this disease is comprised of a multitude of symptoms, complex associations and doshic imbalances, there is not a “one-size” fits all treatment that can be administered.

Above all, bringing the patient back into his/her own healing process is crucial. What better way to do that than through the powerful healing practices of yoga in its traditional form: meditation, pranayama, asana and diet.

TKV Desikachar (author of *The Viniyoga of Yoga: Applying Yoga for Healthy Living*) once stated, “Awareness, breath and movement—that’s yoga” (Chapman). From awareness, comes breath. From breath, comes movement—that’s yoga. One might also add, from yoga comes healing....

One previous sufferer of FMS said:

Sometimes I used to think I was having a heart attack because of the severe chest, neck, and arm pain, and the anxiety & sheer panic that goes with it. Now I know the difference between pain, disuse soreness, and the occasional arthritic ache - because of the keen body awareness yoga has given me. I’m in tune with my body now, and what’s most important is - I listen to it. Mentally, physically, emotionally, socially, spiritually - yoga has transformed me and now I am a whole person (Wood).

When Debbie, my first yoga student with Fibromyalgia, asked me if I could help her, I really thought that yoga could, but I just wasn’t sure exactly where to start. When I told Debbie that I didn’t know much about Fibromyalgia—except it was notorious for chronic body pain and complex side conditions—I also told her I would be willing to research what had been done with yoga therapy and this syndrome and work with her within her limits. She decided to come to my class the next day. The next month there was another. Now there are four. This research paper assignment could not have come at a better time. Armed with the latest findings from both yoga therapy and traditional western research and a continued thirst for understanding of this debilitating, chronic disease, now when I get the question can yoga help Fibromyalgia, I can say with certainty, “Of course.”

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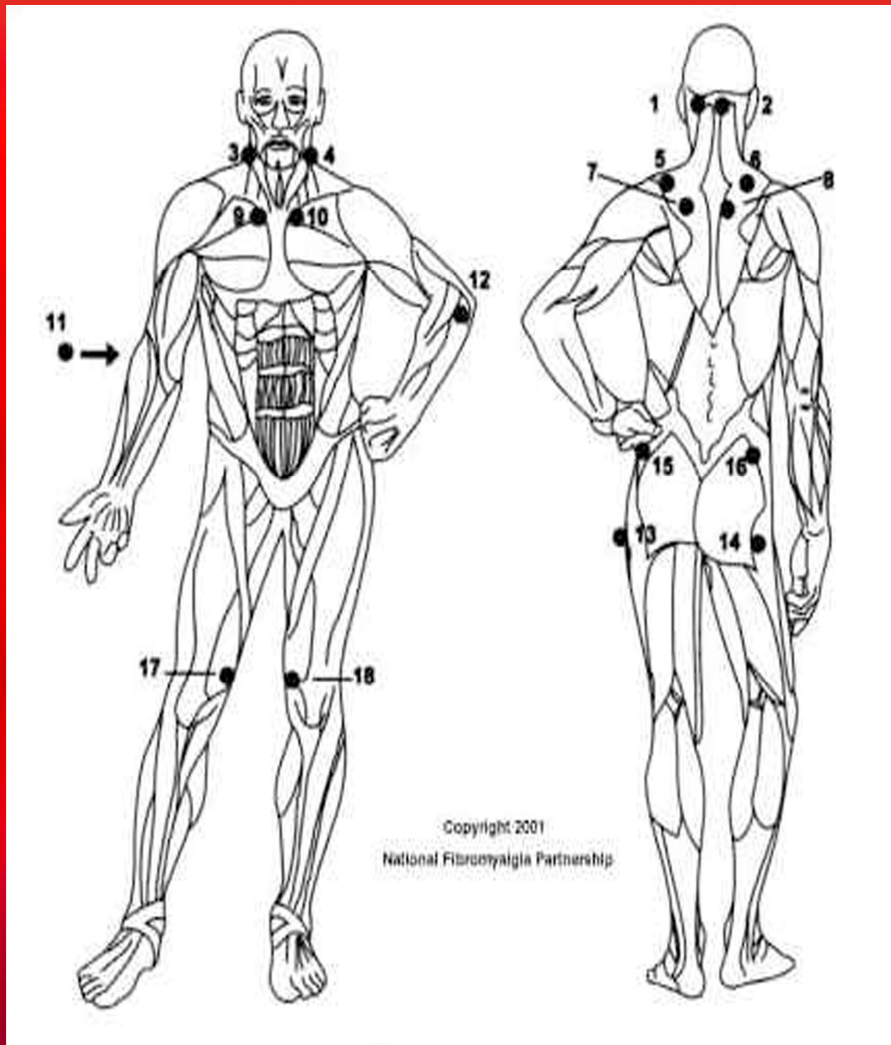
***YOGA SITES PARTICULARLY GEARED TOWARDS ASANA SEQUENCES FOR FMS SUFFERERS:***

[www.fibromyagliahope.com/fibromyalgia-and-yoga.html](http://www.fibromyagliahope.com/fibromyalgia-and-yoga.html)

[www.healthandyoga.com/html/news/gormley\\_fibro.asp](http://www.healthandyoga.com/html/news/gormley_fibro.asp)

***A GREAT SITE FOR UPDATES ON ON-GOING RESEARCH WITH FIBROMYALGIA (EASTERN AND WESTERN THERAPIES)=*** <http://fibroresearch.blogspot.com>

*Appendix A*  
The 18 Most Commonly Recognized Trigger Points



Taken From: <http://www.nancyhaston.com/imagelibrary/image004.jpg>

## Appendix B

### Conditions That Often Prevent Successful Trigger Point Therapy Treatment

According to Starlanyl and Copeland's book, *Fibromyalgia & Chronic Myofascial Pain Syndrome: A Survival Manual* (pages 49-62) a number of perpetuating factors often contribute to enflamed trigger point not responding to treatment, including:

#### ◆ **BEHAVIORAL FACTORS:**

- Jaw clenching, loss of back teeth, mouth breathing, chewing gum
- Smoking
- Air Pollution
- Good Sport Syndrome (pretending you feel fine and overdoing it)
- Non-restorative sleep
- Obesity
- Depression/Anxiety
- Muscle Abuse (overuse/pushing too hard)
- Poor posture
- Repetitive Motion
- Treating one side of the body but not the other
- Compression (by clothes, for instance)
- Habitual Frowning or Squinting

#### ◆ **BIOCHEMICAL FACTORS**

- Vitamin and/or Mineral Inadequacy (especially ionized calcium and potassium)
- Nutritional Factors (low levels of B complex & vitamin C and low essential amino acids)
- Impaired Muscle Metabolism (especially in those with anemia &/or apoxia)
- Low Thyroid
- Allergic conditions
- Hypoglycemia
- And previously stated co-existing conditions

#### ◆ **MECHANICAL FACTORS**

- Body Asymmetry
- Hypermobility ("double-jointed")
- Sensory changes (daylight savings shifts, weather changes, dampness, drafts, etc)
- Ill-fitting furniture
- Typewriter or computer use
- Prolonged sitting or lying down (Travel or extended bed rest)
- Immobility
- Running, climbing, jumping, jogging
- Ill-fitting shoes and socks (and hard orthotics)
- Intrinsic Foot Trigger Points (which can cause pain under the heel, an intolerance to Orthotics, a staggering walk, and thickened calluses)
- Foot structure (Fallen arches, Morton's foot, broad front foot with a narrow heel and high arch)
- Sacroiliac Joint Dysfunction (when it is held in a abnormal, displaced position)

## Appendix C

### Conditions That Often Co-exist With Fibromyalgia

A host of conditions often have symptoms similar to (or the same) as FMS/MPS, so similar, in fact, that often times FMS/MPS is misdiagnosed as one of these other conditions. What follows is a lengthy, though not exhaustive, list of these co-existing conditions taken from Starlanyl and Copeland's book, *Fibromyalgia & Chronic Myofascial Pain Syndrome: A Survival Manual*, pages 42-47:

- ◆ Carpal-Tunnel Syndrome
- ◆ Cerebral Palsy (symmetrical paralysis that doesn't worsen (or generally improve))
- ◆ Chronic Fatigue Syndrome (characterized by extreme fatigue lasting at least 6 months, as well as biochemical abnormalities).
- ◆ Depression
- ◆ HIV
- ◆ Hypoglycemia (a deficiency of sugar in the blood)
- ◆ Hypometabolism (a low or low-normal thyroid deficiency)
- ◆ Hypermobility ("double-jointed")
- ◆ Irritable Bowel Syndrome
- ◆ Lupus (a progressive auto-immune syndrome that affects either the skin or connective tissue & skin)
- ◆ Mitral Valve Prolapse (when connective tissue causes the heart valve to change shape and not function properly)
- ◆ Multiple Chemical Sensitivities
- ◆ Multiple Sclerosis (occurs when myelin sheaths in the central nervous system (which surround the nerves) become damaged, and cellular overgrowth/hardening (or sclerosis) results.
- ◆ Osteoarthritis (when cartilage in weight-bearing joints wears away, the bone shape changes, and the joints become stiff and sore).
- ◆ Parkinson's Disease ("a chronic nerve disease that causes a slowly spreading tumor and muscular weakness").
- ◆ Post-Polio Syndrome (years after recover from polio, it causes "muscle weakness and recurrent paralysis, which can lead to respiratory paralysis, with slowly progressive muscle wasting.").
- ◆ Raynaud's Phenomenon ("when fingers and/or toes turn white, then blue, and then red...during periods of cold or emotional stress").
- ◆ Reflex Sympathetic Dystrophy Syndrome or Causalgia ("a disorder of the sympathetic nervous system....[which] causes irregular blood supply to the affected area, cause[ing] severe pain, often burning in nature.")
- ◆ Rheumatoid Arthritis ("a chronic, systemic (biochemical) inflammatory condition that results in crippling deformities of the bone.").
- ◆ Temporomandibular Joint Syndrome (severe pain, clicking, or crunching of the jaw joint).
- ◆ Yeast Infections

## **Appendix D**

### Alternative Therapies Often Helpful for those with FMS

In Starlanyl and Copeland's book, *Fibromyalgia & Chronic Myofascial Pain Syndrome: A Survival Manual* (pages 255-275) a number of alternative therapies have been found to lessen or reverse FMS symptoms. They offer the following list of possibilities:

- ◆ Lots of warm-ups
- ◆ Gentle stretching
- ◆ Doorway Exercises
- ◆ Rocking Chair Exercises (low-impact cardiovascular exercise!)
- ◆ Walking
- ◆ Durga Breath (also called "3 part breath")
- ◆ Tennis ball acupressure (compresses Trigger Points and forcing out liquids in the area)
- ◆ Qi Gong
- ◆ Tai Chi Chuan
- ◆ Yoga
- ◆ Acupuncture ("In Brazil, acupuncture is the treatment of choice for FMS. In Asia, it is successfully used in conjunction with massage and other methods; it is seldom used alone.")
- ◆ Ayurveda
- ◆ Biofeedback
- ◆ Polarity Therapy
- ◆ Reflexology
- ◆ Subliminal Tapes
- ◆ Focusing
- ◆ Hypnotherapy
- ◆ Pet Therapy
- ◆ Shiatsu
- ◆ Nei Gong (Qi Gong for the mind)

**APPENDIX E**  
Recommended Bodywork Treatments

On pages 244-254 of their book, *Fibromyalgia & Chronic Myofascial Pain Syndrome: A Survival Manual*, Starlanyl and Copeland recommend the following bodywork treatments:

- ◆ Physical therapists familiar with FMS/MPS Complex.
- ◆ Galvanic Muscle Stimulation (GMS) or ultrasound with electrostimulation therapy.
- ◆ Chiropractors
- ◆ Massage Therapists (avoid deep muscle massage like skin-rolling, Rolfing, and Hellerwork)—
- ◆ Alexander Technique
- ◆ Bowen Therapy
- ◆ Craniosacral Release,
- ◆ Feldenkrais Method,
- ◆ Jin Shin Do Bodymind Acupressure,
- ◆ Manual Lymphatic Drainage, Proprioceptor Neuromuscular Facilitation (PNF), and Spray & Stretch Massage
- ◆ Reiki
- ◆ Self-massage