



FIBROMYALGIA

Fibromyalgia affects 1- 4% population in Europe, has higher prevalence among women and was also known as “Fibrositis” or “Soft tissue rheumatism” in the past. It is addressed as “Sedimentation rate of distress” due to the close association between tender points and distress, which has led to characterization of tender points.

In 1990, American College of Rheumatology defined fibromyalgia as a condition with a wide spread muscle/connective tissue pain present in four quadrants of the body (bilateral, upper and lower body) with symptoms persisting for 3 months or longer. It was also defined to be existing when 11 “tender points” out of 18 defined sites can be identified by digital palpation. WHO (1992) defined it as a rheumatic disease with unknown aetiology and without effective medical treatment. Fibromyalgia symptoms involves multiple systems and can be tabulated as below:

Pain is the hallmark symptom	Neurologic and sensory	GIT	Constitutional & Psychological symptoms	Other
Low back Headache Arthritis Muscle spasm Temporo-mandibular joint disorder	Tingling Numbness Restless legs Tinnitus	Irritable bowel syndrome Bloating	Chronic fatigue Depression Anxiety Disturbed sleep pattern	Sinus problems Tooth problems Bladder problems Rashes Pre-menstrual syndrome

For a patient presenting with fibromyalgia syndrome following conditions are kept in mind:

HIV/AIDS	Lyme disease	Sjögren's syndrome	Hyperparathyroidism	Ankylosing spondylitis
Diabetes	Osteomalacia	Systemic lupus erythematosus	Rheumatoid arthritis	Multiple Myeloma
HepatitisC	Scleroderma	Hypothyroidism	Polymyalgia rheumatica	Metastatic cancer

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Fibromyalgia patient becomes locked in a vicious cycle of anxiety, worry, and sleepless nights and cannot ascribe a sense of meaning to the pain and pain becomes associated with confusion, bitterness against others who are enjoying life without pain, despair, a sense of injustice and indignation, and hopelessness. These patients faces the disability combined with the response of significant others to their prolongation in the sick role.

Deactivation of trigger points with acupuncture and reduction of nervous tension by hypnotherapy and practicing daily self hypnosis are proved to be helpful. Self hypnosis gives control directly to the patient. In the management of many chronic habit problems or conditions, self-management is critical to long-term success. When the need arises, patient can either lie down or sit themselves on a comfortable chair and close their eyes. They will then imagine themselves in the doctor's room and recall the induction routine just as if the doctor was sitting by their side. In ninty three fibromyalgia patients CBT-hypnothearypy showed significant beneficial effects [1].

Dr. Prem Bajaj is a certified CBT-hypnotherapist and has worked with muscle pain and published several papers in relation to muscle pain (see his publication list). Recently he also gave a lecture on fibromyalgia management at the UK Fibromyalgia Association Annual Conference held at Hotel Chichester in April 2012.

References

[1] Castel,A., Cascon,R., Padrol,A., Sala,J., & Rull,M. (2012) Multicomponent cognitive-behavioral group therapy with hypnosis for the treatment of fibromyalgia: long-term outcome. *J Pain*, 13, 255-265.