Don't touch me, I hurt too much

By Clare Walters

This article offers observations of 56 people diagnosed with Fibromyalgia Syndrome (FMS) that have been treated with homeopathy by Clare Walters and Jackie Raw as part of research trials carried out at Barnsley hospital. Clare Walters shares her experiences and observations of FMS and prescribing for and managing these patients.

Since 2004 Jackie Raw and I have been part of a research team based at Barnsley Hospital which comprises research and clinical staff from the hospital, Sheffield and Leeds Universities The team have so far carried out two studies into the effectiveness of homeopathic treatment of FMS; one of these studies has been peer-reviewed and published[1] and the other is due to be published later this year. The team is working towards conducting a larger scale trial of FMS but meanwhile it continues to grow in scope. Our current project is a pilot study into the effectiveness of homeopathy and supportive listening in the treatment of irritable bowel syndrome which is due to start early in 2011.

Homeopathic treatment was offered to 23 patients for up to five months in a published study and to 33 patients for up to a year in a subsequent service evaluation. In both trials we offered appointments at five weekly intervals and telephone support between where needed. We had our own patients and saw them alone, but in the first study we standardised our prescriptions and case management by conferring and agreeing on remedy choice, frequency and potency after each consultation. In the second study we shared ideas, case management issues and outcomes at monthly meetings so we benefited from each other's growing knowledge of treating FMS.

The medical diagnosis of FMS

Wikipedia offers a comprehensive and concise description of FMS, stating that it is: *'fatigue, and heightened pain in response to tactile pressure. Other symptoms may include tingling of the skin, prolonged muscle spasms, weakness in the limbs, nerve pain, muscle twitching, palpitations, functional bowel disturbances, and chronic sleep disturbances'*

'Many patients experience cognitive dysfunction (known as "brain fog" or "fibrofog"), which may be characterized by impaired concentration, problems with short and long-term memory, short-term memory consolidation, impaired speed of performance, inability to multi-task, cognitive overload, and diminished attention span. FMS is often associated with anxiety and depression.'

'Other symptoms often attributed to FMS that may possibly be due to a co-morbid disorder include myofascial pain syndrome, bowel disturbances and irritable bowel syndrome, genito-urinary symptoms and interstitial cystitis, dermatological disorders, headaches, myoclonic twitches, and symptomatic hypoglycaemia. Although FMS is classified based on the presence of chronic widespread pain, [it may actually] be localized in areas such as the shoulders, neck, lower back, hips, or other areas. Many sufferers also experience varying degrees of facial pain and have high rates of co-morbid temporomandibular joint disorder. 20–30% of patients with rheumatoid arthritis and systemic lupus erythematosus may also have FMS.'

'FMS is estimated to affect 2–4% of the population, with a female to male incidence ratio of approximately 9:1.'

No clear cause of FMS has been identified and it is considered a catch-all diagnosis arrived at through a process of excluding other conditions. It would seem to be a modern disease not referenced before the 1970s and many medical practitioners are still sceptical of the usefulness of the term as it 'legitimises patients' sickness behaviour'[2].

Interestingly, some research has detected abnormalities within the central nervous system of patients with FMS and it has been suggested that this might be the result of childhood trauma, or prolonged or severe stress.'[3]

The prognosis for people diagnosed with FMS is poor and orthodox treatment is aimed at symptom management.

Medical treatment

Advice to medical practitioners on the treatment of fibromyalgia is to use a

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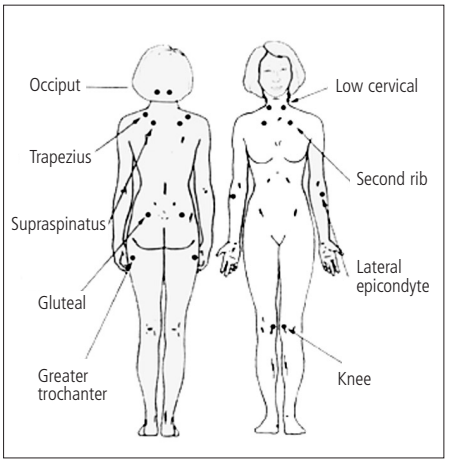
combination of non-drug and drug treatments tailored to the individual.

Recommended drug treatments include Tramadol, weaker opioids such as codeine or simple analgesics such as paracetamol for the management of pain, while antidepressants such as Amitriptyline and Fluoxetine can reduce pain and improve function. The anti-epileptic Pregabalin is also recommended to reduce pain. Corticosteroids, strong opioids and non-steroidal anti-inflammatory drugs are not recommended.

Heated pool treatment, individually tailored exercise programmes and cognitive behavioural therapy are also reported to be of benefit to some patients while other therapies such as relaxation, rehabilitation, physiotherapy and psychological support may be used depending on individual needs[4/5].

Aetiology and characteristics of FMS

It was a tremendous experience to work closely with another homeopath on a large number of cases with the same disease label. While Jackie and I agreed broadly on the aetiology, characteristics and remedy choices throughout, we each had a slightly different 'take' on the condition and even found different remedies to be useful. So, while I did the final cooking of this paper, Jackie contributed many of the key ingredients and we carried out much of the mixing, kneading and proving together.



The tender points used for diagnosis

Fibromyalgia seems to be largely due to oversensitive pain receptors in the skin, muscles, connective tissues and/or periosteum and there seemed to be an aetiology common to 80% of the patients we saw.

From our earliest days of working together we observed that many of the patients we were seeing were stoical and determined. They had a 'just get on with it' attitude to life despite having endured great pain and difficulty in their lives.

Important theme in the case	% of cases (N=41)
Mother love conditional or absent	42
Emotional abuse, bullying	37
Bereavement, shock	34
Resentment, suppressed anger	32
Fixed attitude	27
Rape or sexual abuse	24
Strong sense of duty	22

It seems that the anger, grief, fear and shock that would be natural responses to their painful experiences had not been acknowledged and had been suppressed either because they were coping alone or because they had more pressing concerns. Possibly this unresolved emotional pain was expressing later as the physical pain of FMS.

The childhood conditions described by many patients were reminiscent of Dickensian times when unrelenting hardship was commonplace. In those days people suffering from chronic widespread pain would have been thought to have been afflicted with 'The Rheumatics'. In 1904 the term *fibrositis* was coined and finally, in 1976, the syndrome of *fibromyalgia* was *recognised*[6].

A theme seen in many of the patients who had experienced trauma, but also seen in many with a less troubled past, was that of a strong sense of responsibility and a belief that their own needs and pain were unimportant. This may have lead to the suppression of emotional pain.

Suppression at the emotional level was mirrored on a physical level: a long history of medical intervention from tonsillectomy to hysterectomy and radioiodine thyroid ablation was typical, as were the long term use of synthetic sex hormones, antidepressants, *thyroxine* and steroids. In two the onset of fibromyalgia coincided with the administration of the flu jab.

A final theme that was identified was that of spinal trauma. This appeared to precipitate the symptoms of fibromyalgia in seven of our patients. It was interesting to note that six of these also showed the stoical attitude and traumatic emotional history characteristic of fibromyalgia.

Commonly indicated remedies

Arnica was clearly indicated to me by a patient who entered the consulting room with the plea 'don't touch me, I hurt too much'. It was an effective remedy for over half of our patients; many presented the combined themes of ailments from shock, fear, anger or grief, defiance and sensitivity to pain, and described their pain as tender to touch as if they had been bruised. At the least *Arnica* gave short term pain relief and was used in place of their allopathic pain killers, and at best it brought about amelioration of all symptoms for several months. With hindsight, using the prescribing regime that we began to deploy in the latter stages of the study, I think many more of our patients could have benefited from this remedy.

The history of emotional and medical suppression points to *Carcinosin* and this remedy together with *Folliculinum* brought about a response in over a third of the cases.

Medorrhinum was the third most useful remedy and was indicated by sensitivity to pain, a history of arthritic-type pains, often since childhood, and the characteristic non-formative and apparently reversible nature of the skeletal pains. Its appropriateness was confirmed by other symptoms such as extremes of behaviour, shame and an amelioration at the seaside.

The range of constitutional remedies that were found to be effective was similar to that seen in general practice with Sepia, *Pulsatilla* and *Natrum muriaticum* topping the list. Outstanding remedies were *Aurum*, useful as a small totality remedy for deep depression: one patient said an *Aurum* 200 saved her life one day when she had resolved to commit suicide; *Ignatia* fitted the common symptoms of FMS and was helpful for several patients and *Hypericum* was useful where there was a history of spinal trauma.

Prescribing regimes

Over the course of the two studies we experimented with a range of prescribing techniques. In the early days we began treatment with frequent, low potency remedies such as *Arnica, Rhus toxicodendron* and *Ruta* that matched the pain symptoms, and found this to have no effect whatsoever on our patients' health. After the second consultation we could often see a constitutional remedy and again found that low potencies were ineffective. We learned that three doses of a high potency or an ascending collective of 30, 200 and 1M taken

over a day or three days of the constitutional remedy was more likely to bring about a response but we still had many occasions when this achieved absolutely nothing.

Breakthroughs started to happen when, where we could see that one was indicated, we opened the case with a nosode and gave this in an ascending collective dose, over one or three days. The remedy that most commonly brought about a response was *Carcinosin* followed by *Medorrhinum* and thirdly *Folliculinum*. These were repeated as the good effects started to wear off, usually after a couple of weeks, until they became ineffective.

For a couple of patients the nosode brought about dramatic and lasting improvements, while for the majority a hopeful start was followed by a deterioration. At this point a constitutional remedy was often clear and given in the same manner. The first indication that homeopathy was working tended to be an improvement in sleep, energy and morale. Physical symptoms, and most particularly the pain symptoms, were less responsive. We learned that it was useful to prescribe remedies that addressed these symptoms, such as *Arnica* or *Rhus toxicodendron*, intercurrently. The patients soon learned to self prescribe these and the frequency with which they needed them varied form one every few days to several 200c remedies a day.

Case histories

Below are two fairly typical case histories that illustrate the points we have covered in this paper.

The first I will call Anna. She chose pain as the symptom that she most wanted addressing with homeopathy. At her first consultation she gave this a MYMOP[7] score of 4 (where 6 would be as bad as it could be and 0 would be a good as it could be). She also gave her well-being a score of 4/6.

Case one

Anna said that she was brought up in a house of disability and taught not to complain. Her mother had rheumatoid arthritis and was an invalid and Anna often had to stay off school to look after her.

She has always had problems with aches and pains, restless legs and fatigue. FMS was first diagnosed 10 years ago after the birth of her second child and flared up again at menopause two years ago.

She went to university when her second child was 4 'to become something'. She described herself as a go-getter: if all the doors are closed she will find another way. She likes solitude, countryside, seaside.

She described her pain as nerve ending pain: as if I have flu. She also has plantar fasciitis and irritable bowel syndrome. She felt as if there was no light at the end of the tunnel. She had dreams of packing to go somewhere but not being able to get organised; that it is Christmas day and she has not shopped; of needing to find a toilet but when she gets there it is dirty and has no door.

She likes to be in control, has everyone doing everything in her way and to her standards.

Rx *Carcinosin* 30, 200, 1M

After a month: pain: 4, well-being 5. Diaorrhoea since the remedy.

The remedy brought back the depression that she had when she was 20 when she had a feeling of overwhelming suffering, and a feeling that life was not worth it. She told me that she had always wanted to be dead.

As a child she felt that she had no right to complain when her Mum was suffering; she was taught to grin and bear it, was fobbed off and dismissed.

She told me about three incidents of sexual abuse she experienced at about age eleven. And asked the question – do you think all this has got anything to do with my fibromyalgia? This began a journey of discovery and healing for this woman.

Rx *Aurum* 200, 3 over 24 hours.

After a month; pain 3, well-being 3. She said she felt better for the *Aurum*.

She talked about when her mother became ill when she was three. She felt that she was not part of her parents' world any longer, she had to put up and shut up. She wanted to curl up in a corner.

Rx *Syphilinum* 1m.

After a month: pain 2, well-being 2.

She felt that there was light at the end of the tunnel, she felt sharper. The problems were still there as she is caring for her invalid husband, but she was able to cope.

Over the next five months she remained positive and the pain was improved; she had occasional repeats of *Aurum*. Then she developed an acute urine infection which she had treated with antibiotics. She said that the infection had beaten her and it was a relief to let it win. Once recovered though she went straight back to caring for her husband and child, and talked of very exacting standards.

She had *Nux vomica*, *Natrum muriaticum* and *Folliculinum,* none of which brought about a clear change.

A month later she presented with suicidal ideation and extreme depression. She recounted a dream where she woke screaming, knowing that she had a power in her hands that could do good or evil. She spoke of her temper as a child, she was scared of it, she thought she might kill her brother. She was given *Aurum* 200 to take as needed.

At the end of the study she scored her pain as 4/6 and well-being 2/6. She felt that *Aurum* really helped. When I told her about the remedy, she said that her mother had taken gold injections for her RA from the age of 9.

Since the study she has been developing her interest in spirituality, something that she had always wanted to do. A year on her physical symptoms are much the same but she feels positive and fulfilled.

Case two

A second patient, Eleanor, had had arthritis since her 20s. She had had a very active life, recently nursing her parents in their old age and her disabled husband. She developed FMS six years ago and at the time of her first appointment she told me that she was only free from pain when she was sitting quietly. She 'had got to be on the move but it made her worse'.

She chose anxiety as the symptom that bothered her most and scored this as 4/6 and the activity that was affected most by her condition was looking after her ponies and she scored this as 6/6.

She was initially prescribed *Rhus toxicodendron* as an ascending collective dose because it seemed so clearly indicated. This did nothing. At her second appointment she was prescribed *Carcinosin* as an ascending collective dose. After this she had a return of old symptoms and her *lichen planus* improved a great deal. She had been trodden on by a horse and showed me some extensive bruising on her shin and foot. She was prescribed *Arnica* 200 to take twice a day for three days.

On her return a month later she said that the pain from her bunion was much better as were her general aches and pains. Her *lichen planus* had gone and she felt less down. She scored her anxiety at 3/6 and her ability to look after her ponies also as 3/6. She was given *Rhus toxicodendron* 200 to take as needed for her pain.

On her next visit her pains were still improving but she talked about the depression

she suffers each winter. This was helped a great deal by *Aurum*. Over the winter she was prescribed more *Aurum*, *Rhus toxicodendron* and *Carcinosin* and felt that they all helped. Towards the end of the winter she said she felt the best she had for a long time even though it was usually a bad time of year for her. She scored her anxiety at 2 and the ability to look after her ponies improved to a 1.

At her final visit her pain had localised to her shoulder and this was causing her considerable discomfort and she had had exostosis diagnosed. I did not find a remedy to help this. Her general health remained improved.

Supporting our patients

The patients we treated had been diagnosed with FMS for between a few months and 25 years with an average of six years. Most had tried a variety of interventions which had provided little benefit and were resigned to the belief that the condition was incurable. They valued the opportunity that they were offered in consultations to talk about their suffering and also valued the supportive relationship that they developed with us but their expectations of treatment were low. The natural course of the syndrome is one of improvement and relapse and they expected any amelioration that they reported in their symptoms as a result of homeopathic treatment to be temporary.

While our aim was always to use homeopathy to bring about a permanent improvement in the health of our patients, my expectations lowered over the course of the studies. I became more humble. I came to see the consultations primarily as an opportunity for the patients to reflect on their condition and to gain some insight into their patterns of behaviour and the meaning of their illness. I recognised homeopathy as a tool that our patients could use alongside others that they found helpful, that my role was as facilitator for the patients as they became more expert in managing their own health.

Having said that, a few patients underwent huge shifts in their health during treatment. One recognised that she needed to address the pain that she suffered as a child though serial sexual abuse before she could get well and four became almost symptom free and remained that way for the duration of the trial.

During the years that I have been specialising in the treatment of FMS I have been developing my own mindfulness practice and have begun to see the benefits of using the techniques alongside homeopathy in my private clinic. I teach a brief mediation, the Pain Release Technique (PRT), which allows patients to be more accepting of their pain. Benefits are felt immediately and many patients have adopted the practice, using it as a way of relaxing, reducing pain and getting to sleep. They find that they can use the technique instead of prescription drugs, but there are other benefits to the PRT: patients often gain insight into the cause of their pain and how their emotional response to it exacerbates it. This is obviously helpful to them and it supports their homeopathic treatment. It also helps me to identify remedies that act on this deep level.

The future

Patients in the two trials showed significant improvement in their symptoms. The results have attracted interest and have been cited in support of homeopathy in a number of arenas[8/9]. There is a clear need for a large scale study and the team is seeking funding and support for this.

Meanwhile, the research team has expanded in size and scope and is currently running a trial of homeopathy and supportive listening for patients with Irritable Bowel Syndrome.

REFERENCES

[1] Relton C, Smith C, Raw J, Walters C, Adebajo A, Thomas K, Young T 2009. Healthcare provided by a homeopath as an adjunct to usual care for Fibromyalgia (FMS): results of a pilot Randomised Controlled Trial. *Homeopathy* 98, 77–82.

[2] Goldenberg DL .1995. "Fibromyalgia: why such controversy?" *Ann.Rheum.Dis.* 54 (1): 3–5.

[3] http://en.wikipedia.org/wiki/Fibromyalgia#Epidemiology 28.12.2010

[4] http://www.pulsetoday.co.uk/story.asp?

[5] Carville SF et al. EULAR evidence-based recommendations for the management of fibromyalgia syndrome. *Ann.Rheum.Dis.* 2008 Apr;67(4):536-41

[6] Inanici F; Yunus MB 2004. History of fibromyalgia: past to present. *Current pain and headache reports* Oct; 8(5): 369-78

[7] Paterson C, Britten N. In pursuit of patient-centred outcomes: a qualitative evaluation of MYMOP, Measure Yourself Medical Outcome Profile. *J. Health Serv. Res. Policy* 2000; 5: 27–36.

[8] Fisher P. 2009. The singer, the song or both? *Homeopathy* (2009) 98, 75–76

[9] Perry R, Rohini T, Ernst E. 2010. A systematic review of homoeopathy for the treatment of fibromyalgia. *Clinical Rheumatology* 29 (5) 457-64