



# Derby Fibromyalgia Support Group

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## CONTENT CONTAINS

4 Treatments for Fibromyalgia

Understanding Fibromyalgia

FIBROLAPS

Tips For Preventing Fibromyalgia Pain

# Message From The Chairperson

*HI Folks.*

Well, I bet you've already noticed the change in the weather? It's this time of year we need to look after ourselves, try and eat properly, a change of eating habit may help, this 'can' help minimise the pain, and it's about managing the fibro's symptoms and not letting it take charge of your life!

Are you ready for Christmas?? I'm not!! But I'm looking forward to our Christmas meal; I love the festive atmosphere, getting together with everyone, we are trying a different venue this year for a change, so I hope you'll join us this year.:)

There is lots of latest information in this months' newsletter regarding the DLA challenge.

Any suggestions for further newsletters, we're all ears.

*Jackie*

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# Meeting Dates

## Thursday

12<sup>th</sup> November  
10<sup>th</sup> December

*10.15am – 12.30pm*

## Saturday

24<sup>th</sup> October  
21<sup>st</sup> November  
5<sup>th</sup> December

*2.00pm – 4.00pm*

Admission

Members £2.50

Non – Members £3.50

Membership £5.00 Per Annum

Free Car Park at Back of Church

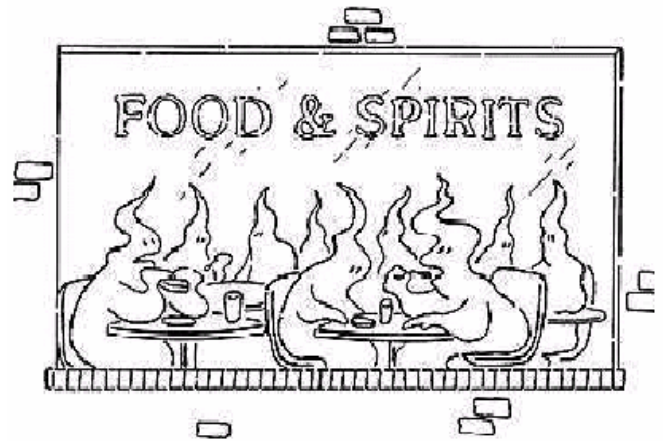
Off Melbourne Street

# Forthcoming Church Events

<b>SPEAKERS</b>			<b>Regular Events</b>	
<b>October</b>			<p><b>Open Circle</b></p> <p>Every 2<sup>nd</sup> and 4<sup>th</sup> Thursday Of Each Month</p> <p><b>7.30pm</b></p> <p>No Admission After 7.35pm</p>	<p><b>Healing Services</b></p> <p>Thursdays</p> <p><b>2.00pm – 6.00pm</b></p>
DATE	TIME	SPEAKER		
Sun 11 <sup>th</sup>	6.15pm	Florence Ward		
Mon 12 <sup>th</sup>	2.30pm	Ivan Litchfield		
Sun 18 <sup>th</sup>	6.15pm	Angela Farrel		
Mon 19 <sup>th</sup>	2.30pm	Geoff Morton		
Sun 25 <sup>th</sup>	6.15pm	Tom McCrory		
Mon 26 <sup>th</sup>	2.30pm	Kathy Grindy		
<b>November</b>				
Sun 1 <sup>st</sup>	6.15pm	Ken Sharpe		
Mon 2 <sup>nd</sup>	2.30pm	Nora Watson		
Sun 8 <sup>th</sup>	6.15pm	Alex Whiting		
Mon 9 <sup>th</sup>	2.30pm	Liz Goddard		
Sun 15 <sup>th</sup>	6.15pm	Linda Bennett		
Mon 16 <sup>th</sup>	2.30pm	Stuart Hamilton		

## Workshop With Darren Brittan

Booked in Advance  
Saturday 17<sup>th</sup> October  
10.00am – 4.30pm



## Supper With Spirit

Saturday 14<sup>th</sup> November  
7.00pm  
Book in Advance

**For More  
Information**

18 Charnwood Street, Derby.  
DE1 2GU.  
Tel: **01332 386 204.**  
[www.snu-emdc.org.uk/charnwood](http://www.snu-emdc.org.uk/charnwood)

# 4 Treatments for Fibromyalgia

By Mehmet Oz, MD

Photo: Ben Goldstein/Studio D



Dr. Oz will see you now! In his first O column, he analyzes the different treatments for fibromyalgia.

**Defining Fibromyalgia:** Though classified as a disorder of the musculoskeletal system, the condition is now seen as a central nervous system problem. Symptoms include increased sensitivity to pain, achy and stiff joints, fatigue, and specific tender points on the back, chest, arms, and legs. Migraines, sleep disorders, and irritable bowel syndrome are also common complaints. Up to 3 percent of the population may suffer from fibromyalgia, but with no clear cause, the condition is difficult to diagnose.

**Western Medicine Approach:** A formal diagnosis for fibromyalgia didn't exist until 1990, but now there are three FDA-approved meds to combat the pain. Still, says Nancy Klimas, MD, director of the Allergy and Immunology Clinic at the University of Miami, "there is much more to treatment than a pill." Strategies are needed to improve sleep, stretch and restore symmetry to muscles that have been shortened by spasm, and raise overall conditioning through exercise.

**Energy-Based Approach:** Practitioners believe the root of fibromyalgia is a disturbance in nerves that blocks energy. The disturbance, says Devi S. Nambudripad, MD, PhD, and a licensed acupuncturist, is caused by sensitivities to substances ranging from pollen to vaccines to chemical agents in fabrics. Anxiety and depression may also play a part. Practitioners use acupuncture to release energy and allergy testing to identify problem substances.

**Psychological Approach:** "The pain of fibromyalgia is not caused by depression," says Leonard Jason, PhD, professor of psychology at DePaul University, "but depression can deepen a patient's experience of pain." Mental health professionals may play a complementary role in treatment, but it's a vital one. Cognitive behavioral therapy can relieve depression and help patients identify sources of stress that magnify their symptoms.

**Nutrition-Based Approach:** Fibromyalgia is a system wide breakdown, says Jacob Teitelbaum, MD, medical director of the nationwide Fibromyalgia & Fatigue Centers. After suffering from the disease in the 1970s, he developed his own protocol; in studies, patients improved by as much as 91 percent. He recommends supplements to help sufferers sleep, balance hormones, boost immunity, and improve nutrition. He also prescribes regular exercise. (Try Dr. Oz's 20-minute workout plan)

**My Recommendation:** Because Western medicine was slow to accept fibromyalgia, it is behind in its work; this is an area where patients will want to take a serious look at alternative approaches. Energy-based medicine could offer some important advances in treatment over the next decade, but since it has yet to be tested by independent research, I think it's premature to base your therapy solely on this approach. I'm more impressed by Teitelbaum's supplement regimen, and not only because he has tested his theories: I've put patients on this program with very good results. I would add counseling, as it should always be a part of fibromyalgia treatment. If after a couple of months you don't see improvement, talk to your doctor about drug therapy.

**Stay Healthy: Heart smarts from Dr. Oz and Dr. Roizen**

## Related Resources

[Start the Dr. Oz workout](#)

[9 numbers you need to know to stay healthy](#)

From the September 2009 issue of *O, The Oprah Magazine*

# **Understanding Fibromyalgia**

## **An open letter to anyone who has a fibromyalgia patient in his or her life.**

By Karen Lee Richards

If you are reading this, someone close to you lives with and suffers from fibromyalgia (FM). Since FM is invisible, many find it hard to believe that it is a real illness or that anyone could really hurt that much all the time. Unfortunately, this is one of the main reasons that fibromyalgia is so often misunderstood, misdiagnosed and not properly treated.

Fibromyalgia is a central nervous system disorder that has three primary components: pain, fatigue and sleep problems. (1) Pain – The pain may vary in intensity and location, but it is present most, if not all, of the time. (2) Fatigue – The fatigue is not like the tiredness you might feel after working too hard or overdoing it on a sports field. It's a pervasive, all-encompassing exhaustion – like someone pulled the plug on your energy source. (3) Sleep – The person with FM usually has difficulty sleeping. And even when they do finally sleep, they never reach that deep REM stage of sleep where the body refreshes and restores itself.

The root cause of fibromyalgia remains a mystery. However, it is usually triggered by some kind of trauma to the body, such as an injury or illness. In some cases, it can also be triggered by a severe emotional trauma. Regardless of the source, FM devastates the life it touches. Unrelenting pain and fatigue reduces a person's ability to concentrate, perform daily tasks, work, socialize, exercise and sleep. The more severe the symptoms, the more incapacitating it can be. Fibromyalgia often leads to depression, isolation and loss of self-esteem. Sadly, people whose FM is poorly controlled may also be at increased risk for suicide.

There are four main things someone with fibromyalgia needs you to understand:

### ***1. What they are feeling and experiencing.***

If you have a difficult time imagining what it must be like to live with the pain of fibromyalgia, I'd like to challenge you to try an experiment. Take a wooden clothespin – the kind with the spring that works by pinching one end together and clamping the other end to the clothesline – only instead of attaching it to a clothesline, clamp it to the end of one of your fingers. Now go about your business and see how long you can leave it on. While you still have the clothespin attached to your finger, try to imagine how it would feel if you knew you couldn't take it off when the pain got to be too much. What would it be like to have that non-stop pain all over your body? Now think about what it would feel like to have the flu at the same time – the kind of flu where every muscle in your body aches and it takes every ounce of energy you can muster just to drag yourself out of bed. Finally, imagine that the pain and fatigue doesn't just continue for a day, or a week, or even a month, but goes on for year after year with little hope that it will end. If you can imagine that, then you have a small inkling of what your loved one lives with each and every day.

### ***2. What they are not.***

Fibromyalgia is not a psychological disorder – it is an all too real physical illness. Those who have it are not hypochondriacs; nor are they lazy, overly sensitive or just trying to get attention. And they are not simply depressed. Although depression may or may not accompany FM, it is not the cause of it. The percentage of people with FM who also have depression is no greater than for any other chronic illness.

### **3. Every fibromyalgia patient is different.**

The differences in FM patients exist on a couple of levels. One is the severity of their symptoms. While one patient may be able to continue working, another may be severely disabled and in some cases, even confined to a wheelchair. Just because you may know someone else with FM who is functioning fairly well doesn't mean your loved one is faking or not trying hard enough. It simply means they have a more severe case.

Another big difference is how various treatments options work. What helps one person with FM doesn't necessarily help another. Also, people with FM tend to have a lot of sensitivities to medications, so it often takes much trial and error to find something that will help. We find that what works best for most FM patients is some combination of medication, gentle exercise, lifestyle changes, and often some kind of complementary treatment like massage therapy, acupuncture, supplements, etc. Unfortunately, it can take a long time to find that ideal combination.

### **4. What you can do.**

The main thing your friend or family member needs from you is your understanding, support and encouragement. They know you can't take their pain away. They just want you to listen without judging them and let them know you care. Often people with fibromyalgia have told me that the emotional pain of having loved ones question the validity of their illness or accuse them of just being lazy is, in many ways, worse than the physical pain they have to deal with. They already struggle with feelings of guilt because sometimes they can't "be there" for family and friends as much as they'd like to be. Try to reassure them that you care about them for who they are, not just what they can physically do for you.

If you'd like to know some other ways you can help, there's a very nice and inexpensive little book that is chock-full of suggestions. Read my review of **Beyond Casseroles: 505 Ways to Encourage a Chronically Ill Friend** for a sampling of its contents.

Finally, if you'd like to learn more about FM, please check out our **Fibromyalgia** page at **ChronicPainConnection.com** and feel free to ask questions.

Best regards,

Karen Lee Richards

ChronicPainConnection Expert

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© Karen Lee Richards

Updated 3/31/09

## **FIBROLADS - for those men who live with Fibromyalgia Sufferers.**

We have held two meetings now of the men's group I set up a few months back

Its proving hard to get any numbers attending, but those (few) that do attend do seem to enjoy the experience and feel the group is worthwhile.

A survey of others who showed interest but have never attended and other partners of group sufferers shows a number of issues:

1. Many do not see themselves as CARER
2. Many do NOT want to be called a CARER (even if that is what they are)
3. It is not clear when you become a CARER, or if you ever do, there seems several trains of thought
  - a) If the partner/husband disappeared most sufferers could COPE
  - b) "Real carers" they feel attend to personal issues like bathing, washing, taking to the loo, pushing wheel chairs, etc and VERY FEW FM sufferers are that BAD.

I am considering changing the theme of the group and drop the term CARER and call it:

"FIBROLADS - for those men who live with Fibromyalgia Sufferers"

<http://fibromyalgia-support.net/forum> has been renamed to read

"Men's forum for those who live with Fibromyalgia Sufferers"

I would appreciate any thoughts direct to me, or via the Forum which is still not attracting any postings.

Maurice S Clarke  
Rugby Fibromyalgia Support Group  
3 St George's Avenue  
RUGBY  
Warwickshire  
CV22 5PN  
Tel - 01788 819336  
<mailto:support@fibromyalgia-support.net>

# **Tips For Preventing Fibromyalgia Pain**

**ChronicPainConnection.com**

**By Karen Lee Richards**

While there is no foolproof way to prevent fibromyalgia pain, there are things you can do to educate yourself that may help you avoid painful situations.

## **Understanding the Pain Cycle:**

With fibromyalgia, what should be a mild, localized short term pain becomes a stronger, widespread, long term pain. Aches and pains that should be mild, like stubbing a toe, instead can be intense and last for days in a fibromyalgia patient.

## **The Uncertainty of it All:**

Usually we don't know what triggers our pain cycles – why we hurt more some days than others. Often it's tiny, unnoticeable things. Our central nervous systems become so hypersensitive that we react to things like changes in barometric pressure brought on by weather fronts. I'm not suggesting you spend a lot of time trying to figure out what causes every pain flare. Focusing that much attention on your pain will only serve to make it hurt worse. But being aware of how the pain cycle works can help us make changes in what we do or the way we do it so we can try to reduce our pain levels.

## **Heading Pain Off at the Pass:**

First and foremost, fibromyalgia patients need to understand that it does not help them to try to tough it out when it comes to pain. Once the pain cycle has begun, it will only get worse. That is why it's important for fibromyalgia patients to take their medications on a regular schedule to help prevent the pain cycle from getting foothold.

Other prevention techniques stem from common sense things. If you tend to overdo when you're having a good day, force yourself to scale back or do less strenuous activities so you don't spend the next week paying for one day's enthusiasm. Just try to be more aware of what you do and how you do it. You might try keeping a pain journal for a month to see if you can pinpoint things that may be increasing your pain levels.

# Try These

# Recipes

## Bacon Omelette Recipe

Serves 1

### Ingredients

2 bacon rashers  
2 large fresh eggs  
1 tablespoon of milk  
pinch of salt and pepper  
knob of butter

### Method

1. First of all grill the bacon until cooked, then chop the rashers into small pieces. In a bowl beat the eggs with salt, pepper and milk.
2. Place a knob of butter in non-stick frying pan over a medium heat. When the butter melts, pour the egg mixture into the centre of the pan and place bacon pieces in also. Stir twice then cook for approx 3-5 minutes until egg / bacon mixture is set.
3. Loosen the edges of the egg using your spatula, lift and fold the omelette in half and slide the omelette off onto a plate. Enjoy!

Thank you to Diane Weathers for this recipe.

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## Tuna and Egg Salad Recipe

serves 2-3

### Ingredients

1/2 iceberg lettuce (shredded)  
1 tin of tuna (drained)  
2 stalks of celery (diced)  
2 hard boiled eggs (sliced)  
1 small carrot (grated)  
salt and pepper

### Method

1. Mix the tuna, celery and half of the grated carrot together in a bowl.
2. Display the shredded lettuce on each plate, then spoon the tuna mix in the centre.
3. Next place the sliced egg at the side of the tuna, sprinkle over the remaining grated carrot. Add salt and pepper to taste.
4. Enjoy with either crusty bread or serve as a side dish.

Thank you to Carole for this recipe.

Both recipes taken from [www.quickfreerecipes.com](http://www.quickfreerecipes.com)

# Puzzles and Jokes

Last months answers

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	A		L		T			E		
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N	A	D	I	R		T	A	C	I	T

A woman goes into Tackle Shop to buy a rod and reel for her grandson's birthday. She doesn't know which one to get so she just grabs one and goes over to the counter.

A shop assistant is standing there wearing dark Glasses. She says, "Excuse me, sir. Can you tell me anything about this rod and reel?"

He says, "Ma'am, I'm completely blind; but if you'll drop it on the counter, can tell you everything from the sound it makes." She doesn't believe him but drops it on the counter anyway.

He says, "That's a six-foot Shakespeare graphite rod with a Zebco 404 reel and 10-LB. Test line. It's a good all around combination; and it's on sale this week for only £20.00."

She says, "It's amazing that you can tell all that just by the sound of it dropping on the counter. I'll take it!" As she opens her purse, her credit card drops on the floor. Oh, that sounds like a Master Card," he says.

She bends down to pick it up and accidentally breaks wind. At first she is really embarrassed, but then realizes there is no way the blind clerk could tell it was she who tooted. Being blind, he wouldn't know that she was the only person around.

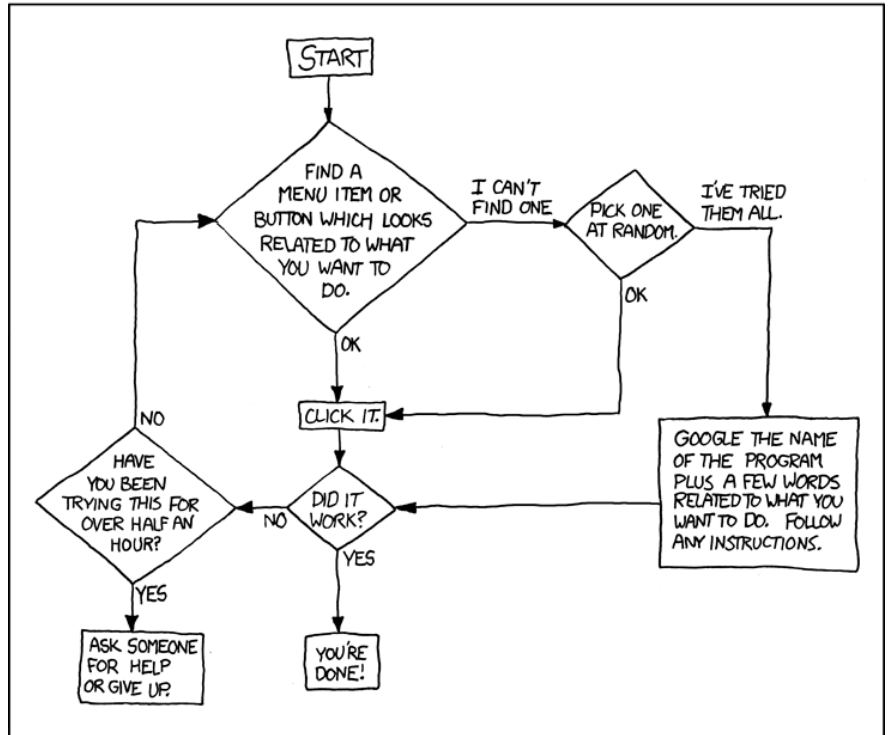
The man rings up the sale and says, "That'll be £34.50 please."

The woman is totally confused by this and asks, "Didn't you tell me the rod and reel were on sale for £20 .00? How did you get £34.50?"

He replies, " Yes, Ma'am. The rod and reel is £20.00, but the Duck Call is £11.00 and the Catfish Bait is £3.50."

DEAR VARIOUS PARENTS, GRANDPARENTS, CO-WORKERS, AND OTHER "NOT COMPUTER PEOPLE."

WE DON'T MAGICALLY KNOW HOW TO DO EVERYTHING IN EVERY PROGRAM. WHEN WE HELP YOU, WE'RE USUALLY JUST DOING THIS:



PLEASE PRINT THIS FLOWCHART OUT AND TAPE IT NEAR YOUR SCREEN. CONGRATULATIONS; YOU'RE NOW THE LOCAL COMPUTER EXPERT!

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		3			8		
1			4	2			5
2			9	3			8
		6				9	
		8	2	6	5		
4			7	9			1

# DID YOU KNOW

- ☺ The length from your wrist to your elbow is the same as the length of your foot.
- ☺ Your heart beats 101,000 times a day. During your lifetime it will beat about 3 billion times and pump about 400 million litres (800 million pints) of blood.
- ☺ It is impossible to lick your elbow. Well, for most people... but a few can.
- ☺ Your mouth produces 1 litre (1.8 pints) of saliva a day.
- ☺ On average, people can hold their breath for about one minute. The world record is 21 minutes 29 seconds, by David Merlini.
- ☺ The human head contains 22 bones.
- ☺ On average, you breathe 23,000 times a day.
- ☺ Breathing generates about 0.6g of CO<sub>2</sub> every minute.
- ☺ On average, you speak almost 5,000 words a day - although almost 80% of speaking is self-talk (talking to yourself).
- ☺ Einstein's brain was of average size (1375 grams - 49oz).
- ☺ Over the last 150 years the average height of people in industrialised nations increased by 10 cm (4 in).
- ☺ The tallest nation in the world is the Watusis of Burundi.
- ☺ If the amount of water in your body is reduced by just 1%, you'll feel thirsty.
- ☺ It is impossible to sneeze and keep one's eyes open at the same time.
- ☺ 55% of people yawn within 5 minutes of seeing someone else yawn.
- ☺ Hippocrates, the Father of Medicine, suggested that a woman could enlarge her bust line by singing loudly and often.
- ☺ A person can live without food for about a month, but only about a week without water.
- ☺ You'll drink about 75,000 litres (20,000 gallons) of water in your lifetime.
- ☺ After a certain period of growth, hair becomes dormant. That means that it is attached to the hair follicle until replaced by new hair.
- ☺ Hair on the head grows for between two and six years before being replaced. In the case of baldness, the dormant hair was not replaced with new hair.
- ☺ Men loose about 40 hairs a day. Women loose about 70 hairs a day.

