

Women, Fibromyalgia, and Their Hormones!

—Dr. Daniel P. Hillis, DC

One of the keys to understanding Fibromyalgia is finally realizing that if you have Fibromyalgia treated, the best you usually ever get is some temporary relief, with a lot of disappointment. Fibromyalgia is a disorder like arthritis, that, in time to come, we will come to realize that each of the entities are actually numerous, quite separate disorders, banded together under one name while doctors figure out the true underlying causes. Fibromyalgia is a serious disorder that impacts many women, impairing their ability to manage their family, their career, their children and their favorite interests, as they would really like to. Instead they face a daily fight for survival of a “normal life.” They are preoccupied with barely getting through the day, or worse yet, varieties of incapacitation, fatigue, mood-swings, pain, despair and often depression from dealing with this condition with no real solutions...so far.

In recent articles I've brought attention to the various sub-types of fibromyalgia including Adrenal Fibromyalgia, Blood Sugar Handling Fibromyalgia and Inflammatory Fibromyalgia as well as other forms. Glandular Fibromyalgia is a sub-type, or a “Brand of Fibromyalgia” which often brings on a more global form of fibromyalgia after it initiates a process of glandular imbalances and subsequent physiologic depletions that lead to the generalized bodily aches and pains, fatigue, and tender points that are unrelenting.

The history of a woman with glandular Fibromyalgia can begin in several ways. Amongst the more common onsets in younger women are hormonal imbalances, often with progesterone deficiencies that lead to recurring bouts of profuse bleeding and overly excessive cramping. Often, as the number of days and severity of the bleeding gets longer, and the exhaustion of the cramping continues, a generalized physiological depletion syndrome sets in. This pulls in the neuromuscular system causing classic fibromyalgia symptoms. Another scenario amongst younger women are those who give birth to three and four infants in rapid succession, without sufficient extended family support, time for recovery and replenishment of their bodies, and in some cases going back to work either in or out of the home. Failure to provide adequate support for the post-birthing mother, a relatively recently increased phenomena in our society, helps set the stage for deeper ongoing depletion of those reserves that would have been protective against the various stressors that lead to the common fibromyalgia symptoms.

There are many ways in which women in our society are systematically overworked and “undernourished”, too numerous to cover in this article. However, the initial trigger of a series of physically depleting and exhausting events that leads to specific functional decline and results in conditions like fibromyalgia.

The next most common onset of fibromyalgia associated with hormonal imbalance likely occurs in the perimenopausal and menopausal women. A significant number of women, when given a careful case history, will recount the initial onset of their fibromyalgia symptoms to be exactly concurrent with the onset of their menopause and or a hysterectomy. Recent years have brought about an increased resolve to address the hormonal imbalances of women in this period of their lives. Nevertheless, the average intelligent woman and especially including those with fibromyalgia are having great difficulty deciphering the conflicting advice given by many doctors. Often this advice is well intended but without good evidence-based science behind it. Worse yet, much of this advice is given as generalizations about what is good for a person without doing specific and individualized laboratory analysis. The mix of information out there could understandably make you feel crazy and cause you to just want to give up. The importance of the appropriate laboratory measurements of female hormones, at specific times in the month, as well as a wider consideration of the connection between dietary fats/cholesterol and stress hormones and their subsequent connection to both the male and female hormones essential for female health has not been sufficiently explained to most women. This area has unfortunately been virtually disregarded for women with fibromyalgia.

For an appointment with Dr. Hillis to discuss the issues of female hormone balance and fibromyalgia, as well as the various “Brands of Fibromyalgia”, and what the solutions for effective care would be, call Jennifer at the office at 239-597-3929.

In summary, there is no single cure for fibromyalgia. There are numerous sub-types which require discernment and highly specific treatment in order to reasonably expect optimistic outcomes. For those who have been trying to treat it with “magic bullets” like certain advertised prescription drugs, and with symptom-suppressing pain, tranquilizing, and anti-depressant

drugs, that may do nothing for the underlying causes. Traditional standards of good medical practice generally result in only the most obvious laboratory investigations (blood and urine tests) to be conducted in most fibromyalgia patients. Sufficient care for this multifaceted condition must include the “casting of a wide net” in the “detective-work.” Exhaustive laboratory investigation will successfully determine the sub-type of fibromyalgia that you may have and how to treat it in a way that has promising outcomes.

Fibromyalgia comes under many different “Brand Names”. What Brand of Fibromyalgia do You Have??

Knowing what's really wrong, down to the root-level of the cause of your particular “Brand of Fibromyalgia” or fibromyalgia sub-type, can make all the difference for your success and health and avoiding unnecessary suffering.

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