

PROVISIONAL DIAGNOSIS: FIBROMYALGIA

differential diagnosis noun

Definition of *differential diagnosis*

: the distinguishing of a disease or condition from others presenting with similar signs and symptoms

RELATIVE NUTRITIONAL DEFICIENCY (RND)

A relative nutritional deficiency occurs when an optimal diet does not meet the needs of the system.™

PROVISIONAL DIAGNOSIS: FIBROMYALGIA

After making the provisional diagnosis of fibromyalgia, formulation of a differential diagnosis is required followed by a medical work up to determine the working diagnosis.

DIFFERENTIAL DIAGNOSIS FIBROMYALGIA

(PARTIAL ILLUSTRATIVE LIST):

1. Fibromyalgia
2. **Fibromyalgia-like serotonin related relative nutritional deficiency symptoms™**
3. Myofacial pain syndrome
4. Chronic fatigue syndrome
5. Hypothyroidism
6. Metabolic myopathy
7. Inflammatory myopathy
8. Polymyalgia rheumatica
9. Other rheumatic diseases
10. Other causes

GENERAL OBSERVATIONS

Experience reveals some patients new to the practice claiming fibromyalgia history do not have fibromyalgia. These are patients previously misdiagnosed or patients that inappropriately adopted the diagnosis.

In the remaining patients, many are suffering from fibromyalgia-like serotonin related relative nutritional deficiency symptoms evidence by the empirical trial nutritional response.™

Low, inadequate, depleted, or suboptimal™ serotonin associated with fibromyalgia bibliography

1. "...FM (fibromyalgia) patients have an abnormal serum tryptophan transport ratio, and that 5-HT (serotonin) serum levels in FM patients are lower compared with controls." Offerbaecher M., et. al. Possible associations of fibromyalgia with a polymorphism in the serotonin transporter gene regulatory region. *Arthritis & Rheumatism* Vol. 42, No. 11, November 1999, pp 2482-2488 American College of Rheumatology

2. "Russel et al. classically demonstrated that both serotonin and norepinephrine were decreased in levels in the CSF of fibromyalgia patients." Ablin J., et. al. Pathogenesis of fibromyalgia *Joint Bone Spine* 75 (2008) 273e279

* Covered by other trademarks: RND™, RND symptoms™, relative nutritional deficiency symptoms™, relative nutritional deficiency™, serotonin relative nutritional deficiency™, Fibromyalgia-like serotonin relative nutritional deficiency™, serotonin RND™, like RND™, like relative nutritional deficiency™, like serotonin™, Fibromyalgia-like nutritional deficiency™

MANAGEMENT OF

FIBROMYALGIA-LIKE SEROTONIN RELATED RELATIVE NUTRITIONAL DEFICIENCY SYMPTOMS™*

FDA approved treatment of fibromyalgia includes the use of serotonergic drugs. Unlike nutrients, these drugs cannot address synthesis when serotonin concentrations that are low, inadequate, depleted, or suboptimal. The opposite is true. Serotonergic drugs such as reuptake inhibitors are known to deplete 90% of the free serotonin within three weeks of starting the drug^{1,2,3} (see bibliography below).

When low, inadequate, depleted, or suboptimal serotonin™ concentrations exists on an optimal diet, a relative nutritional deficiency of serotonin precursors or cofactors is always present. An empirical trial of serotonin precursors in proper balance with dopamine precursors, thiols, and cofactors is required to verify relative nutritional deficiency existence.

Baseline urinary and serum dopamine assays are not reproducible, therefore, are of no assistance in establishing the existence of serotonin concentrations that are not high enough or establishing the nutrient starting point for addressing serotonin or dopamine related relative nutritional deficiency related symptoms.

MANAGEMENT

Management of fibromyalgia-like serotonin related relative nutritional deficiency™ involves starting level 1 serotonin dosing, then in one week if symptoms are still present increase to level 2 of the serotonin protocol.™ Then in one week if symptoms are still present increase to level 3. If symptoms are present after one week on level 3 dosing obtain a urinary serotonin and dopamine assay with consult. Many non-responders on level 3 require the dopamine protocol.™ Testing in this manner after starting the nutrients will help confirm this.

Serotonin depletion by reuptake inhibitors bibliography

1. Wagner A., et. al. The effects of fluoxetine treatment of platelet ³H-imipramine binding, 5-HT uptake and 5-HT content in major depressive disorder, *Journal of Affective Disorders*, 20 (1990) 101-113
2. Meier C, Schlienger R, Jick H. Use of selective serotonin reuptake inhibitors and risk of developing first-time acute myocardial infarction. *Br J Clin Pharmacol*. 2001;52:179-184.
3. Fuller R, Wong D. Serotonin uptake and serotonin uptake inhibition. *Ann N Y Acad Sci*. 1990;600:68-78.

