Diagnosing and treating rheumatism and fibromyalgia

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INTRODUCTION

I should like to say right at the outset that my Hamburg practice is not a conventional rheumatism practice nor do I specialise exclusively in the treatment of painful joints.

We are a "special" practice in the sense that we carry out detective work and sort out cases. Those who know me, know that my hobby is fundamental "detective work" and that identifying connections gives me great pleasure and keeps me motivated.

I use various means to obtain the patient's case history and work with various test methods. A traditional blood count and metabolic profile is as much a part of our work as EAV and emotional testing with Bach flower remedies. Curiosity is always a necessary element, allowing oneself to be affected while concentrating on the essentials and what is feasible.

Serious illnesses such as the field of rheumatic diseases require one to think in terms of connections and a cross-linking of systems.

I could actually end my paper here, for diagnosis and therapy, particularly of serious illnesses, requires discovery, curiosity, concentration and that involves the points just mentioned — whichever methods you work with.

I have been asked to report on my experience with the field of rheumatic diseases and fibromyalgia syndrome.

A conference, a colloquium is for exchanging ideas, for information and for discussing new intellectual approaches or examining old patterns of thinking for the further development and a deeper understanding of our work. That is why I am here at the colloquium in Fulda and standing before you.

If we know how little of what is known as hypothesis is actually scientifically tenable and proven, although it is explained as scientific truth and used for study and as an intellectual model and therefore possibly has a dogmatic or axiomatic character, then we have no need to feel alone with EAV testing and BICOM therapy.

As long as there is still discussion, suppositions are revealed as such and empirical methods are understood as such, research and scientific study can be freely undertaken. We should not be afraid of submitting theses as such to colleagues in order to verify them on the basis of experience or further investigation. In this way we can preserve our solid work from fashionable trends, well-made advertising campaigns and offers promising cure or recovery.

In my practice I try to confirm theses and suppositions through universally acknowledged parameters, for example blood counts and metabolic profiles.

The great metabolic profile, an important supporting pillar. It is a means of demonstrating and arguing a point in discussions with colleagues or doctors from other disciplines. These values also reveal possible metabolism disorder, hormone deficiencies, vitamin and mineral deficiencies, parasitic infestation by worms or Candida, and even allow assertions on the patient's mental or emotional state. As a result, the basis for therapy is more sound. EAV is confirmed, Bicom therapy becomes clearer and can be applied in a more targeted manner.

And to be honest: blood counts can be very exciting.
SOME BASIC FACTS ABOUT RHEUMATISM: OR RATHER THE FIELD OF RHEUMATIC DISEASES

Rheumatism can be divided into
- articular and
- non-articular rheumatism,
it can be
- acutely inflammatory
- chronically inflammatory
- subacutely inflammatory,
it can progress
- in a constant manner or
- in bouts,
it can react
- with just swellings or even
- with metaplastic processes of the joints or synovia as sequelae,
it can occur
- autoimmunologically or
-reactively.

Causes of the field of rheumatic diseases

In addition to simple myogelosis (e. g. lumbago), I have already found and treated the following causes:
- **viral** — e. g. Coxsackie
- **bacterial** — e. g. subacute Yersinia and sequelae, Chlamydia and sequelae
- **toxic/allergic**: Streptococcinum/Staphylococcinum, endoprostheses, plastic intoxication from dentures.

With the above causes, we usually encounter a classic development with classic symptoms. The major joints are affected, particularly the knees and shoulders. Patients' case histories reveal severe diarrhoea. Months (Yersinia) or years previously Coxsackie (resembling herpes) and sometimes an indication of infertility through tubal adhesion or endometriosis which in turn leads to the conclusion of Chlamydia infection (Chlamydia trachomatis).

The sequelae of Staphylococcus or Streptococcus infections (including through scarlet fever — Streptococcus haemolyticus) generally occur in the 6th week following an illness. Rheumatism from Staphylococcus aureus is usually characterised by chronic continuous stress of the paranasal sinuses or teeth, possibly caused by inflammations, deep periodontal pockets or random growth of the gum at the 8th molar.

Staphylococcus aureus is considered a harmless bacterium, one of the natural oral flora. Yet at the same time it is one of the most feared bacteria, responsible for sudden fulminating sepsis in hospitals.

WE KNOW THAT FOCI CAN BE RESPONSIBLE FOR RHEUMATISM — BUT HOW DO WE FIND THEM?

We can look for the focus with Spenglersan D or Dx by rubbing 5 drops into the bend of the elbow once a day — the focus will make itself known. It is best if a Spenglersan colloid test is conducted first with drops of blood. (Meckel GmbH 77815 Briihl, Germany)

Chronic Chlamydia stress often takes the form of encapsulated cystoid structures in the joints (knee/hips) — they can be tested at the CT (connective tissue) point and Jt (joints) acupuncture point and also by lymphatic stress in the lower abdomen.

Focal stress of the teeth can be distinguished fairly easily: paranasal sinuses, teeth (see Fig. 1, page 77).

We can see scars, including those the patient had forgotten about, during the full physical examination.

Scars are revealed when we examine the whole body (the patient undresses to their underwear in our first examination) and these can be tested for interference with the Bicom device. These scars are particularly important if they lie on the Gb (gallbladder) meridian or affect the Gb/Head’s zones (see Fig. 2 and 3, p. 78 and 79).

So, we can obtain clues for subsequent fine testing and therapy from the patient's case history.

A geopathological amplifier or cause, such as electromagnetic smog, can also be detected with Bicom. Testing has proved successful with:

- **Silicea D60** points to geopathological fields
- **Geovita** points to geopathological fields
- **Agate fragment** catabolic force field, Yin radiation
- **Calc. carb. D1** constructive force field, Yang radiation
- **Basica** global grid network
- **Quartz sand Curry grid**
Aqua pluvia D200 radioactive radiation
Phosphorus D30 electromagnetic interference fields

As regards testing disturbance from radiation emitted by mobile phones or radio antennae, I have not so far found any ampoules and little tried and tested information to protect against or compensate for this radiation.

We now have a very good geobiologist in the Hamburg network who I recommend to my patients. I consider clearing this up absolutely vital for chronically sick patients, especially those with rheumatism and cancer.

THERAPY

In conventional medicine, rheumatism is always initially treated with anti-inflammatories — anti-phlogistics and immunosuppressants. Diclofenac, Ibuprofen, corticoid therapy, methotrexate are the usual methods. The fact that these all have side-effects and cannot be tolerated long-term by the body is well-known.

Incidentally, no therapy has been recognised as effective on rheumatism.

Did you know incidentally that the 5 most frequent (!) causes of death in Germany are caused by the side-effects of drugs? (Source: Newspaper article of 7 December 2002 (dpa) Hamburger Abendblatt.)

Our naturopathic acute treatment with its almost complete lack of side-effects seems initially to have to tackle blocks through cortisone and methotrexate, NSAIDs, COX-2 inhibitors (non-steroid, anti-inflammatory). In the past it was believed that it was not possible to offer therapy while the patient was on cortisone. My experience has been different.

I am very careful when discontinuing cortisone, proceeding only very slowly checking as I go while at the same time treating the blocked centres. Initial exacerbation is far less likely when the dose is gradually reduced carefully in this way and the patient also feels more safe. Previously cortisone seemed to be the patient’s “salvation” against pain and tiredness. Discontinuing cortisone abruptly or very rapidly weaning off it in line with the traditional approach has not proved effective.

We always discontinue cortisone more slowly after testing the patient and when we reach 5 mg, then the dose is slowly reduced further even if conventional medicine considers it is no longer effective at doses below 5 mg.

Since patients complain about pain and pain affects most patients' quality of life, the first thing to do is to offer the patient a better, more pain-free quality of life.

In my practice I treat rheumatism with:

- Bicom therapy
  Individual MULTICOM colours (yellow-green or orange) and forward-run
- Neural therapy
- Cranial acupuncture after Yamamoto
- Siener pain therapy
- Injections and infusions with vitamin B complex, magnesium, Steirocall, Psychoneuroticum, Procaine, kidney and lymph agents as well as constitutionally with homeopathic remedies, found from the blood count, in low potency D4, D6, D8, D12, D30.

We call on the patient to help by:

- drinking 2-3 l of water or herbal tea
- quark dressing (in linen cloth overnight) or cabbage leaf dressing or aluminium acetate solution
- Betula/Arnica oil or Dolocyl oil (with Hypericum) to be rubbed in
- deacidification baths with "Orgon meine Base" or first
- saline dressing for several hours or overnight.
- Later twice weekly for 1 hour in the bathtub.
- A footbath can be used if necessary as the foot reflex zones are a good point of elimination.

I recommend patients try out whether a light moist or dry thermotherapy helps. Sometimes even a sauna is beneficial as it releases the sclerosed, overacid muscles. Pain and the patient's adoption of a relieving posture promote acid deposits. Infrared saunas with their deep action also work well for some patients, not putting them under excessive strain.

Patients also speak enthusiastically of holidays in the Canaries. The volcanic sand and special climate appear to be particularly suitable for rheumatism sufferers.

The following Bicom programs have proved beneficial alongside programs tested out individually:

- basic program following testing,
- program 900 "Activating vitality"
- 911 nerve program
- 480 kidney program 380, 381
lymph programs 200, 201, 430 used to activate the lymph gently, traditional like the liver detoxification program

dulling the joints or the fibrous parts, like synovia

dulling the knee joint etc. (initially or intermittently, always only after testing)
suprarenal gland activation with Nebenniere Steuerung 2 [Suprarenal Gland Regulation 2] and Glandula suprarenalis, Staufen Pharma
cortisone elimination after testing (191 Ai, 8-fold, 3 secs), while still continuing to take it in my opinion leads to improved tolerance and gradual reduction of the dose proceeds more cautiously.

Some patients also receive infusions and mixed injections as well with:

- magnesium
- Curasan's Procaine (i.v.) to open the cells, also to alleviate internal tension, Steiroplex
- sodium bicarbonate
- vitamin C (anti-oxidant, supports and strengthens the nervous system, immune defence system, lipometabolism, hormones and enzyme activity)
- vitamin B complexes: vitamin B1 (thiamin), vitamin B2 (riboflavin), vitamin B3 (niacin), vitamin B6 (pyridoxin), vitamin B12 (cobalamin), folic acid, pantothenic acid and possibly biotin (vitamin H).

Vitamin B deficiency can trigger all the symptoms of rheumatism and fibromyalgia syndrome. It can quickly alleviate deficiency.

We like to put Nervoregin or Psychoneuroticum as vegetative agents in the injection mixtures. This relieves the patient.

I use Formicain injections for muscular (myoglobin) pain. Local subcutaneous injections quickly remove this.

Individual homeopathic remedies are indicated. To name just the most important acute remedies:

- Belladonna
- Bryonia
- Apis
- Staphysagria
- Rhod., Rhus tox.

I like to give these in low potencies (D4, D6, D8, D12, D30) so as not to risk a primary immune response.

Devil's Claw e. g. Allya from Pascoe or Dr. Loges relieves many rheumatic complaints within a week. Alleviation is almost as remarkably fast as with Diclofenac. Once we have succeeded in relieving the pain, we have won the patient's confidence and can begin the background work in peace with Bicom therapy: filtering out underlying stresses, a possible allergic reaction of the connective tissue or autoimmune constituents and tackling them thoroughly and carefully with the help of VTT (cross-linked test techniques) and nosodes from Staufen Pharma, Sanum, Heel, Wala or Weleda works well.

With rheumatism we always additionally test neurogenic regulation and the control centres of the CNS, the epiphysis/pituitary gland/hypothalamus as well as hormonal control e. g. of the suprarenal gland. Often there is an autoimmune autoallergic reaction by the body which I believe is always linked with the hormonal process!

If rheumatic processes are linked with milk allergy or other allergens, then we usually also have to deal with an intestinal disorder (enzyme deficiency, ferment deficiency and mucosal impairment or overregulation). Malabsorption and mineral deficiencies are the result. Examining the stools provides evidence of this. This gives the patient something “in black and white”: mucosal impairment of the immune system associated with the intestines or overstimulation from an examination of the stools.

An IgA increase in excess of 2040 in the stools indicates an overregulated intestinal mucosa, an IgA below 510 indicates a weakened immune response by the intestinal mucosa. In this instance there is insufficient protection and external influences are too strong. In both cases food intolerances can be explained. We do not always have the IgE increase in the blood. Moreover, examining the stool of an infant is a painless and straightforward process. Pancreatic diagnosis, pancreatic elastase, supplements the examination.

To get the endocrine system and the suprarenal glands into shape following applied cortisone therapy, I often give Phytocortal 3 x 30 drops, Phytophysphon C or Phytohypophyson L (Steierl) and Berberis D 2 (another good remedy for rheumatic pain) following testing. This increases the patient's energy. Subacute inflammations can be regulated with Eleuterococcus from Lomopharm.

We use several techniques at once yet Bicom therapy remains the basis with EAV testing enabling targeted controlled therapy.
I tackle stress from Chlamydia or Streptococcus extremely carefully. And only when the body is stabilised, the lymphatic system is flowing and the eliminating organs are cooperating well.

Many rheumatism patients feel cold inside and so do not like water. In this case I recommend ginger water. It warms up the entire body and is not completely tasteless.

**Preparation:** Infuse 2 cm ginger root cut up small in 2 l boiling water for at least 30 mins. The longer this tea brews, the stronger the taste.

Bacteria and metabolic toxins need eliminating several times and sometimes they have to be provoked first by program 133 (A and Ai alternately) to make them treatable.

How glad I was when, after long discussions about the hazards of activating a bacteria with A to then treat it specifically with Ai, this ready-made program was finally produced and I did not have to switch back and forth between A (after testing for one or less minutes) and Ai. With program 133 "you can really entice each bacterium from its lair after thorough preparation."

We only introduce autologous blood therapy, cupping and immunostimulating measures once the patient is out of the acute inflammatory phase.

The major part of successful therapy lies in finding out the possible cause, identifying connections and noting intensifying factors.

**SOME EXAMPLES OF PATIENTS**

**RH 1:** Ela (50) had had acute episodes of rheumatism for years. She had been given gold injections which had helped and was taking Cortisone. She did not want to take medication any more.

She worked in her husband's printshop.

The key to treatment and freedom from pain through successful therapy was: iridiagnosis indicated a metabolic problem — acidosis of the connective tissue, with barely allergic-rheumatic tophi. Following examination we found toxic stress in the CT (connective tissue). We found intoxication from the cleaning agent used on the printing rollers while the printing ink and formaldehyde in the paper did not appear to be as significant.

The printshop changed to a biological cleaner (without testing beforehand), which proved to be even more toxic for Ela's metabolism and was also harder to work with. They changed back to a chemical cleaner, this time testing it beforehand, and we were able to continue with therapy. Surprisingly the patient's kidneys were normal under the gold therapy according to EAV urine filtration and blood count. We eliminated gold several times with Aurum C200 which improved Ela's mental state and, based on iridiagnosis, administered strong drainage agents for the liver and lymph.

One individual remedy, Argentum nitricum (silver — salt (moon) — worry), given constitutionally worked wonders.

For 3 weeks she ate a mild form of relieving diet free from animal protein. Meat is almost totally excluded from her nutritional schedule, not just lymph-blocking pork.

We gave her Bryonia and Berberis for her joints. The patient's condition is stable and no episodes have occurred for years. Her joints are just sometimes slightly irritated for a brief period following overexertion (she keeps carrying more paper than we agreed).

**RH 2:** Frau H. (38), musician, increased rheumatism value, CRP increased, also had pain in small joints of the fingers, large joints were also affected, could detect considerable fatigue accompanied by despondency.

In addition to hormone deficiency, tests were carried out for mould intoxication (not visible) in the walls. This was eliminated with wall material. The patient still does not have a new flat. Just once we found parasites, the German threadworm and amalgam stress. We are still in the process of slowly eliminating everything.

**RH 3:** Ulrike H. (53), allergic tendency according to the iris, acidosis of the connective tissue, neurogenically sensitive, suppressed anger for years, with bile engorgement! — pain in the hips and sacroiliac joint blocks.

**Therapy:** deacidify, stimulate the salt/kidney balance with Bicom and eliminate via the lymph. No serious toxins or viruses found. Therapy progressed very well and very rapidly.

We achieved freedom from pain very quickly with homeopathic medication. We are now treating her with cupping glass therapy to stabilise the vegetative nervous system again. When she's with us, she sometimes allows herself to complain about what has happened during the day and lets us spoil her. The gallbladder is stimulated with a bile remedy if needed (Grasler's Chol-Do), her digestive system is working and consequently fewer waste products accumulate.
4: Renate R. had a lymphatic-neurogenic iris according to iridiagnosis, allergic diathesis, impaired function of the stomach (+ acid of the tissue) from her medical history, scarlet fever as a child and then rheumatism, yet according to EAV she had remarkably few metaplastic processes. Cow’s milk allergy, stress from foot and mouth disease (FMD) and swine fever.

Abstaining from milk and activating the eliminating organs immediately relieved the patient’s condition, the swellings in her joints subsided and the feeling of being worn out decreased. After carefully eliminating FMD, there was a severe primary immune response. The patient lives 320 km away and cannot just come for pain therapy or to alleviate the symptoms. We simply stopped the Bicom drops and her condition was relatively pain-free again. Her general state of health has improved and she has more energy.

RH 5: Phillipp R. (18). Rheumatism appeared 6 weeks after acne caused by Streptococcus was suppressed by antibiotics. Concentrated in knee and wrist. On high dose of Cortisone and Methotrexate for 1 year without being rid of complaint. So far no metaplastic processes of the joints detected. Conventional treatment was to be continued for one year then everything would be normal again. Instead of this the young man continued to suffer pain, put on weight and was unattractively bloated and had learning difficulties.

After treating Candida with antifungal therapy, building up the intestines, cow’s milk abstinence, “allergy quenching” and stimulating stomach acid, carefully eliminating Streptococcinum, stimulating the suprarenal gland and eliminating Cortisone and Methotrexate (disturbed hormonal process and tested on triple warmer and nervous system by indicator falling), his condition improved relatively quickly. He lost weight. Everything got better, even scar striae from Cortisone.

So rheumatism caused by Streptococcinum, if handled in a responsible controlled manner, can be treated successfully without cortisone in my opinion. Cortisone does not necessarily have to be used, even if I always search my conscience as to whether I can take the responsibility.

FIBROMYALGIA SYNDROME

One peculiarity of the field of rheumatic diseases is fibromyalgia syndrome. Fibromyalgia comes from fibro = fibre, myalgia = muscular pain. It is called fibromyalgia syndrome (FMS).

In the last 2 years there seems to have been a sudden increase in patients asking me whether their chronic pain is fibromyalgia, in the hope of giving their condition a name and then the belief that it is manageable and treatable. “Giving a disease a name means it can be overcome”. There have been many reports in the newspapers. It is not easy to distinguish FMS from other rheumatic disorders. Experts have trouble with it and patients have generally wandered from one specialist to another. For FMS does not display any particular specific features apart from the absence of all other rheumatic parameters. It is an amalgam of various complaints.

Fibromyalgia syndrome (FMS) is a combination of complaints, of symptom complexes with the main symptoms: general muscular pain as well as numerous functional, vegetative and emotional complaints.

18 tender points (not trigger points) — at least 11 of these must be noticeably painful when touched by a finger at the tendon attachment point (see Fig. 4, page 80). 4 kg finger pressure should be exerted for this.

We can say what FMS is not and how and from what it should be differentiated. Yet we do not know what FMS is. It remains, as the name says, a syndrome. Quote from Prof. J. Bauer: "It is a chameleon, a master of disguise as it mimics at least 30 other illnesses."

So far FMS does not appear to be treatable. Now, as in the past, doctors keep giving conventional remedies for rheumatism, psychopharmaceuticals, antidepressants, NSAR (nonsteroidal antirheumatics — pain-killers with anti-inflammatory effect), muscle relaxants, serotonin blockers (MAO inhibitors), painkillers such as Ibuprofen, Diclofenac, etc. Patients experience no relief.

Patients who suffer from FMS have already taken a lot of medication. However, their hypersensitivity which can be detected at all levels means that they usually do not tolerate these remedies well. Gastritis, irritable bowel syndrome etc. appear to an increased extent. In their years of suffering, FMS patients generally have considerable experience of medical specialists: endocrinologists, rheumatologists, gastroenterologists,
urologists, cardiologists, ENT specialists, dentists and psychologists (see Fig. 5, page 81).

There seems to be an intolerance to a very large number of substances. According to the EAV test this should initially also be confirmed in therapy. Patients react to preservatives, colourings, raw vegetables, numerous foodstuffs and insecticides.

And — their reaction is often delayed! e.g. 24-48 hours later to injection preparations or acupuncture needles, amongst other things. The reaction is described as an intense pain at the subcutaneous injection site or hardening similar to a mosquito bite like in an allergy, and all this with medications tested out beforehand with EAV!

In my experience of FMS you can initially forget virtually all rheumatic therapeutic approaches and therapies except for Bicom therapy in combination with homeopathy and phytotherapy and cross-linked thinking.

The patient is suffering from pain!

- Abnormal, often generalised sensitivity to pain in the muscles and neighbouring fibres
- Pain from touch and even without touch
- Pain not associated with movement
- Disturbed sleep
- Chronic fatigue
- Sensitivity to stress,
- Paraesthesia malaise (numbness and tingling)
- Bouts of weakness, affecting the whole system — suddenly with no identifiable connection
- Interstitial cystitis syndrome (irritable bladder of uncertain origin abacterial)
- Irritable bowel.

Emotional disorders: high spirits alternating with depressive moods. Patients are extremely keen to be happy "like they used to be" (Staphysagira [Horn.] or Star of Bethlehem Bach flower remedy). Patients ultimately want their pain to be understood and do not want to be regarded as shirkers or hypochondriacs. As regards their psychological state, we see similar behaviour patterns to those of patients with MS (see Fig. 6 on page 82).

FMS must always be differentiated and the following diseases must be ruled out. It is not:

- Coxsackie disease or sequela
- Yersinia disease or sequela
- Chlamydia disease or sequela
- No toxic indications are known
- No rheumatoid arthritis
- Fibrosis
- Tendovaginitis
- Systemic Lupus erythematosus
- Bechterew’s disease
- Sjogren's syndrome
- Carpal canal syndrome
- Hodgkin's disease
- EBV (Epstein Barr virus)
- Auto-antibody disease
- Thyroid disease
- Mental illness
- Inevitable sequela of Lyme's borreliosis

15-25 % of successfully treated borreliosis patients contract FMS after a few years! We can continue to help this group with Bicom therapy.

The latest theory states that FMS is a false recollection of pain, however that may have come about.

We find neither a rheumatoid factor nor an increase in BSR and the blood count is normal. Serological test for rheumatism, also muscle enzymes, everything is normal.

Ways of differentiating FMS

- By the blood count/metabolic profile:
  - Inflammatory marker: BSR, C-reactive protein normal
  - Sequela of organic diseases: liver (glucose, protein, GPT)
  - Creatinine, protein, urinalysis
  - Immune system differentiation: auto-antibodies (ANA, ENA)
  - SD antibodies
  - Immunoglobulins
  - Tumour markers
    - Hormones: vitamin D3, prolactin, thyroid hormone
- Blood count or EAV differentiation:
  - Infection: Viruses/bacteria: EBV, hepatitis B/C, HIV, cytomegaly, Borrelia, Chlamydia, Yersinia
  - EAV: allergy, underlying stress
- X-ray, ultrasound, nuclear magnetic tomography

Summary

FMS is not an inflammatory, degenerative disease of the connective, fatty, muscular or nerve tissue. It is a syndrome without any conventional blood count parameters. Patients are not febrile or inflamed, nor do they have blood count parameters.
which can be objectified, no signs of swelling or inflammation, myogelosis can only sometimes be felt. The autumn/spring change in the seasons or damp cold weather do not have much effect. No deterioration through change in seasons.

The disease has been occurring to an increasing extent for 20 years and ever more patients are being diagnosed with FMS.

1.6 million Germans suffer from it, more women than men. The disease usually first appears around the age of 30. Its hallmark is pain. Patients usually remember that it "began at some point and then didn't go away." Some patients sometimes recall infections, accidents — car accidents or at work — from memory.

If patients say things like this, then we use EAV testing again. For after testing we can be more specific with our therapy. (triggering organic or mental shock, with Bach flower remedies, Emvita, homeopathy.)

There is a familial cluster. The iridiagnostican in me looks for connective tissue structures and patterns, possibly allergic tophi, acidosis of the connective tissue, hormone deficiency, neurogenic structures or tuberculin diathesis in order to use this information to work constitutionally as well.

On numerous occasions in the past I have found a neurogenic iris, acidosis of the connective tissue, tuberculin and neurogenic diathesis, intolerance to cow's milk products (in the sense of a lymph block — not an allergy).

The patient suffers considerably, the pain is superficial!

The intensity of the pain and the degree to which performance is restricted varies and the effect is not always felt. Sometimes the patient feels totally debilitated, at other times this feeling is absent for hours or days. The patient believes they can eat, drink and do anything and suddenly their condition changes. For no apparent reason they experience pain and debility. The patient is tormented, as if trapped by the unpredictability of their condition.

The pain recollection theory, namely that a pain imprints and the memory, triggered for whatever reason, causes the same pain to appear, has found new supporters. Thus Prof. J. Bauer thinks he can offer his patients long-term help by operating acupuncture points which, in his opinion, are "stuck together" in quadrant fashion.

Therapy with psychopharmaceutical agents does not help patients much. From a naturopathic viewpoint, Hypericum and Calcium phosphoricum and Magnesium are sufficient to destress the patient.

As most massage techniques, injections, cupping, acupuncture are too strong, we must approach this syndrome carefully. After a phase of stabilising with Bicom therapy, which appears particularly suited to this syndrome, we can then attempt any further steps.

We have already helped some patients with FMS to cope better with their disorder or to experience longer pain-free intervals. Quality of life is possible once more. Of course we look for allergens and regulate the acid balance as with rheumatic disorders, but far more carefully with regard to pain.

Careful eutony, eurythmics, Qi Gong or Tai Chi, in other words meditative concentration with movement, work well with these patients. They can relax and learn to deal appropriately with their bodies.

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### Interrelation with the teeth

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| 8— | 7— | 6— | 5— | 4— | 3— | 2— | 1— | —1 | —2 | —3 | —4 | —5 | —6 | —7 | —8 |

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<td>stomach right pylorus</td>
<td>gall-bladder bladder right urogenital area</td>
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<td>lung right</td>
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<td>liver right</td>
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<td>ear</td>
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**Fig. 1**
Fig. 2a Kidney-bladder functional circle with its Yin and Yang meridians, sensory organ as "opener" specific tissue and most important somatotopic points and areas. The extremity not included in the chain of points is connected by the link with the neighbouring meridians, especially by the Yang-Yang link with the small intestine meridian (insert)

Fig. 2b Extended functional diagram of the "kidney". In addition to somatic and seasonal and climatic factors, the diagram also includes functional terms and psychological qualities relating to the functional circle.
Liver-gallbladder functional circle

Fig. 3a Liver-gallbladder functional circle, supplemented by the Yang-Yang link with the triple warmer meridian.

Fig. 3b Extended functional diagram of the "liver"
ender poini.

Chart depicting the tender points (painful pressure points) for fibromyalgia: 1-2 occiput, 3-4 lower neck region, 5-6 trapezius, 7-8 supraspinous, 9-10 second rib, 11-12 humerus projection (lateral epicondyle) 13-14 gluteal muscles (buttocks), 15-16 trochanter projection, 17-18 inside knee. Non-painful check points are located on the forehead, clavicles, outside of the lower arms, thumbs, back of the thigh and inside the feet (after Riegel 2001)

Fig. 4
Specialists who may be involved in diagnosing or treating fibromyalgia syndrome (after Hoffmann/Lindner 1999)

Fig. 5
Frequency of symptoms in fibromyalgia sufferers and in "normal people" (after Selfridge N., Freedom from Fibromyalgia, 2001)

Fig. 6