Fibromyalgia patient Jeanne Barrett receives cranial sacral therapy from physical therapist Mary Silva.

Relief from pain

By SueMae Bertenshaw
Staff Writer

Jeanne Barrett had not slept through the night since 1974. Instead, she lay on her back on the floor with pillows under her knees because the pain in her neck and shoulders was so severe. When the stiffness spread to her legs, she switched to a soft-tissue chiropractor and blamed other symptoms on the stress of school and work.

"I would have one infection after another," she said.

Changes in weather began to bother her, along with changes in sleep patterns.

By the time she completed her bachelor's degree in leisure science, she realized she had too much stiffness and too little energy to work in her chosen field.

Barrett changed to a career in student personnel and guidance, but still struggled with the demands of work. She experienced a lot of absenteeism because of fatigue and eventually was diagnosed with chronic fatigue syndrome.

"It was not until 1983 that her condition was finally diagnosed as fibromyalgia," said the researcher.

FMS is a vague set of symptoms that cause pain in the muscles and connective tissue throughout the body.

"I had spent all day in a car from Austin, Texas, to Edmond. I knew I would be still, but by the time I finished my stretching exercises and hot baths, I was choking all over," she said.

She went to the emergency department, received muscle relaxants and was referred to an internist. "There is no help for fibromyalgia, but lab work ruled out a variety of diagnoses with similar symptoms."

According to Dr. Michael Strange, of Stillwater, she did not have multiple sclerosis, thyroid problems, lupus or arthritis. He referred her to a rheumatologist at McBride Bone and Joint in Oklahoma City.

"Dr. Larry Willis said I had fibromyalgia, that there was no cure, and I would need to take pain pills and muscle relaxants for the rest of my life," she said. "It was like a happy dance — there was a name for what was wrong with me."

Unlike Barrett, many people suffering from fibromyalgia go undiagnosed and eventually hear the hopeless putdown: "It's all in your head."

Now, research is actually leaning in that direction. Patients with FMS have been shown to have chemical imbalances in the brain, especially lower levels of pain inhibitors (serotonin, dopamine and norepinephrine) and higher levels of substance P, a pain transmitter.

Even physical therapy techniques have changed to treat patients with fibromyalgia.

Patients of Dr. John Williams, Barrett's internist, have reported measurable reduction in symptoms with cranial sacral therapy used with traditional manual techniques.

"Some patients hurt so bad, we couldn't even evaluate them at their first visit," said Mary Silva, a physical therapist certified in CST at Stillwater Medical Center's Total Rehab.

According to Silva, on a scale of one to 10, patients with fibromyalgia report feeling eight to 10 most of the time — even while taking high doses of pain medications and muscle relaxants.

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