

In Good Hands

A Free Monthly Newsletter For The Friends and Patients of: Dr. Paul Milone

"Failure is not the only punishment for laziness; there is also the success of others."

~ Jules Renard

HOT new debate about heart disease nutrition advice...

New Research Brings SALTY NEWS!!!

High dietary salt intake is a proven cause of increased risk of heart attack... or maybe it isn't after all?

PLUS...

- Popular smoking cessation drug increases risk of hospitalization due to serious cardiovascular event by 72%
- *Sleeping longer helps athletes reach peak performance.*
- This amino acid may help fight diabetes
- *And don't miss the story: How NFL veterans team up with wounded warriors to climb the 4th tallest mountain in the world!*

Marblehead – So much news this month, so little time! Let's jump right into "the good stuff." It was accepted for years that eating eggs was bad for your heart. Then, researchers weren't so sure.

Similarly, sunscreen was the standard for preventing skin cancer, until research surfaced that sunscreen may actually INCREASE your risk.

Truth is: This type of contradiction happens all the time in medical science. That's why it is no surprise that, within a few years, a decent percentage of FDA approved drugs are either taken off the market or given "black box" warnings because they are dangerous.

So, what's the latest in the "it's bad for you... wait it's good for you" saga?

SALT!

That's right. For years, salt has been one of the deadly sins for increasing your risk of heart disease. Research shows increased salt intake leads to elevated blood pressure. High blood pressure has been positively correlated with developing heart disease.

So, increased salt consumption must increase your risk of heart disease.

Makes sense - but not everything that "makes sense" is actually fact. That's one of the reasons researchers do studies.

Case in point: Not too long ago, an article in the *New England Journal of Medicine* estimated that the U.S. could prevent 44,000 deaths annually if Americans reduced their salt intake by 3 grams per day. Then, in July 2011, a review of seven real-life interventions to reduce salt consumption found almost the complete opposite.

A headline in *Scientific America* boasted, "*It's Time to End the War on Salt.*" It continued, "*For every study that suggests that salt is unhealthy, another does not.*"

A recent meta-analysis of seven studies involving more than 6,000 subjects found no strong evidence that cutting salt intake reduces the risk for heart attacks, strokes or death. Another study found that, in fact, the less sodium study subjects excreted in their urine, the higher their risk of heart disease.

According to the Weston A. Price Foundation: "*Salt, of course, is vital to health. There's a reason we have*

a salt taste in our mouths and a reason that foods taste better with salt. The desire for salt is not some cruel joke imposed by a capricious god, but acts to ensure that we eat our food with salt ... The campaign against salt is a perfect example of the law of unintended consequences. Researchers, politicians, medical professionals and journalists push their no-salt agenda as a surefire way to limit disease when all the evidence points to the opposite -- increased health problems in young and old, diminished brain function, increased confusion, and a boon to the food processing and medical industries."

How can this be? The first thing to understand is that science does not always come up with an answer. Many times, it raises more questions.

For example, a new paper published in Archives of Internal Medicine shows it might not be the level of SODIUM that causes all the problems. Instead, it might be the POTASSIUM/SODIUM ratio.

This paper, led by Quanhe Yang of the Centers for Disease Control and Prevention, found no significant link between sodium intake alone and risk of heart disease or heart-related death. But, when the researchers looked at the ratio of sodium to potassium intake, they found a strong effect. Participants with the worst ratios -- the highest sodium and the lowest potassium -- had twice the risk of death from heart disease and a nearly 50% higher risk of death from any cause, compared with people who had the highest potassium and the lowest sodium intake.

What's the take-home message in all this?

First is the understanding that science doesn't know everything. Commonly accepted "truths" are often shown to be incorrect or partially incorrect.

That's why doctors and patients should use a combination of the best research and clinical experience.

Should you read one research summary that didn't find salt to be harmful and start eating a pound of salt a day?

Hardly. The best course of action is PROBABLY to stay away from processed foods that are loaded with sodium... and make sure you eat foods that contain potassium.

What's that? You want a list? Check out the list below: :-)

Vegetables	Weight (in grams)	Potassium Content (per mg)
Artichoke	168	595
Beans, Baked	254	752
Beans, Kidney	177	713
Beans, Lima	188	955
Beans, Pinto	171	800
Beans, refried	252	673
Beans, white	262	1189
Beet Greens	144	1309
Black-eyed Peas	164	690
Broccoli	156	456
Brussels Sprouts	155	504
Carrots	354	156
Chick Peas	164	477
Jerusalem Artichokes	150	644
Lentils	198	731
Parsnips	156	573
Soybeans	172	886
Spinach	180	839
Squash, Winter	205	896
Sweet Potatoes	146	508
Potatoes	202	1081
Tomatoes (raw)	180	400

This Amino Acid May Help Diabetes

According to a study by the Joslin Diabetes Center, the amino acid "leucine" may help people with pre-diabetes or metabolic syndrome.

The press release states, "*In an animal study, published in the journal PloS One, mice who had been on a high-fat diet and who also received twice the usual intake of leucine, an amino acid found in protein, showed reductions in their pre-diabetic conditions with lower blood sugars and less fat in their livers, two of the conditions of medical problems associated with insulin resistance that make up what is known as metabolic syndrome.*

"Researchers said the high-fat diet with leucine did not change how fat the animals got - but they were able to handle glucose better."

And don't forget, if you ever have any questions or concerns about your health talk to us. Contact us with your questions. We're here to help and don't enjoy anything more than participating in your lifelong good health.

Inspirational Story Of The Month
(Names And Details Have Been Changed To Protect Privacy)

"NFL Veterans Team Up With Wounded Warriors To Climb The 4th Tallest Mountain In The World!"

It's one of the oldest questions - and the most common answers...

"Hey - why would you risk your life climbing that mountain?"

"Because, it's there!"

Well, in this case, three National Football League veterans have a much better reason.

NFL great TEDDY BRUSCHI, now an ESPN analyst, former Tennessee Titans Coach JEFF FISHER, and former Philadelphia Eagles and St. Louis Rams player, CHAD LEWIS, are climbing Mount Kilimanjaro in Tanzania, Africa.

They are climbing the 4th tallest mountain in the world with Ben Lunak. But, Lunak didn't play in the NFL.

You see, Ben Lunak is climbing Mt. Kilimanjaro to represent the Wounded Warrior Project. In 2006, Lunak was hit by a roadside bomb in Iraq. His leg was amputated below the knee. Lunak is one of four injured soldiers chosen by the organization to climb Mount Kilimanjaro. Its goal is to show other vets who have suffered a traumatic injury that life can be great again.

"They are going to see us doing this big climb. I see that my life is not over, I can still carry on and do whatever I want to do, and that is basically what it is about," Lunak said. "The biggest obstacle is going to be the mental thing and, if I stay strong mentally, the body will follow."

Lunak learned to walk again using a prosthetic leg and is now very active.

The event is called "Believe in Heroes" and is organized by the Wounded Warrior Project. It will take the climbers five days to reach the summit of just over 19,000 feet.

But, Ben is not alone in his sacrifice both in war for his country and now for others wounded in battle. Among the group of wounded warriors making the climb is Bryan Wagner, who also gave a leg in service to his country. Another climber, Mike Wilson, struggles daily with the symptoms of post-traumatic stress disorder and traumatic brain injury (TBI). And, Nancy Schiliro gave an eye in service to her country.

"We all have our own injuries of war, and we are showing that no matter how you are affected, you are still able to overcome and conquer whatever you want to do," Lunak said.

These warriors recently completed a three-day training session at Under Armour's IMG Training Academy in Florida; participated in the Bataan Memorial Death March in White Sands, NM; and climbed Quandary Peak in Golden, CO.

The purpose of the climb is to alert the general public to the great sacrifices and struggles faced by the amazing men and women injured serving the United States of America.

For further information and to see results of the climb, go to www.believeinheroes.org

"Climbing Mt. Kilimanjaro will be memorable, but to be able to experience it with service members that have sacrificed so much for our country is what I'm truly looking forward to. These men and women are beyond inspiring, and I am thankful to the NFL for this once in a lifetime opportunity." 3-Time Super Bowl Champion Teddy Bruschi

We love helping our patients and their friends and relatives through their tough times and getting them feeling better! We are here to help you stay feeling better and looking younger! Don't be a stranger. :)

Did You Know?

Among the many natural ways to treat infection, tea tree oil is one of the very best. Tea tree oil is an essential oil taken from the leaves of the *melaleuca alternifolia*, a plant native to Australia. It has a wide variety of uses with strong antiseptic, antibacterial, antiviral, and antifungal properties. The aborigines in Australia used tea tree leaves to heal skin infections, wounds, and burns by crushing the leaves and holding them in place with a mud pack. Tea tree oil effectively treats a variety of conditions. If you choose to try Tea Tree oil, it is good practice to do a patch test on your skin first, as undiluted tea tree oil can irritate the skin. If the skin is sensitive, then it is necessary to dilute it. A good tea tree oil solution can be made by mixing 5 parts of tea tree oil with 95 parts of water. **Please note: tea tree oil should never be taken internally, even in small amounts.**

Here are just some of the many ways to effectively use tea tree oil: **Acne** - Tea tree oil kills the skin dwelling bacteria that cause acne. Dilute the tea tree oil as directed above and apply to lesions. Another way to apply it is by diluting it with aloe vera gel. To begin with, mix one or two drops to one ounce of the gel. **Athlete's Foot** - Every morning and evening, saturate a cotton ball with tea tree oil (you may need to dilute it) and apply to the affected and surrounding areas. Also, you may want to apply a tea tree oil enriched moisturizer. Tea tree oil is also very effective when treating nail fungal infections. **Insect Bites** - Apply full strength to the bite area. Tea tree oil is also an effective insect repellent. **Wound Healing** - Moderately apply tea tree oil (at a strength of 70% to 100%) on the wound at least twice daily. Lastly, putting a few drops of tea tree oil in bathwater has a relaxing and rejuvenating effect. It will also soothe sore muscles and eliminate persistent body odor.

Tip Of The Month -

Attention All Athletes: Sleep More!!

If you are an athlete - no matter what level - you are going to want to check out this important information. Here is why... Everyone knows quality sleep is important. Every year more information surfaces that shows it is even more important than many experts first thought. There are many research studies about amounts of sleep and how sleeping too much or too little affects your health. Now, there is another study showing just how important sleep may be for peak athletic performance. Research published in the journal Sleep suggests that sleeping longer can dramatically improve physical performance. Members of Stanford University's male basketball team increased their sleep to 10 hours a night for around 6 weeks. Results? Their shooting accuracy improved by 9%, sprinting times improved, and fatigue levels decreased. When it comes to athletes and high level sports, 9% can be enormous. Top athletes are often separated by minute fractions of a percent. For example, the difference between winners and losers in Olympic sprinting is often measured in thousandths of a second. The study at Stanford University found that getting enough sleep and rest was as important as training and diet for elite athletes. It should be noted that in the study, the players also stopped drinking coffee and alcohol. Obviously, altering all three factors (sleep, coffee and alcohol) seems to have had a major impact. One has to wonder how much of an impact just changing sleep would have?

Popular Smoking Cessation Drug Increases Risk Of Serious Cardiovascular Event By 72%...

A new study by researchers at Wake Forest Baptist Medical Center, in collaboration with researchers at Johns Hopkins University School of Medicine and the University of East Anglia, in the United Kingdom, shows the use of varenicline - marketed by Pfizer under the brand name Chantix™ - is associated with a 72 percent increased risk of hospitalization due to a serious adverse cardiovascular (CV) event, such as heart attack or arrhythmia. The study was published in the July 4th issue of the Canadian Medical Association Journal. According to a press release on reporting the results of the study: "We have known for many years that Chantix is one of the most harmful prescription drugs on the U.S. market, based on the number of serious adverse effects reported to the FDA (U.S. Food and Drug Administration)," said Curt D. Furberg, M.D., Ph.D., a professor of Public Health Sciences at Wake Forest Baptist, lead investigator on the study, and a nationally-recognized leader in drug safety research. "It causes loss of consciousness, visual disturbances, suicides, violence, depression and worsening of diabetes. To this list we now can add serious cardiovascular events." According to the press release, the drug already has a black box warning from the FDA due to other harmful side effects. "People should be concerned," said Sonal Singh, M.D., M.P.H., lead author on the study from Johns Hopkins University Medical Center. "They don't need Chantix to quit and this is another reason to consider avoiding Chantix altogether." Researchers added, "The sum of all serious adverse effects of Chantix clearly outweigh the most positive effect of the drug in my view," Furberg said. "The time has come for the FDA to withdraw the drug from the market."

Remember, we're always here to help your body heal and maintain the health you deserve.

This information is solely advisory, and should not be substituted for medical or chiropractic advice. Any and all health care concerns, decisions, and actions must be done through the advice and counsel of a healthcare professional who is familiar with your updated medical history. We cannot be held responsible for actions you may take without a thorough exam or appropriate referral. If you have any further concerns or questions, please call our office at 781-639-0808.

Health Update: Low Back Pain

Low Back Pain and Scoliosis

Scoliosis is a term used to describe a curvature of the spine that is not "normal." The normal curves of the spine include an inward curve in the low back and neck and an outward curve in the mid-back when looking at the person from the side ("sagittal plane"). However, there should NOT be any curves when looking at a person from the front or back (the frontal plane), the spine should be straight. When there is a curve in the frontal plane, this is called scoliosis and it's usually either a single curve, shaped like the letter "C" or, a double (or more) curve, shaped like the letter "S". Though there is a diagnostic code specific for scoliosis, it is not in itself a disease or a diagnosis and frequently, there are no or at worst, minimal symptoms associated with it. For this reason, most of the time, scoliosis is not noticed until the curve progresses significantly and a friend or family member makes a comment about it or a school screening picks it up.

The most common spinal location for scoliosis to develop is in the middle to upper back (called the thoracic spine) but it can also be located at the junction between the mid back and low back, as well as in the low back only or more rarely, in the neck only. Since there are rarely symptoms associated with scoliosis, the way it's found is by observing one or more of the following:

- One shoulder is higher than the other
- One shoulder blade sticks out more than the other
- One side of the rib cage appears higher than the other (called a "rib hump")
- One hip appears higher or more prominent than the other
- The waist appears uneven
- The body tilts to one side
- One leg may appear or actually be shorter than the other

The use of x-ray usually is appropriate to confirm the diagnosis, to measure the amount of curve, which can then be used for future comparison, and to rule out a possible unusual cause of scoliosis. Rarely is an MRI required - only in cases where neurological signs and symptoms exist and, in younger children (ages 8-11 years old) as scoliosis almost always occurs during the puberty timeframe when hormonal systems are kicking in, such as ages 12-14. When scoliosis occurs at ages less than 11, when there are neurological changes (reflex, muscle strength and/or sensory functions), and/or when the mid-back/thoracic curve bends to the left (as it almost always curves to the right), an MRI is appropriate to rule out spinal cord pressure.

The decision to treat or not to treat is dependent on 2 factors: 1) The "skeletal maturity of the patient" (how much growing is left for the person) and, 2) The degree of the curve. In general, the bigger the curve and the younger the patient, the greater the chance for curve progression or worsening. With that said, curves less 10° reportedly don't require treatment but over 20° should be watched at 4-6 month intervals. If a curve progresses >5° and/or when the curve is >30° in an adolescent, the person should be treated - most doctors would utilize a back brace. Chiropractors can offer additional care by applying spinal adjustments, reducing leg length deficiencies when a compensatory lumbar/low back curve is present and by offering scoliosis-specific exercises.

We realize you have a choice in who you choose to provide your healthcare services. If you, a friend or family member requires care for low back pain, we sincerely appreciate the trust and confidence shown by choosing our services and look forward in serving you and your family presently and, in the future. If you, a friend or family member requires care for low back pain, call 781-639-0808.

**YOU MAY BE A CANDIDATE FOR CHIROPRACTIC CARE FOR LOW BACK PAIN!
FOR A FREE NO-OBLIGATION CONSULTATION CALL 781-639-0808**

Health Update: Headaches

Side Effects of Chiropractic vs. Medications for Headaches

Have you ever stopped and wondered, "...which type of doctor should I go to for treatment of my headaches?" In order to make an informed decision, it is appropriate to look at the side effects each treatment option carries and then consider the pros and cons of each treatment. It has been reported that 45 million Americans suffer from headaches, many on a daily basis. Though some just put up with the pain, others become totally disabled during the headache. Most people initially turn to an over the counter drug such as a non-steroidal anti-inflammatory drug (NSAID) of which there are 3 types: 1) salicylates, such as aspirin; 2) traditional NSAIDs, such as Advil (ibuprofen), Aleve (naproxen); and, 3) COX-2 selective inhibitors, such as Celebrex. According to the medical review board of About.com, complications of NSAID drugs include stomach irritation (gastritis, ulcer), bleeding tendencies, kidney failure, and liver dysfunction. Some NSAIDs (particularly indomethacin) can interfere with other medications used to control high blood pressure and cardiac failure and long term use of NSAIDs may actually hasten joint cartilage loss, leading to premature arthritis. Another over the counter commonly used drug is Tylenol (Acetaminophen) in which liver toxicity can be a potential side effect (particularly with long term use).

Here's the kicker - only about 60% of patients respond to a 3 week trial of an NSAID, NSAIDs can mask signs and symptoms of infection, it cannot be predicted which NSAID will work best, and no single NSAID has been proven to be superior over others for pain relief. Moreover, estimates of death associated with NSAID (mostly gastrointestinal causes) range between 3200 on the low side to higher than 16,500 deaths per year in the United States. Another BIG concern is that low daily doses of aspirin, "...clearly have the potential to cause GI injury as 10mg of aspirin daily causes gastric ulcers."

Others may turn to prescription medication for hopeful pain relief. One of the more frequently prescribed medications for headaches is amitriptyline (commonly known as Elavil, Endep, or Amitrol). This is actually an antidepressant but was found to work quite well for some headache sufferers. The potential side effects include blurred vision, change in sexual desire or ability, constipation or diarrhea, dizziness, drowsiness, dry mouth, headache (ironically), appetite loss, nausea, tiredness, trouble sleeping, tremors and weakness. Allergic reactions such as rash, hives, itching, difficulty breathing, tightness in the chest, swelling of the mouth, face, lips or tongue, chest pain, rapid and/or irregular heart rate, confusion, delusions, suicidal thoughts or actions AND MORE are reported.

The pros and cons of chiropractic include a report on children under 3 years of age, where only one reaction for every 749 adjustments (manipulations) occurred (it was crying, NO serious side effects were reported). In adults, transient soreness may occur. Though stroke has been reported as a cause of headache, it was concluded that stroke "...is a very rare event...", and that, "...we found no evidence of excess risk of VBA stroke associated chiropractic care compared to primary care." Another convincing study reported that chiropractic was 57% more effective than drug therapy in reducing headache and migraine pain! They concluded - chiropractic first, drugs second and surgery last.

We realize you have a choice in where you choose your healthcare services. If you, a friend or family member requires care for neck pain, we sincerely appreciate the trust and confidence shown by choosing our services and look forward in serving you and your family presently and, in the future.

YOU MAY BE A CANDIDATE FOR CHIROPRACTIC CARE FOR NECK PAIN!
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Health Update: Whiplash

Car Accidents and Mild Traumatic Brain Injury

When you woke up today, you thought this was like any other Friday. You're on your way to work, and traffic is flowing smoother than normal. Suddenly, someone crashes into the back end of your car and you feel your head extend back over the headrest and then rebound forwards, almost hitting the steering with your forehead. It all happened so fast. After a few minutes, you notice your neck and head starting to hurt in a way you've not previously felt. When the police arrive and start asking questions about what had happened, you try to piece together what happened but you're not quite sure of the sequence of events. Your memory just isn't that clear. Within the first few days, in addition to significant neck and headache pain, you notice your memory seems fuzzy, and you easily lose your train of thought. Everything seems like an effort and you notice you're quite irritable. When your chiropractor asks you if you've felt any of these symptoms, you look at them and say, "...how did you know? I just thought I was having a bad day - I didn't know whiplash could cause these symptoms!"

Because these symptoms are often subtle and non-specific, it's quite normal for patients not to complain about them. In fact, we almost always have to describe the symptoms and ask if any of these symptoms "sound familiar" to the patient.

As pointed out above, patients with Mild Traumatic Brain Injury (MTBI) don't mention any of the previously described symptoms and in fact, may be embarrassed to discuss these symptoms with their chiropractor or physician when they first present after a car crash. This is because the symptoms are vague and hard to describe and, many feel the symptoms are caused by simply being tired or perhaps upset about the accident. When directly asked if any of these symptoms exist, the patient is often surprised there is an actual reason for feeling this way.

The cause of MTBI is due to the brain actually bouncing or rebounding off the inner walls of the bony skull during the "whiplash" process, when the head is forced back and forth after the impact. During that process, the brain which is suspended inside our skull, is forced forwards and literally ricochets off the skull and damages some of the nerve cells most commonly of either the brain stem (the part connected to the spinal cord), the frontal lobe (the part behind the forehead) and/or the temporal lobe (the part of the brain located on the side of the head). Depending on the direction and degree of force generated by the collision (front end, side impact or rear end collision), the area of the brain that may be damaged varies as it could be the area closest to initial impact or, the area on the opposite side, due to the rebound effect. Depending on which part of the brain is injured, the physical findings may include problems with walking, balance, coordination, strength/endurance, as well as difficulties with communicating ("cognitive deficits"), processing information, memory, and altered psychological functions.

The good news is that most of these injuries will recover within 3-12 months but unfortunately, not all do and in these cases, the term, "post-concussive syndrome" is sometimes used.

We realize you have a choice in where you go for your health care needs and we truly appreciate your consideration in allowing us to help you through that potentially difficult process.

YOU MAY BE A CANDIDATE FOR CHIROPRACTIC CARE FOR WHIPLASH!
FOR A FREE NO-OBLIGATION CONSULTATION CALL 781-639-0808

Health Update: Carpal Tunnel

Is It Really Carpal Tunnel Syndrome?

Carpal tunnel syndrome or, CTS, causes pain and/or numbness into the hand and because it's so common, CTS is often the first and the last diagnosis a doctor makes when a patient presents with these symptoms. The purpose of this Health Update is to consider other conditions that present in a similar way and if not treated correctly, may result in a poor post-treatment result.

In order to understand what CTS is, it's important to learn about where the nerves originate. The nerves to the hand start in the neck and merge together like 5 lanes of traffic (C5 to T1 nerve roots exiting the spine) merging into 3 primary lanes (called "cords") that give rise to smaller roads and eventually continue into the arm as 3 primary nerves (the ulnar, median, and radial nerves).

In their journey into the arm, they travel through tight openings (some of which are called tunnels) at various places which include: **the neck** (the anterior scalene triangle made up of muscles); **the thoracic outlet** (in the shoulder where the collar bone, first rib and shoulder blade come together with multiple muscle attachments); **the elbow** which has 3 tunnels: **the cubital tunnel** located on the inner side (palm facing forwards) often referred to as the "funny bone," where the ulnar nerve travels (which brings strength and sensations to the pinky side of the forearm, hand and 4th and 5th fingers), **the pronator tunnel** located in the middle of the elbow where the median nerve travels (bringing strength and sensations to the middle 3 fingers - digits 2, 3, and thumb side of digit 4); and **the radial tunnel** located on the thumb side outer elbow where the radial nerve travels (which strength and sensations to the thumb and back half of the index finger); and finally **the wrist**, which also has 3 tunnels for the same 3 nerves: tunnel of Guyon on the pinky side (ulnar nerve), carpal tunnel in the middle of the wrist (median nerve), and the radial tunnel at the "anatomical snuff box" for the radial nerve for thumb and back side of digit 2/index finger).

Therefore, when we consider all the places where nerves can get pinched, it's no wonder why the entire area **MUST BE** thoroughly evaluated **BEFORE** agreeing to a surgical procedure for CTS or any other peripheral neuropathy. A nerve can get pinched anywhere if a fracture or blunt trauma occurs. The challenge occurs when there isn't an obvious injury like a fracture and we have to systematically check each of the many "tunnels" that exist in the neck, shoulder, elbow and wrist as described above.

The "take home message" here is don't rely on a quick exam where the health care provider barely touches you and quickly diagnoses CTS based on your history of numb hands. Because it's the most common of the upper extremity peripheral neuropathies, this is frequently assumed and is probably the explanation for those who fail post-surgically. To complicate matters, diabetes and other conditions can create similar symptoms and, more than 1 area may become compressed, requiring treatment in multiple areas.

We realize you have a choice in who you consider for your health care provision and we sincerely appreciate your trust in choosing our service for those needs. If you, a friend or family member require care for CTS, we would be honored to render our services.

YOU MAY BE A CANDIDATE FOR CHIROPRACTIC CARE FOR CARPAL TUNNEL SYNDROME! FOR A FREE NO-OBLIGATION CONSULTATION CALL 781-639-0808

Health Update: Fibromyalgia

Fibromyalgia and the Weather

Recently, a doctor had a patient tell him she had a "break-through" in her fibromyalgia (FM) symptoms that she was VERY excited to share. Having known this patient for a long time, he was intrigued by her enthusiasm. She told her doctor that her family had never had an air conditioner before until late last fall before the winter and hadn't used it yet until recently. She discovered that her generalized, whole body aches were significantly improved by running the AC, even when set at 79°F when the temperature outside may not have required it.

We all know that FM causes many symptoms such as relentless fatigue, muscle pain, depression, dizziness, nausea, and the list goes on. It's also no secret that FM symptoms vary considerably between seasons, as well as with certain weather changes, not to mention temperature changes, air pressure or barometric changes, and when it rains. Changes in fatigue, sleep patterns, headache intensity/frequency, muscle pain, severe episode flare-ups are frequently reported by the FM patient. As far back as 1981, a study reported that a large percentage of FM patients may be more sensitive to changes in weather compared to non-FM subjects. In fact, they stated 90% of the FM patients reported weather was one of the most important factors influencing their FM symptoms. Weather changes commonly affect symptoms in patients with other conditions such as rheumatoid arthritis, multiple sclerosis, and osteoarthritis. But, the question remains, how does weather! affect fibromyalgia?

There are 5 major weather factors that appear to affect FM symptoms:

1. **Temperature:** especially rapid changes in temperature and cold tend to irritate while warm temperatures are less troublesome.
2. **Barometric Pressure:** This is the measure of weight (pressure) that is exerted by the air that is all around us. Sunny days create a high barometric pressure while storms result in a sudden drop. These changes can trigger muscle aches in FM patients.
3. **Humidity:** This refers to the amount of water vapor present in air. Humidity is associated with headaches, stiffness and widespread pain flare-ups in FM patients.
4. **Precipitation:** This refers to any type of water that falls from the sky to the ground (rain, sleet, snow, hail) and is usually associated with a change (usually a drop) in barometric pressure. This can result in increased pain and fatigue in FM patients
5. **Wind:** In general, wind usually causes a decrease in barometric pressure regardless of its force and therefore can trigger fatigue, headache, and muscle pain in FM patients.

Though a number of studies are available that support weather's adverse effects on the FM patient, researchers still are not exactly sure why this occurs but offer several explanations for this. One has to do with our sleep cycle. It appears that changes in the sleep cycle occur at times of extreme temperature - either hot or cold and this can negatively affect the FM patient. Another explanation involves the changes in our Circadian Rhythm that normally occurs with the changes in seasons due to the amount of light our body receives, less in the winter, more in the summer causing fatigue and achiness. The third explanation is the relationship between low temperature levels and an increase in the number of "pro-inflammatory cytokines" in the body, which increases pain intensity. FM patients have reported benefits from dressing in layers, avoiding cold temperatures, and increasing the amount of light inside the house (halogen bulbs, a light box, and also, taking Vitamin D can help too!).

If you, a friend or family member requires care for FM, we sincerely appreciate the trust and confidence shown by choosing our services!

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