

# More David's Story

# 50 Years with Fibro

by David & Margy Squires

In the beginning, the history of fibromyalgia (FMS) moved slowly. Since no medical test could conclusively diagnose FMS, doctors depended on a combination of symptoms like long-standing and transitory whole body pain, muscle fatigue and poor sleep to recognize the disorder. Due to its multi-symptom personality, FMS was labeled a syndrome. Research was mostly nonexistent until the 1990 criteria established by a group of doctors defined the parameters for FMS diagnosis for its inclusion into research studies. Many people know *David's Story* and his early walk with fibromyalgia. In this article, he shares what he's learned, questions others ask him and his thoughts having this incurable disorder 50 years after his first symptoms began.

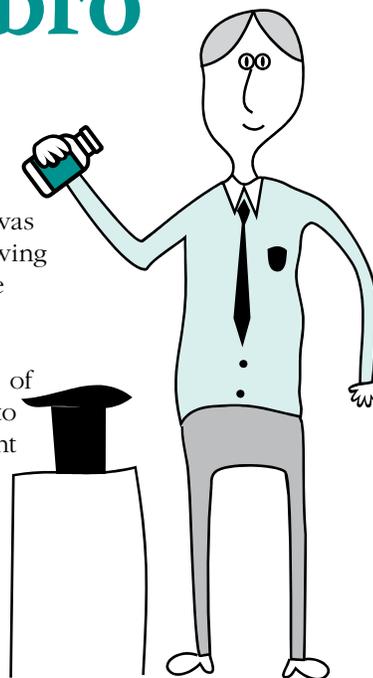
I can remember my very first doctor appointment. I was 15 years old. The doctor told my mother I had “growing pains”. I never thought that 50 years later, I'd still be “growing”!

Looking back, it's easy to see how the medical picture of fibromyalgia has changed. From a psychological nature to being a “real” disorder. From diagnosis by tender point exam to being tucked neatly under a “chronic pain” umbrella. From experimental treatments to less than effective drug therapies. From support groups to virtual chat rooms. What hasn't changed? There's still no focus on the nutritional part of the picture, leaving FMSers wondering just how to balance symptoms with having a “normal” life.

Appearances can be deceiving. People are always telling me how good I look (in fact, I do!) and doctors are surprised that I am on no medications for high blood pressure, cholesterol or any other “age” related disease. The fact is, I'm pretty healthy my doctor says “for a person with fibromyalgia”. Well, I think there's no reason why you can't be healthy with fibro. That part of “looking fine” is real.

One early FMS memory is attending my first support group in 1990. The leader knew less than I did and I didn't know that much. I was also the only guy there. Most of the people just sat around telling each other their symptoms, without really knowing what to do about them. Patient conferences were fairly new and Margy and I decided to attend so we could educate ourselves and start a support group to help others. One thing led to another. Margy worked at Mayo Clinic then and learned about topical pain relievers – one with capsaicin worked at decreasing my pain. Then we learned there was a magnesium deficiency so I started taking that with some success. Eventually, the need for nutritional answers gave Margy a reason to start a company. With help from biochemist friends, health professionals and support from others, supplements were fine-tuned to be specific to fibro needs. Like finding magnesium that didn't cause GI distress (Albion organic magnesium) and a laboratory test that confirmed magnesium absorption. While there's more to the story, in 2014 To Your Health (TyH) will celebrate its 20th birthday.

When I was first diagnosed, I was like most of you – looking for the one thing that would fix me. I tried everything at least once (see my story for details!). But it wasn't until the capsaicin and magnesium came into the picture that something remarkable dawned on me. Maybe there isn't just one magic “fix” you can pull out of a hat. Capsaicin has to be applied several times a day until you feel pain relief. Correcting a deficiency in magnesium can take up to several months. Hello! Suddenly I got this picture of a pie with slices in it. A “slice” of capsaicin for pain relief. A “slice” of Fibro-Care™ for magnesium and energy. A “slice” of Valerian Rest™ to support restful sleep. I call it my “pie theory”. Margy took that idea and launched *Get with the Program (GWTP)*, a simple chart that customers could look at and see which “slices” might help them feel better. While GWTP may seem like a big pie, the first slice is easy – Fibro-Care™. Most health care professionals believe you won't get better without correcting any magnesium imbalance first.



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## David's 50 Years with Fibro

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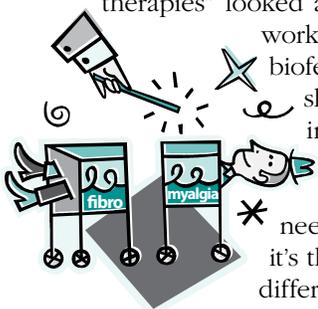
Another critical slice – fixing poor sleep, which makes a difference on next day brain fog, pain and being able to cope.

I don't pretend to know all that Margy does about why a supplement works and the research behind the studies since she writes the articles for the company newsletter (*Health Points*). But I do know what works for me. There is a core of supplements I take daily. While I might suggest Fibro-Care™, Multi-Gold™ and Valerian Rest ES™ as basics, at TyH, you can design your own program. One of the hardest parts about having fibro is that it's not one size fits all or one magic pill fixes all. You do have to find what works for you. Educating yourself is your biggest weapon on being well and healthy.

Another common question I'm asked is does it make a difference being a guy since statistics say three times more women are diagnosed with FMS. Dr. Mark Pellegrino and I have done men's meetings at patient conferences. In the big picture, what happens in FMS happens equally to both sexes when it comes to loss of ability, out of control pain and feeling alone. For me, giving up my career as a successful tool and die maker (all those years of training!) was the worst. Men tie their self esteem to what they can do. I think more men wait longer to seek medical help, which affects their ability to recover. Maybe it's like rheumatoid arthritis in that more damage gets done with time. By getting an early diagnosis, you start treatment sooner – perhaps that's why many TyH customers return to work, exercise and have minimal symptoms. With any disorder, earlier treatment is always better. Another difference is that more women than men are diagnosed with auto-immune diseases like lupus, rheumatoid arthritis and Sjogren's, so they need to look at those contributing symptoms, too.



Do I recommend the FDA approved drugs for fibromyalgia? Let me just say, the drugs cannot fix you. They simply help you deal with the pain sometimes. And not every one gets relief. Plus, there are the side effects. It's just not my therapy of choice. According to Margy, most of the "complementary therapies" looked at for FMS are acupuncture (which works as long as you continue) and biofeedback (mostly pain coping skills). There are two studies which investigated nutritional therapy, one in 2003 and the other in 2011, and they both said "more studies are needed". It's too bad. I still feel like it's the best answer to the more than 50 different symptoms associated with FMS.



Let me give you just one example. The magnesium deficiency was documented as early as 1989 by Dr. Thomas Romano, later by other researchers. Magnesium alone helps more than 300 enzymes (an enzyme is a substance that makes other



things happen in your body) in cells. The suggested daily value for adults is 450 mg daily; for fibro it is 750 mg daily. If you take the American average of 230 mg a day, in five years you will be about a million mg short. Think about all those reactions that are not happening and what that can do to your body! Another interesting fact is that serotonin is low in FMS, too, and you can't even make serotonin without magnesium. Plus, muscles tire easily and don't recover like normal (a study with surface EMG machines showed this). A study that came out last year reported a mitochondria malfunction in FMS. Mitochondria make the energy for those muscles. Well, guess what? The way your body makes energy requires magnesium. Am I saying FMS is a magnesium deficiency problem? I think it would be nice if medical research would look into that theory!

So why should you listen to me just because I have fibromyalgia? Or Margy because she writes about nutritional therapies? You don't have to. There are testimonies from people just like me who have tried the drug way and found out it wasn't the answer for them either. They educated themselves and decided to give supplements a try. Some have been our customers since TyH opened for business and tell other people. It doesn't matter whether you're a doctor or a patient. The truth is the truth no matter which person is saying it. And the truth doesn't change, even over time.

There's a lot about fibromyalgia that isn't known. I'm grateful for the research dollars that have been spent, the dedication of organizations that increased awareness and the support groups so people don't feel alone anymore. Some day maybe we'll find the physical cause for FMS. In the meantime, never, ever give up! And, in case you haven't read my story, here's my favorite saying by Edward Everett Hale: *"I am only one but still I am one. I cannot do everything but I can do something. And because I can not do everything, I will not refuse to do the something that I can do."*



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- ◆ *David's Story*
- ◆ *Get With the Program*
- ◆ *The Fibro-Care™ Story*
- ◆ *RBC Magnesium Testing*

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