

EXTRA GENTLE YOGA FOR FIBROMYALGIA

ABOUT FIBROMYALGIA

Fibromyalgia Syndrome (FMS) comes from the Latin root words: “fibro,” meaning connective tissue fibers, “my,” muscle, “al,” pain, and “gia,” condition of. Merriam-Webster’s Collegiate Dictionary defines “syndrome” as “a group of signs and symptoms that occur together and characterize a particular abnormality.”

Dr. William Balfour of the University of Edinburgh first described FMS in 1816. For many years the medical profession had various labels for FMS, including chronic rheumatism, myalgia, pressure point syndrome, and fibrositis. Often viewed as a psychological condition, in 1987, FMS was finally recognized by the American Medical Association as a true illness and a major cause of disability.

Symptoms and Diagnosis

Due to its varied symptoms, diagnosis of FMS can be challenging. Symptoms can include: difficulty sleeping, loss of hearing, blurred vision, falls, itching, pelvic pain, soft tissue aches and pains, and irritable bowel syndrome. Many people with FMS will complain of fatigue and non-restorative sleep and say, “I hurt all over.”

An official diagnosis for FMS was the result of the Copenhagen Declaration establishing fibromyalgia as an officially recognized syndrome on January 1, 1993, for the World Health Organization. (See, www.cmq.org/fibroang.pdf.) The Declaration defines FMS as a painful, non-articular condition predominantly involving muscles and as the most common cause of chronic, widespread musculoskeletal pain. The Declaration also states that FMS is “part of a wider syndrome encompassing headaches, irritable bladder, dysmenorrhea, cold sensitivity, Raynaud’s phenomenon, restless legs, atypical patterns of numbness and tingling, exercise intolerance and complaints of weakness.” People with FMS often suffer from depression and anxiety. Not surprising with all the possible physical symptoms.

In 1990, the American College of Rheumatology defined the points of FMS and the World Health Organization considered the definition as suitable for research purposes. The following symptoms were then added to the official diagnosis criteria: “. . . the presence of unexplained widespread pain or aching, persistent fatigue, generalized morning stiffness, non-refreshing sleep, and multiple tender points. Most patients with these symptoms have at least 11 tender points. But a variable proportion of otherwise typical patients may have less than 11 tender points at the time of the examination.” The Copenhagen Declaration definition states that you must have at least 11 of 18 specified tender points to be diagnosed with FMS. The pressure used to test for pain should be enough to whiten the thumbnail when pressing on the points.

Tender Points for Diagnosis of Fibromyalgia

Severity Scale: A. Debilitating B. Somewhat Painful C. Mildly Irritating

Low cervical: bilateral, at C5-C7

Second rib: bilateral, at the second costochondral junctions

Greater trochanter: bilateral, posterior to the trochanteric prominence

Knees: bilateral, at the medial fat pad proximal to the joint line

Occiput: bilateral, at the suboccipital muscle insertions

Trapezius: bilateral, at the midpoint of the upper border

Supraspinatus: bilateral, above the scapular spine near the medial border

Lateral epicondyle: bilateral, 2 cm distal to the epicondyles

Gluteal: bilateral, upper outer quadrants of buttocks in anterior fold of muscle

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
Total: _____

Anatomic location of tender points according to the American College of Rheumatology 1990 classification criteria for fibromyalgia.

RESEARCH AND STUDIES SUPPORT COMPLEMENTARY TREATMENTS

According to scientists at the University of Missouri-Columbia, "Patients with fibromyalgia syndrome (FMS) who exercise and practice relaxation and other non-drug techniques report fewer symptoms such as pain, fatigue, and morning stiffness than do patients who receive medication alone. * * * Optimal treatment of FMS should include non-pharmacological interventions, specifically exercise and cognitive behavioral therapy, in addition to appropriate medication management as needed for sleep and pain symptoms," says Lynn A. Rossy, M.A., head of a study that made these conclusions. (See, www.news.wisc.edu/packages/emotion.)

Another study found meditation helps to quiet the mind and better deal with pain of symptoms and is an effective way to distract oneself from symptoms. (See, www.healthcentral.com/news.)

A study of 18 men and women who had persistent pain for more than three months indicates Yoga may help those with chronic pain. Participants attended 90-minute Yoga sessions three times weekly for 30 days. All 18 patients either experienced some kind of improvement or remained the same. No symptoms increased. (See, www.healthcentral.com/news.)

The theory of visualization bringing a positive outcome was supported by a study demonstrating that people can increase muscle power simply by imagining themselves doing the exercises.

Guang Yue led this study at the Cleveland Clinic Foundation's Lerner Research Institute. (See, <http://straitstimes.asia1.com.sg/health/story/0,3324,91956,00.html>)

FROM PAIN TO YOGA

Debra Risberg, a Kripalu certified teacher in Illinois, developed FMS 31 years ago at age 16. Debra says, "It was devastating physically and emotionally and the doctors we turned to for help only made things worse by putting me in a painful brace and plying me with tranquilizers to keep me from complaining." Debra was not given an official diagnosis of FMS until 1987.

A search for freedom from pain led Debra to Yoga. After her Kripalu teacher left town in 1995, she became a certified Yoga teacher. Since then Debra has opened her own studio and teaches students with FMS and chronic pain as well as the general public. When asked how having this condition affects her ability to teach Yoga, she responded, "It helps me to be more sensitive to moving slowly into postures and surrendering to find the deepest release for myself and my students. It keeps me humble. It reminds me of what is truly important because I can't afford to waste precious energy."

Debra's class for people with FMS includes gentle and restorative yoga, meditation, deep relaxation and group support. She said, "The group support model I have used involves breaking up into couples or triples and doing co-active listening. Students seem to love that part of the class."

Debra continued, "You can't apply the same methods to everyone. Some people are so ill and disabled that they can hardly move or stand to be touched. Others can be quite athletic and love deep tissue massage. It depends on the personality, the genetic makeup and how the illness manifests in each individual. Pranayama is also important but something like kapalabhati can be too strong."

Allowing students to relax and breath into sensations can bring an understanding of pain. Meditation teaches one to stop reacting to intense sensations and to begin a more supportive relationship with the body.

For asana practice Debra includes isometrics to release muscles in specific areas. She offers breathing techniques such as the three-part breath, ujayii, and alternate nostril.

Debra hesitates to make diet recommendations because each person is unique in their needs. She did say, "I had no pain when I was in India living on a fresh vegetarian diet. I think the medicinal properties of the spices and herbs in Indian vegetarian cooking are good for me. Also, the food there had no additives or chemicals on it." Although there is no scientific proof to support the theory, Debra suspects, "[FMS] may be caused by environmental toxins combined with stressful living conditions." Debra also takes a daily Ayurvedic remedy called Tryphala to help the digestive tract.

THE AUTHOR'S EXPERIENCE

Most of my life I have dealt with pain in some area of my body. Symptoms included soft tissue injuries, structural imbalances, insomnia, chronic illness, general fatigue and depression.

In 1996 some of my symptoms were given the label of FMS. The diagnosis itself was not especially comforting, as there is no known cure for FMS; however, knowing that there were others who had this condition, and that the medical community recognized it, was promising. I wasn't crazy!

An introduction to Yoga twelve years ago taught me that breathing into sensations can create detachment from (and an acceptance of) symptoms. Gained awareness of daily movements and use of ergonomics in the workplace helped the pain subside. A new attitude toward life led to the desire of sharing this ancient tradition with others. It wasn't just the physical movement of the asanas -- meditation, visualization, pranayama, and deep relaxation brought a greater sense of knowing my true self. Yoga has been one of the most effective tools for healing. However, it is not a panacea and should be used as an adjunct with other treatment approaches. I became a certified teacher through Integrative Yoga Therapy in 1998.

Regular study with teachers who focus on therapeutic applications of Yoga and healing of the whole continue to guide me. After initial training with teachers of Iyengar and other styles of Yoga, I discovered the tradition of T.K.V. Desikachar (sometimes referred to as Viniyoga in the United States). Appropriate sequencing and adaptations of poses to meet individual needs, conscious linking of breath and movement, together with specific pranayama practices, sound, and deep relaxation, has brought profound levels of healing to me, and my students as well.

Two qualities must be present in asana practice: stability and alertness (sthira) and comfort (sukha). (See, *Yoga Sutra II.46.*) Students should not push muscles to point of exertion. When one is unable to perform asana repetitions, suggest mentally visualizing the performance of the movement. Holding poses for too long can cause symptom flare-ups as contracting a muscle for any period of time can activate trigger points. Movement should not be excessive although immobility is another fairly common cause of trigger point flare-ups. Pauses between repetitions allow muscles to relax. Asana practice should always end with a rest in savasana or another restorative posture.

Everyday posture and body mechanics are especially important. How one stands, lifts, sits, walks, and moves can play a big role in sustaining daily energy. If the body is out of balance, strain can result. Avoid sitting in one position for lengthy periods of time as muscle contraction can occur. The body needs to move. Check your body's alignment often throughout the day.

HOW YOGA SUPPORTS FIBROMYALGIA

- Helps maintain energy and strength
- Can be done anywhere without special equipment
- Relaxes tight, sore muscles
- Stimulates circulation and hormonal systems
- Oxygenates body
- Flushes out toxins and impurities
- Counteracts fatigue and lethargy
- Reduces stress reactions
- Activates parasympathetic nervous system
- Lifts depression
- Reduces anxiety and inertia
- Gives mind and body reprieve
- Clears scattered mind
- Improves sleeping patterns

Yoga Nidra practice, also known as body scan, can be effective for healing. Resting deeply without falling asleep restores the mind and body. (See, www.nondual.com.) Integrating regular periods of rest into each day, even when you feel well, may prevent flare-ups.

Suggested pranayama techniques include: langhana (lengthening the exhalation) for cleansing the body, sitali (the cooling breath) to promote healing of autoimmune deficiencies such as FMS, and nadi sodhana pranayama, (alternate nasal breathing) to bring balance to bodily systems. Each individual is different and has unique needs; therefore, choosing pranayama techniques to meet those needs is important.

Meditation has been proven to help with chronic pain and depression. By stopping thoughts momentarily, the mind and body experience a rejuvenating break. Sleep patterns and drug dependency may improve as well.

For teachers who struggle with FMS, reducing or eliminating demonstration of poses may help conserve energy needed for healing. This is a beautiful way to practice ahimsa toward self. Refraining from demonstrating can also encourage students to move inward and experience the poses more fully in their own bodies.

Working with a teacher who has therapeutic training and experience is essential. Begin with an extra gentle practice. Remember the line often quoted by seasoned teachers, "If you can breathe, you can do Yoga." With conscious breathing and simple movements a calming peace can replace fatigue and frustration. Take it easy and listen to your inner wisdom.

Bio

Jeanne Dillion has been the owner of Yoga for Wellness and Back to Basics (an office ergonomics and workplace wellness consulting business) since 1998. She is certified through Integrative Yoga Therapy and a Registered Yoga Teacher. Jeanne has been practicing Yoga since 1990, and has attended trainings with T.K.V. Desikachar and Jon Kabat-Zinn.

Jeanne recently released a CD and audiocassette, *Extra Gentle Yoga*, appropriate for students with FMS and other debilitating conditions. To purchase, go to www.yogaforwellnesspro.com or e-mail her at jeannedillion@cablone.net.

A fibromyalgia workshop for Yoga teachers with Debra Risberg will be offered at the Kripalu Yoga Teachers Association Conference October 24 – 27, 2002. Call Kripalu for details.

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RESEARCH STUDIES

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- www.cfah.org/hbns/newsrelease/nondrug8-31-99.cfm Non-Drug Techniques Help Reduce Symptoms of Fibromyalgia.
- www.healthcentral.com/news Fibromyalgia improves over time; exercise helps 9/18/2001. Yoga may help those with chronic pain 8/22/01.
- <http://straitstimes.asia1.com.sg/health/story/0,3324,91956,00.html> People can increase muscle power simply by visualizing themselves doing exercise.
- www.cmq.org/Fibroang.pdf College des medecins du Quebec guidelines for fibromyalgia.