



THE Fibromyalgia Cookbook

**MORE THAN 140 EASY AND DELICIOUS
RECIPES TO FIGHT CHRONIC FATIGUE**



SHELLEY ANN SMITH FOREWORD BY **ALISON C. BESTED, MD, FRCPC,** and **ALAN C. LOGAN, ND**

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This book is dedicated to the many people who believe in me. My parents—who have always been there for me—for their prayers; my wonderful children and children-in-law Stephen and Kirsten, Kristin and Damon, Adam and Barrett, for their special love and support; and my sisters, Lea, Robin, and Jen. I would also like to dedicate this book to Dr. Cheri Palmer, not only for taking away my pain but also for her continual love, encouragement, and support.

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Foreword

WHAT IS FIBROMYALGIA?

Fibromyalgia (FM) is a chronic musculoskeletal and neurological disorder characterized by widespread pain and tenderness throughout the body. It has been shown to have a genetic predisposition in families. In accordance with the American College of Rheumatology guidelines, the diagnosis of FM is based on a history of chronic widespread pain (on both sides of the body plus above and below the waist) and the finding of at least eleven out of eighteen tender points by a physician (*Arthr. Rheumatol.*, 1990). The diagnosis also includes the following symptoms: fatigue, insomnia, memory and concentration difficulties, sleep disturbance, heart/blood pressure problems, morning stiffness, and gastrointestinal (GI) complaints with potential weight gain.

Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME), a condition where postexertional fatigue is a predominant symptom, is a related and overlapping condition with fibromyalgia.

The definitions of FM and CFS/ME are available online at the National ME/FM Action Network's website at: <http://www.mefmaction.net>.

Fibromyalgia is not a rare condition; it is, in fact, one of the most common rheumatic illnesses (*Journal of Musculoskeletal Pain*, 2004). A major concern in the field of women's health, FM is prevalent among 6 percent of women, according to the 2003 Canadian Community Health Survey (CCHS). CFS/ME is also prevalent among 3 percent of women in the 2003 CCHS.

Despite volumes of international research, the cause of FM remains unknown. However, we do know that it is a recognized disease. Numerous studies have shown physiological disturbances among FM patients, including hormonal and neurotransmitter abnormalities. Functional MRIs of FM patients' brains show that they react differently than healthy peoples' brains to the same painful stimuli. FM patients are more sensitive to pain after the illness's onset. In fact, FM patients are more sensitive in general—this can include reactions to previously tolerated material, odors, and even food.

To date, research has not revealed a fully effective treatment protocol for FM patients, but there is evidence that low-dose antidepressant medication and carefully monitored exercise programs are of benefit. Recently, investigators have suggested that a multidisciplinary, holistic treatment approach—one that emphasizes education and support—may be the most appropriate. Based on clinical observations and published literature, we believe that proper dietary choices can be a helpful component in FM treatment efforts.

HOW CAN DIETARY CHANGES HELP?

Almost half of all FM patients attempt dietary changes, according to research. Many report this as a helpful approach. Even more encouraging, over 70 percent of CFS/ME patients who attempt dietary change report it as *the most helpful* complementary or alternative intervention. These dietary changes are, however, commonly attempted without guidance and support. Patients are often unaware of alternative choices and meal plans, which usually results in poor compliance beyond the short term.

A number of research papers have shown that vegetarian and vegan diets, at least over the short term, can be beneficial in reducing FM symptoms. In a study published in the *Scandinavian Journal of Rheumatology* (Kaartinen et al., 2000), FM patients on a vegan diet for three months had a 30 percent reduction in tender point numbers and exhibited almost no need for painkillers. Increased intake of fruit and vegetable antioxidant and anti-inflammatory phytonutrients (natural chemicals that give plants their taste, color, and texture) is thought to play a part in the benefit of such diets. This does not mean that FM patients should become vegetarian or vegan; however, it does suggest that reducing proinflammatory animal fat, particularly red meat, and increasing fruits and vegetables may indeed be beneficial.

There is much discussion on the Internet concerning a possible link to nightshade family vegetables and autoimmune diseases (e.g., lupus, rheumatoid arthritis, ankylosing spondylitis). Nightshade vegetables include potatoes, eggplants, tomatoes, and bell/hot peppers, and it has been speculated that these foods might weaken autoimmunity. In recent years this theory has been extended into the realm of fibromyalgia. It is very important to note that there is absolutely no credible research to

back up this theory in autoimmunity, let alone fibromyalgia. That said, as clinicians we have observed select patients whose conditions do appear to be aggravated by the aforementioned nightshade vegetables. As with wheat, dairy, and other food groups, the only way to truly identify a nightshade sensitivity is through elimination and challenge. If you find an exacerbation of symptoms with any members of the nightshade family, then by all means eliminate them. However, to give blanket advice to all fibromyalgia patients calling for the elimination of nightshade vegetables is inappropriate. Experimental studies, for example, show that eggplant has anti-inflammatory properties, and tomatoes, eggplants, and bell peppers are all rich in antioxidants—desperately needed antioxidants. If you do have a sensitivity to nightshades then substitute purple cauliflower, cabbage, carrots, and dark green vegetables like spinach, bok choy, and kale, and use sweet potatoes while avoiding regular spuds.

Another area of recent research involves eliminating food additives such as monosodium glutamate (MSG) and aspartame. In a series of case studies published in the *Annals of Pharmacotherapy* (Smith et al., 2001), eliminating MSG and aspartame led to dramatic improvement in FM symptoms. The investigators reported worsening of symptoms when the patients were challenged with MSG and aspartame. It is possible that MSG, aspartame, and other chemical food additives access the brain through a disturbed blood-brain barrier. The blood-brain barrier is a highly specialized network of blood vessels that normally excludes toxins from the brain. There is emerging evidence that the blood-brain barrier may not be functioning optimally in FM and CFS. Therefore, once inside the nervous system, these synthetic chemicals can act as neurotoxins and

disrupt normal transmission between nerve cells. Removing dietary chemical additives has also shown symptom reduction in CFS. Investigators from the University of Newcastle, Australia, reported marked improvements in a number of symptoms, particularly those in the GI tract, when certain food chemicals including MSG were removed. These findings are very important considering that over 70 percent of FM and CFS patients meet the criteria for irritable bowel syndrome during the course of illness.

According to research published in the *Journal of the American College of Nutrition* (October 2001), food intolerances may play a role in the aggravation of FM symptoms. Food intolerances are negative bodily reactions caused by certain foods and are separate and distinct from the classic food allergies. In contrast to a food allergy, where an immediate response is generally observed, the negative reaction to a food may be delayed and take a few days. While classic food allergies to foods such as peanuts and shellfish are relatively rare in the adult population, food intolerances (also called food sensitivities) may be more frequent. Doctors often dismiss the symptoms aggravated by food intolerances, thinking them to be just “in the patient’s head.” In 2000, a very important paper published in the prestigious journal *The Lancet* challenged this notion. It appears that when patients who are intolerant to foods are challenged with those foods they produce higher levels of inflammatory cytokines—immune chemicals that circulate in the blood. These cytokines can be responsible for the headaches, joint pain, and fatigue observed in FM and CFS/ME. When inflammatory cytokines are purposefully elevated in healthy adults under experimental conditions, the symptoms reported are often quite similar to CFS/ME and FM. Indeed, elevation of these cytokines is

even documented to promote symptoms of brain fog, anxiety, and depression in otherwise healthy adults.

While there are a number of methods to determine a food intolerance, the elimination and challenge diet remains the gold standard. Suspect foods—dairy, wheat, citrus, and corn, for example—are eliminated from the diet for a minimum of four days and a maximum of seven days. All of the suspect foods are left out of the diet at the same time. Symptoms may worsen on days two and three as the body goes through a withdrawal of the food. On the fifth day, one of the foods can be introduced back into the diet as part of an elimination-reingestion challenge.

A food diary needs to be kept to record a number of details. The suspected reactions, both physical and emotional, should be recorded before eliminating the suspected food items. The process of reintroducing the food is done one food at a time. This process should always be done the same way. In the morning, take your pulse for a full minute. Record this in the food diary. Eat a small quantity of the challenge food on an empty stomach (see “Testing of Common Problematic Foods” on the next page for sample quantities). Take your pulse before eating the food, then again five, ten, and twenty minutes after eating the food. Record your pulses in your food diary. Also in the food diary, record in a second separate column any physical symptoms such as rash, flushing of your face, heart palpitations, fatigue, or abdominal bloating. In a third column, record any emotional reactions, such as sleepiness, depression, feeling overstimulated, or anxiety. If your pulse rises by ten beats or more, or you have physical or emotional reactions, you may be having an adverse food reaction or a sensitivity reaction to the food in question. Stop the food challenge at that point. Score the severity of the reaction from zero to four. If symptoms occur, they will usually be those that

you commonly experience, but they may be more severe than usual. Do not test yourself with foods you suspect you might have an anaphylactic reaction to or worsening of your asthmatic symptoms.

To offset the symptoms such as facial flushing or abdominal bloating, it is sometimes helpful to take one tablet of Alka-Seltzer Gold (United States only) or to take 1 teaspoon of Bisalts (2 parts sodium bicarbonate to 1 part potassium bicarbonate—made by a pharmacist) in a glass of water. This may assist in clearing the reaction more quickly. Symptoms may occur within a few minutes or may take up to twenty-four hours after eating a food that is not tolerated. Do not test another food until the symptoms have cleared completely.

If you do not react to the smallest sample of the food in question, then proceed to the larger portion sizes before your next meal. The testing of various forms of the same food is also important and has been clinically developed by food allergy and intolerance expert Dr. Janice Joneja.

The following are some suggestions.

Testing of Common Problematic Foods

Wheat

Test 1: Puffed wheat or cream of wheat

(Sample portions: ¼ cup—½ cup—1 cup)

Test 2: Yeast-free cracker

(Sample portions: 2–4–8 crackers)

Test 3: Regular bread (wheat and yeast)

(Sample portions: ½ slice—1 slice—2 slices)

Corn

Kernel corn

(Sample portions: ¼ cup–½ cup–1 cup)

Milk and Milk Products

(Each protein component needs to be tested individually)

Test 1: Casein protein–white cheese, e.g., mozzarella

(Sample portions: 1 ounce–2 ounces–4 ounces)

Test 2: Casein and whey proteins, e.g., Lactaid milk

(Sample portions: ¼ cup–½ cup–1 cup)

Test 3: Casein, whey, and lactose, e.g., regular milk

(Sample portions: ¼ cup–½ cup–1 cup)

Test 4: Casein and modified milk, e.g., yogurt

(Sample portions: ¼ cup–½ cup–1 cup)

Eggs

Test 1: Egg yolk

(Sample portions: ½ yolk–1 yolk–2 yolks)

Test 2: Egg white

(Sample portions: white only of ½–1–2 cooked eggs)

This is a sample elimination diet. More elaborate versions do exist. We recommend performing any elimination and challenge diet under the supervision of a nutritionally oriented doctor or a dietician. Reports in the journal *Neuro-Endocrinology Letters* (2008) highlight the value of supervised elimination diets in CFS symptom reduction. At no time should foods with a previous history of causing a severe anaphylactic or asthmatic reaction be tested unless specifically ordered by your doctor in a medical setting equipped to deal with anaphylactic and asthmatic reactions.

As clinicians we have seen the value of “food as medicine” in many of our patients. Research will undoubtedly continue to uncover the multiple benefits of complex phytonutrients found in fruits, vegetables, and other healthy foods. Since the first edition of this book, emerging studies have shown that patients with FM and CFS/ME are in dire need of a diet rich in antioxidants. It has become clear that FM and CFS/ME patients are under increased oxidative stress where free radical generation is enhanced, and can damage components of the cells within the body, including those mediating pain and/or fatigue. Studies also show that blood levels of protective antioxidant nutrients are low in patients having CFS/ME and FM—almost certainly because they are being “used up” in the defense of the patient’s health. Exciting experimental studies have shown that dietary antioxidants have the capacity to reduce pain, fatigue, and even improve mental outlook. Furthermore, new studies have underscored the importance of omega-3 fatty acids and omega-6 fatty acids in FM and CFS/ME. Indeed, much like the antioxidants, there seems to be a stepped-up demand for omega-3 and omega-6 fatty acids by the body in cases of FM and CFS/ME. Levels of these anti-inflammatory fats have been documented to be low in both conditions. Increasing the dietary intake of omega-3 and certain omega-6 oils helps turn down the body’s own inflammation pathways and helps therefore to reduce overall body pain in FM and CFS. Increasing dietary intake through oily fish (see www.ewg.org for a list of safe, mercury-free fish) plus nuts (e.g., walnuts contain omega-3 fatty acids) and seeds (ground flax seeds contain omega-3 oils) and supplementing with fish (providing anti-inflammatory omega-3 oils) and evening primrose oils (providing anti-inflammatory omega-6 oils) under the guidance of a professional helps to reduce pain and therefore improve function.

Undoubtedly, research will shed additional light on the reasons why certain foods provoke symptoms in some individuals and why certain chemicals, generally considered safe, may worsen symptoms among patients with FM and CFS/ME. We will expand our knowledge of how dietary fats can either help or harm us, and we will uncover more details on the mechanisms surrounding the ability of dietary antioxidants to provide assistance in the promotion of human health. In the meantime, patients with FM and CFS/ME are suffering in the here and now—and they desperately need guidance. A study published in the *Journal of Human Nutrition and Dietetics* (2009) showed that the majority of patients have unhealthy eating habits—70 percent consuming too many inflammation-promoting dietary fats (too much saturated fat and not enough omega-3), not enough fruits and vegetables, and almost all, 95 percent, with major deficiencies in dietary fiber. FM and CFS/ME patients are often swept up in a vicious circle—the pain and fatigue render the patients unable to spend significant time and energy preparing deeply nutritious meals, and they often skip meals and end up consuming convenient, nutritiously poor meals. The sub-par quality of meals does nothing to promote wellness and pave the road to recovery. In the midst of what seems like a desperate situation, enter Ms. Shelley Ann Smith.

In *The Fibromyalgia Cookbook*, Shelley Ann Smith has provided the instrument needed to increase compliance among those attempting dietary changes. An FM patient herself, Ms. Smith provides a unique perspective on the dietary choices that have helped her in recovery efforts. Knowing how the illness can sabotage the ability, and even the desire, to prepare complex, time-consuming meals, she has provided patients with deliciously simple and quick meals—without

compromising even a molecule of vital nutrients. On the contrary, *The Fibromyalgia Cookbook* is stacked from cover-to-cover with nutrient-dense, health-protecting, and recovery-promoting nutrients. She has provided options and alternatives, and most importantly she allows the FM patient or caretaker to choose from a wide variety of foods. One of the realistic concerns of clinicians related to dietary modifications is that if choices are too narrow and limiting, potential nutritional deficiencies could occur. It is essential that FM and CFS/ME patients eat a nutritionally balanced diet with adequate protein, fats, and carbohydrates based on individual caloric needs. This recipe book is not based on a restrictive diet, but rather one that is inclusive of many healthy foods. Ms. Smith recognized a need for support and has filled the void well, hopefully making the lives of fellow-sufferers a little easier. *The Fibromyalgia Cookbook* can be used, along with professional medical guidance, as a means to maintain a healthy diet, one that is so desperately needed when living with a chronic illness.

Enjoy,

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A Multifaceted Healing Approach

Fibromyalgia is a health issue which for many has a lot of gray areas. As a chiropractor I have found that a multifaceted approach is best. There are four main areas that need to be addressed with someone who has fibromyalgia.

1. **Exercise.** Simple exercise, such as walking, is best as it is low impact, and swimming or biking are great forms of exercise for the same reason. Endorphins are hormones that are released during exercise that reduce pain.
2. **Diet and nutrition.** There are many modifications that can be made to our diets that will reduce pain and inflammation. The following supplements would be very helpful for individuals with fibromyalgia: vitamins E, C, and B; manganese; magnesium; raw veggies; Detox Diet (specifically for liver, kidney, and bowel—reduces toxins that produce inflammation in the body; while reducing red meats and increasing fish and plant oils (omega-3, 6, and 9)).

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3. **Stress reduction.** Comedy and laughter release endorphins (like exercise) and change mood. Walking in nature or near water will also reduce stress. Yoga and meditation are proven to reduce stress, increase circulation, and give a sense of well-being.
 4. **Improved spinal and nervous system function.** As a chiropractor, I see a lot of imbalance within the spine and nervous system with fibromyalgia patients. The human body is a self-regulating, self-healing organism. It is designed to heal itself and regulate all functions. The nervous system runs and controls the whole body and all of its functions. The way we breathe, our digestion, the way we move, our immune system—everything is controlled by the nervous system. As long as there is no interference with this system, one should experience the very best of health. However, with interference, the nervous system will cause malfunction and the body will do its own thing. After the malfunction has been present for a period of time, the body will move into disease mode. Then, the body will speak in the language of symptoms. The symptoms of fibromyalgia are numerous, but the most common include chronic pain, depression, fatigue, muscle stiffness, anxiety, stress, tingling and numbness, neck and back pain, loss of sleep, and bowel problems.

So what can cause interference with the nervous system? Chiropractors call this a vertebral subluxation—this is when one or more of the vertebrae becomes subluxated (misaligned), and this interferes with the way the nervous system controls body functions, including behavior and perception. So quite simply, finding and correcting vertebral subluxations in fibromyalgia patients (as

well as many other diseases) will in most cases improve or eliminate the syndrome of fibromyalgia. What causes vertebral subluxations? Emotional stressors (one of the main culprits), physical stress or trauma (accidents, falls, repetitive strain), and chemical stressors (certain foods, alcohol, drugs, toxic chemicals) are the main causes.

Find a good chiropractor in your community who incorporates a multifaceted approach as outlined here—this could change your life or that of someone you love.

Cheri Palmer, BPE, DC

sample content of The Fibromyalgia Cookbook: More than 140 Easy and Delicious Recipes to Fight Chronic Fatigue

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