REDUCTION OF FIBROMYALGIA SYMPTOMS THROUGH INTRAVENOUS NUTRIENT THERAPY: RESULTS OF A PILOT CLINICAL TRIAL

Patrick B. Massey, MD, PhD

Objective • To evaluate the effectiveness of a modified Myers’ formula of intravenous nutrient therapy (IVNT) on the symptoms of fibromyalgia (FM) in therapy-resistant FM patients.

Methods: In this pilot clinical trial, 7 participants with therapy-resistant FM were given IVNT once per week for 8 weeks. Patient’s pain levels, fatigue, and activities of daily living were evaluated weekly.

Results • All participants reported decreased pain levels, decreased fatigue, and increased activities of daily living. Participants noted increased energy and activities of daily living as well as a 60% reduction in pain (P=.005) and an 80% decrease in fatigue (P=.005). No participants, however, reported complete or lasting resolution of pain or fatigue. No side effects were reported.

Discussion • Anecdotal reports have indicated benefit for IVNT for patients with chronic pain, including FM. However, except for 2 reports, the medical literature is devoid of any studies of IVNT for the treatment of FM. In this pilot study, 7 participants received IVNT once a week for 8 weeks. All participants had long-standing FM (at least 8 years) and had tried conventional therapies, such as antidepressants, nonsteroidal anti-inflammatory drugs, and exercise, without significant or lasting relief. All had improvement in symptoms and increases in their activities of daily living, although no participant reported complete resolution of symptoms. IVNT appears to be safe to reduce FM symptoms. (Altern Ther Health Med. 2007;13(3):32-34.)

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Fibromyalgia (FM) is a chronic medical condition characterized by widespread pain, specific tender points, fatigue, and sleep disturbances primarily affecting women between 20 and 65 years old.1,2 Prevalence increases with age until after 65 and rapidly declines. FM is 3 times more common in women than in men, and risk factors include trauma, middle age, lower education level and household income, divorce, and disability.3

Conventional medical therapies for FM include antidepressants, nonsteroidal anti-inflammatory drugs (NSAIDs), and other pain medications.2,3 Exercise, nutrition, acupuncture, and stress reduction also may be effective at reducing the symptoms of FM.4 However, no one therapy seems to be universally effective.5

There is anecdotal evidence that a specific combination of both intravenous vitamins and minerals (modified Myers’ formula) may reduce pain and increase energy in patients with FM.6 However, documentation of any benefit of this specific intravenous nutrient combination, for any medical condition, is limited to a clinical report of intravenous nutrient therapy (IVNT) alleviating hot flashes in men with prostate cancer undergoing androgen deprivation therapy.11

In this clinical trial, we explored the effect of weekly IVNT on a small cohort of patients with chronic and severe FM. All participants had failed numerous medical therapies and had very poor quality of life secondary to pain and fatigue. During therapy, all participants reported decreases in pain and increases in energy and activities of daily living. None of the participants, however, reported complete resolution of pain within the 8-week period.

MATERIALS AND METHODS

Seven women between the ages of 38 and 65 with a diagnosis of therapy-resistant FM were recruited from the ALT-MED medical and physical therapy program (private clinical practice of the author) and enrolled in this open-label, clinical trial. The diagnosis of FM was made and/or confirmed by a rheumatologist, using the American College of Rheumatology criteria of at least 11 of 18 tender points being painful upon palpation. Therapy resistance was defined as persistence of pain significantly affecting activities of daily living in spite of appropriate medical intervention. All participants had been diagnosed with FM at least 5 years before.

At the time of the study, the participants were not taking antidepressants but were using NSAIDs and occasional opioid
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FM patients have higher levels of substance P, and this may amplify the central pain message. In addition, inadequate levels of natural anti-inflammatory compounds, such as alpha-antitrypsin (AAT), also may contribute to the pain and disability. However, the mechanism(s) by which FM manifests itself is still undetermined.

Pain is the primary symptom of FM. Allopathic medical approaches, such as antidepressants, exercise, and pain medications, are beneficial to some degree. Early research suggests that acupuncture, mind-body-based stress reduction, and tai

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<th>Vitamin/Mineral</th>
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<tr>
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<td>Niacinamide</td>
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RESULTS

Averaged initial and weekly pain and fatigue levels were assessed. By the second administration of IVNT, all participants reported a decrease in both pain (Figure 1) and fatigue (Figure 2). Although there was variation in reported pain levels from week to week, over the course of the 8-week clinical trial, pain levels and fatigue significantly improved (P<.005). None of the participants achieved a pain-free or fatigue-free state, but all participants consistently reported increased energy 24-48 hours post-INVT. One participant improved to the point that she was able to return to work part-time.

DISCUSSION

It has been estimated that FM affects 3-6 million Americans, the overwhelming majority being women between 30 and 60 years old. FM seems to be precipitated by trauma, virally mediated illnesses, and autoimmune disease. For many, FM causes significant alterations in lifestyle. Studies show that 25%-31% of people diagnosed with FM are completely disabled. Disability is persistent and, over time, may progress. Although the research is far from conclusive, changes in regulation of the inflammatory process appear to play a role.
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In this study, all participants had considerable reductions of reported pain, but no participant reported a pain-free state during the 8-week session. There also was an increase in self-reported energy levels. Increases in energy resulted in anecdotal reports of an increase in the activities of daily living, such as housework and interactions with family and friends (data not shown). Although there was some variability in pain levels and energy over the 8 weeks, the overall trend for each participant was toward improvement.

None of the patients reported any serious side effects. If the IVNT was infusing too quickly, an occasional burning feeling was reported at the needle site, but this sensation disappeared when the infusion rate was reduced.

Given the myriad number of biochemical reactions in all organs systems involving the B vitamins, magnesium, calcium, and vitamin C in the IVNT, there is not enough data to speculate on specific mechanism(s) of action. Nevertheless, the nutritional role of the IVNT and the anti-inflammatory effects of vitamin C and magnesium cannot be excluded as possible mechanism(s) of action.

There seem to be measurable nutritional deficiencies in FM, and these deficiencies may contribute to the symptoms of FM. Improved nutrition may reverse some of these, as adoption of a vegetarian or vegan diet can significantly reduce pain, stiffness, and sleep disturbances, possibly as a result of increased amounts of vitamins and nutrients.

There is also ample evidence that increased B vitamins and vitamin C levels amplify the production of neurotransmitters in the central nervous system. Vitamin-induced changes in specific neurotransmitters may alter the perception of pain in FM. For example, in a small study, reduction of dietary excitotoxins such as monosodium glutamate and aspartame greatly improved pain and function in patients with FM.

Magnesium has been shown to be beneficial in the treatment of pain in FM. In this study, however, it is unlikely that magnesium is the sole “active” anti-inflammatory. The amount of magnesium used is much lower than the amount of magnesium reported to benefit FM, and B vitamins also have direct anti-inflammatory potential.

Though the results of this clinical trial are positive, there are a number of questions that cannot be answered without larger, randomized, placebo-controlled clinical trials, including the following: the role of the placebo effect; the optimal combination of specific nutrients for FM; the best interval and duration of therapy; and whether the benefits are enduring after discontinuation of IVNT. Nevertheless, given the improvements in pain level and activities of daily living resulting from IVNT, as well as the lack of any side effects, these data strongly suggest that further research into IVNT as a therapy for FM is indicated.

REFERENCES