5

Tears and Fibromyalgia Syndrome

A few years back I started an article on fibromyalgia with a brief story about Ms. Smith and Dr. Jones. It was a tale rather than an actual medical experience, but it reflected many of my thoughts about this much-maligned and misunderstood syndrome. I recount this story here and discuss some of fibromyalgia's challenging clinical features. I then share some encounters with past patients to help the reader understand fibromyalgia's differing presentations and treatments.

Fibromyalgia syndrome (FMS) is being diagnosed in hundreds of thousands of people. What is it? It is a condition involving diffuse pain, sleep disturbances, tender body points, and numerous other health problems that I discuss later on in this chapter. It desperately needs to be better understood in society today. Many health practitioners believe that it clearly exists (many also debate it), but it would help to be more aware of how and when it presents and what can be done about it. This chapter is one attempt to achieve these goals.

Fibromyalgia sufferers, in my opinion, can improve their health status. Being diagnosed with FMS does not mean one is guaranteed to be the victim of a medical condition that is filled with unending despair. So much information is available in the lay and research literature, but it is still difficult to come up with conclusive, truly helpful, meaningful material. That does not mean, however, that fibromyalgia cannot be treated in a caring and thorough manner. There are many lights at the end of the fibromyalgia tunnel, but we need to know which switches to flip and which parts need replacing in order for the bulbs to resume burning. Now let's hear that tale. . . .

Ms. Smith visited her family doctor's office in tears, crying her eyes out. Her face was flushed, her eyes were rheumy, her nose was scarlet, and the tissues she tightly clutched were a messy pulp of pink and yellow. She was ushered from the waiting room into one of the four examination rooms. The dates on the magazines indicated that they were about three years old, not too bad for a doctor's office.

Dr. Jones was an efficient young family physician. He wanted to solve this crying problem quickly, efficiently, and in a cost-effective manner.

Dr. Jones marched into the examining room and listened to Ms. Smith's chest and heart and gazed through a lighted instrument up her nose. When her pupils were subjected to a quick shot of a harsh light, they constricted quickly and with authority. They were not the pupils of a person with syphilis, which can "accommodate but not react" (e.g., constrict with reading but not to a flash of light). Time was of the essence. There were 13 people in the waiting room, and it was 4 P.M. "Ms. Smith, you are experiencing lacrimation, also known as tearing or crying. It's not a serious condition. Tears, a salty or saline solution, are produced by small lacrimal glands located on top of your eyes. The tears waft across your eyes and are collected in little bony channels called nasolacrimal ducts, then land up in your nose. That's why you often have to blow your nose when you are crying."

"I'll tell you what I want you to do." Dr. Jones reached into his medicine cupboard, which was filled with all kinds of products provided to him by visiting drug detail persons or pharmaceutical representatives. "Take this special type of medical glue and tap a few drops around your glands every three hours. The lacrimal glands will then stop producing tears, and you will stop crying. Problem solved."

Now, we know that (1) Dr. Jones is a fictional character, (2) he never actually gave Ms. Smith that speech, (3) no doctor would seriously sermonize the way Dr. Jones did, and (4) there is no such thing as lacrimal glue, although medicinal glue is used by physicians to repair skin lacerations.

A usually caring Dr. Jones would have started with the history part of the clinical examination. He would have commenced by asking Ms. Smith a few questions, such as "Why are you crying, Ms. Smith? Has anything sad or painful happened? Did you fall? Are you hurt? Did anyone die? Are you bleeding? Did anyone try to attack you?"

That is, Dr. Jones would have tried to find out why Ms. Smith was crying. Was she happy or sad? Maybe she had won a lottery. Maybe a parent had just died. Or onions were in the room. Or she had just been diagnosed with cancer. Sometimes we cry from joy, but not anywhere near as often as from sadness. You get the drift—crying can come from many sources; it can spring from many wells.

But what does this tale have to do with FMS? What is the connection between tears and fibromyalgia? Lacrimation or tearing or crying, all synonyms, is a complex human body reaction. Multiple features of the body's biochemical, neurological, physiological, anatomical, and psychological systems may come into play to produce those briny, slippery tears. Countless hankies and tissues have been laundered and thrown out, respectively, because of crying encounters and the shedding of tears at movies, gravesides, chemical plants, courts of law, emergency departments, and weddings.

How does crying start? First, there has to be some kind of stimulus. It may be emotional (like a happy or sad event), painful (like a fall, cut, or fracture), environmental (like a cold, windy, intolerable landscape) or irritating (like a sudden gust of sand or onion fumes in the eyes). The brain seems to take over

at some point, producing specific stimuli, electrical impulses that project to other neural pathways, and somehow these impulses land up in those lacrimal glands, which then start pumping out the tears. And, voilà, we cry. Prolactin, a tranquilizing hormone produced by a part of the brain called the pituitary gland, may be released into the tears of sorrow but not into the tears of simple irritation. Makes sense; in times of sadness we would appreciate being soothed, and secreting prolactin may help do this.[1]

So, multiple factors, etiologies, and stimuli, coming from a gazillion emotional, physical, and environmental places, may elicit the same fairly stereotypical reaction that we call tearing or lacrimation. A mundane, seemingly simple process is not that simple after all.

And—finally we have arrived at our destination—FMS has features that make it easily comparable to tearing. FMS is a painful, diffuse affliction of the musculoskeletal system that is real and has many scientific theories behind it. Microscopic muscle changes have been reported in scientific journals. Blood flow to exercising FMS patients' muscles has been described as reduced compared to that in "normals." Cerebrospinal fluid, the crystal-clear fluid that bathes our brain and spinal cord, may contain different amounts of neurotransmitters, the stuff that helps relay information from one part of the central nervous system to another. But, like lacrimation, there may be multiple factors that can aggravate FMS and outright cause it. A physical event like crying can be triggered by a nonphysical or emotional event. Physical FMS events like the reduced blood flow and the neurotransmitter changes may happen for various sociological and psychological reasons.

In talks on the subject I often go on to say that sometimes we doctors use the "glue the ducts" approach to treating FMS. We prescribe a little exercise and a few pills. We provide a pat on the shoulder, and little thought or emotion accompanies our advice to "carry on." Instead of examining the big picture, we often focus too exclusively on the pain, like Dr. Jones and his narrow focus on the tearing and little else. We ignore the environmental, physical, psychological, and sociological circumstances that may or may not be engulfing the patient with pain due to fibromyalgia. If we focus on these issues, there is a much better chance of getting to the core of the FMS problem, where often the healing can begin. Then we can offer constructive help, effective programs, and written material that resonates in the mind of the patient.

I'm getting a little ahead of myself. Let's look at a few clinical cases that illustrate some of these issues. Then we can perhaps appreciate what it's really like to be experiencing the symptoms of FMS, the frequent suffering that accompanies it, the doctor-patient interaction, and the attempts to resolve some of its dilemmas.

Betty

Betty, a 56-year-old married woman, was referred to me for foot pain. The balls of her feet ached, and her family doctor wondered whether shoe