

Effectiveness of Chinese Herbal Treatment for Fibromyalgia and Chronic Fatigue Syndrome

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ABSTRACT

OBJECTIVE

To measure the effectiveness of customized Chinese Herbal treatment for fibromyalgia and chronic fatigue syndrome.

STUDY DESIGN

This study is a retrospective case series that includes the outcome of patients with a previous diagnosis of chronic fatigue and/or fibromyalgia syndromes who presented to the clinical practice of J. Gilbert for Chinese herbal consultation and who completed or quit treatment between the years of 1999 – 2005.

DATA SOURCE

Data were obtained from the clinical charts of J. Gilbert, board-certified practitioner of Chinese Herbology, practicing in the states of Maryland and Virginia.

PATIENT POPULATION DESCRIPTION

Thirty-eight patients are included in this study, of which 22 had a prior diagnosis of chronic fatigue syndrome, twenty patients had a prior diagnosis of fibromyalgia, and 4 patients had a prior diagnosis of both syndromes. They reported having their diagnosis an average of 8.6 years prior to presenting for treatment to J. Gilbert. They averaged 44.0 years old, 76.3% were female, had completed an average of 4.6 years of education past high school, and 5.3% were applying for or were already on disability at the time of presentation.

OUTCOME MEASURED

A patient is defined as “successfully recovered” from fibromyalgia or chronic fatigue syndrome (or both) if both the patient and practitioner (J. Gilbert) were in agreement regarding the patient’s return to previous level of functioning, were free from any persistent symptoms (pain, irritable bowel syndrome, memory or concentration problems, sleep dysfunction, etc.) associated with their fibromyalgia or chronic fatigue syndrome, and were off any medications or dietary supplements started specifically for their fibromyalgia or chronic fatigue syndrome, or associated symptoms. If a patient did not respond to herbal treatment or chose to terminate treatment for any reason, they are defined as a “non-responder” in this case series. No patients were excluded from this study.

RESULTS

Twenty-eight of the 38 patients in this case series “successfully recovered” from their respective conditions of fibromyalgia or chronic fatigue syndrome (or both), showing an effectiveness rate of 73.7 percent. Similar recovery rates were obtained when patients with fibromyalgia and chronic fatigue syndrome were considered separately. The average length of treatment was 10.3 months.

CONCLUSION

Customized Chinese herbal treatment, as prescribed by J. Gilbert, has demonstrated recovery from fibromyalgia and chronic fatigue syndrome to previous levels of health, without the need for on-going prescription medications or dietary supplements to sustain recovery or to abate symptoms, in over 73% of patients in this study population.

Fibromyalgia is a condition of widespread body pain. Using the 1990 American College of Rheumatology classification criteria, the prevalence of fibromyalgia in the general population in the United States is reported to be 3.4% in women, and 0.5% in men.^{1,2} The pain of fibromyalgia can be slow or abrupt in onset, commonly following a notable stressful event or viral illness, and is present in the muscles, ligaments, and tendons. A diagnosis of fibromyalgia requires that the pain has been present for 3 or more months, affects both sides of the body, exists above and below the waist, and is also present in the axial skeleton (neck, mid-chest, or mid-back). On physical exam, significant pain must be reported upon digital palpation (by the diagnosing physician) at 11 or more of 18 tender point sites on the body. In addition to pain, the criteria for fibromyalgia require that fatigue and many other symptoms be present. In the process of making the diagnosis of fibromyalgia, all known types of arthritis or other medical or psychiatric diagnoses must not be able to account for the clinical presentation of the patient.

Recent surveys by the Centers for Disease Control discovered that 2.54% of the people ages 18-59 met the clinical diagnosis for chronic fatigue syndrome.³⁻⁴ Chronic fatigue syndrome, as defined by the Centers for Disease Control, requires fatigue of at least 6 months duration that is not explained by other medical diagnoses, is persistent or relapsing in nature, and is of new onset (has not been life long). The fatigue of chronic fatigue syndrome is not the result of ongoing exertion, is not alleviated by rest, and results in substantial reduction of previous levels of occupational, educational, social, or personal activities. In addition to the fatigue as just described, a person must also have four or more of eight symptoms in order to meet the criteria set by the Centers for Disease Control for Chronic Fatigue Syndrome. These eight symptoms are as follows: 1) postexertional malaise lasting more than 24 hours, 2) impaired memory or concentration, 3) multijoint pain without redness or edema, 4) tender cervical or axillary lymph nodes, 5) unrefreshing sleep, 6) muscle pain, 7) headaches of a new type or severity, and 8) sore throat. A diagnosis of chronic fatigue syndrome is not made if another medical or psychiatric condition could explain the symptoms, except when the

other condition has been treated and resolved, or the other condition was based only on symptoms rather than diagnostic laboratory tests.

As described above, the respective conditions of fibromyalgia and chronic fatigue syndrome are diagnosed by medical doctors only when certain criteria are met and other possible medical or psychiatric diagnoses have been thoroughly evaluated; hence, both syndromes are said to be “diagnoses of exclusion”. However, the presence of another clinical disorder does not exclude the diagnosis of either fibromyalgia or chronic fatigue syndrome. It is also important to understand there is some overlap in the diagnosis of these two conditions. People who have been diagnosed with fibromyalgia tend to have wide-spread pain as their most significant complaint with fatigue as secondary. While people diagnosed with chronic fatigue syndrome have fatigue as their most significant complaint, with pain as a secondary issue. It should be noted, however, that four of the eight symptoms listed above that are required for the diagnosis of Chronic Fatigue syndrome are a type of pain. Hence, some people meet the diagnostic criteria for both conditions.

In cases where a patient meets the criteria for both syndromes at the time of initial medical evaluation, the actual diagnosis they are given may depend on what type of specialist they see first. A rheumatologist is more likely to make the diagnosis of fibromyalgia, since it was the American College of Rheumatology who established the criteria for fibromyalgia. On the other hand, if a person meeting the criteria for both syndromes goes to a primary care physician for their initial diagnosis, they may be diagnosed with chronic fatigue syndrome and referred to a rheumatologist to simultaneously rule-in/out fibromyalgia. It is interesting to note that the CDC established the criteria for chronic fatigue syndrome but it has not yet recognized the syndrome of fibromyalgia.

It is the clinical experience of both authors that the overlap in these two conditions goes beyond the diagnostic criteria, as it is common for a patient's health status to evolve from one condition to the other, and vice versa, over the progression of their life. That is, the symptom history of some patients may be consis-

tent with a diagnosis of fibromyalgia at the beginning of their health decline, which later evolves into the symptom picture of chronic fatigue syndrome over the progression of their life, and vice versa. For example, there are periods of time when pain is the most significant problem for many patients, and other times when fatigue is the most significant problem. Hence, for some patients, these two conditions are either one in the same, or they have both.

Despite the fact that chronic fatigue syndrome was first formally defined by the Centers for Disease Control in 1988 and the criteria for fibromyalgia were established by the American College of Rheumatology in 1990, there is still no known cause for either syndrome. Numerous potential contributing factors are described in the literature, including various infectious agents, immune system defects, neuroendocrine dysfunctions, autonomic nervous system dysfunctions, and sleep disorders.⁵⁻⁹ However, no potential cause has been put forth in the medical literature that can adequately explain the etiology of either condition; and since the causes of these conditions are still elusive, so, too, have been the treatments. Most medicines prescribed today to patients with either fibromyalgia or chronic fatigue syndrome are directed at managing the symptoms. Hence, various pain medications are commonly prescribed, as are medications to induce sleep and to stimulate energy; but, none of these medications are able to address the elusive root cause of how or why a person's health declined to the state of either fibromyalgia or chronic fatigue syndrome.

Due to the lack of effective treatments for fibromyalgia and chronic fatigue syndrome in conventional medicine, many patients seek alternative therapies in hopes of finding relief from their condition.¹⁰⁻¹³ One such alternative is ancient Chinese Medicine, which offers a completely different approach to the understanding and treatment of these conditions than what is available in modern western medicine. While collaborating in patient care at the Center for Integrative Medicine at University of Maryland, the authors observed favorable responses to Chinese herbal treatment among patients with fibromyalgia and chronic fatigue syndrome. The purpose of this study was to estimate the effectiveness of Chinese Herbal treatment of fibromyalgia and chronic fatigue syndrome in the population of patients previ-

ously diagnosed with either of these conditions who presented for consultation and treatment to the Chinese Medicine practice of one of the authors (J. Gilbert).

METHODS

This study design is a retrospective case series. The treatment protocol below describes the natural course of treatment for patients seeking Chinese Medicine consultation between 1999 and 2005.

TREATMENT PROTOCOL

Patients were self-referred to the private Chinese Medicine practice of Jonathan Gilbert and were seen in either of his two office locations (Towson, Maryland and Arlington, Virginia). Initial office visits were scheduled as one-hour sessions, which included a review of their current and past medical and social history and Chinese Medicine physical exam. Based on the initial assessment, a customized herbal formula was written for the patient and the patient would leave the office with a one month supply of herbs. Follow-up office visits were typically scheduled on a monthly schedule, with more or less frequent visits scheduled based on the needs of the individual patient. Over the natural course of treatment, the herbal formula prescribed to a patient would typically be changed about three times as the patient progressed to recovery.

In addition to herbal therapy, patients were counseled by Jonathan Gilbert on dietary and life style changes according to their individual needs. No vitamin, mineral, or dietary supplements other than the herbal formula were provided to the patient or advised to the patient during the patient's course of care. Any changes in baseline conventional prescription medications during the course of treatment were managed by original prescribing medical doctor.

Termination of treatment occurred when 1) a patient was discharged from treatment when successful response to herbal therapy had been obtained or 2) when a patient chose to discontinue therapy.

HERBAL PREPARATION AND SOURCE

The Chinese Herbal products used were 5:1 concentrated powders that retailed from two sources; The Mayway Corporation and KPC Inc. Both of

these suppliers have Good Manufacturing Process (GMP) status as well as being National Security Agency (NSA) and Food and Drug Administration (FDA) compliant. The herbal products used from these suppliers were purchased as individual powders (with minimal fillers) or as individual whole fresh herbs.

Individual herbal prescriptions consisted of a mix of herbs according to a precise formula written by the practitioner (J. Gilbert). When the herbs were provided in the powder form, the practitioner prepared the formula and handed it to the patient with daily dosing instructions written on the container. A typical dosing schedule would be 1 teaspoon of powder herbal formula, mixed in 1/2 to 1 cup of warm water or juice (any amount sufficient to dissolve the powder), to be taken by mouth twice daily. When fresh herbs were utilized, the mix of fresh herbs were packaged by the supplier according to the formula specified by the practitioner. Patients were provided instructions on boiling the fresh herbs to prepare a tea and told the precise amount to drink daily.

DEFINITION OF RESPONSE TO TREATMENT (OUTCOME MEASURED)

In this study a patient is defined as “successfully recovered” from fibromyalgia or chronic fatigue syndrome (or both) if both the patient and practitioner (J. Gilbert) were in agreement regarding the patient’s return to previous level of functioning, were free from any persistent symptoms (pain, irritable bowel syndrome, memory or concentration problems, sleep dysfunction, etc.) associated with their chronic fatigue syndrome or fibromyalgia, and were off any medications or dietary supplements started specifically for their chronic fatigue syndrome or fibromyalgia, or associated symptoms. If a patient did not respond to herbal treatment or chose to terminate treatment for any reason, they are recorded as a “non-responder” in this case series.

DATA COLLECTION

All charts from the private office of Jonathan Gilbert between 1999 and 2005 were reviewed for diagnoses of chronic fatigue syndrome or fibromyalgia. Three sections in each chart were

scanned for these diagnoses: 1) The first page of the client information form where patients self-report their medical diagnoses for which they are under “medical supervision now”. 2) The first page of the new patient form completed by the practitioner where the patient’s “main complaints” and “secondary complaints” are listed. 3) The second page of the new patient form where past medical history information is recorded by practitioner. Data were extracted from the charts by the authors and collated in an Excel data file prepared by the first author. No patients who were identified with chronic fatigue syndrome or fibromyalgia as described above and who had completed or terminated treatment were excluded from this study.

RESULTS

STUDY POPULATION

A total of 38 patient charts were identified with diagnoses of Chronic Fatigue Syndrome (CFS) or Fibromyalgia (FM). In each case the condition of chronic fatigue syndrome or fibromyalgia was listed as the “main complaint” for which the patient was seeking Chinese Medicine consultation and treatment. As shown in Table 1, 22 patients had a previous diagnosis of chronic fatigue syndrome, 20 patients had a previous diagnosis of fibromyalgia, and 4 patients had both previous diagnoses. They reported having their diagnosis an average of 8.6 years prior to presenting for treatment to J. Gilbert, with a range of 6 months to 25 years. The average age was 44.0 years old, 76.3 percent were female, they averaged 4.6 years of education beyond high school, and 5.3% were applying for or were on disability at the time of presentation.

RECOVERY RATES AND LENGTH OF TREATMENT

As shown in Table 2, 28 of the 38 patients “successfully recovered” from fibromyalgia or chronic fatigue syndrome during their course of Chinese Herbal Treatment. This corresponds to a recovery rate of 73.7 percent. Among the 22 patients with the diagnosis of chronic fatigue syndrome, 16 “successfully recovered”, corresponding to a recovery rate of 72.7 percent. Among the 20 patients with the diagnosis of fibromyalgia, 15 patients “successfully recovered” corresponding to a recovery rate of 75 percent. The average length

of treatment for all patients was 10.3 months with a range of 1 to 39 months. Among patients who “successfully recovered”, their average length of treatment was 10.5 months, with a range of 3 to 39

months. For the patients who were “non-responders”, their average length of treatment was 9.9 months, with a range of 1 to 17 months.

TABLE 1. DESCRIPTION OF THE PATIENT POPULATION

| | |
|---|---------------------------------------|
| Total Patient Number = | 38 |
| Total diagnosed with CFS = | 22 |
| Total diagnosed with FM = | 20 |
| Total diagnosed with both CFS & FM = | 4 |
| Average Age = | 44.0 years |
| Percent female = | 76.3% |
| Average years with Chronic Fatigue Syndrome or Fibromyalgia prior to starting treatment with Jonathan Gilbert = | 8.6 years (Range was 0.5 to 25 years) |
| Percent on disability or applying = | 5.3% |
| Avg. years of education post H.S. = | 4.6 years |

TABLE 2. RECOVERY RATES AND LENGTH OF TREATMENT

| | |
|--|-------------------------------|
| Percent of patients “successfully recovered” from Chronic Fatigue or Fibromyalgia Syndromes, or both = | 73.7% (28/38 x 100) |
| Percent of patients “successfully recovered” from Chronic Fatigue = | 72.7% (16/22 x 100) |
| Percent of patients “successfully recovered” from Fibromyalgia = | 75.0% (15/20 x 100) |
| Average length of treatment for all patients = | 10.3 months Range = 1 to 39) |
| Average length of treatment among the patients “successfully recovered” = | 10.5 months (Range = 3 to 39) |
| Average length of treatment among patients who did not recover = | 9.9 months (Range = 1 to 17) |

TABLE 3. REASONS PATIENTS DID NOT COMPLETE HERBAL TREATMENT.

| # patients | Reasons patients did not complete herbal treatment. |
|------------|---|
| 1 | Not compliant with taking the herbal formula |
| 1 | Patient moved away after 4 months of treatment |
| 1 | Interrupted care for psychiatric diagnosis and treatment |
| 1 | Interrupted care for suicide attempt, did not resume treatment |
| 1 | Patient did not return after initial appointment |
| 1 | Lack of progress and high utilization of opioids prior and during treatment |
| 1 | Not compliant with taking the herbal formula and concurrent use of opioids |
| 1 | Discontinued treatment due to major life event interfering with further treatment |
| 2 | Lack of response to herbs |
| Total = 10 | |

NON-RESPONSE TO TREATMENT

Ten of the 38 patients were identified as “non-responders”. Eight of the “non-responders” discontinued treatment prior to completion of therapy due to the reasons listed in Table 3. Two of the “non-responders” were recorded as not responding to herbal treatment despite continued treatment. No one discontinued treatment due to an adverse or allergic reaction to the herbs.

DISCUSSION OF RESULTS

This study reports on the effectiveness of Chinese herbal medicine to treat fibromyalgia and chronic fatigue syndrome. The study population is a series of patients who self-referred themselves for Chinese Medicine consultation to J. Gilbert, a practitioner who is extensively trained in England and Vietnam in ancient Chinese Medicine and is board-certified in both Chinese herbology and acupuncture by the National Certification Commission for Acupuncture and Oriental Medicine in the U.S. (see bio). This was not a clinical trial where patients were selectively screened to be free of other potentially confounding diseases or were confirmed to be able to fully participate in a full course of treatment. Rather, this study examines the effectiveness of Chinese Herbal medicine in the hands of one expert practitioner in a real-world pri-

vate practice setting. No patients were excluded due to other medical or psychiatric diagnoses or the ability to continue treatment. The results reported herein represent the natural course of events in real-life situations.

A total of 38 people with a prior diagnosis of fibromyalgia or chronic fatigue syndrome were identified in a retrospective chart review to have presented for Chinese herbal consultation between the years of 1999 and 2005 and had completed or quit treatment (Table 1). Among these 38 patients, 22 had a prior diagnosis of chronic fatigue syndrome, 20 had a prior diagnosis of fibromyalgia, and 4 patients had a prior diagnosis of both syndromes. They reported having their diagnosis an average of 8.6 years prior to presenting for treatment to J. Gilbert. The average age of the patients was 44.0 years, 76.3% were female, the average years of education past high school was 4.6 years, and 5.3% were applying for or were on disability at the time of presentation.

A patient was defined as “successfully recovered” from fibromyalgia or chronic fatigue syndrome (or both) if both the patient and practitioner (J. Gilbert) were in agreement regarding the patient’s return to previous level of functioning, were free from any persistent symptoms (pain, irritable bowel syndrome, mem-

ory or concentration problems, sleep dysfunction, etc.) associated with their fibromyalgia or chronic fatigue syndrome, and were off any medications or dietary supplements started specifically for their fibromyalgia or chronic fatigue syndrome, or associated symptoms. If a patient did not respond to herbal treatment or chose to terminate treatment for any reason, they were defined as a “non-responder” in this case series. No patients were excluded from this study.

Overall, customized Chinese herbal treatment resulted in recovery from fibromyalgia and chronic fatigue syndrome to previous levels of health, without the need for on-going prescription medications or dietary supplements to sustain recovery or to abate symptoms, in over 73% of patients in this study population (Table 2). Similar recovery rates were obtained when patients with fibromyalgia and chronic fatigue syndrome were considered separately. The average length of treatment was 10.3 months. Successful recovery rates by any conventional or alternative treatment method as high as these have not been previously reported in the literature.

Some readers may raise the question as to why the two conditions of fibromyalgia and chronic fatigue syndrome have been combined together in one study. It was done this way because it is the perspective and hypothesis of the authors that 1) nervous system dysfunction is the common underlying etiology for both conditions, and 2) the nervous system dysfunction is the result of excessive stressors (both emotional and physical) in the life of the individual person. That is, these two named syndromes are the really the same underlying condition with varying clinical presentations; hence, the treatment method within the paradigm of Chinese Medicine is the same. While it is not the intent or the capability of this study to defend this hypothesis, the result of finding similar rates of recovery for the patients diagnosed with fibromyalgia and for the patients diagnosed with chronic fatigue syndrome is certainly consistent with this hypothesis.

Review of the ten patients identified as “non-responders” to treatment shows that eight of the ten patients discontinued treatment for reasons such as moving away, noncompliance or unwillingness to taking herbs, the occurrence of significant psychi-

atric or life events, and concurrent opioid dependence (Table 3). Only two of the ten “non-responders” actually completed a full course of herbal treatment and did not recover from fibromyalgia or chronic fatigue syndrome. Understanding the reasons why a patient may not respond to herbal treatment is certainly an area that warrants further investigation. It is worth noting that no one discontinued treatment due to an adverse or allergic reaction to the herbs.

WEAKNESSES OF THIS STUDY

There are several weaknesses in this study design that should be acknowledged. Patients were self-referred and did not necessarily bring previous medical records to verify their diagnosis of fibromyalgia or chronic fatigue syndrome. Hence, it is not possible in this retrospective case series to confirm the validity of each patient’s diagnosis of chronic fatigue syndrome or fibromyalgia or both. However, patients in this study reported having had their diagnosis for an average of 8.6 years prior to seeking treatment, with a range of 6 months (only one patient) to 25 years. In general, the risk of a false diagnosis of either fibromyalgia or chronic fatigue syndrome occurs early in the symptom picture for a patient, before the medical work-up has been completed or before more signs or symptoms occur to indicate a conflicting diagnosis. Over several years of living with chronic fatigue syndrome or fibromyalgia however, as was the situation for over 80 percent of the patients in this study, it is most likely, if there was any other medical condition that better explained their condition, it would have been identified.

There are several standardized assessment questionnaires that have been used in the literature to measure the degree to which a person’s life is affected by fibromyalgia or chronic fatigue syndrome, such as the Fibromyalgia Impact Questionnaire and the SF-36.¹⁴⁻¹⁵ No standardized assessments were administered to the patients in this case series as this is a retrospective case series and by definition, there was no preplanned investigation for these patients. From the chart review it was possible to determine that 5.3% of the patients were either on disability or were applying for disability, but the extent to which other patients had stopped

or reduced their work hours is not available.

A high prevalence of use of vitamins and other dietary supplements among patients with fibromyalgia and chronic fatigue syndrome, both self-prescribed and prescribed by alternative practitioners, has been observed in the authors' clinical experiences and is commonly discussed in local patient support groups. No vitamin, mineral, or dietary supplements other than the customized herbal formula were provided or advised to the patients in this study. However, it is possible that patients in this case series were also taking other oral vitamins or minerals, and it is not possible to control for this possibility in this study. However, it is also likely that whatever additional dietary supplements the patients were taking during this study were the same as they were previously taking prior to starting the Chinese herbal formula; and hence, they are unlikely to explain the recovery observed in this study.

After completion of Chinese herbal therapy, patients were discharged from treatment without any requirement for long-term follow-up. While many of the patients who successfully recovered are known by the authors to still be doing well several years later, the current health status of the full series of patients is not available. Long-term follow-up of patients who have recovered from chronic fatigue syndrome and fibromyalgia is needed in future studies.

Another weakness of this study is the fact there was no "control" or placebo group. However, the chronic nature of these conditions and lack of successful therapies in conventional western medicine today suggests patients who did recover during this study would not have recovered on their own without the aid of the herbal treatment.

Finally, it is important to acknowledge that the overall 73.7% successful recovery rate found in this study represents the performance of one practitioner of Chinese Herbal Medicine, J. Gilbert. These results are not transferable to other western or Chinese herbal practitioners due to nature of the herbal formulas customized for each patient (no patented herbs were used) and due to differences in training programs in Traditional Chinese Medicine throughout the U.S. and the rest of the world.

STRENGTHS OF THIS STUDY

One of the great strengths of this study is the high level of expertise in Chinese Herbal Medicine of the practitioner, J. Gilbert. (See bio) Very few people in the world have received the extensive training and mentoring that J. Gilbert obtained to learn to write customized herbal formulas based on ancient Chinese methodology. If one wanted to design a study to see how well Chinese herbs could perform for a particular condition, you certainly would ideally study the work of an expert in order to optimize the ability to achieve a positive result. Otherwise, if the results were negative, you would not know if it was the fault of the herbs, or the poor selection of herbs by the practitioner for the particular patient and the condition being treated.

It is also valuable that only one practitioner was prescribing the herbs in this study. In this way there is no variation of therapeutic approach by different practitioners, as is common in many practice-based studies using several clinical sites. Also, no single herb products were ever prescribed. Instead, a customized formula, commonly ranging from 5 to 15 individual herbs, was created for each patient. Taking herbs in a complex mixture according to ancient Chinese methodology is the only way that ancient Chinese herbal medicine is practiced. The modern way of taking a single herb, such as ginseng, is purely a westernized and allopathic approach to herbs. There are patented Chinese herbal mixtures available, but only someone who has been well trained in how the formulas were created in the first place is able to adapt and prescribe these patented formulas in the safest and most effective way possible.

The Chinese herbs utilized in this study were also of the highest quality and authenticity available. The Chinese Herbal products used retailed from two sources; The Mayway Corporation and KPC Inc. Both of these suppliers have Good Manufacturing Process (GMP) status and undergo rigorous testing that far exceeds FDA requirements. They also are able to trace to the region and in many cases the farm of origin, from which their herbal products originated. It is a little known fact that very few manufacturers of dietary supplements in the United States who add herbs to their products, such as ginseng or ginkgo biloba, are able to verify the authenticity of the herbs they are using.

Although fibromyalgia and chronic fatigue syndrome are now recognized to affect people of all ages and both genders, the conditions are more common among women between the ages of 40-60. It is also recognized that middle class women are more likely to seek health care. As such, this study population is reasonably representative of people with chronic fatigue syndrome and fibromyalgia who seek treatment – mid 40's, 76% female, and educated beyond 4 years of college. Patients in this study also reported having the condition for many years prior to seeking Chinese medicine consultation with J. Gilbert. In general, people with fibromyalgia and chronic fatigue syndrome are known to start and stop many new treatment strategies (both in the conventional medical and alternative medical communities) over many years in an attempt to alleviate their condition. This study suggests that Chinese herbal medicine in the hands of an expert practitioner can be a viable treatment approach to achieve full recovery from fibromyalgia and chronic fatigue syndrome for a high percentage of patients.

INTEGRATION OF WESTERN AND CHINESE MEDICINE

One roadblock that keeps patients from obtaining Chinese medicine treatment involves their uncertainty with how the herbs may interact with the conventional western prescriptions they are taking and feel dependent upon. They also report difficulty discussing herbs with their primary medical doctor or specialist.¹⁶ For people with serious medical problems in addition to fibromyalgia or chronic fatigue syndrome, they can be especially fearful of causing conflict with their medical doctors if they choose to try Chinese medicine or some other complementary or alternative form of treatment.

The Gilbert Clinic was founded in 2006 to provide a new model of medicine in which Chinese medicine and conventional western medicine are fully integrated to provide a comprehensive treatment program for patients with fibromyalgia, chronic fatigue syndrome, and other serious medical and psychiatric conditions. (www.thegilbertclinic.com) A new prospective study has also been initiated to study the patients enrolled in The Gilbert Clinic Program for Fibromyalgia and Chronic Fatigue

Syndrome. It is not known at this time if the recovery rate of 73.7% from fibromyalgia and chronic fatigue syndrome observed in this retrospective case series will be higher, lower, or the same in the prospective study of the new model. However, it is believed that a broader spectrum of seriously affected patients can be served in the new model because the incorporation of western medicine provides not only medical oversight, but intervention and coordination with previous and new medical providers as needed. There is, also, full integration of the herbal program with the medical treatment which reduces potential conflicts and provides patients with the security that everyone is in agreement with their treatment plan, including the patient. In this new model of medicine founded in The Gilbert Clinic, Chinese herbal medicine is seen as the core or main treatment that will enable the patients with fibromyalgia and chronic fatigue syndrome to recover, while modern western medicine is seen as the complementary medicine helpful to support patients through their recovery.

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Chronic Fatigue Syndrome, CFS, Fibromyalgia, FM, Treatment, Chinese Herbs, Traditional Chinese Medicine, Integrative Medicine, Retrospective, Case Series, Stress, Recovery, Dietary Supplements, Autonomic Nervous System

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Jonathan P Gilbert earned a diploma in Traditional Oriental Medicine from the London Academy of Oriental Medicine, and a diploma from the Traditional Medical Institute, Saigon, Vietnam, where he provided Traditional Chinese Medicine in a 500-bed state teaching hospital. He also served in a 12-year private apprenticeship with Dr. Phouc Huynh in the study of Jinkui Yaolue (6-Division) theory and practice. He had a private Chinese Medicine practice in London prior to moving to the United States. He is board-certified in both Chinese Herbology and Acupuncture through the National Certification Commission on Acupuncture and Oriental Medicine (NCCAOM) in the United States and currently serves as a Consultant to the Biomedicine Committee of the NCCAOM. From 2004-5 he served as a Senior Consultant in Chinese Herbology at University of Maryland's Center for Integrative Medicine. He is president and co-founder of The Gilbert Clinic, a multi-disciplinary, fully integrated medical practice in the Washington DC metro area. The application of 6 Division Theory as taught to Jonathan Gilbert concentrated on its application to chronic neurological disease.

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Note: This study has been published by The Gilbert Clinic, Inc. It was the decision of the first author to not submit this paper to a peer review journal for publication. The foremost reason for this decision is that publication in a peer review journal in the United States requires the medical diagnoses under investigation to have been verified by a qualified medical doctor. Patient data in this study were obtained through the clinical charts of J. Gilbert, a Chinese Herbal practitioner. Records from the patients' various medical doctors were not available to verify their diagnoses. Hence, this study relies on the patients' self-reporting of their diagnosis from their medical doctor, along with the Chinese medical assessment by J. Gilbert. This theoretical weakness of the study is discussed more fully in the discussion section of this paper. Also, "qualified" verification of the diagnoses of fibromyalgia or chronic fatigue syndrome is included in a newer prospective study, as discussed in the conclusion of this paper.

