

The History of Fibromyalgia by Diana Karol Nagy

About 3.7 million Americans have fibromyalgia (pronounced fie-bro-my-al-jia). It is one of the most common pain syndromes, and the second most common disorder seen by rheumatologists.

It is most often seen in those ages 20-55. Women are ten times more likely than men to have it, but it can even effect children ("Personal Guide", 1997, p. 6). Sometimes more than one family member has it, but a hereditary link has not been proven.

Fibromyalgia is not a new condition. It was first described in the early 1800s. Physicians then recognized and wrote about a condition they called muscular rheumatism, and described the signs and symptoms of what we now call fibromyalgia. It has also been called chronic rheumatism, myalgia, and fibrositis. Some in the medical profession thought, and may still think, that it is psychological in nature.

In 1824, tender points were described by a doctor in Edinburgh. In 1880, a doctor described the same condition and then called it neurasthenia. An article from 1904 referred to it as fibrositis (Williamson, 1996, p. 6).

In 1913 in the British Medical Journal, a physician by the name of Luff talked about the factors of fibrositis. He noted that the symptoms grew worse when the barometric pressure lowered and rain was approaching. People with FMS today are familiar with this phenomena. Luff's article also talked about temperature variations, fevers, infections and motor vehicle accidents. He also drew the connection between "growing pains" in children and fibrositis (Williamson, 1996, p. 16). We now know that fibrositis is the wrong name, because there really is not inflammation in people with fibromyalgia.

In 1987, it was first recognized by the American Medical Association (AMA) as a "true" illness and the cause of disability. In an article that same year, in the Journal of the American Medical Association (JAMA), a physician named Goldenberg called the syndrome fibromyalgia.

Even though Goldenberg's paper was published in a highly respected medical journal, doctors are still slow to accept FMS as a real diagnosis, although things are getting better. Doctors' reluctance is largely due to the lack of "clinical" evidence. In other words, there isn't an X-ray or blood test to prove FMS.

Unfortunately, fibromyalgia (FMS) has also been called a "wastebasket" diagnosis and a fad disease. It is neither. Many doctors do not know how to diagnose FMS, and even fewer receive training in the proper way to diagnose it. Usually rheumatologists are familiar with FMS, because it is an arthritis-related condition. A better understanding of FMS is slow in coming, but things are getting better. More and more medical schools are educating new doctors about this syndrome, so hopefully, it won't be long until better-educated healthcare providers are available to a make quick and accurate diagnosis of fibromyalgia.

References

Williamson, Miryam E. (1996). *Fibromyalgia: A comprehensive approach*. Walker and Company, NY.

Your Personal Guide to Living Well with Fibromyalgia. (1997) The Arthritis Foundation. Atlanta, GA.