ALFRED BLASI

My fight against fibromyalgia

A story of self-improvement against a disease that is still misunderstood

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The story of the man who defeated the greatest illness of the 21st century

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By
Alfred Blasi

“There is light and progress everywhere…
but for the doubts within our hearts,
the tears cried for no reason,
and the pains that no one understands.”

ROSALÍA DE CASTRO

Translation by Natalie Asmussen

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Introduction

Fibromyalgia. That is the name of the illness that destroyed my life. A million Spanish people have this illness, and millions more have it around the world. Some people know of it; many people do not. Those with fibromyalgia feel intense pain when they get out of bed, hold their children, or pick up a glass of water. Fibromyalgia is pain. A deep and constant pain that spreads all over your body, reaching deep into your soul.

My first symptoms started at the beginning of 1997. Back then, medical books did not even mention the word fibromyalgia. No one knew about this disease, which would later be known as the 'urban epidemic of the 21st century'. Fortunately, things are different now.

The World Health Organisation had identified fibromyalgia symptoms a few years before I was diagnosed with it. Therefore, most emergency doctors who treated me during the peak of my agony had no idea what it was. They had not ever treated a patient with fibromyalgia before, so they regarded me with suspicion and sometimes even hatred. I was a constant reminder that traditional medicine couldn't conquer all maladies. Or better yet, I reminded them that there was a difference between medicine and the truth.

Many referred to me as an alien, a hypochondriac, a cuckoo. They would call me these names because the first fibromyalgia patients in Spain were a symbol that part of medicine had failed and of the discontentment that comes with such failure. Science did not know what to do with us. Doctors were indifferent to our pleas, and drugs were useless. Some specialists even turned their backs on us. They left us unattended in hospital facilities, as they jotted down 'hypochondriac' in our charts. These doctors would shield themselves behind the nurses instead of investigating our condition. They never gave us the benefit of the doubt that the pain we experienced was real.

Science loathed us, and we knew it. Doctors could not stand the idea of having patients who they didn't know how to treat. Neither could they take it when they heard us say that their prescriptions didn't do us any good. As a result, they declared us beyond recovery. And in many cases, they tried to silence or desire to know more about our condition by diagnosing us with cancer, rheumatism, emotional imbalance or chronic fatigue. They turned a deaf ear to our plight and didn't try to understand why we were in so much pain. All we wanted was an explanation, but instead, they gave us painkillers. When we tried to communicate to our doctors how we were feeling, we were told not to. It was as if they knew our pain better than we did, and still, their attempts to heal us failed time and time again. I do not doubt they meant well, but their inability to accept that medicine isn't always an exact science blinded them. Luckily, not all doctors treated us this way. Some of them acknowledged the holes in their medical knowledge when they could not find an effective treatment to soothe our pain. Naturally, this admission of ignorance from their doctors baffled patients even more. I always appreciated this sheer honesty, and I willingly accepted the treatments they suggested to make me feel better.

Fibromyalgia means feeling pain all over your body. It means not knowing where the pain comes from because it doesn't confine itself to a specific area. It's not only in the liver, heart, or lungs. Medicine comprises speciality fields, so doctors sometimes forget that the human being is a sum of its parts. As a result, most treatments prescribed follow this segmented logic and don't solve the patient's problem. Many of the physicians I have met failed to see me as a whole person. Rather, they saw me as so many pieces that they could treat independently. Therefore, I set out to find my own solution for my illness. I am a computer scientist, and I do not know any more chemistry than what they taught me in high school. However, the pain, loneliness, and hopelessness I felt forced me to help myself. Medicine had failed, so it was time that the patient, rather than the doctor, found a cure for this illness. I was just a regular guy who wanted to keep on living. I was just a human being who longed to heal. I was nothing but a computer scientist without any specialist knowledge other than that derived from my desire to exist. I was a simple man who found a chemical formula that could bring back hope to millions of people whose pain had stolen their joy, hope, and sometimes their lives.

The World Health Organisation has defined fibromyalgia as a 'chronic rheumatic disease' whose main characteristic is pain all over one's body. Moreover, they report that most of the patients are women. However, they don't explain what causes such pain, nor how to stop it. Their definition only dictates a method to be followed to diagnose it. They mention no medicine because, despite having diagnosed the disease, science is ill-equipped to treat it.

What's more, few people have even heard of fibromyalgia, let alone know what it is. Still, more than a million Spanish citizens have it, not to mention twenty million Americans and fifteen million Europeans. To understand this, one only needs to know that 700,000 Spanish citizens have Alzheimer's. If more people have fibromyalgia than Alzheimer's, why is the latter much better known than the first? Alzheimer's originates in the brain and can be traced by neurologists, while fibromyalgia isn't in any specific part of one's body. It is everywhere and nowhere at once. It is a disease that must be investigated by a doctor who has a holistic approach to medicine; a professional who must not look into isolated body parts. Rather, they must look into the body as a whole. Unfortunately, such a doctor is challenging to find, as medicine has traditionally become obsessed with breaking people down into pieces.

Physicians do not look at patients and see a person. Instead, they see limbs and parts that can be treated independently from one another. If your heart stops, they will put a pacemaker in you. If your sight becomes weaker, they will increase your eyeglass prescription. If your knee creaks, they will operate on your kneecap. But what do they do when a disease affects the patient's whole body and they cannot find the origin of the pain? That is when science does not know what to do. That is when hospital receptionists do not know to whom they should transfer your call. When the specialists can't identify the origin of the pain, they stick you in the corner of the hospital to wait. Or worse, they discharge you with scepticism, even disdain.

People in the 21st century are constantly afraid of dying from cancer, chest pain, or a traffic accident, but they usually do not worry about diseases whose names they do not know. Therefore, while society continues to obsess over illnesses that they have heard about, hundreds of thousands suffer from other conditions that do not seem to exist.

A while ago, a friend told me that he does not eat food whose names he does not know. He made that comment at a grocery shop, staring at a mysterious vegetable. A few years later, I could not believe that I was suffering from an illness that seemed to be non-existent. Nonetheless, I am convinced that there have always been fibromyalgia patients throughout history. There might be more cases nowadays because of our modern lifestyle. Still, the medical literature has described patients who suffered from muscle pain all over their bodies for more than two hundred years.

Doctors thought these illnesses were imaginary and that the patients were crazy.

But this can be said for every illness that humanity has experienced. For example, the Romans used to die of tuberculosis, but it was not until recently that it was no longer considered a mental condition. Eventually, doctors found that tuberculosis was an infection caused by bacteria. Thus, they began to treat it as a disease instead of a medical condition. Something similar happened to fibromyalgia. It was first labelled as an 'atypical condition'. However, soon enough, hospitals were crowded with 'atypical rheumatism' cases and the WHO understood that they were dealing with a new disease. After this first step, the medical community established standard diagnostic criteria. Finally, fibromyalgia was included as a speciality in the medical field of rheumatology even though many still disagreed. Still, many people who had been misdiagnosed started to come to the department of fibromyalgia for treatment. Much to their surprise, many doctors saw their patients abandon their traditional treatments for innovative ones.

Rheumatology experts saw many patients come for help and were astonished to see so many mistakes on their new patients' first medical reports. Naturally, such mistakes stemmed from doctors' inability to diagnose fibromyalgia as they used the wrong criteria. This all showed just how much we still have to learn about medicine and the human body.

Diagnosing a patient with fibromyalgia is a difficult task. Diseases are usually diagnosed by collecting evidence which demonstrates that something is not working properly. When it comes to fibromyalgia, diagnosis is made by the process of elimination. Evidence is found demonstrating that every organ is as healthy as it should be. Even so, the patient feels pain whose origin cannot be determined. As a result, they are diagnosed with fibromyalgia. Despite that, the WHO defined a few body points that cause pain when receiving a certain amount of pressure. These are eighteen body points that are still used today as the parameter for a fibromyalgia diagnosis. In my case, I was in such excruciating pain that I could not leave my bed for several weeks. Any small effort caused me agony. My family watched me wither, and they could not understand what was happening. My children asked if I was going to die, my friends were shocked by the sight of me. A priest even suggested that I should take the Sacrament of Anointing of the Sick just in case. My pain did not stop me from dragging myself to church to do so. While the priest said his prayers, my two children looked at me in bewilderment. What had seemed to be the flu had become an illness that made me accept an early death. At the same time, science was intent on telling me that my pain only existed in my mind. Many physicians suggested that I pay a visit to the psychiatrist, implying that I was in fact physically perfectly fine. Others often subjected me to repeated humiliating exams to try and find any evidence that would allow them to diagnose my condition. Another dared to tell me that I had cancer. None had the faintest idea of what was destroying my life, and I felt like a guinea pig in the hands of a few doctors who were unable to help me, despite their best intentions. As hard as some of them tried, there was nothing that they could do for me. In hindsight, I must thank them for having tried at all.

At the time I was thirty years old and until 12 October 1996, I was just an ordinary man like any other. I had married my high school sweetheart and had become the proud father of two kids. In addition to teaching computer lessons at the faculty of tourism in Reus, I had started a computer studies school from the ground up. Back then I did not wish for anything more than a little happiness, and to a certain extent I had already gotten it, or at least now I think I did. I have no doubt that my illness and the years that I have spent sick in bed make me see those early achievements in a positive light. Because of that, I must thank fibromyalgia for teaching me to appreciate the small things in life — walking around with my kids on my shoulders, a comforting glance in a hospital room, a wife who is strong in hard times, and something simpler yet much more important: a body that feels no pain. By the end of 1996, my body became my worst enemy when the flu made me stay in bed for many weeks. Though in the beginning, I did not pay it the importance it deserved, since then I became a man who had to fight an unknown illness. Before I was a man who felt abandoned by a scientific community which, in my view, was blinded by their arrogance. Now I am someone who was able to create a chemical compound that healed me from my pain. More than that, I am healthy again. Mine is a story of someone who has learnt to fight for something that should not be entrusted to others: one's own life.

Thus, I have made my own theory on fibromyalgia: I am convinced that it is caused by incredibly high stress. I do not mean one's daily existential anguish, but rather circumstances that may challenge our very existence — situations that cripple us emotionally, such as the loss of a dear family member, of something we cherish very strongly, or bankruptcy. I also believe that fibromyalgia may be caused by an infection that beats one's immune system, a virus, or bacteria so potent that it makes us bedridden for weeks. Something that drives us to the doctor or makes us feel so tired that we do not feel rested from what would normally be a good night's sleep. Any infection that makes us lose our ion reserves for a long period of time may become a case of fibromyalgia. I also know that this illness may be triggered by an accident that maims us physically or psychologically (trauma), or by doing strenuous physical activity over a prolonged period of time. Any of these causes, stress, infection, trauma, or strenuous prolonged physical activity, may provoke a disproportionate ion loss that will result in fibromyalgia.

Certainly, there are other causes of the illness. Our bodies have not been designed to endure extreme pain. As a result, they fight the illness by resorting to their last ion reserves: muscle cells. That is the key to my illness and, as I see it, to many others. Each person will face problems or infections according to their own personality and immune system. As such, there is no sense in trying to rank symptoms. Something that might depress me may not affect the next person at all. Each individual is an entire universe, and each one of us responds differently to given situations. However, regardless of what is afflicting us, our bodies always react the same way, by using reserves that are unfortunately limited. If one loses small amounts of chemical elements (especially minerals), they may recover after resting for a few weeks and having a balanced diet. Nevertheless, if said ion loss is overwhelming, one's energy reserves will run dry. Before their cells can replenish their energy levels, the individual will become ill. Worse yet, their cells may be so worn out that they might not have the strength to heal again: this illustrates a case of severe fibromyalgia (the one I had). According to my own findings, the only way to replenish one's reserves is to ingest a nutritional supplement that supplies the lost ions as simply as possible. The simpler the supply, the more effective.

In the case of fibromyalgia, the body has lost too many ions and they must be replaced. An ion is a pure chemical element charged positively or negatively. The best way for the body to absorb such components is by providing them in the form of salts. In a chemical compound with ions — normally an anion (which is negatively charged) and a cation (which is positively charged) — capable of breaking down in contact with water and of entering the bloodstream, thus easily spreading throughout the entire body. Ions are essential to all bodily functions. In fact, we could say that life is made possible by anions and cations, as our very bodies are composed of them. Although the mineral salts that I put together to beat fibromyalgia may be used for many other purposes, I was only interested in finding a combination that would work on the contraction/relaxation of the muscles and on the control of electrical pulses transmitted by our own bodies. To that end, I mixed sodium, potassium, calcium, and magnesium. The result was that doctors who previously had declared me disabled have now declared me healthy. And I am healthy.

I have never claimed that my nutritional supplement is a medicine, nor that it may heal every fibromyalgia patient. All I can assure you is that it has healed me and that I know thousands of people who got their lives back after using it. I have not been using morphine, methadone, or antidepressants for five years. I do not even need my own nutritional supplement anymore (except when I am exercising, since it is a great way to regain muscle tone). I am a healthy man who plays football with his kids, something that was unthinkable a few years ago.

However, I know many people who cannot even walk. The amount of the four minerals their cells have lost keeps them from improving physically and mentally. They will not die, because fibromyalgia does not kill, but some of them may be stuck in bed for life. In the words of a prophesier: ‘Fibromyalgia is a life sentence but not a death sentence’. (I personally believe that this is the stupidest and cruellest thing that someone could say). Many decide to end their lives when they hear such predictions, while others become severely depressed, and others cause their family members to become depressed instead. All due to two reasons. For one, science has been awfully slow in attesting to my recovery and the efficiency of my supplement (which would allow doctors to prescribe it). And secondly, the poor diet of the 21st century. Food is not as nutritional as it used to be. Human beings are animals whose evolution has depended on what the earth gave us. Nevertheless, the food industry today manipulates ingredients to produce larger quantities of low-quality foods. This makes us maladjusted animals who eat more but are less nourished: more meat, less protein, more vegetables, fewer minerals, and more fish and fewer vitamins. Seven years ago, no one thought that fibromyalgia had anything to do with nutrition, but nowadays no one thinks otherwise. Currently, all multidisciplinary treatments in hospitals around the world work closely with nutrition experts who improve their patients' eating habits. It is not about restricting and denying, but instead about changing habits and patterns to make sure patients eat better and more healthily (and also in the appropriate quantities).

Unfortunately, food cannot reverse an acute fibromyalgia case, because as I had mentioned before, worn-out cells are not strong enough to absorb the nutrients they need. Thus, my theory is that extremely sick patients should ingest minerals externally through mineral salt compounds. If they try to ingest these minerals through regular food, their bodies will not be able to digest them before they have expelled them through the natural digestion processes. One thing is intaking a mineral directly and getting its ions to break down quickly, and another thing is for these compounds to be ingested through the long ion chain that forms every food. This chain will break down slowly inside the stomach and too often the body will expel food nutrients before these elements have been properly broken down. Because of that, ingested minerals are expelled before a fibromyalgia patient can absorb them, and the only alternative is taking them in their pure state (not in chains that the body will have to break down); for example, through a dose that contains an adequate and mixed number of mineral salts. As simple as it may seem, I studied a lot before I deduced the right number of salts to be mixed into each dose. I learned the correct concentrations of sodium, potassium, calcium, and magnesium that a healthy cell contains so that I could create a mixture whose molecular weight was small enough to allow for the cells to absorb it quickly. All this has been done from the perspective that this compound is only part of the solution; each patient could need several different treatments to completely recover their health. I like to think that my compound is a part of the solution.

Many serious studies are being carried out at the moment (others have concluded) which test my theory regarding ions on muscle cells. Despite the fact that many doctors have praised my ideas, others have frowned upon the notion that I, a layman, may have stumbled upon a chemical compound in my home kitchen. Obviously, these sceptics are not aware that I have studied painstakingly how human musculature works for many months. Moreover, my ideas were always based on those of Manuel Patarroyo, a scientist who found a vaccine against malaria which was disregarded by the pharmaceutical industry. He says that the cure to most illnesses lies in basic chemistry. When I first read that, it occurred to me that I also possessed basic knowledge of chemistry (After all, I had studied it in high school). And it turns out I was right.

Naturally, some physicians refuse to acknowledge that someone outside of the medical community may have found a functioning compound by experimenting at home. Most of them cannot conceive that an illness like fibromyalgia can be cured through the use of a simple mix of minerals. They can only think of big solutions to big problems. That is ultimately medical science's greatest obstacle: Doctors have become so specialised that they forget the very foundations of their knowledge. Science has become so complex that it looks down on simple solutions. Medicine has strayed so far from its own premise (healing) that it focuses on symptoms rather than on illnesses themselves. Four pure chemical elements have beaten my illness, and when I am asked what I have done, I simply say that nothing is as complicated as it seems, not even the human body. I am healed now, and I can show the difference between my method and that of medical science by using a simple example:

Fibromyalgia patients have a deficit in growth hormones. What does medicine do to tackle this problem? It injects patients with artificial hormones. What would I do instead? I would investigate the reason why we do not produce said hormones and I would try to find a solution based on the cause. It might be that a scientist and I would obtain the same result, but in my case, it would be my own body that would produce the hormones I needed, while in their method, it would be the pharmaceutical industry. My solution allows that one's body itself recovers its ability to generate energy, while theirs makes all of us become patients who take drugs for life: pills for sleeping and muscle pain; medicines to increase blood supply to the hypothalamus, and so many others that at the end of the day all this consumption results in an expenditure of around two hundred euros monthly in drugs (as was my case). Two hundred euros monthly for the rest of your life. That is what I call consumerism.

When I found the right formula for the chemical compound to cure my illness, I contacted many fibromyalgia patients' associations to propose that we used our savings to produce my chemical compound free of charge. However, some of these associations turned their backs on me, assuring me that they could never invest in something that had not been certified by science. Ironically, they recommended uncertified alternative treatments, such as acupuncture, homoeopathy, reiki, etc. Bafflingly enough, they would not listen to someone who had been a severe fibromyalgia patient, and who could now play football. I told them that my intention was that hospitals could start their research procedures so that my compound would be upgraded from 'nutritional supplement' to 'medicine' (so that it would be covered by medical insurance). However, they told me to get lost. Shortly afterwards I was contacted by a sales agent in the pharmaceutical industry who offered me a cheque of a couple hundred thousand euros and told me that if I sold him the patent to my compound and never told a soul about it, I would become a millionaire. This was my turn to tell him to get lost. Luckily, in the end, I was able to find a laboratory that was willing to manufacture my compound and charge a reasonable price for it, while also investing part of their earnings in the research and development of new drugs for fibromyalgia patients. Now all I hope is that science continues to endorse my compound and that it can be sold to the public as cheaply as possible.

Reaching the conclusions I did was not an easy task. Dozens of doctors tried to undermine my findings (some quite involuntary) by telling me that I had gone mad to try and look for a cure to an illness that, in their minds, was incurable. Thankfully, I paid them no mind. I do not mean to point the finger. In fact, I understand why so many people would distrust someone who claims to have found a compound that could help cure one of the greatest illnesses of the 21st century. If I were standing in their shoes, I would probably have done the same. However, I dare anyone to play football with me. To my mind, that would be undeniable proof that I am right. A few years ago, I had a doctor's report which determined that I was unfit for any kind of physical exercise. Nowadays I take part in amateur marathons. My compound has cured me. Now all I ask is that research continues so that more patients can smile again someday. That is all. I do not need fame, recognition, or money. I only want people to know that at least one person is healthy and doing well. I do not mind if science takes credit for my brainchild. I am aware that hundreds of medicines have been found by people who have got nothing to do with science: Lorenzo's Oil was made by Lorenzo's parents, who wanted their son to be cured of ALD (adrenoleukodystrophy). Haemodialysis machines were invented by a car mechanic who wanted to remove engine oil without having to lie down on the ground. Finally, a computer scientist who wished to be strong enough to carry his kids in his arms found the cure to fibromyalgia. Nevertheless, when you go to the pharmacy to buy one of these products, no one tells you that they were invented by people who just wished to better their lives. I do not mind that pharmaceutical companies take credit for my formula, that laboratories change my compound's name, or that physicians redesign it by altering a single element, as long as they make it available to everyone and that people everywhere can have access to it. I hope that fibromyalgia patients may one day join me in a football match, or participate in an amateur marathon because the very idea of having hope can make all the difference.

1

BEFORE THE ILLNESS

I grew up in the mountains of Montseny, where I was born on 24th of May 1966 in Arbúcies (Girona), a village that had only 3,500 inhabitants at the time. My first memories are connected to these mountains. They not only cut off our town but provided it with its own unique weather patterns. During the winter, the top of the mountains would be snow-capped, but the snow never fell on our roofs in town. During the summer, the sun would shine brightly, whereas evenings were unusually cool. People from Arbúcies were so isolated from the external world that we did not even regard our weather as exceptional. Nowadays, the town is taken over by mountain holiday seekers (just like so many others). Back then, though, we were self-centred and self-sufficient. No doubt my upbringing informed my own path in life. My character was created under the shelter provided by the mountains, and now when I go back to my hometown, I understand that these natural barriers taught me that no external obstacle can stop one's will. Nor any person, for that matter.

However, there were consequences to the fact that my town had been protected from any external influence, and its people embraced complete self-sufficiency. The kids of Arbúcies often looked at the mountains and wondered what lay beyond in the world. It was a world that we desired to know. We imagined that it was brimming with mystery an enigma waiting to be unveiled.

I had always wanted to know the world beyond those mountains and maybe this very want to discover the unknown was the drive, I ultimately used to find the solution to my illness. Doctors would tell me that scientific investigation procedures had to be followed. But those roads led nowhere. Thankfully, I had grown up believing that one can cross a mountain by many different paths, and so I started my own personal journey to see with my very eyes what lay beyond the mountain of my illness.

Apart from its mountain range, Montseny, Arbúcies is a land rich in water, woods, mushrooms, and flowers. These four elements define my town; thus, I do not have any memories that do not involve them. Because of my upbringing, I am a countryman. Even though I moved to a bigger town when I was thirteen, my concept of life is intertwined with nature and its simplicity. Those who are born in or around the woods know that matters to be cut from a more innocent cloth. They understand that big problems do not always require big solutions — quite the contrary. Nature, just like computers (my other passion), is based on simple elements. Should one of these simple elements be lacking, all balance is altered. It is within this straightforward concept that the balance of earth, computers and, most importantly for my story — the human body — lie.

Among many traditions from my hometown, I remember baptisms fondly, especially the baptism of my sister Judith, who is three years younger than me. The day she was born, my mother told me that she was going to the hospital and would be coming back with a baby girl in her arms. Back then, what I gathered was that baby sisters were stored somewhere in sanitary centres in a way that I could not quite grasp. This notion was later confirmed, as my mother did indeed come back home with a crying baby girl in her arms. Tradition dictates that the family members stand on their balcony on the day of baptism and toss sweets and flowers to the neighbours celebrating in the street. That procession remained engraved in my mind, and now, as I write down these lines, it is as if I could see those petals falling over the guests' heads. Eventually, I lived the same situation again, but this time from the outside looking in, as I could see other children from my town being baptised. This made me understand that in Arbucíes, we were all one family. I say that both metaphorically and literally because in small villages, all it takes is going back one or two generations to find out that someone is not only your neighbour but also a second cousin.

The villagers treat you so kindly that one would quickly think everyone is related. For example, my house was the first one on the street where we had a TV set. My father, aware of its importance, decided to invite the neighbours over for Friday TV evenings to watch the popular show "Un, dos, tres" and "Los Paladines", right afterwards. Thirty, forty or even fifty people would gather round in our living room, and we all enjoyed the show as if we were all part of one big family.

Another memory that demonstrates our unity in the village is flower rug weaving, which the town hall would organise every year. For a decade, I have been in charge of designing the rugs which are laid over the streets as an essential town tradition. Weaving these rugs requires weeks of intense work. First, one must devise the engravings, then pick flowers in the woods. After that, you must find and organise the volunteers who will throw petals, and lastly, you have to cross your fingers to make sure that the wind and the rain do not ruin one's hard work. Picking the petals, as dull as it may seem, has become as pleasant as scavenging mushrooms in the woods. Many people in the village are real 'mycophiles', as we love to go about picking fungi, while some of us have learnt to tell them apart through trial and error.

Some members of my family have even died from eating poisonous mushrooms. This happened when my father was a kid. Apparently, he and his cousins tried their hand at mushroom foraging without telling the mushrooms apart. When they got home, they prepared the mushrooms in a casserole, which they planned to eat after the sun had set. Sometime later, my grandmother arrived home and thought that her husband had prepared the meal. He, in turn, thought his wife had. My relatives dined on the doomed dish apart from a sleeping aunt and my father, who was too young. That night, my uncle and two children died from the poisonous mushrooms. Luckily, and despite having suffered for many days, my grandmother survived.

She made sure that we remembered never to eat anything whose origins or name we did not know from that day on. And that has been the law in my household ever since.

Arbucíes is not only about mountains, mushrooms, and camaraderie; it also has a rich history. When I was born, most of the male population had two work options to choose from: farming or working for one of the area's bus bodywork companies. The women would usually make their income by working in the clothing industry (especially making trousers), also located nearby. Both my father and my mother continued this tradition. Thus, the hum of the sewing machine was a constant companion throughout my childhood. My father worked as an upholsterer in the automobile industry. As much as everybody just assumed that I would eventually do the same, destiny led me to computers. However, fate would not have taken me down that road had we not moved somewhere else in Tarragona.

Apart from sewing and knitting machines, my family also owned many animals, such as chickens, hedgehogs, geese, and other typical barnyard creatures. Besides these, we had a cat in the house with which I had a strange connection. This cat would lie on my feet, and when it heard me cry, it would get up and move lazily towards my parents' room, waking my mother up by jumping on her pillow. It was her way of letting my mom know that I was crying. Those who know me will tell you of my special relationship with animals. Friends have walked in the woods with me and witnessed odd interactions. For instance, often, when I reach out my hand and focus, butterflies fly to me and land on my fingers for a gentle stroke. These insects usually avoid human contact for obvious reasons.

Nevertheless, they don't seem to avoid me. I cannot explain this phenomenon, but I acknowledge my fascination and friendliness towards such incredible creatures. There have been many surprising animal interactions in my life. I recall quite dearly a chicken that my grandfather had bought when I was only eight years old. Due to genetic malformation, the bird was born with three legs — one on its backside — and four feet, one of which was trifurcated. Clearly, that did not matter to my grandfather, as he had bought the animal to kill and cook. My sister and I made such a strong and passionate case for the chicken's life that he very tenderly decided to spare the poor animal and ensured that no one would attempt against its life again.

My strange relationship with animals is not limited to just one kind: I have had hedgehogs, snakes, rats, grasshoppers, and all types of insects as pets. I even had bats whom I fed from a baby bottle. I have never paid any particular attention to dogs, although I have been attacked by two. During these assaults, I learned that I had an unusual capacity to handle pain. This skill to resist extreme pain would prove indispensable with my health problems later in life.

The first dog attack happened when I was six years old. I was playing in the street in front of my house, and a dog bit me in the face. Apparently, some men were chasing it, intending to kill it. Whether from stress or my strange effect on animals, the dog sunk its canines into the right side of my face with all its might.

Even though the chase had nothing to do with me, the animal unleashed its angst on my body as if by doing so, it could take revenge on its pursuers. Curiously, although I had noticed the bite, I did not feel any pain. In fact, I got up quite calmly, walked back home, found my mother by the kitchen sink, and asked her to have a look at what the dog had done to my face. I did that as naturally as a kid would have asked you to look at a drawing. But when she saw my face, she started trembling. My jaw had been broken, my cheeks had been skinned, and I was losing a lot of blood while my neck displayed violent fang marks. Despite all that, I did not cry. When my mother finally reacted, she took me in her arms and took me to the hospital's emergency unit, where they set my jaw, sewed my wounds, and gave me the rabies vaccine. Instead of weeping, I joked about how calm I would be after the vaccine since the etymology of 'rabies' comes from the Latin 'rave'. I was not trying to act cool, nor was I trying to act brave. I was just trying to enjoy myself since I was not in any pain, and thus all that havoc was very tedious to me.

This odd ability to keep my cool in unsettling situations was again put to the test when a Pekingese launched itself at my hand, biting and clinging to it. Its owner was chatting with another woman while her dog was biting my fingers, so I went over to her, lifted my arm, showed her the dog hanging from my flesh, and demanded that she take get him off. Instead, she fainted. I had to help her come to while her dog still had its jaw clenched to my thumb for whatever reason (my thumb never fully recovered from this episode). From these two events, I have learnt two things: the first is that dogs will never share the same connection with me like cats and other animals. The second is that my body, or rather my mind, could keep calm in situations that most people would find horrifying. I also learnt to think of death as a part of life while I was still a child.

There are two events to thank for that: my grandmother's passing and an aeroplane crash in the mountains surrounding my village.

The aeroplane took 116 passengers with it. Although the authorities believed that it had crashed into the sea, its wreck was found in the woods a few days later. Once it had been located, the police isolated the perimeter to avoid onlookers from witnessing a gruesome spectacle. Nevertheless, as soon as the corpses had been removed, some villagers (my father and myself included) decided to have a closer look. Amongst the rubble, along with plenty of flies, were suitcases scattered over destroyed seats and other details that spooked my mother but looked natural to me. Obviously, the grizzly scene shocked me, but I did not feel any disgust about something that was just a part of life in my eyes. On that day, I learnt that I should think of death as ordinary. Something changed inside of me. I do not know precisely what, but something clicked in my brain, and I can still feel it.

The second event that would change me forever was my grandmother's passing. I was extremely close to her, among other reasons, because she had been an integral part of my childhood. I remember nights when she would tell me stories by the hearth and afternoons when she would pick me up at school and take my friends and me to a forest clearing where she would let us play as we pleased. While we climbed trees, chased a ball, or duelled with our imaginary swords, she would sit on a rock and watch us intently. My friend Albert Pinerat and I loved to spend those afternoons playing football, looking for fish in a stream or chasing after each other. This boy and I were best friends, so much so that in order not to spend any time apart, every night I would tie a string to my toe and throw its other end through the window so that he could pull it when he passed by my room the following day. That way, I could spring out of bed, get dressed in a second and meet him in the street.

However, one day my grandmother died. She had always had health problems from the Spanish Civil War and its economic aftermath, and she spent many years labouring carrying firewood. A long time afterwards, and undoubtedly because of such efforts, her body broke down. She had been having trouble breathing for many months; she was obviously worse than she looked. I remember that on the day she died, she made me breakfast and gave me my school bag. Before I was off to school, she put her hand on my shoulder and told me that she wouldn't be there by the time I returned. She said there was somewhere she needed to go and asked me to stay strong when I returned home later that day. She also said that, above all, I should not cry. At first, I did not quite understand what she was telling me, so I simply went to school and did not pay much mind to what she had said. However, when my mother told me a few hours later that she had died, I understood. Instead of crying, I told my mother that I already knew of grandmother's passing because she herself had told me she would die that morning. She left this world like only people born in villages can: by sensing it was her time to go before it arrived. Years later, when I was facing my own illness, I came across many desperate patients who dreaded the idea of dying and asked their doctors to give them painkillers so that they would be numb should death pay them a visit. But my grandmother remained calm and left this world with an ease that I have never seen since. Luckily, and although my illness got the best of me many a time, I always tried to be as calm as she was that morning. Somehow there is nothing else I can do but thank the words she said to me while she rested her hand on my shoulder on that day.

I tend to face life's hardship with a certain tranquillity. Because of this, people often come to me for advice. Sometimes I get the impression that they need the serenity that I impart, and often I believe that simply knowing of their problems makes them think that I may offer them a solution for their troubles. In fact, my high school mates noticed early on that I had this skill and always named me class representative. When something happened, they would ask me to talk to the teachers, and I never really took very long to work with them to find a suitable solution. After I had finished school, this inclination to solve other people's problems remained. Still, it never bothered me since I saw myself as a "problem fixer". My friends come to me to help them solve their problems and get simple answers to what they see as complex situations. As I have always fancied myself as logical in the most complicated scenarios, I work with my friends to find a satisfactory solution. Besides, I am aware that many people do not have such a positive outlook on life. They need my optimism to help them carry on. Later, while trying to find a cure for my illness, I realised something. It seemed that fibromyalgia patients are often people with the natural tendency to take on others' problems as their own. This extra stress often leads to their own deterioration of health, making them prime victims of fibromyalgia.

My obsession with solving other people's problems, and my frequent participation in leadership roles, such as class president, has continued through the years. When my family moved to the city of Tarragona sometime later, the students in the new school also chose me to be their representative. My parents decided to move there because my great uncle Salvador offered them a job in Tarragona. He had left Arbúcies when he was young to serve the military in Tarragona. In addition to doing what he had set out to do, he also got married there. His wife was the daughter of a basket weaver from Reus. When his father-in-law realised that his daughter's romance was serious, he offered my great uncle a job. Years later, my great uncle phoned my parents and made them a job offer that would change the future of the Blasi family. He wanted us to move to Reus to settle into a flat located in a building that he owned in the suburb of Bonavista. He also wanted them to begin their own successful basket shop. He would support my parents financially until their business proved profitable. In fact, the reason why he had proposed this was my great uncle's desire to give his nephew's children (my sister and me) an opportunity in a city where they could have a better future than in Arbúcies. He wanted us to attend good schools and universities to not be limited to our hometown's car body manufacturing and clothing industries. That was undoubtedly an excellent opportunity to start a new life chapter, but my parents didn't accept the offer right away, as they were not used to such abrupt changes. They were afraid of trading the protection provided by our mountains for the uncertainties of a city they knew nothing about. However, they also wanted the best for their children, and it was for our sake that they finally decided to accept my great uncle's offer.

Back then, I was thirteen years old and worked in a bakery as an assistant to its owner, who was obsessed with preparing me for life and ended up scolding me all the time. When I finished sweeping the floor, he would pour a sack of flour on the tiles. When I offered to take the freshly baked bread from the oven, instead of waiting for it to cool down, he would throw them to me so that I would burn my hands as I caught them. When I took care of the deliveries, he would scold me for taking too long to finish them, even though that was not true. That was the baker's way of teaching me. I still think of him very fondly because I know that even though his methods were coarse, his intent was to prepare me for a world that, in his view, required you to toughen up. Apart from working at the bakery, I was also the altar boy at church. I was never religious, but I had three important reasons for wanting to help the village's chaplain: wine at mass, the pocket money that my parents gave me, and celebrations such as the midnight mass at Christmas, which I enjoyed watching from the altar.

Those were the activities that I spent my time in until my parents decided to move to Tarragona to a suburb named Bonavista.

On my last day in town, I went to school to say goodbye to my friends and classmates. I was thirteen, so I was about to go to junior high. Until my great uncle gave us the idea to move elsewhere, I had never thought that I would not finish my studies in my hometown. However, our future had been laid out.

When I got to school, there was no one there. I didn't think it was a holiday, so I didn't understand why the school appeared to be closed. My heart sank until I saw a van come round carrying all my friends and a six-layer cake. I burst into tears of happiness and disbelief. My school had suspended classes just to wish me farewell. While the other kids played, sang, and laughed, I realised that a single child's absence meant the world for small villages like mine.

The following day a moving truck parked at my door. We brought our belongings out diligently and, as we said our goodbyes to many neighbours, we began a whole new life. My family got into my dad's Seat 850, and after talking my mum into it, I took the passenger's seat of the moving truck. I remember that trip as one of the most thrilling events of my then very short existence. I also remember Arbúcies disappearing behind the mountains as we drove. And as the mountains themselves faded into the distance, it occurred to me that perhaps they weren't as large as I had always imagined. But, just as my town and the mountains, that thought also vanished.

Almost four hours later, our vehicles stopped in the disorderly suburb of Bonavista. It was horrendous: poorly paved streets, only a few trees, little light. No one uttered a word while we carried our furniture to our new flat. We all thought the same thing, though no one dared to voice it. Fear had taken hold of us, and somehow our future seemed more uncertain than what we had envisaged.

At first, we didn't like our new home. The flat was run down, the painting had come off the ceiling, and the bathroom was tiny. I remember how small the bathroom was because when I was inside it, I amused myself by touching both walls with my elbows. Despite its small size, the flat had three rooms: one for my grandfather, another for my parents, and a third for my sister. I was given the drop-down bed that we arranged in the living room. That was very different from Arbúcies. There were no woods surrounding us or streams embellishing the landscape or trees that could withstand the weight of young boys climbing its branches. Everything was strange, new, formidable. The flat itself wasn't inherently bad, but those were the traits we projected onto it. In time our fears faded, especially with the support of our neighbours.

My dad rolled up his sleeves and got to work looking for our new school the following day. My sister was enrolled very near our home but finding a school for me was much harder. Most of those around us had too many students, so I had to settle for the neighbouring town. So, we continued our studies, while dad, mum, and sometimes my sister and I (when we had time) took care of the shop. Before we got to Bonavista, that shop had been a bar, a shoe shop, and a supermarket. All the neighbours knew it well, and from time to time, someone would come into the shop just to tell us stories of its previous owners. Of all the stories, I remember one about a boy who fell in the well in the shop's centre. The little boy died down there, and after hearing the story, I always got shivers when I entered the store. Luckily, that story did not jinx our business. After burning the midnight oil getting the place in order, we began selling wicker products. As for school, I adapted quite quickly to my new surroundings, to which I partly credit football. I was a major goal-scorer, a skill that brought me many friends. My relationship with football has always been peculiar. When I played an official championship (when there was a cup to be won), I could not score a single goal, while I scored as many goals as I liked in informal matches. I never knew for sure, but I suspect I didn't play well because I had to take off my glasses during official matches.

It was around this time that something happened which I have never been able to explain. I was coming home from school on one otherwise uneventful afternoon, and I felt tired. I told my mum that I was going to bed for a bit. I slept for more than four hours, and when my parents wanted to wake me up to have dinner, I did not move. They shook me for a few minutes. They patted my cheeks to wake me up and even threw water on my face, but to no avail. Alarmed, they decided to take me to the emergency department at the Red Cross Hospital in Tarragona, where a few days transpired before I started to feel better. No one could say what had happened, so they kept me in the intensive care unit for the first five days. After doing all the necessary exams, the doctors and psychologists concluded that they had no idea what had happened, so they discharged me.

The woman who would eventually become my wife came into my life thanks to the Martí Franqués Institute in Tarragona. She always told me that the first time she saw me, I was being lifted on a chair by my schoolmates. As odd as it may sound, this used to happen quite often. My class was the naughtiest of our school, and when our teachers set up a meeting with class representatives, the other kids would have me sit on that chair, lift me up, and carry me through the hallway until we got to the boardroom. It was spectacular. I would travel the entire hallway sitting on a throne while my mates would scream my name so loudly that we could not stop laughing. I had a great time during junior high. I loved to skip class to play arcade games in the city centre. I also became addicted to playing basketball and dressed in the fashion of the time: long boots, a jean jacket, and shoulder-length hair. I also became the king of cheating on exams. I have always found solutions to life's problems, and exams were no exception. Among the many tricks I had come up with to cheat on exams, I fondly remember the day I wore a wide-brimmed picture hat during an exam. It was so evident that I was using the hat to hide little slips of paper with the answers that my teacher, maybe from embarrassment, didn't even ask to inspect it. On another occasion, I tied a thread to a piece of paper with the answer on it and tucked the paper under my shirt cuff. I tied the opposite end of the thread to my big toe. When my teacher came around, all I had to do was stretch my leg, and the paper would retract into the cuff. Sometime later, I got a copy of the master key that opened our teacher's offices. As our exams were drafted on sheets containing our school's letterhead, I started to steal them. I kept them at home, and the contents would magically find their way into our exams. My wife Miren has always told me that when a teacher came close to my desk, she would start sweating while I kept my cool. This, in turn, would make her angry with me. This remark always made me think that, even though we barely knew each other back then, she might have already been in love with me.

Nevertheless, my wife confessed that, when my mates would lift me up on that chair around the school alley, when I cheated in exams or simply when I made some scene, she considered me a troublemaker to keep away from. Whatever the truth was, on 28th January, we kissed for the first time. We were 16, and it happened on the beach by the sunset, amongst the shadows, in silence.

My addiction to computers started because of the calculator Casio PB-100. I bought it to register entire lessons in its memory and, as such, to use it to cheat in exams (I even used it on history tests). However, I soon noticed that I simply enjoyed utilising the gadget. During junior high, I also fell in love with computers because I took an optional course in information technology. To many of my mates, that class was hell. They exhausted their brains trying to run programmes in the MS-Dos system, while I could do it in no time. On top of everything else, I always managed to solve a complex problem eventually. If the solution didn't come to me straight away, I would think about it throughout the afternoon and over dinner. The computer screen would illuminate my mind while I slept. And in a dream, the solution would come to me. When I woke, I would jot down the answers on a booklet that I used to keep on my bedside table. As my addiction to computer science intensified, I took some courses on computer language called Basic, which was taught in Tarragona. A few months later, the class was already too easy for me, so my friend José Antonio Delgado and I set up the first computer club in Catalonia, eager to exchange knowledge with other computer freaks. At first, we did not think that these meetings would amount to much, but others in the city applied so quickly (and there were so many of them) that it startled us. We had put up posters in the local shops, and we assembled a massive group of people from the evening to the dawn. As we needed somewhere to get together, we used the attic of a bar for our meetings. Due to the vast amount of people who answered our call, on 1st December 1982, we officialised the Computer Club of Commodore in Catalonia. Sometime later, we moved from the bar to a locale furnished with junk we bought along the way. The Club was renowned in a few months, and we received calls from companies that needed computer experts. One of those calls was from El Corte Inglés, a Spanish department store. When I showed up for the interview, I found out they were looking for a salesman for their computer section. I refused the job. Later the same happened with a company called Confort Computer Center. They were looking for someone who could sell, programme, and show the computer to customers. This time I took the job. They paid me 80,000 pesetas a month to do something I liked. Still, the problem was that, as I got blinded by the job and the money, I stopped focusing on my studies, and I, unfortunately, flunked my University Orientation Course. I had not studied for a few months, and I can still remember how my parents yelled at me because of it. However, they never knew that I had partially allowed myself to flunk to stay close to Miren at school for one more year.

Two years later, I had had enough of that job. Comfort Computer Center had started a club that I managed during very inconvenient hours. On top of that, they had me program silly functions, like one where the computer speaks back to the user. I would then present these creations on the radio, and although it could have been fun, I was too nervous to enjoy the experience. But the worst of all was that my boss started to be late in paying our wages. It got so bad that when I was offered a job as a teacher for a computer course, I quit my previous job and never looked back. However, I jumped out of the frying pan into the fire: the school owner was as square as his computers' screens. It was impossible to communicate with him, even when he was clearly in the wrong. I had to work exactly as he did, including wasting double the time on tasks that could have been done in a minute. Even so, that job had its upside: they paid me on time, and I had free mornings to set up my own computer company Multisystem (as I decided to do in 1986). For a while, I centred the business around providing bespoke programmes. Still, over time I realised that it would be more profitable to make the company into a computer school, which brought about an uncomfortable challenge: quitting my job and telling my boss that I was leaving to become his competition. Actually, I remember that he was fuming when I decided to tell him of my plans. He was beside himself, hurling names at me in his rage and even phoning my mum to tell her secrets about me. Obviously, I never heard of him since, nor did my mother. Anyway, besides that man's nonsense, what made me decide to turn Multisystem into a school was a theft: some thieves emptied the place in a few hours and, when I walked in the following day, I decided it was time to start a school. However, having been stolen from was a huge blow to our finances. Miren and I had been planning to get married soon, and instead of going on our honeymoon as previously planned, we had to settle for spending a weekend in Mallorca. Even so, the memories of our wedding and honeymoon are some of the most important of my life.

In 1992 my wife got pregnant. As we wanted the best for our first son, we decided to take part in a study conducted by the University of Medicine in Reus on the influence of breastfeeding on the development of the child's emotional and psychological systems. Doctors on the programme offered the mother complete gynaecological treatment and nutritional counselling in exchange for submitting to a few straightforward exams. We felt that it was well worth the trouble, so we decided to go ahead with the plan. Dani was born in November, the same month as many mushrooms. In fact, my wife's water broke when we were picking mushrooms in the woods. The boy came out of the womb so shiny, small, and silent that we actually thought he even resembled a mushroom. Three years and a half later, my second son Marc was born but did so in a much more eventful way: screaming with all his might. Dani and Marc changed our lives for the better, but soon after, in October 1996, I got a cold that would change everything, even if we didn't realise it at the time. At first, I did not worry about it because I was used to my students bringing in germs and viruses. However, as the days went by, my cold would just not go away. The doctor told me to stay in bed for as long as my body needed it. But the days turned into weeks, the weeks into months, and the months seemed like an eternity during which I couldn't leave the bed. What's more, the company my wife worked for had been bought, and she faced being let go. Nevertheless, it was nothing compared to what that cold would unleash on our lives: fibromyalgia.

2

FIRST SYMPTOMS

My cold carried on for more than two months, and there wasn't a medicine that could cure it. I felt more and more ill as time went by. At first, I felt sick, had cold sweats and nasal congestion. In a few weeks, I started to have a terrible backache, a constant pinching sensation that left me in bed for more than a month. I had never felt pain like that before. At the time, I could not even leave the house. My head doctor, Joan Marimón, prescribed me some antibiotics, antipyretics, and Novotel. Unfortunately, they did not ease my pain, and by the end of November, it had become unbearable. My pain had reached my lumbar and cervical areas, so I could not take a step without agony. On top of that, the pills made me feel drowsy, which kept me from helping my wife prepare for her then-impending admission exams for a teaching position.

It was January 1997, and doctor Marimón paid me yet another visit. Despite my cold having subsided, my lumbar pain persisted. In my opinion, this illness was lasting far too long. Still, the doctor assured me that sometimes, after having a severe infection like the one I had, it was not uncommon for the pain to persist for another few months. According to him, the only way to heal the pain would be to carry on taking Nolotil, a painkiller. Even though I continued taking the drug, my backache got worse, spreading to other parts of my body. Apart from the whiplashes I felt all over my spine, I felt pinches on my fingertips, and my hands trembled uncontrollably. All of this came with extreme fatigue that kept me from doing the most mundane tasks. After a while, and undoubtedly due to having identified the latter symptoms, doctor Marimón confessed he did not know what was happening and recommended seeing a traumatologist. That is how I got an appointment with Doctor Moreno, a resident doctor at the medical centre in Reus, whose X-rays demonstrated (or at least that was his interpretation) that I had a pinching on my vertebrae L5-S1. In his opinion, that would explain the excruciating pain. He reassured me that I should not be worried since the pinching sensation was nearly as common as getting the flu in February. His words gave me comfort, mainly because he could give a name to what I had been feeling as if knowing the name of a disease would soothe its symptoms. Anyway, that comforting feeling would not last very long, as my pain came back again a few days later, with such agonising intensity that I had to phone my traumatologist. After a few weeks of investigating my case, he admitted that he no longer believed my suffering derived from a simple pinching of the vertebrae L5-S1.

From that moment on, my life became an ongoing trip around hospitals in Catalonia, Spain, and abroad, which would span two years.

Little by little, I became a regular patient at the emergency room of Sant Joan de Reus hospital. Somehow, that hospital had become my second home. I would return there almost daily, as my pain would become unbearable. I know that my presence bothered the doctors, and I suspect that many thought I was a hypochondriac who rejoiced in giving them trouble. But the truth was, my pain had become so intense that sometimes I could not even muster the strength to tell them that they had misinterpreted me. No one at that hospital ever actually helped me. All they did was listen to my complaints and diagnose me with the most apparent condition. If I had a backache in my lumbar area, they wrote down ‘low back pain' on my medical report. If I told them that my pain was in my cervical area, they would jot down 'cervicalgia'. If I said the pain was on my dorsal area, they would say it was just dorsal back pain. That is how I got a series of misdiagnoses.

I suppose that if I had told them that my wristwatch ached, they would have diagnosed me with 'watchalgia'. The doctors would choose the most straightforward diagnosis based on the symptoms I would tell them about, as they could not demonstrate what was wrong with me through exams. Because of that, I got used to leaving the hospital in more disbelief than actual pain. Many times, when they asked me what I did for a living, and I told them that I worked with computers, they looked at each other, shook their heads, and diagnosed me with stress, then giving me Valium. They believed that my company was ruining my nerves and would not listen to what I had to say. They never saw me at work, never carried out a psychological assessment, and did not stop to think for a second about the possibility that I was a calm man who had found his dream job. A 'stress' diagnosis covered them for not truly knowing what was wrong with me.

As one may imagine, taking loads of Valium did not prevent me from returning to the emergency unit time and time again. On one of the medical reports from 5th August 1997, after enduring eight months of excruciating pain, I read something that would make me understand the magnitude of my problem: "The patient has had back pain for weeks, and it has been escalating. His pain worsens when he lifts heavy things (he has a son). Today he had considerable pain in his cervical and lumbar areas, making him feel sick, although he remains conscious. He comes to the emergency unit claiming to be in pain and presenting a pale complexion. Said patient does not improve with the intake of Voltaren and goes back home in some pain. Diagnosis: low back pain. Prescription: injection of Voltaren in the muscle and muscle relaxants".

The part that really impacted me was, "His pain worsens when he lifts heavy things (he has a son)". Truthfully, at that time in my life, I was unable to lift my kids. Such effort implied severe whiplashes all over my spine, so it was absolutely unthinkable to do it back then. My children, who were indeed unable to understand what was going on with me, gave me sorrowful looks when I couldn't pick them up. That would break me down more than any physical pain ever could.

What's more, the medication the doctor prescribed gave me awful stomach aches, which went on for weeks. Because of the medicine, apart from the back pain, I had constant diarrhoea. Then my illness added another problem to the list: Bumps and lumps began to appear on my skin all over my body. That, of course, was apart from the trembling, spasms and tingling.

Sometime before I started to come often to the hospital's emergency unit, my wife Miren took her teacher's exam. I tried to be by her side while she studied, but my pain – I did not dare call it an illness back then – made it impossible for me to support her sufficiently. Even so, on the day when the results came out, I offered to go to the place where the list would be and check if she had made it. I still remember that day with a lot of tension. I didn't feel well, was taking a lot of medication, and I was dizzy, but even so, I mustered every bit of strength I had to check the list. Around me, many people were looking at the notice board. Some were crying or hugging, but most were still scanning the list to try and find their name. As I skimmed the list diligently, I noticed that my wife's name was not among the approved candidates. I was about to leave when I realised that, at the end of the list, for whatever reason, only the examiner knows, there were a few surnames listed outside of alphabetical order. And there was my wife's name. I called her and gave her the great news. When she realised that she now had job security for life and would finally leave her current job, she cried tears of joy.

The truth is that her happiness elevated my mood and gave me pride. That approval was like a breath of fresh air. The previous year had brought nothing but worries: my constant pains, the attention my young kids required and the changes within the company where my wife used to work. Many employees were let go at the time. All those circumstances had made our lives difficult, so the fact that she would become a teacher brought us a joy that we desperately needed. We savoured the optimism that this news brought us — we bought a summer flat on the coast in Miami Plaza (Montroig del Camp, Tarragona). Many of my friends assumed that since my company was doing well and my wife got a stable job, we purchased a flat in Miami, Florida (USA). We didn't even bother to correct this misconception since we were in such a good mood due to the recent good news.

Nevertheless, Miami is the name of a small neighbourhood in Tarragona. As soon as we moved in, we became friends with Patro, a woman from Seville who lived in Les Escaldes (Andorra) and came to Miami for the summer every year. When she learnt of my health condition, she spoke in detail of a friend who worked as an osteopath and massage therapist and lived in Andorra. His name was Ricardo Crespo, and according to our neighbour, he had reduced her arthrosis pain quite efficiently. So, on 19th August, we headed to Andorra, a few hundred kilometres away from home, to see this osteopath. I was feeling so ill that I could not even drive the car.

Additionally, I had noticed a few weeks prior that the mere tension caused by the traffic and simply the movement of steering the wheel were enough to send horrible pain all over my spine. As it was, I remained on the passenger's seat throughout the ride, feeling sorry for myself that I could not even drive a car at that point in my life. Osteopathy stipulates that the body works correctly when its many parts are in a good balance with one another. In addition, Ricardo Crespo said that the way the body distributes energy was also of the utmost importance. To balance such energies, he gave massages that were often quite painful. However, after that first session, I left the room and did not feel any pain. My body did not ache anywhere, so I thanked him profusely for the work he had done, paid for the session and was able to drive myself back to Reus. That gave me a lot of hope. At least that was until the following day when my pain returned so intensely that I could barely move.

A few weeks before the Andorra trip, my wife and I had booked a flat in a hotel in Lanzarote. I had decided that my pain would not stop me from living my life, so I thought of spending some family holidays by the coast despite my body. On top of that, those holidays were supposed to be a time to celebrate my wife's achievement. Because of that, we chose to go to the Canary Islands. My wife Miren was born in Mungia, a small village near Bilbao. Despite that, she had spent part of her childhood in the Canary Islands, and she had wanted to go back and visit for the longest time. On 20th August 1997, my children, in-laws, wife, and I checked our luggage at the Barcelona airport. As the plane took off, I remember that I decided not to ruin their holidays with my pains. During t the first few days, I had not been suffering very much, but as time went on, my pain only grew, and at some point, I started bleeding. So as not to annoy the others, I would hide in the bathroom to give myself a shot of Voltaren and Nolatil — the injection itself was excruciating — and once in a while, I would supplement those shots with Valium. Apart from a few happy moments, the memory I never forget is of the day when my son asked me to carry him in my arms. His request confirmed what the doctor in Reus had written in one of my medical reports: "His pain worsens when he lifts heavy things (he has a son)". I guess that prediction came from the doctor's experience with patients with a history of back pain who happened to be parents. Anyway, I vividly remember the image of my then 4-year-old son Dani reaching his arms out to me while I, on the verge of tears, denied him something as simple as lifting him onto my shoulders.

Then in September, something happened that would become a turning point in my illness's development. I was admitted into the emergency room of a hospital because of acute pain. As had become usual by then, the doctors diagnosed the typical low back pain caused by the stress of running my business. However, I decided to change my strategy on that occasion: instead of accepting their diagnosis and looking away, I stared back at them intently. It was 13th September, a rainy Saturday night. They had just written me a prescription of the usual drugs when I told them that I would not leave the hospital until they could give me a more reliable diagnosis. I remember that the doctor to whom I spoke paused from reading his report. He looked at me, puzzled and in disbelief, and tried to find the right words. At first, he wanted to talk me into leaving my hospital bed without making a scene. But when he realised that I had decided not to take no for an answer, to make them pay me individualised attention and force them to help me accordingly, he left the room. After some time, he returned with other doctors right behind him. The three of them revised my medical report a bit more attentively than was their custom. They then left the room, and only one of them came back in and sat down by my side. He said:

"Do you want to know the truth?"

"Of course."

"Are you sure?"

"By the grace of God, yes."

"We have not got a clue what is wrong with you."

"…"

"We have no idea. This is why we have been diagnosing you with stress. But please understand this: Every time you come back to this hospital, we will diagnose you with stress again unless we find some evidence that tells us otherwise. I know you don't want to hear this, but that's the truth. As much as we have investigated, we have found nothing wrong with your body".

"But…"

"If I were you, I would not waste my time coming back to this hospital".

"Are you trying to get rid of me?"

"No, I am telling you that we do not know how to treat you. Listen to me: try to find another hospital which is better prepared than ours".

"Which one?"

"One that works with specialist areas".

"Which specialist area are we talking about?"

"I do not know, Mr Blasi. I do not know".

On the following Sunday, 14th September, I gathered all the medical reports I had got until that point and headed to the Surgical Medical Centre of Reus, better known as Fábregas Clinic. Once there, doctor Francesc Freixes decided to take me in after carefully reading all my medical reports and hearing my account of the last ten months of pain. He said that, during the following weeks, he would carry out as many exams as he could, some of which were admittedly uncomfortable, but after, we would be able to figure out what was going on with my body. That filled me with hope, and I packed my bags that same night. They were going to admit me to the hospital, which I found reassuring. I had been told in the previous hospital that they did not know what was wrong with me, and they had basically told me not to come back again, and even though now I had to face countless uncomfortable exams, I was pretty content. I guess that my faith in science was what motivated that joy. I also believe that, back then, I had no clue what that exact science had got in store for me.

Be it as it was, on the following day, I was given a room in Fábregas Clinic. On my admission report, they had written “vertiginous syndrome”, referencing the sickness provoked by the pain and the lack of a more accurate diagnose, which we would only get once we had done all the exams. During the following days, I underwent all kinds of exams: magnetic resonances, TACs all over my body, cranial scans, rheumatological analyses, psychiatric studies, and many others. Back then, my wife worked as a teacher at the school “La Bisbal de Penedés” (some 55 kilometres from Reus), and she came to visit me every afternoon. However, the kids were not allowed in the hospital, which made me feel even more lacking as a parent since I could not see them or tell them what was happening. I could not name my condition, so it meant not being able to give them a reassuring answer to the most straightforward questions they would ask when phoning me: “When are you coming back home?” That is what they wanted to know, and I could not answer their question until 27th September 1997, when doctor Freixas sat down by my hospital bed, signed my release papers, and said:

“Well, Alfred, we now know what is wrong with you”.

“What is it?”

“…”

“What?”

“We have got some good news and some bad news for you”.

“First tell me the good news”.

“Your condition is not life-threatening”.

“That’s great. And what is the bad news?”

“Your condition will last your entire life”.

“…”

“But don’t worry. The pain won’t be for life, only the disease. Now we know what you have got, which makes our work much easier. When we find the right treatment for it, your symptoms will disappear. But the condition will still be there”.

“Give me a name”.

“Sorry?”

“I need to know the name of my condition”.

“Fibromyalgia”.

“Fibromyalgia”.

“You have also got ankylosing spondylitis, but that is not the cause of your pain”.

“Explain to me what fibromyalgia is”.

“It is a condition that we diagnose by process of elimination. We examine the patient extensively, and when we cannot find any malfunctioning of their organs, but still we identify that their pain is real, we diagnose them with fibromyalgia”.

“But what is it?”

“We don’t know. Science has yet to find what causes it. All we know is that it is a condition that is more commonly found in women —”

“…”

“— but which is also found in some men. Of the disease, all we know is what the name says: The terms ‘fibro’, ‘myo’, and ‘algia’ put together mean pain in the muscle fibre. Don’t ask me anything other than that. We don’t know what causes it, what triggers it, how we cure it. We know practically nothing about it, except that a few medicines ease the pain”.

“You know nothing”, I uttered.

“Some believe that it is caused by a lack of a neurotransmitter called serotonin, but evidence of that has yet to be found”.

We remained silent for a few seconds.

Finally, I asked him:

“So, what now?”

“Now we’ll prescribe you some antidepressants to reverse the deficit of that neurotransmitter. We will also prescribe you some anti-inflammatories. And also, a lot of rest, Alfred. A lot of rest".

Before leaving my room, doctor Freixas said one more thing:

"By the way, we have also identified that you are a fast acetylator".

"What does that mean?"

"It is neither good nor bad. It simply means that you have an uncommonly big liver that is very active and will metabolise any medicine much more quickly than usual. In other words, when an ordinary person would need one aspirin, you will need five. Please listen well, Alfred, because this is very important: any treatment must be multiplied in your case. Tell this to any doctors that come your way. Don't you ever forget it. In addition to that, you are likely to have some episodes of abdominal problems —diarrhoea, constipation — but don't worry, as this may happen only a couple of times a year."

He was not wrong. I have had such abdominal problems a couple of times every year since. He didn't tell me that every time these episodes happened, they would last for some six months straight.

After that conversation, which left me puzzled, doctor Freixas discharged me, claiming that there was nothing else he could do due to the nature of my illness. By diagnosing my disease, all hope of recovery was gone, although I still held out some hope that I would be able to adapt. Because of that, he sent me back home and told me to learn how to cope with the new 'tenant' in my body. I must confess that my bewilderment clashed with a particular joy because at least now I knew what the problem was; my condition had a name. Furthermore, doctor Freixa's diagnosis proved that I had not gone crazy or become a hypochondriac. Neither was stress causing my illness — which was in itself a relief. Doctors had told me that what I had was nothing out of the ordinary for over a year.

Moreover, I had been sent away from emergency rooms, doctors telling me that my 'hypochondria' was insulting to them. Nevertheless, all that time, it was fibromyalgia causing my insides to hurt, and sometimes I think that, had I not insisted so much, I would now be lying on a bed, believing that stress had torn my life apart. I must acknowledge that there had been difficult times when I was under pressure from those doctors, and I suppose that my unquestioned belief in medicine up until that point in my life made me question my own pain. Because I knew they would repeatedly tell me that I was fine, I entertained the idea of having gone mad, thinking I might have become the kind of patient who believes they are always sick. The importance for fibromyalgia patients to know the name of their condition is almost comparable to that of finding an effective treatment for it.

The treatment given to ease my fibromyalgia pain consisted of taking an Amitriptyline pill of 50 ml., another one of 75 mg., and a Diclofenac twice a day. These medications were supposed to help me cope with the pain, but my condition spiralled a few days after my discharge. I was trembling, itching, and having memory loss. When I tried to walk, my legs were irresponsive. I remember that I would lean against the walls in the house, look at my toes, and beg them to move forward to no avail. This worsening of my situation made doctor Freixas increase the dose of amitriptyline that he had initially recommended and reassured me that the first few days of a new treatment were sure to cause side effects.

During those days when I could not even get out of bed, I killed time browsing the internet, looking for the scarce information that one could find back then on fibromyalgia. I found almost nothing, only a website containing testimonials of people who suffered the same as I. I enjoyed reading those stories, but the more attentively I read them, the more I became convinced that my experience was different from theirs. They said that they had been suffering from the physical pains of fibromyalgia for years. However, my doctor had reassured me that, even though the disease would never really go away, the drugs would eventually numb the pain to a degree where I could go back to my normal life. So why were these other patients claiming they had experienced fibromyalgia pain for years? Was it possible they had been told the same thing I had, and it simply wasn't true? The word 'pain' was used so extensively in those testimonials that it scared me.

Furthermore, there were countless ads on these websites. Some were for orthopaedic mattresses, others for homoeopathic medicines, and plenty of other products that didn't inspire much confidence. There were plenty in the health and wellness industry offering ways to numb the pain, but none with a cure — scores of quick fixes. Over time, I found that these peddlers of alternative medicine inspired so much distrust that, years later, when I created my pharmaceutical compound, I was labelled a charlatan by those whose condition had improved thanks to it.

I returned to doctor Freixas' office many times for exams, which showed that my pain and physical limitations had increased, but they did not indicate any concrete physical anomaly. Thus, after even more tests, my suffering had reached an all-time high. My doctor recommended my admission to the Clinical Hospital of Barcelona since its clinical team had been on the cusp of all new fibromyalgia findings. Fortunately, my mother's nephew worked there, and he got me an interview with doctor Ferran Solano. After listening to a bit of my story, and almost without a thought, the latter said I should be taken in immediately, not before letting me know that I would undergo all kinds of exams to validate or discredit the diagnosis made by other doctors until then.

My room in that hospital was on the ninth floor alongside the ward of the alcoholics and those in rehabilitation, not to mention other patients whose conditions were put together under the label 'atypical conditions'. Of course, I belonged to the second group.

Being around the alcoholics was quite amusing. They spent their days singing, playing cards, and telling jokes since these activities were part of a medical strategy to show them that having fun did not depend on the bottle. I shared my room with a man named Jaume, who always wore a yellow robe, and whose unknown condition weakened his immune system. Jaume had been transferred around all departments of that hospital, but no doctor had been able to diagnose his condition.

Moreover, they had taken one of his kidneys, and recently they had operated on his liver. Nevertheless, his condition kept him bound to the hospital bed. Luckily, he was an optimist who had learnt that patience is the only shield against depression, and whenever I was about to break down, he would tell me:

“Hey, Alfred, calm down! Your stay in this hospital will be brief, trust me. You’re talking to a professional”.

“You’re definitely an optimist”.

“When your body wants to do you in, either you become an optimist, or you shoot yourself in the head. There is no other option”.

During those days, I also made a friend called Melquíades. He used to work as a sales representative for an alcoholic beverages company and travelled all around Spain selling their products. He said he ended up on the ninth floor because of all of the testing of his products that he had to do to demonstrate their quality.

Interestingly enough, he was another optimist. Apart from giving me some spirits that he would produce from his robe’s pockets like a magician does a rabbit from their top hat, he also gave me excellent advice and kept me great company. Both Melquíades and Jaume were by my side during all the time I stayed in that hospital, and today, as I look back upon that time, I think of their optimism and how it helped me get through those days with a hint of joy. My wife also came to visit me often, despite having to work, take care of the kids, and drive all the 125 kilometres that separated our home from the hospital. Her presence was comforting to me. Above all, she gave me something that nobody else could: love. I remember quite fondly the afternoons in which she would put hot or cold-water bottles on painful parts of my body. The fact that these bottles had a different temperature depending on the time of day was the most curious thing to me. Though sometimes my body needed heat to fight off the pain, it was precisely the opposite on other occasions.

What's more, the doctors found that the only thing capable of easing my pain was a drip they called 'special'. However, not even this could help me avoid the dreadful whiplash pain. I thought many times about why my body would have such an erratic behaviour regarding the drip, and suddenly, I remembered that doctor Freixas had told me that my body processed chemicals quite quickly. Because of this, I told my nurses to give me more doses of that compound, to which they promptly objected, claiming that it was the doctor's responsibility to control quantities ministered to patients. Thus, I stayed quiet until a doctor came around. I explained that my liver absorbed drugs faster than most other people, which is why I needed more painkillers than other patients. The doctors would just smile and tell me they already knew. It was only a while afterwards that I realised the problem was not in my body but that they would treat me with a placebo from time to time. The doctors told the nurses to exchange my drip for another placebo solution to ensure that the 'special' drip indeed helped me. As I processed chemicals quite quickly in my body, I could tell the difference right away.

Those days were the worst. Sometimes they didn't give me sedatives. Other days, my body rejected the drugs, and I often sobbed uncontrollably in despair. I cannot find the words to express the level of pain I endured those days. I can only use metaphors: The pain I felt was as if someone was pulling my muscles away from my bones; like someone was burning my arms with the tip of their cigarette, or banging a hammer against my spine, sticking my body with giant needles, or plunging their fingers into my guts. While these images adequately describe my pain, nothing did so quite successfully as the picture of my wife sitting by my hospital bed; concern etched on her face as she stared out the window. Miren feigned good spirits on my behalf when, in fact, she felt nothing other than despair and sadness. I remember when she would take my hand and calm me with murmured words of comfort. She tried to put my soul at ease. But I just writhed in pain in response. Once she came to spend a couple of nights with me in the hospital. On those nights, I couldn't sleep, and I heard her quietly weeping on the other side of the bathroom door. I could not sleep on those nights, and I listened to her quiet weeping behind the bathroom door on one occasion. I could not hold my tears either, and the following day I urged the nurses to give me more sedatives, but they refused.

From those days on, the symptoms I had would remain for as long as I was ill. Apart from the pain that I felt in my body, my muscle contractions were awful, and they kept me from moving my neck, straightening my spine, or doing something as simple as going to the bathroom by myself. But those were not my only afflictions. I had extreme fatigue, which left me completely debilitated. I could tell that I was drooling during the nights, but there was nothing I could do about it. The muscles in my jaw would make it detach, and I would spend hours grinding my teeth. Tingling all over my body would alternate with spasms or cramps. Almost every day in the afternoon, I would have some degree of fever.

Along with the fever, I would have migraines and would also lose my sense of balance. On top of that, all these pains escalated as weeks went by. And there I was, in the last room on the top floor of the Clinic Centre of Barcelona. After some time, a psychiatrist came to talk to me. My discharge depended on his assessment, which meant they sent this man over to ensure that my sanity allowed me to go back to my life.

“What’s going on with you?” he would ask me at first.

“I’ve got fibromyalgia”.

“But do you believe that diagnosis?”

“That’s what the doctors say”.

“OK, but do you think that the cause of your pain is indeed fibromyalgia?”

“It’s not about what I believe; it’s about what the exams show it is”.

“Sure, sure” — he would carry on — “But how does this disease affect you?”

“Well, to begin with, I’ve got a business that I can no longer run”.

“And who is running it now?”

“Nowadays, my partner is responsible for the entirety of our business, but there is way too much work, and I should be there by her side”.

“And does the fact that you’re in the hospital cause you any other problems?”

“Of course it does, in more than one way. Not just because I am in the hospital, but because I’m not getting any better”.

“Yes, of course. But what then if you were told that there is no cure for your condition?”

“I’ve been told that, but they also assured me that they would be able to numb my pain”.

“And what do you think about it?”

“I believe them”.

That psychiatrist could not stop asking me annoying questions. He questioned every reassurance the doctors had made me. I suppose what he wanted was to assess how much I had accepted my own reality.

"Have you considered that your doctors might not know what they are doing or how to help you?"

"Listen to me." I finally retorted. "I work with computers. When someone brings me a broken computer, I look into it very diligently. If I cannot find what is wrong with it upon my first inspection, I disassemble it piece by piece. If I still cannot find what the matter is, I do it again and over and over again until I find what was wrong in the first place. That is exactly what I want them to do with me. They may intubate me all they want as long as they do it trying to find out what's wrong with me. I am suffering a lot being cloistered here in this hospital, but I shall undergo all the exams they ask of me to defeat this condition".

The psychiatrist was silent for a few minutes.

"Do you know what, Alfred?"

"What?!" I responded, exasperated.

"I believe you are saner than I would be if I were in your shoes".

The next day I was discharged. My doctor's report read as follows: "Main diagnosis: probable ankylosing spondylitis and other inflammatory spondylopathies. Other diagnoses: rheumatic fibromyalgia. Proceedings: bone scintigraphy". This report discredited the possibility of my illness originating from that cold almost a year before. Additionally, the doctors told me that I should forget about the injury in 1996 because there was no relation between the two events, according to them. The report also mentioned eleven tender points, which responded with pain when pressed and demonstrated that I suffered from fibromyalgia. Treatment would consist of cyclobenzaprine, 10 mg every night, propranolol, 40 m. every twelve hours, amitriptyline 50 mg, every twenty-four hours, and magnesium dipyrone, one ampoule every eight hours when needed. Everyone recommended that I make an appointment with Doctor Antonio Collado from the same hospital, who had just started a multidisciplinary treatment for severe fibromyalgia patients to recover their capacity to work.

After all the exams I had been through, and despite the faith I had back then in traditional medicine, I decided to accept any method to ease my pain, which included alternative medicine. Someone had referred me to a practitioner named Pilar Pérez, who claimed to wield healing energy with her hands. I did not believe this kind of practice, but my desperation had reached such new heights that I was open to trying just about anything. I remember getting to her flat: An older woman opened the door to let us in and take us to a waiting room where other people had the same grievous look on their faces as I did. After a while, she called us into a room where we could only enter barefoot. Ms Pérez must have been in her 70s and had the power to control the energy in the human body. She said that not many people had that gift and that, for example, she could use the touch of her hands to speed up the growth of plants.

She stated that I came to see her because of horrible pains without asking why I was there. She then looked at my wife and guessed that she was the mother of two sons. Getting both things right puzzled us, but we were even more surprised with what happened next. She told me to take my clothes off and lie down on a stretcher. She then washed her hands and touched me on my back. Quite surprisingly, when her fingers touched one of my aching spots, I experienced some burning. She carried on for about an hour, and honestly, I left the session more than satisfied, as my pain had calmed. That healer had been able to do what drugs could not, or at least it seemed so at the moment. It turned out that my pain returned with a vengeance the following day. I phoned her, and she told me to return to her office because my treatment needed more sessions. I felt robbed.

I also returned to the osteopath Ricardo Crespo because he suggested that I go to a session with his instructor. He was a French osteopath whose knowledge of fibromyalgia and other muscle pains surpassed those of his disciples. That argument convinced us, so my wife and I stayed in Andorra for a few days. I will never forget our trip from Andorra to France. Ricardo Crespo drove us at night with the headlights off. He had a theory that, before a curve of a mountain road, the best thing to do was turn off the headlights to better see the headlights of cars coming in the opposite direction. He knew those mountains like the palm of his hand and wasn't intimidated by the tight turns. He drove the whole way, turning his headlights on and off while my wife and I white-knuckled our seats in terror. Ricardo Crespo's teacher was called Daniel, and as he spoke only French, I couldn't communicate with him very well. However, on the way back, which was just terrifying, Ricardo told me what his teacher thought about my condition. His theory was that it had originated from a severe infection. His teacher thought my condition had developed from a severe infection — like my cold, I thought — and that this infection had shifted part of my bone marrow. He would be able to put it back in place with only a few painful massage sessions. On that same night, I decided to keep travelling to France because, apart from the nuisance that it was, Daniel's explanation sounded more coherent to me than those I had heard up until that point. Also, it coincided with my idea of that damn cold having triggered my condition. I suppose that I then entertained the possibility that science might not be right about everything regarding the human body.

3

MULTIDISCIPLINARY TREATMENT

The head of the rheumatology department at the Hospital Clínic Barcelona, Dr Antonio Collado, was a man in his forties who exuded a profound, perhaps excessive, sense of self-assurance. I remember that the day we met he gave me an emphatic embrace. I was caught off guard, but I immediately understood that he wanted me to know that he understood my torment. After the hug, he sat down behind the huge table in his office, steepled his hands at nose level and looked at me over the tips of his fingers. He held that position for a few seconds and, after smiling, said that we would start the rehabilitation programme at the beginning of November. And that before, I should meet with a psychologist, Dr Torres, who would assess the degree of depression that I was suffering from due to my condition. The truth is that I have never really been sure if I have suffered from such a disorder. There were times when I have felt deeply saddened by my situation, disappointed by the failures of treatment, and despondent at the seeming impossibility of finding a solution. However, I'm not sure that these feelings merit the label of depression. Even so, doctors around the world have seen their patients pulled down to the depths of despair, and so I suppose that I too have been a victim of depression.

I am, however, sure that apart from the supposed depression, during that time I suffered physical despondency of immeasurable proportions. Because, during the time I had to commute daily to the Hospital Clínic Barcelona, fatigue overtook me. Travelling to Barcelona robbed me of so much energy that, by the time I would return to Reus and sink into the sofa, my body was shaking. It felt like thousands of needles were piercing my arteries and, although I tried to hamper my desire to numb the agony with a handful of painkillers, I always gave in at the end. Moreover, at that time the nightly visits to the emergency department of the hospital in Reus became the straw that broke the camel's back. Every time I travelled to Barcelona to undergo tests by Dr Collado, I ended the day tormented by this sensation of needles puncturing every inch of my body. Travelling to the Hospital Clínic meant taking a bus from Reus and two underground transfers. The tests started at 9:00 AM and lasted for four hours. On my return home, i.e., after countless transfers and hours spent waiting, I devoured the painkillers. Despite this, by midnight the pain was so unbearable that I was forced to go to the emergency room. After a while of frequenting the Reus hospital at midnight, a doctor, probably fed up with me, prescribed me Adolonta (a centrally acting opioid analgesic designed to relieve pain in any part of the body and whose guaranteed side effects are nausea, vomiting, dizziness, drowsiness, tiredness and dry mouth). Over the months, this medicine became my daily bread and butter.

I started Dr Collado's multidisciplinary treatment on 13 November 1997. I will never forget this date because, after my experience with doctors who didn't know how to treat me, and in some cases, didn't even believe that I had a real illness, it was the beginning of treatment with a doctor who inspired the utmost confidence in me. This doctor would always arrive on time for appointments. Upon arrival, he would pat me twice on the back, and pace the room with a panache that could be irritating. He was also the kindest of all the doctors I had met. Moreover, his interest in fibromyalgia made him the most knowledgeable doctor in Barcelona, so I knew I was in good hands. To me, it was undeniable that Dr Collado was the best in the speciality of fibromyalgia, and I let myself truly believe that he was the only one who could restore my lost health.

When I was admitted to the Clínic I felt as though during the last few months I had been climbing the mountain of the Spanish medical establishment until I reached a temple at the peak where, like a monk, full of wisdom, Dr Collado was waiting for me. I placed all my hopes in that man and during those first few days, I even believed that, while I had entered that health centre clutching my wife's shoulder so as not to lose my balance, I would exit standing sure on my own two feet, my head up and my health problems a shadow in my past. At least that's what I thought. But, as soon as I was admitted to the hospital, I underwent a blood test and several other tests, from which they made a full report on my health. According to the report, I was admitted to the Hospital Clínic suffering from fibromyalgia with a curvature of the spine that produces muscular tension causing contracture of the paravertebral muscles, the very muscles that hold us upright. I was also diagnosed with Chronic Pain Syndrome and deemed disabled. These last two diagnoses were symptoms derived from the first, but Dr Collado decided to specify them in the document, supposedly, to be as precise as possible. The report recommended my admission to a multidisciplinary rehabilitation programme aimed at reversing my disability and lasting around six weeks. It also stated that my pain intensity score was 8.2 out of 10, that I was suffering from sleep disturbance, that I was taking a lot of medication (Methimazole, Codeine, Tramadol, Diclofenac, Diazepam, Amitriptyline and Cyclobenzaprine). It said I had been suffering from my symptoms for eleven months without any triggering event, and that I was experiencing constant pain both day and night, as well as pinprick sensations, fatigue, itching and paraesthesia, which includes tingling, numbness, burning and prickling experienced in the skin by certain nervous or circulatory system patients. The diagnosis was Fibromyalgia and Ankylosing Spondylitis, a degenerative, incurable disease that causes inflammation in the joints, resulting in the soft tissue between the vertebrae deteriorating. The vertebrae and joints grow together, making the spine less flexible, and much more prone to fracture. When I read in the report that my fibromyalgia wasn't triggered by any specific event, it dawned on me that my medical team weren't even considering that it was brought on by the flu that I had the previous year. To this day, I am convinced that my illness developed because of a viral attack, and I believe this to be the case for many others who suffer from fibromyalgia. Even so, many in the medical community continue to ignore my claims. Fortunately today, the best medical teams in the country who deal with fibromyalgia are defending this view.

Dr Collado's multidisciplinary treatment involved four other people whose histories were like mine. I found comfort in knowing that other patients had been through a similar ordeal. I no longer felt alone — I could talk with people who understood my situation. They too had been declared lost causes by annoyed emergency room doctors and they knew first-hand the pains of constantly meeting medical professionals who regarded them with incomprehension, scepticism and even contempt. We would take turns sharing horror stories of neglect in the hands of medical professionals, the rest of us listening in silent comprehension. But we also felt a sense of triumph now that we were being taken seriously and participating in the most prestigious fibromyalgia study in Spain.

Of that group of people with fibromyalgia, I was the patient with the most health problems. In fact, I often found my peers looking at me with pity. They felt sorry for me when they held me in their arms, when they practically carried me to the cafeteria and when they sat me down with my breakfast tray. Or when they helped me drink orange juice, tied my shoes and turned on the television with an on-button too stiff for my weak fingers to manage. Meanwhile, I was also diagnosed with a hiatal hernia. For some time, food had been making me sick, and when we looked for the cause, the hernia appeared. On top of that, I still battled chronic migraines. I couldn't taste nor smell, and at night I couldn't see. If I was lucky, I could make out a blurry object, and sometimes I would see double. The worst part of everyday was waking up after a night of very little sleep. As soon as I opened my eyes, I felt like a team of rugby players was pummelling me with hammers. During this time, I also felt a constant pain in my chest, which was diagnosed as costochondritis, an inflammation in the cartilage that connects the ribs to the breastbone.

Even as I was on the verge of complete physical defeat, mentally I remained optimistic. It was curious to see that, despite being physically weaker than the rest of my peers, I had a much more positive attitude than they did. I demonstrated this when the head of rheumatology would ask for a volunteer for an experimental test that had the potential to be uncomfortable and even humiliating, I would always raise my arm. (Of course, when I say I raised my arm, I mean that when I offered myself up as a human guinea pig, I did so with verbal consent, because at that time, the physical act of lifting any limb of my body was out of the question).

As for our regular treatment, the tests we underwent practically every day involved endoscopies, x-rays, psychiatric tests, sleep tests and so on. While these tests were physically uncomfortable, we participated in the hope of healing as soon as possible. Dr Collado had explained to us that this multidisciplinary treatment, as the word itself indicated, mixed methods from different specialities, including rheumatology and occupational therapy. We also had courses on pharmacology (they wanted us to understand the purpose of the medications we were taking), classes on pain perception, relaxation techniques and, most importantly, rehabilitation sessions. These were, in essence, long-drawn-out and constant muscle rehabilitation sessions.

In addition, our doctor kept us up to date with any results from hospitals around the world that were conducting new clinical trials. This is how we learned that many studies pointed to the idea that those with fibromyalgia also had sleep disturbances during a specific sleep stage. And that some reports pointed to abnormal levels of serotonin in our brains, while others spoke of a lack of blood supply to the base of our hypothalamus. Still, others indicated abnormal levels of adrenaline or essential amino acid and growth hormone deficiencies. And there were more trials that regularly updated this long list of hypotheses about a disease which, in truth, little was known. In fact, if you looked at the results of all these analyses, you could only conclude that fibromyalgia had dozens of causes. And, upon further consideration, you could even deduce that if so many causes were under consideration, it was because deep down, the medical community was utterly lost. In other words, ignorance about our illness was so great that, since nothing was ever ruled out, but new causes were continuously added, the doctors found themselves trapped in a labyrinth of possibilities.

While I was undergoing the tests, I also visited the holistic healer Pilar Pérez, who placed her hands over my body to transmit her healing energy and who, on this occasion, disappointed me tremendously. I left her office feeling some improvement in my body, but that same night the pain became unbearable. So unbearable that, had I been able to do so, I would have ripped open and gutted the pillow with my bare hands. But of course, I didn't have the strength. Since Perez's consultations were expensive and after some time I still hadn't seen any results, I quickly decided to dismiss her promises of a cure. But this did not deter me from my quest, and a few days later I travelled to France to receive treatment from the osteopath Daniel Fernandez. His massages soothed my discomfort, but I must admit that I returned home suspicious. Although my mind was open to any new possibility, I often had terrible doubts about the efficacy of these methods. Like any citizen attentive to the warnings of the civil authorities, I knew that many charlatans were making a killing from those afflicted with supposedly incurable diseases. I don't think I fell into the hands of any of these swindlers, but at the time I feared I was being manipulated by people who, while they might be able to ease the pain for a few hours, could not achieve anything that would last more than a day. At that point in my illness, the family finances were already beginning to suffer because of my continuous medication, my inability to work and my constant travelling around Catalonia, Andorra and France. But there was still money left and my wife and I had decided to explore every last possibility, no matter how farfetched. Moreover, shortly after the French osteopath, Ricard Crespo recommended I contact a physiotherapist in Reus named Cori Fargas. She owned a centre where, in addition to massages, she practised acupuncture, and although at first, she managed to relieve my pain a bit, in the end, she also proved incapable of curing me. To her credit, it was she herself who told me that she had never had to deal with contractures like mine.

But the big mistake was to tell Dr Collado that I had seen an osteopath and a masseur. I still remember how his face flushed with anger. He turned red in a matter of seconds and for a moment I thought his head would explode like a watermelon with a firecracker inside it. Instead, he ordered me not to seek help outside his hospital again. He added that any treatment outside his own could influence the results of the trial he was conducting, thus devaluing the conclusions he had reached so far, and if I suddenly got better, we would never know whether it was due to the medication, the massage or some magic spell. He was livid when he heard about the osteopath and the physiotherapist, but he didn't even waste breath on the woman who worked with the energy of her hands. For Dr Collado, this method was not even worth mentioning. He did, however, launch into a passionate criticism of the other medicines that he labelled as alternatives and added that, had they been shown to be effective in even one case, he would have already incorporated them into his study, since, he said, his multidisciplinary trial was open to any therapy that could ease our discomfort.

As much as I understood his position, at that point in my illness I was neither willing to argue with him nor to sacrifice any possible treatment that might improve my situation. If I didn't at least try these potential remedies, then it was guaranteed they wouldn't help. But instead of admitting all of this, I told him that I would do as he said. However, as long as money permitted, I would continue to go to see these people who, if for Dr Collado they were practising 'alternative medicine', for me they were practising 'complementary medicine'. It was not that I believed in the results obtained with osteopathy or acupuncture, as neither had helped me for more than a few hours so far, but I liked to think that I was doing everything possible to find a solution.

It turned out that Dr Collado's ire wasn't reserved just for holistic practitioners — he also got angry when I visited other specialists in traditional medicine. I am referring to those in the emergency room of the Hospital Universitario de Sant Joan in Reus, where I went, almost daily, after returning from Barcelona when the pain became unbearable. At that time, the doctors there did not even give me Adolonta, but Dolantine (a very powerful morphine derivative injected subcutaneously, which is used in cases of severe pain and anaesthetic premedication, and which causes nausea, vomiting, sedation and antidiuretic effects). That I had to take this medicine indicated that I was in a wretched state, but the fact is that during the time I was in the Hospital Clínic and no matter how diligently I followed the pharmaceutical routine prescribed by Dr Collado (Mutabase, Yurelax, Neurontin, Rivotril and Sumial), nothing had any effect on me. These products did not ease my pain, but I know that some of my peers experienced significant improvements thanks to drugs that had no effect on me. The fact that the same pills worked for some patients and not for others seemed to be just chance, and the doctors themselves were surprised at the different reactions of patients who took the same product. In fact, Dr Collado made every effort to find suitable medication for each of his patients, monitored the side effects caused by these drugs and even telephoned the companies where his patients worked to ask them to be assigned less physically and mentally demanding jobs. It was spectacular to observe these people leaving the hospital with a substantial improvement in their health, but it was also surprising to see that, when they returned to their routines, they relapsed at a dizzying rate.

As an aside — one aspect that isn't often talked about, but that takes a major toll on relationships and something that all fibromyalgia patients experience, is the difficulty in maintaining sexual relations. This is true especially in women, because, if the constant generalised pain was not enough, the contraction of the vaginal muscles causes terrible pain. As for men, both the pain experienced and the number of muscle relaxants taken on a daily basis play a role.

Anyways, after all those years, I have maintained my friendships with the others who participated in the trial, with a few exceptions, and that's why I know that they are all still sick.

In particular, I remember Mariluz, a thirty-something who was let go shortly after returning to the sausage factory where she had worked before falling ill. Today she still suffers from the symptoms of fibromyalgia. In fact, the only people who experienced permanent improvements in their health were those who radically changed their lifestyles, which supports the idea that our condition is caused, among other things, by prolonged work-related stress, depression or pressures in life that the patient is unable to cope with. I also remember another colleague whose name I prefer not to mention. Her will to live collapsed shortly after the start of the multidisciplinary study and a few weeks later, when I was leaving the hospital, I encountered her husband in the street.

‘My wife committed suicide’, he said to me. ‘She swallowed all the pills in the house. All of them.’

At that time, I was also on the verge of collapse. Not only because of my illness but because everything around me was deteriorating. In addition, my family seemingly fell ill overnight. My son Dani was diagnosed with a kidney problem that was to result in Pieuretal Stenosis (the urethra folds and the urine does not reach the bladder, causing a backup and infections inside the body), and soon Marc, who was only one year old, began to suffer from febrile convulsions, loss of consciousness and pupil dilations so severe that his eyes went blank. At the end of 1997, the family picture was as follows: Marc in the Hospital Universitario de Sant Joan, Dani with kidney problems, me in the emergency room injecting myself with Dolantine and my wife, the only healthy person in our house, trying to carry on with a family that seemed doomed. But then something would happen that, when added to my mountain of misfortunes, should have caused me to fall even deeper into misery.

Dr Collado had assured me that his experiment would end four to six weeks after my admission to the hospital, but in my case, it was extended to three months. I stayed at the Clinic long enough to meet three new groups of patients and, while my first companions were discharged at the end of October, I remained there until the beginning of February. In spite of everything, I thank Dr Collado for keeping me in the programme, because even though I did not improve, he did not give up and kept trying new combinations of drugs. On the other hand, the reports drawn up on the day of my admission to this multidisciplinary treatment stated that my pain was 8.2 out of 10; when I could no longer remain in the study it was 6.10 out of 10. Although I do believe that those final results were unintentionally altered. In February I was much worse than when I was admitted to the study, but on the day of the final tests, I had come from the emergency room, where I had been injected with several doses of morphine. Because of the morphine, my pain score was lower than it should have been, but, considering that I could only be grateful for the time and effort put in by the medical team, I understood that I had to leave my place to another patient also hoping for the chance to get their life back.

On 10 February 1998, I was medically discharged with a diagnosis of Fibromyalgia with Static Vertebral Alteration and Chronic Pain Syndrome with Disability. The report also stated that I had been on 'temporary sick leave' (since October 1997) and that my treatment had consisted of an 'intensive multidisciplinary rehabilitation programme (start date: 13/11/1997; discharge date: 10/02/1998)'. As far as pain was concerned, this report stated that I had started the treatment with a pain intensity of 8.2 out of 10 and that I finished it with a 6.10. I was given a routine of physical exercises, electrical impulses to the spine, kinesitherapy (passive and active muscular movements), regular medication and pain relief via cold compress. And before I went out the door, a final pat on the back.

Dr Collado wrote a letter to my family doctor:

> Doctor Marimón:
>
> The patient Alfredo Blasi, suffering from fibromyalgia, who has undergone intensive multidisciplinary treatment to resolve his disability, which has been reversed while working daily for the last month, must be discharged from work, a

measure to normalise his legal and medical situation. The evolution of his illness will be varied and his medical monitoring will be carried out regularly in the rheumatology department of our hospital, where the most appropriate therapy will be directed at each moment until the maximum control of your symptoms is achieved. Please understand that the disability ruling is fundamental in the treatment of his disease.

I remain at your disposal and send you my best regards:

ANTONIO COLLADO

4

SEEKING HELP

I returned to my routine shortly after leaving the Hospital Clínic in Barcelona. By routine, I mean I went back to frequenting alternative medicine consultations, visiting emergency rooms at midnight and spending long hours crying at home. Of all the specialists I visited at that time, I remember Pedro Marco, an acupuncture instructor at Cori Fargas. Just by glancing at me, this man assured me that the magnitude of my muscular contractures made it necessary to start an intensive treatment that, unfortunately, would be excruciatingly painful. He was not lying. In the first session, he stuck huge needles in my ears and that night, in indescribable pain, I ripped them out myself. Pulling those needles out like that caused me to scream, but that did not impress Pedro Marco, as, a few sessions later, he decided to add electric current to the needles. The passage of time allows me to look back on these events with a bitter smile, and I can even joke that, with all those wires shooting impulses over my body, I became a sort of light bulb. However, I suffered. That treatment was agonising. And then I found out that Dr Marco's other patients couldn't withstand an electrical intensity of more than 5 out of 10, but I did not notice anything at all until I reached 9.5 out of 10. My resistance to electricity was 4.5 points higher than that of the rest of the patients who had passed through that clinic and I remember perfectly well that, while the acupuncturist increased the strength of the shocks with a look of amazement, I felt like Frankenstein's monster. After finishing a session in which the power indicator reached its limit, Dr Marco, still dumbfounded, asked my permission to explain my case to his colleagues elsewhere on the peninsula and I, at this stage of my life indifferent to the doctors' signs of surprise, told him to tell whoever he wanted. I then left to go to the emergency department of the Hospital Sant Joan de Reus, where I underwent a CAT scan (Computerised Axial Tomography, i.e., photographs of the body's organs), where I allowed them to scrutinise every nook and cranny of my being and where I received a prescription for a cocktail of Nolotil, Diazepam, Adolonta and Dolantine. In other words, a bomb for the liver and pancreas. But nonetheless, a balm for the pain as well.

That hospital did something else for me: they recommended my admission to the pain unit there. They wanted to ease my suffering, but they also wanted a break from my constant visits for a while. At first, they called me a hypochondriac, but when they realised that their disdain would not prevent me from coming to the emergency room every evening, they decided to look for solutions. They wanted to remedy my discomfort not so much to see me cured as to stop seeing me, so they wrote me a letter of recommendation so that Dr Rull in the Pain Unit, would admit me for treatment. They explained to me that she could help me overcome the terrible discomfort I was suffering, but as she was on holiday when I first went to the unit, I was seen by a colleague of hers. This man looked at me with the same arrogance that I have detected in many other doctors over the years and, with sincere sympathy to my pain, assured me that my problems were over. So he said. He sat back in his leather armchair, smiled and assured me that no matter what illness I had, he would put me out of my misery. After hearing those words, it was I who smiled. It was clearly a smile of disbelief. I didn't take his words too seriously, mostly because experience had taught me to be wary of those who speak before they act, and because I had learned to detect arrogance easily. However, I would never have imagined that at the Pain Unit of the Sant Joan de Reus University Hospital they would get it so wrong. I say this because, when this doctor found out that I was already taking potent morphine in the form of Dolantine, he refused to treat me. He didn't care that his own colleagues in the emergency room had prescribed it to me. Nor did he care that it dulled my pain. Nor that I told him I would give an arm and a leg not to have to take the drug. None of that mattered to him. Instead, he pointed an accusing finger at me, the corner of his lip turned up in disdain, and called me a drug addict. He labelled me a junkie without listening to reason and then added that I would not be admitted to that centre until I had detoxified myself.

'We don't want anything to do with people like you,' he said.

'But, I am this way because you made me this way.'

That was the first time someone refused to treat me because of the medication given to me by other doctors who tried to help me. I found this paradox so absurd that I didn't even argue, and with that, he pushed me out of his office. When I found out months later that there were doctors in the emergency department of the same hospital who called me 'the alien', I could only confirm the cruelty of some in the medical community. At first, these doctors used the name behind my back, but as time went by, and no doubt because of a loss of goodwill on their part, they ended up saying it to my face. To avoid conflict with them, I pretended to laugh it off like a harmless joke. For I feared that if I had challenged them, they wouldn't have prescribed me the drugs that I desperately needed. In a way, they were my jailers. I was the prisoner of doctors who prescribed me drugs whose side effects made those same doctors not want to treat me. It's enough to make you lose your mind. Besides, my rheumatologist said that even if I fainted in the middle of the street, even if the police dragged me to the hospital and even if the pain became so unbearable that I wanted to rip my guts out with my bare hands, I should not go to the emergency department of any hospital, as that was incompatible with my current treatment. And even though I would burst into tears in his office begging him for some understanding of my pain, he would insist on this prohibition. Those were difficult times. I was faced with a dilemma that I didn't know how to solve: the doctor ordered me to follow his instructions so that I could be cured, but I knew that the drugs he forbid would ease my pain. This caused me severe interior conflict. The struggle of the patient against the doctor. Of the ignorant against the wise. Of the solitary man against the herd. Of today against tomorrow.

Because of all of the contempt, despair and loneliness, I began to consider the recommendations of a psychologist at the Hospital Clínic. He suggested that I undergo positive psychology. This consisted of going to work for a while every day. When he gave me that advice, I replied that I didn't feel capable of facing a work routine, but, having been given up on by both the Pain Unit and the doctors in the emergency room, I decided to listen to him. According to that psychologist, recovering my professional activity would improve my self-esteem. And, although I made my best effort to return to the computer school, I couldn't do it. I tried, but getting out of bed was an unparalleled ordeal, and going to school was impossible. On the other hand, my self-esteem suffered another setback when a fibromyalgia patient I had met months before informed me that the University of Navarra Clinic had started a multidisciplinary study that was yielding magnificent results. And I say that my self-esteem suffered a setback because that was the first time that a lack of money blocked my access to health. I would have given anything to take part in that trial, but enrolling in it required payment of an amount I could not afford. At this point in my illness, my family's finances were beginning to reach worrying lows. Between therapies, medication, travel, alternative medicine and other methods that were supposed to have cured me, I had spent a fortune. So much that I even sold my car to get by. Joining the volunteers who underwent tests at the University of Navarra Clinic cost a pretty penny. For example, staying in a shared room in that hospital cost around €90.15 per day; in a single room, €144.24; and in a suite, €174.30. As for the tests that the patients underwent, a scan cost a whopping €210.35; a lumbar MRI, €445; an X-ray, €37; an electromyogram, €90; and a blood sedimentation rate test with a complete haemogram, €53.

I had heard that the doctors at the University of Navarra Clinic worked efficiently and were known for their honesty. However, neither their professionalism nor their integrity made their fees — which weren't particularly expensive compared to those of other hospitals — accessible given my budget. Even so, I must admit that another reason why I did not go to Navarra was my own scepticism. The multidisciplinary treatment I had undergone at the Hospital Clínic in Barcelona had left a bad taste in my mouth, so the idea of facing a trial that would probably be similar to the previous one seemed like a pain that I did not want to repeat. I had had enough of doctors — official and alternative.

At that time I also found a report that said that in the United States marijuana was being successfully tested on people with fibromyalgia. I decided to give it a try, and not without some difficulty, I managed to get a good dose. But it was a terrible experience. As soon as I started smoking, I began to gag and then I spent the whole afternoon vomiting, feeling dizzy and, later on, the pain returned. I threw out the leftover marijuana and never thought about it as a form of treatment again. A few days later I started a homoeopathic acupuncture treatment under the supervision of Vicente Virga, an Argentinian doctor whom I had met through an advertisement in a local newspaper. My physiotherapist had recommended that I look for a homoeopath and, as I didn't know anyone who could recommend a reputable one, I went to the phone book.

He prescribed me various substances whose names were all but foreign to me: Traumel, Equinocea Compositum, Cuprum Metalicum and others that all looked like tiny whitish balls. Following the doctor's instructions, I placed these under my tongue so that my body would absorb them quickly. Used along with acupuncture, I hoped they would have the desired effect. Actually, after a few days, I began to feel some improvement, but my scepticism prevented me from enjoying my momentarily restored health. I had got it into my head that all alternative therapies were only good for a few days, after which the pain could even intensify, so even though I was feeling better, from the beginning I considered the homoeopathic and acupuncture therapy to be doomed to fail spectacularly. However, Dr Virga, ever the optimist, was determined that I should enjoy the moments of health that his treatment provided. He also subjected me to tests of various kinds. For example, the blood crystallisation test. After pricking my finger with a pin and saving the sample obtained, he explained to me that this analysis consisted of observing a drop of sedimented blood through the microscope, deducing what diseases the patient suffered from by looking through that lens and modulating the doses that I had to ingest for my improvement. This test would also determine the length of time that a treatment, which was also extremely expensive, was to last. I put up with the economic challenge because there must still have been a glimmer of hope inside me, but after a few weeks, I realised that I was wasting my time. And not only because the homoeopathy stopped working, but also because it started to cause me another kind of discomfort. The medicines gave me hives that spread along my arms and eventually led to a sudden relapse in my illness. Among the medicines were lactic acid tablets which caused my pain to return with a vengeance, and although we corrected the mistake right away, the treatment no longer had any beneficial effects.

One day, Maite Luna, the director of my children's school, phoned me to make an appointment. I had been president of the school's parents' association for some time before my illness appeared. She had thought that, as I had a lot of free time, I could come up with ways of promoting the association's activities, such as giving a book as a gift to new pupils at the school. I accepted the offer because I knew it would keep me entertained and that same night, after spending hours crunching numbers in my living room, I came up with a method that would allow all the school's students' textbooks to be free. The headmistress had asked me to look for new activities for the association, but I concentrated on the money we parents were investing in our children's education, and I came up with a solution: The Parents' Association was to buy as many books as necessary to cover the needs of all the students at once, then distribute these volumes among the children and recoup the money invested by increasing the association's income (by charging membership fees, tripling the extracurricular activities and, above all, buying consumables — pens, pencils, paper, card stock, — which would then be sold to parents at a substantial discount). According to my calculations, in the first year, there would be a somewhat higher financial investment than we were all used to, but from the second year onwards, the discount on the consumables would allow us parents to earn by 40%, the books would be paid for without us spending a euro, and the association's accounts would balance out perfectly. In any case, after convening a General Assembly of Parents to present the idea and after convincing those present that it would save us a bundle, the project was approved. In fact, at present, myriad schools throughout Spain use our method and I have been invited by some town councils to present my system to various parents' associations. But what I had not foreseen was that, at the General Assembly of Parents at which I presented my economic formula, there would be someone who would telephone a journalist to explain the matter to him. The next day, when I took the children to school in the morning, several press vans appeared and the table in the staff room was invaded by microphones and cameras. The next day, the news explained the system to the viewers and, from that moment on, the phone at my house was ringing off the hook.

After allowing myself to be interviewed by swarms of media, my wife and I decided to spend the weekend away from Reus to escape the hullabaloo that had formed around us. However, it would be a long time before the atmosphere calmed down. In fact, we realised that the matter was here to stay when, on the very day we were returning to Reus, stopped at a petrol station, a man approached us to ask me if I was the guy with the free books. That blew my mind. Moreover, as the press conferences were to go on for a while and as I was worried about making a fool of myself in front of the media, the symptoms of my illness multiplied. I have always known that stress and tension triple the discomfort of people with fibromyalgia, but at the time I had no idea how to reconcile the demands of the press with my illness. So on one occasion, during a press conference, I stopped my talk to lock myself in the toilet, inject morphine and regain my composure before facing the pack of strangers again. Unfortunately, when I had already stuck the needle in my arm, a journalist from La Vanguardia entered that same bathroom and, upon seeing me ready to shoot up, retraced her steps without saying a word. A few years later that woman was to interview me again about my discovery of fibromyalgia and she confessed that, when she found me in the bathroom with that syringe, she thought I was a drug addict.

After the media boom, schools in other towns invited me to give lectures to the parents of their pupils, and that's when I got scared. I had devised a method of obtaining free textbooks, but I had not yet put it into practice. It would take at least a year to test the effectiveness of my system. However, the news had spread with astonishing speed and the possibility that there was some parameter I had neglected made me bitter, which resulted in a second relapse of my illness. My nerves were so frayed that my ailment showed its full virulence and I remember one day in the cinema when I got dizzy and nearly lost consciousness. The darkness, the images on the screen and the enveloping noise made me want to vomit. It wasn't until I managed to leave the din of the theatre that I recovered my wellbeing. I have always known that noise increases the pain of fibromyalgia, and that experience more than confirmed it.

The stress caused by the press conferences had caused me to relapse suddenly, so Dr Collado recommended that I buy a TENS unit (Transcutaneous Electrical Nerve Stimulation). It is a device the size of a packet of cigarettes, with a 9-volt battery inside and suction cups that hook onto the painful spots on the body. By means of electrical impulses, the device 'decontracts' the muscles, but in my case, it only did so for as long as the device was plugged in. The moment I switched it off, the stiffness multiplied to unimaginable levels. When I returned to Dr Collado's office to tell him about the failure of that treatment, we decided to have a general check-up, and it was then that he detected freckles that, in his opinion, needed to be checked by a dermatologist. The result of that visit was that I had my freckles removed and this, as stupid as it sounds, made me very sad. I know it's silly, especially considering the number of metamorphoses my body had undergone since the onset of the disease, including a weight gain that had me close to 100 kilos, but the fact that I had that part of myself removed, and especially the fact that medicine was so clueless about my disease that I had to resort to the removal of a mere pair of freckles, made me realise that fibromyalgia was winning the battle.

Moreover, as travelling to Barcelona to undergo Dr Collado's care made me excessively tired, I started to see a rheumatologist in Reus recommended by Dr Marimón. This was Dr Pujol Costa, from the Santa Tecla Hospital in Tarragona, who prescribed ten sessions of gentle massage. That was also a resounding failure. I remember that the first session was carried out by a young masseuse who was too inexperienced to deal with a patient in my situation. No matter how gently she tried, her hands caused me such exaggerated pain that I fainted. I never saw her again, but I imagine that she was so impressed by my contractures that she refused to treat me a second time. The next session caused me similar pain and, before subjecting me to a third torment, Dr Pujol Costa acknowledged that my case was out of his hands and that it was, therefore, wiser to put an end to the treatment. I did not regret that outburst of sincerity because both the first and the second time, I ended up injecting myself with Dolantine in the emergency room of the Hospital Sant Joan. In fact, after those two occasions, a doctor there told me that, given my signs of pain and as a favour, he would put an anaesthetic mask on me that would make me sleep for a while. Unconsciousness would be the only way to rest. But that was not as easy as the man thought it would be. He put the mask on me, turned the gas up, but I didn't fall asleep. He tried again, and nothing. His third and final attempt also failed. Before taking his leave, he placed a hand on my shoulder and told me my situation was hopeless.

At that time, it occurred to me to call Dr Pepe Sala, a friend and former student of my computer academy and an anaesthesiologist at the Pain Unit of the Joan XXIII University Hospital in Tarragona. He informed me that they had a department to treat fibromyalgia patients with hypnosis, so I ended up signing up for a self-hypnosis course that he taught. He explained that it would allow me to cope with pain through suggestion. In the first sessions, the doctor told me to imagine myself naked. Apart from laughing a lot, I was amazed at my own ability to let myself drift off into a stupor. But Pepe also told me that, in cases as extreme as mine, there was also the electroshock method. This involved inflicting electric shocks on the brain with the intention of rebooting it. In a way, they intended to do to my mind what I did to my computer when I formatted my hard drive, except that the information accumulated in my head would be reinstalled fairly quickly.

This bizarre method of emptying the brain had to be done in the operating theatre and, although the patient remained groggy for the next three hours, the mind recovered its basic functions in no time at all. However, it takes several days for speech, sphincter control and mobility to be restored. Before deciding, Pepe Sala recommended that I consult with Dr Pujol Costa about the possible consequences of such an operation. They wanted me to be very aware of the implications of electrifying my brain and, after listening to the second doctor's advice, they directed me to a psychiatrist, Dr Merino Cerdá, who could carry out the operation. Dr Pujol Costa wrote to Merino Cerdá:

Doctor Merino, the patient has FM that does not improve with very high doses of medication. I am sending him to you to assess the possibility of performing a Cerletti'.

This meant that I would be subjected to six or eight sessions of electroshocks which, supposedly, would clean my brain of all dysfunctions. But what scared me the most was the way Dr Merino Cerdá responded to Dr Pujol Costa's letter:

Don't worry, no one dies from a Cerletti these days.

He did not say 'It is a very successful operation'. Nor did he say 'The result is always satisfactory'. No, 'It's a piece of cake'. But rather, 'No one dies these days'. Even if the message, however flippant, was ultimately positive, it also indicated that people had died from this treatment in the past. And although technological advances had supposedly perfected the method, I was frightened. I spent several days pondering what to do and finally, I gathered my courage and decided to have the operation. But, I didn't through with it. It so happened that on the day I was scheduled for therapy, the doctor had to leave town, and in the time between then and the next appointment, I learned that the history of the Cerletti was woven through with tragedy — numerous health consequences, people who lost their memory for life, and others who died. I didn't want to risk it, so I cancelled the treatment.

A short time later, a friend told me about a woman who considered herself to be a sort of witch, for lack of a better word, who hung around Reus. He informed me that she found remedies for all manner of ailments and that, although I didn't believe in that world, I should pay her a visit. Until fibromyalgia took over my muscular system, I laughed at people who turned to quacks, healers and other charlatans for solutions. However, when you find yourself desperately sick, your value system is shaken with astonishing ease. Anyone who offered any kind of remedy opened a doorway to hope, and I, fed up with my illness, wanted to explore all possibilities. So I went to see Rosa. The whole experience got off to a strange start. Our initial phone call began with a few minutes of banalities and then , she said to me:

'You have to come to my office on Thursday.'

'I can't on Thursday', I replied, 'Can you do Friday?'

'I'm not suggesting that Thursday would be a convenient time for us to meet, but rather that you, by your constitution and your voice, have been assigned Thursday'.

'Assigned?'

'Thursday is the most beneficial day of the week for you. That is the day the stars assigned you when you were born. Believe me, from now on, when you have to do something important, do it on Thursday'.

‘Well, if you say so’.

‘You should also bring cotton’.

‘Cotton?’

‘Yes, you know, that white, fluffy substance’.

‘I know what cotton is. But why do you want me to bring cotton?’

‘Bring it, that’s all’.

Of course, I went to see her on a Thursday — I wouldn’t dare go against someone who, just by listening to me, knew the day of the week that was most favourable to me! My wife accompanied me because I didn’t care to face such a matter alone. When we entered the witch’s house, we found a small room with a table. In the centre of the table was, naturally, a crystal ball. We sat down at the table and, for almost an hour, the woman described our lives with astonishing precision. When she ended her speech, my wife and I were dumbfounded. She had talked about our children, our house, our holidays and, above all, my grief. And before we could respond, the woman leaned over the table, looked me in the eye and said:

‘Stop looking outwards for the solution to your problem. Because the solution is inside of you. Only you’.

With time, when I discovered the chemical formula that would heal me, I would understand what she meant. She knew that I alone would find the answer to my ailment and she told me just like that, leaning over the table, her eyes fixed on mine, transmitting a deep sense of serentity. Her prophecy came at a decisive moment in my medical journey. Dr González, another doctor who visited me from time to time at the request of my family doctor, had scolded me for attending the hypnosis courses without having consulted him. He followed the indications he had been given at the Hospital Clínic to a T and in a moment of exasperation and befuddlement at my seeking outside treatment he scolded me, ‘Stop complaining, your pain isn’t real! It can’t be! And if you really are in that much pain, get used to it! Because this pain will haunt you for the rest of your life. And for God's sake, stop making such rash decisions!'

It was then that I thought, 'And what if he's wrong?'

Over the next few days, I asked myself this question hundreds of times. I asked it in many different ways — 'What if this doctor is angry with me simply because I don't get better with anything he prescribes? What if he is following the wrong path and wants us all to be wrong with him? What if his intentions are good, but he doesn't know what he's doing? What if he simply has no idea what he's dealing with?' — and my answer was always the same: 'Don't leave your life in someone else's hands, make your own decisions and fight for yourself'.

The next thing I did was to seek a second opinion. I asked for an interview with Dr Pérez, head of rheumatology at the Hospital Sant Pau in Barcelona. It was another disappointment. He told me that it was difficult to make an appointment at that health centre, so he gave me an appointment to visit him at a private clinic where, for a very modest fee, he would see me. After carefully reading the reports of Dr Collado and the other doctors I had visited, Dr Pérez told me that we would do the tests again. The same tests that Dr Collado did. All of it again. And although I dreaded repeating the process, I agreed. Months later I got the results. All of the results indicated that I did indeed have fibromyalgia. Seemingly unmoved, Dr Perez said, 'Look, Alfred, there are people who have a green car and people who have a red car. And there are also people who, like you, are in pain. The sooner you accept this, that is, the sooner you accept that pain will be a part of you forever, the sooner you will accept your situation and learn to live with it.'

He then commented that we would start a multidisciplinary treatment and, as I imagined myself going through a similar torment of travel and tests as I did at the Hospital Clínic, I said he could save himself the trouble because I would not be repeating the experience. Shortly afterwards, I called Dr Collado and told him that I had gone for a second opinion and, not surprisingly, he reprimanded me for wasting public health money. I suppose he was referring to the public health services that had been able to do nothing for me. Or perhaps he was referring to the doctors I visited who charged a hefty fee. Who knows.

Another event occurred at that time that encouraged me to turn a new leaf. My partner offered to buy my share of the company because, according to my health areports, I would be sick for infinity and beyond. At first, I responded that if she wanted to break our partnership, I would buy her share of the company, and not the other way around. But she refused, and since I felt a certain sense of guilt about not being able to go to work, I finally gave in to her request. I was deeply saddened, but, thinking about it over time, it was another straw on the camel's back that would lead me to the turning point in my illness. The decision to seek second medical opinions, the witch woman's words and the obligation to sell the academy were just a way of setting the stage for me, and only me, to take control of my illness. The final straw came at the hands of a doctor who shall remain nameless. It happened in the emergency room of the Hospital Sant Joan. I was writhing in pain on a stretcher and the man tried to wake me up by slapping me a couple of times. When he had succeeded, he asked me what medication I was taking and when I said morphine, he said:

'I know what you are suffering from'.

He then called two orderlies, who dragged me to the door and, ignoring my desperate protests, left me on the pavement outside. As they looked down on me with contempt, they informed me that the Drug Dependency Department was in the northern sector of the hospital. I mustered the strength to respond that if they were right if I really was an addict, it was because they turned me into one. They had given me all of those drugs. It was them who had failed, not me. They didn’t answer. Instead, they gave me one last look, and then went back inside.

5

THE FACE OF DEATH

If anyone else had told me that I had to give up morphine, I simply wouldn't have listened. However, it was Dr Pepe Sala who told me:

'If you keep injecting morphine, you will die.'

And so I listened. At the time, I was taking ten doses per day. Leukaemia patients had enough with two, but I was assaulting my body with ten injections daily. Over time, however, my muscles absorbed the drug quite normally, and so my body became accustomed, and I became addicted. I recall that one of my doctors suggested that morphine might be destroying my life, but it seemed at that time an off-hand statement, and I didn't pay it much attention. However, Pepe Sala, who has always been a friend, gave me his warning with such gentleness and sincerity that I could only believe him.

A few days later I met with psychiatrist Joaquín Soler, head of the drug addiction department at the University Hospital Joan XXIII in Tarragona. I was devastated that my life had come to this. Before that first visit, I froze in shocked disbelief when I saw the imposing letters on the entrance sign: DROGODEPENDENCIAS — drug dependencies. I had thought that I used Dolantin and morphine patches to ease my chronic pain. But really it was the drug companies who were using me to keep their wallets happy.

I had become someone who needed ten doses of morphine a day, and no matter how hard I tried to hide it from myself, it was obvious that I could not continue with such aggressive treatment. Moreover, as Dr Soler explained to me, I was running out of places on my body where I could inject myself. From injecting so much fibre, my musculature had become as soft as a ripe banana, so for some time, I had been sticking my injections in my belly, as this was the only part of my body solid enough to accept them. However, my stomach began to atrophy shortly before I visited the psychiatrist and he, alarmed by my physical deterioration, suggested that I replace the morphine injections with methadone hydrochloride, which would continue to damage my musculature, but it could be taken orally.

Although I didn't like the idea of taking the same medication as addicts trying to give up heroin, I accepted the treatment because, according to the doctor, it had significant advantages over morphine, as well as being a much more potent painkiller. In addition, methadone allowed me to reduce the doses without my body feeling the effects as much and, with a bit of luck and a bit more willpower, the time would come when I would be able to stop taking it — in other words, I would be detoxed.

After that first visit with Dr Soler and having decided to switch from morphine to methadone, he wrote a note to Dr Marimón explaining the reasons for the change. The letter read as follows:

I have seen Mr Alfred Blasi Escudé, a patient of yours, referred by Dr. Salas from the Pain Unit because it is assumed that he may be dependent on Dolantin and other opioids. I am studying the possibility of replacing them with oral methadone hydrochloride. This is all pending authorisation from a pharmacy in Reus. For the moment I would prefer to continue with the Dolantin and Valium'.

Finding a pharmacy willing to supply me with methadone was not easy. Many pharmacies refuse to deal with drug addicts, sometimes out of social prejudice and sometimes out of fear, so I soon realised that other patients in need of this medication would find it extremely difficult to come by. Fortunately, Dr Soler eventually found a pharmacy registered in the programme for administering methadone to drug addicts undergoing treatment. The doctor who ran the establishment was María Victoria, the first Catalan pharmacist brave enough to try out the methadone distribution programme. I had been warned to take the potion in two doses, but I remember that when, on 18 January, I drank the first 40-milligram, I leapt to the sink to vomit it up. I had been told that the drug tasted like orange juice, but in truth, it was as bitter as it was repulsive. Methadone made me so sick that I couldn't get it in my mouth without my stomach turning over and expelling it immediately, so swallowing the stuff became a near-impossible task. I would struggle to ingest the bitter liquid and, if while most of the time I ended up vomiting it up, the rest of the time I managed to contain it in my stomach, but not without writhing in pain on the sofa for hours. After a few days, aware that my stomach was rejecting the solution, Dr Soler asked me to keep a record of the hours of ingestion, the milligrams taken and my body's reactions:

On the 18th I drank the first dose, the pain subsided for ten hours and at 5 AM it reappeared again; on the 19th I took the methadone in three doses: the one at 9:45 AM was vomited after two hours as the pain took over my body, the one at 1 PM caused me to faint from disgust and fall face-first into the toilet bowl, and the dose at 8 PM plunged me into a daze accompanied by muscle spasms. Moreover, neither the night of the 18th nor the night of the 19th could I sleep a wink.

I spent the hours staring into the darkness, with a towel over the sheets to protect them from my constant retching. But the suffering didn't stop there. I also developed haemorrhoids — the icing on top of my layer cake of health problems. Another symptom reappeared as well, one from my morphine phase that I had nearly forgotten about — tachycardia. My heart didn't seem to be working at the right rhythm, causing an alarming amount of sweating, trembling and spasming. At that time, my daily medication regimen consisted of 40 milligrams of methadone, 20 milligrams of Valium, a couple of tablets of Deprancol, a pain-relieving analgesic, and Dormicum, a sleep-inducing anxiolytic that increases levels of gamma-aminobutyric acid, which I immediately replaced with Espidifen, a compound of ibuprofen. Dr Soler recommended that I counteract the body's reaction to methadone with hot-water salt baths and that I replace the 40-milligram doses of methadone with four 10-milligram doses. Neither of these recommendations worked. Saltwater soaks just made me feel ridiculous, and the doctor ended up increasing my dose to 50 milligrams on the theory that an increase would make the pain disappear, as well as the vomiting, dizziness, fainting and exhaustion. When that didn't happen, he increased it to 80 milligrams. Finally, on 23 January, he decided that it was time to stop taking Dolantin and start taking only methadone and, after profusely objecting, he agreed to add more milligrams to the quantities already prescribed. I was taking between 100 and 120 milligrams because that was the only way to dull the pain and because I had found that if I put the methadone under my tongue for a quarter of an hour, the bitter taste would subside, allowing me to swallow it without vomiting afterwards.

At that time I always carried a report from Dr Soler certifying that I was taking the substance as a painkiller. This document meant that, if someone refused to administer methadone to me because they assumed I was a broke drug addict without money to buy a dose of heroin, I could justify that I was taking it as an analgesic for the terrible pain caused by my fibromyalgia. In other words, so that I could justify myself to gentlemen like the one in the emergency room who threw me out of his hospital, calling me a junkie. Fortunately, the memory of that doctor faded thanks to the genuine empathy and care from Dr Soler. He listened to me attentively, phoned me frequently to check my progress and gave me advice on how to improve my well-being. He was an exceptional man and honestly, I don't know what would have become of me if it hadn't been for him.

However, despite these attempts to alleviate the symptoms of my illness, fibromyalgia continued to wear on me. For the past few months I had been more concerned with alleviating the symptoms of these ailments than attacking the condition itself, but within a few weeks, two things happened that reminded me that my real enemy was fibromyalgia and not the pain derived from it. The first was my sister-in-law Sonia's wedding. She got married on 26 March and, although I attended the wedding, the next day I had absolutely no memory of it. These memory lapses had been happening to me with some regularity and, I understood, were due to the pain caused by my illness. When I was attacked by these terrible pangs, my mind switched off. My brain didn't want to remember the hours I was seized by pain, even without appearing to be — I often bit my tongue so as not to frighten those around me — and sometimes I would look at my wife with wild eyes, ask her what I had done in the morning, and she, who was beginning to get used to my forgetfulness, would explain that we had gone shopping at the market, that we had taken a short walk, or that we had been talking about our children's education. I would do things that my mind would soon forget, and my wife, always understanding, would summarise these activities, kindly making light of the fact that I couldn't remember anything at all. Apart from my sister-in-law's wedding, my memory also played tricks on me on another occasion. My wife's brother brought a puppy home and I apparently spent several hours playing with it and watching my children do the same. As I was told the next day, I had a great time with the animal, but a little less than twelve hours later, I couldn't even remember that there had ever been a puppy in my life. But the worst was yet to come. Because on 12 April 1999, I woke up paralysed. I couldn't move my legs. The pain was so unbearable that my body would not obey my own orders and my wife, aided by my father, took me to the University Hospital Joan XXIII in Tarragona. The most logical thing would have been to take me to the medical centre in Reus, but, as I had already been expelled on more than one occasion, we opted to travel further to receive more humane treatment. My relationship with certain doctors had reached such a point that, even though I was paralysed, I preferred not to see them for fear that they would insult me. When we finally arrived at the hospital, I was subjected to numerous tests. None of them was aimed at alleviating the effects of fibromyalgia, and when I told the doctor what the disease was, the man shrugged his shoulders, gave me a smug smile and said:

'There's no such thing as fibromyalgia!'

'I have fibromyalgia', I replied.

'Fibromyalgia is a made-up disease. Real professionals know it doesn't exist'.

During the weeks I was hospitalised, that same doctor, the one who was so professional that he wasn't even aware of the existence of this disease, visited me every day tailed by six doctors in training. They took turns examining me and listened as the doctor gave alternative explanations for my condition. I was horrified that I, although unwillingly, was helping to indoctrinate future medical professionals and fibromyalgia deniers and that in a few year's time, there would be six more incompetent doctors practising their ignorance and apathy on unlucky patients. But I was even more horrified when I saw that the doctor wrote conditions like Influenza Syndrome and Generalised Arthromyalgia. He never once wrote Fibromyalgia. And, although I provided him with documentation confirming the diagnosis, he insisted that this illness was invented to silence hypochondriacs. He then scratched his head and popped a peanut into his mouth, as was his custom. Fortunately, Pepe Sala worked in that same hospital and on one occasion he had a heated argument with the fibromyalgia-denier doctor. It was after the doctor wrote a report saying that I did not require any treatment because I simply did not suffer from any illness. Dr. Sala asked him how he dared to write down such an outrageous thing and, when the other doctor assured him that fibromyalgia did not exist, my dear friend read him the riot act. Fortunately, I stopped seeing this doctor and I only pray that the six students who he trained have since learned how to treat patients with respect and dignity.

During the eleven days that I was admitted to Joan XXIII, a medical congress on the importance of hypnosis in certain treatments was also held. Pepe Sala, who knew that I was a person who could be easily hypnotised, asked me to undergo a session in front of the attendants and, as friendship obliged, I let him put me into a trance before the attentive eyes of a hundred doctors. The most curious thing about that session was that, after a hypnotic regression, it was discovered that I was suffering from a mental block that began when I was thirteen, — the same age when I had a strange incident that forced me to be admitted to a hospital, and the doctors had no idea what was happening to me. In the hypnosis session, they made me relive those moments in detail and I described a dream I had one night when I slept in the ICU. I was in bed when I suddenly saw myself standing upright on the mattress, placing my toes against the wall and climbing up the wall like a spider. I climbed up to the ceiling as if I had done it a hundred times before and then crawled to the door of the ward to stand upright again in the corridor. I was walking along the corridor, but my feet didn't touch the floor. I was gliding towards one of the hospital doors. Through the door's window, I could see a powerful and continuous stream of light coming from the ward, and the more I looked at it, the more anxious I was to go through the door. However, just as I was about to do so, there, in a group of people unknown to me, appeared my grandmother, who approached me to tell me that it was not yet time for me to step into the light, for, she said, I still had a lot of things to do in this life. My grandmother gave me the gift of those words and immediately something yanked me back onto the ICU bed and reality. I never told anyone about that experience, except my wife a few years later, it was such an odd experience. However, in the hypnosis session, it came out, just as other details of my life manifested — the birth of my children, my wedding, my first day at work, high school. Everything was recalled in an hour-long trance. But the causes of my fibromyalgia did not appear in that hypnosis session.

Although I was discharged after eleven days, Dr Pujol Costa argued that the paralysis of my legs should be investigated more thoroughly, since, in his opinion, I could be suffering from a disease called Panarteritis Nodosa. This would mean that the illness I had suffered from for years, and which until then we had called fibromyalgia, was beginning to manifest itself through that immobility in my legs. According to the doctor, Panarteritis could be the cause of all my ailments and the truth is that, although this sudden change of diagnosis left me extremely disconcerted, I was glad that, maybe, at last, we had found the right path. Of course, to confirm that diagnosis, I had to undergo a series of tests, the memory of which still causes me to shudder to this day. The worst of them all, a Mesenteric Arteriography, consisted of numbing my body from the waist down and piercing the femoral artery at the groin. The doctor then inserts a small tube that runs through a vein to the heart, injecting a reactive liquid into the circulatory system. Finally, they would take an X-ray to map my arteries and veins. On 3 May 1999, I was admitted to Joan XXIII to undergo this test under the guidance of Dr Alberto Barbod. I remember that, before the examination began, I told the anaesthetist that I was an ultra-rapid metabilizer and that I took large doses of morphine. I said this with the intention of getting him to give me more anaesthesia than usual, because I knew the normal doses would have no effect, but the man just smiled as he commented that all patients ask for more anaesthesia than usual for fear of feeling something during the operation. I tried to make him understand that my case was different, that I was not doing it out of fear of the operation. I told him to look up the definition of a fast acetylator. But he didn't listen to me. As I had expected, in the middle of the operation my body had already metabolised the anaesthetic. My legs regained sensation, my muscles contracted and I felt the tube that was running through my veins and my body be expelled all at once by a large contraction. The tube shot out from inside my body and splashed the walls with blood, fluorescent liquid and other bodily substances. Naturally, I fainted. The anaesthetist never dared to look me in the eye again. He simply waited for me to come back to reality and asked me to explain what a fast acetylator was and, after listening to my explanation and without looking up for a moment, he doubled the dose of an anaesthetic so that the surgeon could perform the operation a second time. Because of all this, an operation that was supposed to last barely thirty minutes took up to three hours and, after a few days, the results were that:

In the images obtained, we can only appreciate the existence of a nodular to vascular image (approx. 2 cm in diameter), which surrounds and displaces mesenteric-intestinal vessels, at the level of the jejunum, in relation to the 2nd jejunal artery. It may be a pseudotumour, due to the frontal projection of the loops, but given that it is shown in the two series performed, we do not rule out the possibility that it is a small bowel tumour. Evaluate other diagnostic possibilities (barium intestinal transit). Bearing in mind that 80% of benign tumours do not cause symptoms, the existing clinical picture could suggest a carcinoid tumour, although only 10% of these tumours have this location.

So I went into surgery to confirm the possible existence of Panarteritis Nodosa and came out with a carcinoid tumour. For the next few days, no doctor would give me a copy of the conclusive reports. I became desperate trying to get someone to confirm the suspected cancer, but they refused to say a word to me about it. They avoided contacting me because they knew that I demanded answers and, as nobody would talk to me, I went to Pepe Sala. I begged him to ask for a copy of the results of that test and he replied that he would do so as long as we read them together. I said yes, but I cheated. I had no intention of letting such an important piece of information be tainted by the usual medical paternalism, so, while waiting in the corridor adjacent to Pepe Sala's office, I approached the nurse who had the report in her hand and told her that the doctor had asked me to pick up the document while he was attending to another patient. The woman believed me and, instead of going into my friend's office, I left the hospital with the envelope under my arm. I tried to read the surgeon's conclusions at home, but the medical jargon prevented me from understanding what I was being diagnosed with. When I gave the papers to Dr Marimón, he confirmed that the reports pointed to the existence of a malignant tumour in my body. We immediately requested an abdominal CAT scan (high-precision X-rays of the stomach area) from Social Security, but the waiting lists meant that we had to wait three or four months for the test. My doctors claimed that the test was urgently needed, but the health system prevented me from undergoing the test until three months later. So I went to a private clinic and, after several weeks of waiting, the result was negative. There was no tumour. The lump turned out to be a minor intestinal contracture. It was just a scare, but the truth is that, when you have been diagnosed with a tumour for the first time, the fear never completely goes away. There was no way to be sure that the second set of test results was more accurate than the first. I didn't want to repeat the tests, lest this time they find two hearts, a deflated lung or even a cuckoo clock in my stomach. On the other hand, over the years I have discovered that almost all of those with fibromyalgia have gone through something similar. Before being diagnosed with fibromyalgia, many are told they have cancer, just to have this diagnosis later reversed.

The following months were a real ordeal. So much so that in May 1999 I realised that the medication I had been taking for several years was causing me more discomfort than relief — alterations in my liver and pancreas, diarrhoea, vomiting and a long laundry list of symptoms derived from the enormous amount of drugs that, between all the doctors, they had managed to get me to take. In addition, my muscles continued to atrophy and one day, as I sat on the sofa at home, I discovered a huge, painful lump in my left buttock. I went to my GP to show him what was already the size of a walnut, and he promptly referred me to the emergency room, where, without hesitation and without anaesthetic, it was removed with a scalpel. According to what I was told, the abscess was caused by the injections I was giving myself in my buttocks and, although it shouldn't have happened, the lump came back on more than one occasion. Faced with such physical discomfort and a lack of strength, I spent many hours in bed during the following months. Trying to move caused me tremendous pain and one night when I woke up unable to lift a single limb of my body I discovered that I could not breathe either. My muscles were so tight that I couldn't even breathe in air, and since I didn't have the strength to wake my wife, I thought I was going to die. I had never experienced such a horrifying sensation. It was an eternal few seconds that ended with me losing consciousness and, when my face was absolutely blue, my wife woke up, jumped on top of me and, and summoning her strength, forced me to breathe artificially by giving me a cardiac massage. A few minutes later I regained consciousness and the next day, terribly frightened by what had happened, we went to my family doctor, who referred me to the cardiologist at the CAP Sant Pere in Reus. The visit to this professional of who knows what (I say this because he occupied the cardiologist's post without this being his speciality) was the most unpleasant experience I have ever had with any doctor. Even worse than the doctor who threw me out of his emergency room. The man in question was in his fifties and was accompanied by a nurse. As was usual for me, I had taken a good dose of painkillers before leaving the house, as well as having compression bandages applied to every joint. We presented her with all the documentation about my illness and explained the situation we had experienced the night before. As we told him about the experience, the man tried to suppress his smile, but finally, when he couldn't take it any more, he let out a resounding guffaw. He had just read a report stating I had fibromyalgia. His reaction was to burst out laughing, and he turned to the nurse — occupying a chair meant for my standing wife — and said: 'Look at this! This man says he has fibromyalgia, the disease of hysterical women.'

His laughter grew so loud that he could not stop the tears from flowing, and the nurse, eager to join in, started laughing too. However, when he saw that my wife and I were getting angry, he tried to calm us down by saying, 'Don't worry. If his breathing stops again, you —' he said, pointing to Miren, who still had no place to sit, '— call an ambulance to take him to the emergency room'.

'But, doctor, he'll be dead by the time the ambulance arrives', said my wife, visibly upset at the doctor's unstoppable laughter.

'Well, ma'am, while you wait for the ambulance, carry your husband down to the curb', he said, still not stopping his laughter.

'My husband weighs 100 kilos'.

And, at this the doctor stopped laughing. He looked at us with obvious contempt and shouted,

'Stop whining, ma'am! I've told you to call an ambulance, this is no big deal, so stop bothering me. If you want, and as a favour, I'll let you come back in three months, and if you tell me then that the situation has recurred, we'll admit him to the hospital. So, good day, I have a lot of work to do.'

Although we had every right to be angry, we left in tears. The humiliation was compounded by a feeling of impotence and, when we told Dr Marimón about the case, he recommended that we report the other doctor. However, we did not do so. Our spirits were already low and the situation in which we found ourselves made us lose the will to even take justice in the face of vandalism of this magnitude. Today I think we were wrong. We should have protested loud and clear. We should have fought to stop that department head from ruining the lives of more patients. But at that time we did not have the strength and today, on these pages, I ask that doctor, for the love of God, to remember his Hippocratic Oath or, at least, to remember his humanity.

But the day my life was to change completely, the day I was to take control, and above all the day I said 'enough' was 22 August 1999. That day changed everything.

We had decided to spend a few days in my home town because the children needed to get out of the city. At that time, when we went up to Arbúcies the kids slept in the double bed with us because, apart from it being a cold house, they liked to sleep next to us. Every night I treated myself with methadone (I used a syringe to control the dose, but I didn't use a needle, as I drank the compound) and I did it stretched out on the bed because the pain prevented me from getting up to take the dose elsewhere. Normally my wife would prepare the medicine for me, but that day she was very tired. She had been sleepless for many nights because of the attention I required and I guess the fact that we were travelling to our summer resort made her feel more relaxed. So on the night of 22 August, she decided to retire early, and she left the syringe by my bedside table. A couple of hours later, I took the corresponding dose and in the morning my son Dani asked me if he could continue sleeping for a while longer because, he said between yawns, he was very sleepy. We let him stay in bed while the rest of us prepared lunch, went for a walk and even joked about sleepy Dani. At lunchtime, our son got up, went down to the dining room and, after dessert, returned to the bedroom for a nap. We were surprised that he slept so much, but we had all had a hectic few months and let him rest as much as he wanted. However, my wife was worried, and when she went upstairs to check on him, she discovered horrible rales coming from his lungs. Naturally, she panicked, and when she tried to wake him up, she saw that his eyes were white. My son had no pupils and his breathing sounded like wind rushing through pipes. We quickly took him to the Arbúcies Primary Care Centre. The doctors didn't know what was wrong, but, as it became clear that something extremely serious was going on, they called an ambulance and, with the help of two motorised policemen who cleared the way for us, they took him to the Josep Trueta Hospital in Girona, which was about 70 kilometres away. On the way, my son's eyeballs remained blank, he drooled constantly and made guttural noises. I remember that the EMT called the emergency department warning that he was carrying a Romeo. I have since learned that a Romeo is a child who is about to die. I was in the ambulance holding my son's hand and telling him he would be OK. The image of him in that state is tattooed in my mind and has since been a source of nightmares. My son with his eyes rolling back in his head, drooling some kind of white foam and the EMT shaking his head.

At the hospital, they wouldn't let me through the curtains of the ward where they were treating my little boy. They stopped me in the foyer while they asked me questions, but that didn't stop me from hearing the doctors shouting: 'Cardiorespiratory arrest! Cardiorespiratory arrest!' Then I heard the thunder of the defibrillator and shortly afterwards the mechanical respirator with which they were administering oxygen. After a few seconds which felt like an eternity, my son came back to life. They had injected him with Naloxone (an antidote to morphine) and, when he had stabilised, a doctor came out from behind the curtains, walked towards me and, not masking his anger, asked me what drugs I had at home. I was still dazed by the events, so I could only reply that I only had medicines at home. No drugs. But he insisted on the word 'drugs'. And then it clicked. I told him about the morphine and methadone, and he, with that look of hatred and disgust, shouted at me asking why the hell I had given those drugs to such a small child. At that moment, the policemen who had escorted us to the hospital stood beside me intimidatingly. And as the doctor continued to shout at me and the policemen grabbed me by the forearms, I collapsed. I burst into tears like a helpless child, and no matter how hard I tried to repeat that I had not drugged my son, they continued to accuse me. Then my wife came into the hospital. She had come with the neighbours' car and, when she saw the scene, she tried to calm the doctor down by explaining about my illness, my medication and the mistake of leaving the syringe on the bedside table. Apparently, in the middle of the night, my son had drunk the small amount of methadone that must have been left in the injection after I had taken my dose and that tiny amount was about to tear his soul out of him. Fortunately, that didn't happen and the doctor, more understanding now, explained that my son would be fine after a few days' rest. During the four days that Dani was in the ICU, I relapsed. The emotional blows tore me apart and, although inside I felt selfish for requiring medical attention when in truth it was my son who had almost died, there was nothing I could do to silence my pain. When Dani woke up, we wrapped him in our arms and kissed him until he pushed us away. We never scolded him for drinking the injection because we knew he understood that he had done something wrong. What he didn't understand was why Dad's medicines, the medicine that Dad took to live, nearly killed him.

'Mum,' he said, 'why do dad's medicines kill?'

That night I thought about suicide.

Really considered it.

I had become a burden to my family. My son was close to death. My wife was exhausted. I couldn't work. I couldn't walk. And the medical community had given up on me. The best thing to do was to get out of the way. However, in a moment of lucidity, I expressed my intentions to my wife. I told her what I was thinking and she, holding back tears, reminded me that my children's paediatrician, Joan García, with whom we had an excellent relationship and who took a regular interest in my illness, had always advised me to do my own research and not to rely so much on medicine. And so, instead of choosing suicide, I decided to face the disease on my own. I could no longer keep my children in harm's way.

I decided to get to work and embark on the road to salvation.

6

INVESTIGATING ON MY OWN

I had decided to investigate for myself and, not knowing where to start, began surfing the internet. In the weeks following the devastatingly close call with my son, I compulsively downloaded information from the web. I searched for anything that would give me an explanation for what was going on inside me. Since the beginning of my illness, almost two years ago, I had been asking the doctors for a simple explanation. Something to justify my fibromyalgia. But they never gave me an answer. They didn't have one. They explained the consequences, the symptoms and the treatments for fibromyalgia, but they never addressed the disease itself. They never gave me a why. And I just needed that why. I was convinced that knowing the origin of my ailment would help me to solve it and that, in reality, knowledge was the cure.

I had had enough of the debate about the existence of fibromyalgia, about the most suitable medication and about the efficacy or uselessness of certain treatments. I was done with doctors who claimed to reverse the symptoms but could not explain their causes. I was fed up with medical professionals applying a bandaid cure without addressing the root of my illness. And, above all, I had convinced myself that I should not wait meekly and patiently for the World Health Organisation to discover a way forward. It was time for me to find the answer for myself. So I decided to investigate, guided by my theory that the answers weren´t floating on the surface. I shouldn´t spend too much time fussing over the symptoms and instead focus on the origin and cause of my illness. The web provided a deluge of information, some useful, much of it worthless. It took time to sort the information into these two categorias, but, amongst the hundreds of sites I visited, one that was particularly helpful was www.fibromialgia.net. This domain and its redirect are currently owned by the pharmaceutical company developing my formula — as the original owner left some time ago. Its creator was an American named Kerry Freine. At the time, this website suggested that fibromyalgia was a chronic disease. Both on this website and on others found at the time, there was the recurring idea that fibromyalgia was chronic, but that it wasn´t necessarily lifelong. Instead, it lingered in the patient's body for more than six months. The specialists I had dealt with handled the word 'chronic' with astonishing ease, but not a single one had thought to explain what the concept meant. And they should have. Because the first thing I discovered through my research was that in medicine the term 'chronic' means at least half a year. A 'chronic illness' is one that lasts for more than six months, but may or may not disappear after that time. When I read that, my heart nearly skipped a beat. Somehow, my search had borne its first fruit. Although I had not yet found the key to solving my problem, I had opened a door of hope. With just a few weeks of research, my optimism had tripled, a feeling which I hadn´t experienced in two years of frequenting the hospitals of Spain. Many doctors had tried to encourage me by asking me to trust them, but none had tried to boost my morale by asking me to trust the data. Their obsession with withholding data, or perhaps it was their inability to understand that the patient needs to understand the scientific vocabulary before being crammed with information, had given me a misconception about my disease. From the first time a specialist used the word ´chronic´ to describe my illness, I became depressed. I thought that meant it would last forever. When really, chronic meant that it lasts for over six months, but that it could go away at any time after that. For the first time, I saw a real possibility that I could be free from this disease. I also realised that seeking information on my own could give me back some of the hope and empowerment that the paternalistic medical community had taken away. That´s why I always emphasize that doctors must give this same hope to other people with fibromyalgia who lack accurate information. This couldn’t stop them from falling into depression, despair, or even committing suicide. Patients must understand the vocabulary doctors use to talk about their condition. Because, as demonstrated in my case, knowing a simple definition can help a lot. In just two days, I went from feeling hopeless to actually thinking I could be healthy again someday. In addition, shortly afterwards, I read that a small but significant percentage of fibromyalgia patients go into remission spontaneously or without any known reason after two years. This meant that I could find myself perfectly well at any moment — a crucial bit of information that my doctors failed to mention.

These days, I do not believe that the remission of the disease occurs spontaneously, as some reports state, but that the patients who are cured do so because they use all the means at their disposal to eliminate the factors that trigger their fibromyalgia and because they also use the appropriate remedies to reverse the situation. Remedies that do not involve antidepressants, painkillers or sedatives from the health system.

So, in my search for solutions in online forums, I came across a very generalised position that can be summed up with the story of the teacup:

> It is said that once upon a time, in England, there was a couple who liked to visit the little shops in the centre of London. One of their favourite shops was one where they sold antique pottery. On one of their visits, they saw a beautiful little teacup.

´May we see that cup? We´ve never seen one as beautiful as this.’

As soon as they held it, the cup began to speak:

‘You don’t understand! I have not always been a cup. A long time ago I was an amorphous lump of clay. My creator took me in his hands and beat me and moulded me. When I couldn’t take it anymore, I cried out, ‘Don’t do that, ‘Leave me alone’, but he just smiled and said, ‘Not yet.’ Then he threw me down on the pottery wheel and he spun me around and around. ‘Stop it! I’m getting dizzy!’ But my creator only nodded and said, ‘Not yet.’

Then he put me in the oven. I had never felt so hot, and I wondered why my creator would want to burn me, so I pounded on the oven door. Through the little opening, I could read his lips saying to me, ‘Not yet.’ When I thought I wouldn’t last another second, the door opened. My creator took me in his hands and placed me on a shelf to cool down. This is much better, I thought to myself. But as soon as I cooled, he picked me up and painted me all over. The fumes were terrible and made me gag. ‘Please stop!’ I begged. But he just shook his head and said, ‘Not yet.’

Once he finished painting me, he put me in the oven again. But this time it was twice as hot as the first time and I was sure I would suffocate. I begged him, and I cried out. I was certain I wouldn’t make it. As soon as I was about to give up, the oven door opened and my creator took me out and placed me on the shelf to cool again.

An hour later, he gave me a mirror and said ‘Look at yourself.’ When I did, I exclaimed ‘That’s not me, it’s too beautiful to be me!’

Then my creator said, ‘I know my blows hurt you, but if I had left you as you were you would have dried up. I know

> it made you sick to spin on the wheel, but if I had stopped you would have crumbled. I know that it caused you a lot of pain to be in the first oven, but if I hadn't put you there you would surely have cracked. I also know that the fumes from the paint caused you discomfort, but if you hadn't been painted your life would have been colourless. I know you suffered even more in the second oven, but if I hadn't put you in there you wouldn't have survived for long. Now you are a finished product! You are what I had in mind when I started to form you!'
>
> 'It's the same with us,' said the little cup to the client. God will never tempt us or force us to live something we can't handle. God knows what He is doing with each one of us. He moulds and shapes us into a perfect piece so that we can do His will.'

The moral of this story suggests a sense of complacency and resignation that saddened me. It implied that patients should throw in the towel and simply wait for the disease to go away. But I would not and could not wait. I was progressing too quickly. Luckily, just a week later, I discovered something that gave me new hope. When I checked the websites, I had visited, I noticed that not a single page used the word incurable. It was mentioned as a chronic disease, but never as an incurable condition. Although many doctors had assured me that I would never be cured, the authors of these pages, most of them American, refused to use such negative language. Alarmed by this highly paradoxical fact, I sent a few emails to the creators of these sites asking them about the omission of this word. A few weeks later, some replied to me saying that their doctors had never told them that fibromyalgia was incurable. They acknowledged that doctors in those countries — the United States, the United Kingdom, Mexico and some others — had told them that there was currently no treatment that could reverse the disease, but that the fact that fibromyalgia had only been recognised by the medical community in the last decade meant they were still investigating possible solutions, but that a great deal of effort was being invested into such studies. Therefore, patients in other countries did not see their condition as either ‘lifelong’ or ‘incurable’. Instead, they saw it as a condition that could last for more than six months, but which would be alleviated as soon as medicine found a solution. Obviously, this perception of the disease was diametrically opposed to the one that Spanish doctors had instilled in me. Both the discovery of the reality perceived in other countries and the knowledge of the true definition of the word ‘chronic’ made me tremendously glad that I had initiated an investigation of my own. I had not yet found out any critical information, but a handful of pages had given me more hope than the explanations of dozens of specialists in multiple medical disciplines. Those doctors had only been able to tell me that I could never be cured, that I should get used to the pain and that I should be content with reality as it was.

In continuing my research, I discovered that fibromyalgia is characterised by the presence of diffuse and chronic musculoskeletal pain, together with multiple painful points at a given pressure. It is, therefore, characterised by the presence of pain even when there are no major anatomical or physiological alterations to justify it. The word fibromyalgia comes from three roots: fibr (fibre), myo (muscle) and algia (pain). Thus, it means ‘pain in the muscle fibres’. When I first discovered the meaning of the word, I considered the etymology to be more anecdotal than practical, but soon afterwards I realised that the term’s roots held the key to the solution. I had never before stopped to think about the enormous power of language, and yet the three roots of a single word held the answer I was looking for. The fact that it pointed to the muscle fibre, and not the muscle itself as the cause of the pain was critical in guiding my research. And there were more titbits that caused me to reconsider my previously held beliefs. For example, on one page I read something completely contrary to what was happening in my body. For example, some said that fibromyalgia did not involve any inflammation. However, my feet were so swollen that I could not put on my shoes, and my hands were so swollen that I often could not put on my wedding ring. Yet the pages insisted that inflammation was not a symptom of my illness. It was then that I realised that this symptom, and probably many others, did not come from my condition, but from the medication, mainly cortisone, that I had been taking regularly since I was diagnosed with Polyarteritis Nodosa. Understanding this was also fundamental to my healing. Two years had passed since I contracted the disease and I had been taking medication since the beginning. I had reached a point where it was impossible for me to compare my pain at the beginning with my current pain. I no longer remembered how I felt when the fibromyalgia began, so that the present symptoms, the side effects of the medication and the consequences of the aggressive treatments I had undergone were so intertwined that I no longer knew what was what. However, the testimonies that patients posted on websites helped me to remember that, originally, I did not have so many symptoms and that, therefore, my current pain must have some origin in the drugs I was taking on a daily basis.

I also read that fibromyalgia affected muscles and tendons, that the predominant symptom was diffuse pain throughout the body, and that it involved sleep disorders, exhaustion and headaches. However, I had many other symptoms and, during my stay at the Hospital Clinic in Barcelona, I met people suffering from tremors, memory loss, prickling in the eyes and other ailments. These pains were not described on the websites, so I soon realised that each person was different. The disease manifested itself in different ways depending on the individual's metabolism and there were only a handful of symptoms common to the whole population. In any case, although other online fibromyalgia patients described disorders that I had also been diagnosed with, I was suffering from ailments that the Internet did not even talk about. And this made me think that either my fibromyalgia was more severe, or I suffered from another illness that multiplied my symptoms to such an extent that I did not feel represented by any of the hundreds of cybernauts with fibromyalgia. Moreover, the web explained that, with the exception of specific cases of older women and children, this disease affected women between 30 and 50 years of age. So, I, a 31-year-old male, did not even fit into what could be classified as a 'typical fibromyalgia case'. Shortly afterwards I discovered that the prevalence of the disease in Spain was around 2–4%. To understand the magnitude of that amount, for ailments such as chronic fatigue syndrome the statistics are reported in thousands, while for fibromyalgia they have to use a percentage. On the other hand, doctors had long since ruled out the possibility that I had ankylosing spondylitis, which I had initially been diagnosed with, along with fibromyalgia. The muscle contraction in my back had given the doctors that impression, but they were wrong. Thus, I needed focus only on fibromyalgia. And so, I did.

As for the explanations I found for the origin of my discomfort, there were many studies pointing to a deficit of serotonin in the brains of those affected. This is a neurotransmitter responsible for regulating the pain to which a human being is subjected at any given time. However, the plethora of studies that were being published at that time on fibromyalgia only convinced me that doctors were assessing the consequences of some dysfunction and not the real causes of it. Of my research, which repeatedly focused on the effects of fibromyalgia and not its causes, there were reports from Dr Martínez-Lavín and those of the Instituto Nacional de Cardiología Ignacio Chávez (Mexico City), which insisted that fibromyalgia could be the consequence of a pain syndrome maintained over time by the sympathetic nervous system. Other research, such as that of the Department of Psychiatry at the University of Pennsylvania (USA), concluded that a decline in sleep quality affected immune system functioning. Such a disorder could lead to infectious diseases, fibromyalgia, cancer and major depression. Also, the Department of Pharmacology in the Centre for Head Pain of the University of Florence (Italy) published the results of a study indicating that hypofunction of the Gi protein could be involved in the pathogenesis of this syndrome and could therefore lead to the biochemical identification of patients with fibromyalgia. In any case, all this research published over the last few years can be analysed as evidence in the bodies of people living with fibromyalgia, but we will never know whether we are talking about triggering causes or consequences of the disease. A clear example of this can be found in a study from the University of Birmingham titled Fibromyalgia: Evidence for a Central Nervous System Disorder, where Dr L. Bradley, after compiling evidence from several studies in his laboratory and linking it to factors demonstrating abnormal sensitivity in patients with fibromyalgia, deduced that people with my condition had more substance P in their cerebrospinal fluid (CSF) and that, during exposure to pressure on painful body points, significant and bilateral increases in cerebral blood flow (rCBF) were detected, especially in the contralateral thalamus, somatosensory cortex and anterior cingulate cortex. The study also showed that patients showed an increased cardiovascular response to stress. In other words, stress produces stronger pain in fibromyalgia patients than in other people. But what really cheered me up were the last lines of a study conducted at the Hospital Lapeyronie in Montpellier (France) titled Drug Therapy in Fibromyalgia:

Since the cause and pathophysiology of fibromyalgia (FM) remain unknown, treatment is often limited; fewer than 50% of patients have significant and sustained clinical improvement. No pharmacologic agents are indicated specifically for FM treatment, although many have been tried to date. Controlled trials with non-steroidal anti-inflammatory drugs have been shown to be of little help, despite their use in a majority of patients. Steroidal anti-inflammatory drugs are not efficacious and often deleterious. Among analgesics, preliminary data suggest that tramadol, affecting norepinephrine at the receptor site, may be useful for FM pain. No clinical data are available to suggest the efficacy of opioids in FM. Tricyclic antidepressants and selective serotonin reuptake inhibitors may diminish the sleep disturbance, pain and depression associated with FM…FM symptoms may be alleviated in a short-term manner with various pharmacologic treatments but a minority of patients still experience remission at a few years follow-up.

I had to read this explanation several times, but it really did seem that some people, even if only a few, were being cured. And, of course, these conclusions broke the mould of what my doctors told me. At this point, I had read in other documents that people were being cured, but this information contrasted with the ideas that the associations of patients, rheumatologists and others involved in the process repeated over and over again — that fibromyalgia was a disease with no way out. Now, however, I saw, in writing, for the first time that this was not the case. And I became convinced that I would soon be one of those people who talk about fibromyalgia in the past tense.

At that time, I also discovered that, according to other clinical trials conducted in hospitals around the world, fibromyalgia patients have problems during the REM sleep phase. One of the consequences of this is that the lack of deep rest hinders the generation of growth hormones. In fact, many doctors point to this as the real cause of fibromyalgia. But why does this happen? I'm sure there is an explanation, but very few will be able to find it. Neither the doctors who treated me nor the hundreds of comments posted on Internet forums revealed the ultimate cause of this difficulty in falling asleep. In any case, both this theory and the serotonin theory are currently unproven, so there is no reason to take them too seriously. The medical profession often throws caution to the wind. As nobody has a clue about the subject, speculation is accepted and those affected, human guinea pigs, are subjected to a wide range of tests. I remember that at the Hospital Joan XXIII, I took several brain SPECTS with the intention of measuring the blood supply at the base of my hypothalamus (the place where pain is perceived). The doctors believed that the lack of blood flow slowed the functioning of that area, which made it impossible for my mind to pacify the suffering. In fact, there were doctors who even argued that the lack of blood flow caused the increased sensation of pain even when there was no real reason for it. The hypothalamus theory is still being investigated today, but the truth is that not much progress has been made in this regard, even though it has been shown that up to 80% of patients have this characteristic. Even so, researchers recognise that other diseases also present this peculiarity, so everything points to it being a consequence of the disease, and not its primary cause.

As all these studies were not really conclusive, I decided not to complicate my life with speculations. I wanted to investigate possible solutions that did not concern serotonin, REM or the hypothalamus, not least because if the origin of fibromyalgia was in those elements, there was nothing I could do about it. So, I focused on investigating causes that were within my reach, like diet, physical exercise and stress. It was inevitable that through my investigations I would encounter even more scientific theories. For example, it had been discovered that a large number of people with fibromyalgia had impaired vision. I have always been short-sighted, but from the onset of my condition, I went to the ophthalmologist on numerous occasions. There were even times when, when I went to the shop to pick up the glasses, I had been prescribed three days earlier, my prescription had already increased by several dioptres, so that my new lenses weren't strong enough. I later found out that this was due to a slight contraction of the muscles during eye movement. Since getting fibromyalgia, I have always had more problems with my eyesight. For example, slight contractions in the muscles of my eyelids caused my tears to run down my face as if I were crying, instead of moistening my eyes and cleaning them like they were supposed to. Depending on the extent of these contractions, sometimes tears would fall or I would have a runny nose without having a cold. At that time, I also felt intense pain in my eyeballs and my eyes got tired so quickly that I downloaded a programme from the Internet that read aloud the texts on the screen. In this way, I avoided straining my eyes, and I was also able to continue with an investigation in which I did not want to focus on the consequences, but on the causes. I say this because the growth hormone, the lack of blood flow to the brain and the eye strain were only the consequences of fibromyalgia, not the triggers. And because I didn't want to waste my time making the same mistakes as the doctors, I decided to focus solely and exclusively on the source of my problems: my muscles.

For several weeks I researched musculature functioning and, above all, the chemical elements (amino acids and proteins) that made it possible. I also compiled a list of symptoms reported by my online network of fibromyalgia patients and contrasted it with another list in which I wrote down only my own symptoms.

For example, my mouth would become full of canker sores and, although the doctors assured me that this was not related to fibromyalgia, I met many people with the same problem. Thus, I concluded that, despite the constant denial of scientists, there are symptoms that cannot be ignored. The experience of hundreds of fibromyalgia patients revealed realities that I didn't need a medical degree to understand. One only had to heed the testimonies carefully and the conclusions came out by themselves. But, of course, for that, you had to listen.

Another example of my musculature research was the fact that I dislocated my shoulder very easily. With any effort, the bone would pop out and on one occasion, while two nurses were putting it back in place, a doctor told me that this had nothing to do with fibromyalgia. That's what the doctor said and months later, when I had learned to set the bone myself by banging it against a wall, I found hundreds of testimonials where patients claimed to have the same problem. And I found that out by spending just a few hours reading their stories. I also suffered the same problem with my jaw. The muscle contracture was so great that even just by gently slurping cold soup it would become unhinged, accompanied by a sharp increase in pain, until a few minutes later, I would manage to put it back in place.

In those days, despite my mistrust of the medical system, I also consulted websites, books and scientific journals. Nowadays, many rheumatologists state categorically that fibromyalgia is caused by the occurrence of stress over a long period of time, by a trauma that has not been overcome, by a bacterial infection or by a viral attack. But at that time nobody pointed to these possibilities. It was only claimed that in each patient fibromyalgia appeared for different reasons and even that many people had spontaneously triggered it. In other words, people became ill as if by magic, and although it is obvious that this was an absurd explanation, at the time many doctors defended it tooth and nail. When this happened, i.e., when someone was diagnosed as having no cause for their illness, doctors would follow the protocol laid out by the World Health Organisation. First, they ruled out other illnesses with similar symptoms, such as Chronic Fatigue Syndrome, Muscular Dystrophy or even Multiple Sclerosis, and then they determined the existence of fibromyalgia by palpating 18 pain-prone points. A few years earlier, in 1993 to be precise, the WHO had announced that these 'tender points' determined the diagnosis of a disease that had only been recognised a year earlier (classified internationally under the heading M-709 of the so-called ICD-10). Despite the fact that in 1992 the existence of this ailment had already been catalogued, I kept coming across doctors who said that this disease did not exist, that it was a 'hysterical disease' and that under the term fibromyalgia we were hiding a bunch of hypochondriacs, drug addicts and crazy people.

Despite those who thought such things, the truth is that the WHO determined the existence of eighteen 'trigger points' or 'tender points' which, when pressed symmetrically, produced pain. If eleven of these eighteen points (located in the lower back, neck, chest wall, shoulder region, knees and hips) caused the patient discomfort, the doctor was obligated to diagnose fibromyalgia. This was the only criterion for establishing the existence of fibromyalgia. But the problem for many doctors was that they knew that some people were only trying to get a pension for permanent sick leave. When the condition became popular and there was evidence that there was no empirical proof of its existence, many people went to hospitals claiming to suffer from it. Should doctors label them as fibromyalgia patients, the government would be obligated to grant a pension to these people and, given that the disease is considered 'lifelong', the social security pay-out could be considerable. That is why doctors are ordered to be very scrupulous when diagnosing fibromyalgia and that is why some are fighting against these healthcare scammers, scheming to live the good life at the expense of the real victims of this 21st-century epidemic.

I also spent a few hours a day studying the evolution of variables that made my symptoms worse. I made a data table, checking the values of the ambient temperature, relative humidity, atmospheric pressure and the weather three times daily. With this table, along with the observation of numerous other values, I was able to establish clearly that the criterion for my body's deterioration was closely linked to the atmospheric pressure. In order to collect this data, I had to buy a little gadget that is sold in pharmacies, which, by the way, I advise all readers to do the same. So, when the atmospheric pressure varied by eight millibars above or below normal, my body stiffened and the contractures in my arms, legs and trapezius triggered the pain. Another characteristic that indicated the imminent arrival of a crisis was something that none of the doctors was able to explain to me and that they never related to my illness. I am referring to the fact that my skin emanated a different smell than usual and that my urine took on a darker and more orangey hue, as well as being much more odorous. I later discovered that this is common to all people with fibromyalgia a few hours before they suffer a crisis. Later, Dr Marimón was encouraged to check the values that were altered in my urine when this situation occurred and the result was that the calcium in the form of oxalates was three times the normal values.

Fortunately, my life went on. All these investigations did not stop the normal course of events and, in September 1999, I received the results of a medical check-up I had undergone shortly before. Every month and for the last four months, when my family doctor urged me to take sick leave, Social Security reviewed my situation. An inspector would come to my house and grope me up and down for a minute, after which they would sign an extension of my sick leave. The extension would say that I was suffering from rheumatic fibromyalgia. It also detailed some of the symptoms: irritable bowel syndrome, anaemia, chronic fatigue, depressive syndrome, vertebral static disorder and chronic severe pain syndrome. My injuries were also described as 'severe generalised osteomuscular functional disability requiring antalgic and antidepressant polytherapy including up to six different drugs, including methadone hydrochloride'. With this report and others compiled during my time in the hospital — one of which concluded that my pathology was chronic, progressive, degenerative and irreversible so that I was absolutely incapable of doing any work — I went before a medical tribunal to assess the possibility of granting me disability. This tribunal consisted of a single doctor, who saw me for barely two minutes and did not even get up from her chair to greet me. From behind her desk, she made me lift my limbs and twist my body to such an extent that I nearly fainted. Be that as it may, in November they sent me the decision of Permanent Absolute Disability with Grade A (probably due to my self-employed status) caused by Rheumatic Fibromyalgia, with Static Vertebral Alteration and Chronic Pain Syndrome with Disability. This meant 100% disability. Therefore, this document ratified that I deserved a definitive sick leave from work and, although this meant some peace of mind economically, it plunged me into a deep depression. The illness had not managed to break me, but that document, which said that I was useless and that I would be for the rest of my life, saddened me terribly. I was 32 years old and I was retired. I have met many sick people who jumped for joy when they were granted Permanent and Absolute Disability. Some of them were even more concerned about getting this qualification, and therefore the money involved than about being cured. I understand the economic need that prevails among those affected, but I will never understand that someone feels happy reading a document that certifies that they will never be able to do anything, that they are useless and that their future holds nothing more than the sofa, television and pain.

Shortly afterwards, when I was trying to survive on the 600 euros that the government was paying me as a pension, Dr Marimón advised me to apply for a disability certificate and on 7 February

2000, I went to a tribunal composed of a psychiatrist, a doctor and a social worker. After separate interviews with each of them and a fortnight's waiting for a reply, I was awarded a 75% handicap. According to the report, I did not suffer from fibromyalgia, at least it wasn't mentioned, but from a multiple disability. The diagnosis was 'Algic Syndrome. Aetiology: Idiopathic (cause unknown)'. Based on my physical condition, the tribunal determined that I needed a person to take care of my most basic needs, such as going to the bathroom, getting dressed or going for a walk, an expense that, logically, would be assumed by the government. It was also recognised that I needed a wheelchair because of my condition. I never got to use it, as I went from walking to being bedridden for most hours of the day. During this time, following the unanimous opinion of the doctors who were treating me, I also applied for a grant from the Health Service to help me buy an electric articulated bed and latex mattresses to help me get the rest I so desperately needed.

Among the information gathered during my research, I also discovered that inactivity was a major problem for people with fibromyalgia. When a human being stops moving because of pain, there is an enormous loss of muscle mass and a physical deterioration that triples the consequences of the disease. Once, during a certain lecture by Dr Pepe Sala, I broke a bone in my hand. Why? From pressing the button on my video camera. I had lost so much muscle mass that the scaphoid bone in my thumb broke for something as trivial as pressing a button, so on 1 October of that same year, I joined a gym with the intention of altering the stillness in which I lived. I had a terrible time there. I couldn't pedal the exercise bike and when I stretched out on the floor to do any activity, the pain prevented me from getting up. On several occasions, I even fainted because of unbearable prickling all over my body. But the malaise wasn't only in my muscles. Its persistent tendrils stretched to every aspect of my life. Around this time, something happened that caused me great disappointment. I received a registered letter from the health insurance company I had been with for years. I had only used that health insurance on one or two occasions, but, as they had found out that I had a presumably lifelong illness, they kicked me off my policy. That's what the letter said. They didn't want to cover my treatment anymore, and they would retroactively reimburse me to the day I signed up for the policy. They might as well have signed it with 'Don't let the door hit you on the way out'. There was no reason for this expulsion and I suppose that it wasn't legal either. However, when I phoned the head office saying that I thought it was unfair that they accepted me as a policyholder when I was healthy and then kicked me off when I fell ill, they did not rectify it. It was a betrayal that, moreover, broke the logic of any medical insurance company. In my opinion, these companies offer health in times of illness, but, in their opinion, when a serious illness affects one of their policyholders, it is better to throw the client out on the street. They told me that the fact that my illness was incurable had prompted them to take this decision. No matter how much I insisted that their behaviour was shameful and that it contradicted our initial agreement, they did not pay any attention to me. It was painful to discover that health also depended on money and that the people who promised to take care of me turned their backs on me when I needed them most. Fortunately, not all companies lie as much as the one I had. Shortly afterwards I managed to sign up with another one that has been good to me so far. Or rather, it has honoured the deal made on the day we signed the contract. And that's the only thing I ask of a mutual insurance company, it's the only thing I ask of anyone I do business with — that they honour their agreements instead of leaving you in the lurch when it's in their interest.

Around the same time, my wife and I received a letter summoning us to court to account for the methadone accident with my son.

Fortunately, the judge understood the circumstances surrounding that near tragedy, and after an unpleasant interrogation, he sent us home confirming that a letter would be sent to us announcing the outcome of the case. To this day, no letter has arrived, but I am convinced that this is not because they are still processing it, but because they closed the case without bothering to inform us of the outcome. But something else happened that involved the higher echelons of society. Just as we had recently gone before the courts, now it was time to go before God. My son Dani was preparing to receive his first communion and, according to the priest who gave his catechism classes, it was essential for the parents to attend a class. During the lesson on the sacrament, I had to excuse myself to visit the WC because I started to feel very sick. While I was vomiting over the bowl and after having taken my dose of methadone, the priest came into the bathroom and, seeing that I was in so much pain, I explained my situation to him. The man became very nervous and immediately asked me if I had received the Anointing of the Sick. Instead of answering his question, I made it clear that I had no intention of dying and he, accustomed to such denials, clarified that Extreme Unction, preparing the soul for the journey to the beyond, was not the same as Anointing of the Sick, a request for divine intervention in the healing of a sick person. Since my son was about to receive his First Communion, and as that sacrament was only intended to help, I agreed to receive it. After a couple of weeks, the whole family came to church so that I — still uncertain about the difference between Extreme Unction and Anointing of the Sick, and hoping it was some sort of 'just in case' — could ask for God's help. Before the ceremony, I thought it would be a curious experience to have my forehead anointed with holy oil, but when we were in the middle of the ritual, I was overcome with a great wave of sadness because I knew that somehow my whole family felt that I was preparing myself for death. In addition, shortly afterwards I vomited blood. It had never happened to me before and, as I had seen in the movies, I associated it with the imminence of the final hour. I went to the emergency room immediately and, after having my stomach pumped, they told me not to worry. However, I continued to vomit blood for the next few days while they insisted that it wasn't anything grave. Eventually, the vomiting went away, but as the memory of the priest giving me the blessed anointing still lingered, it took me a long time to free my mind of the idea that I was about to die.

During that time, I also led the creation of the Catalan Association of Fibromyalgia Sufferers (ACAF in Catalan). Two acquaintances from Reus, at the time also suffering from fibromyalgia, and I had met on several occasions intending to found a group that would gather information, fight for the rights of people with fibromyalgia and defend our interests before doctors. And on 28 December 1999, we founded ACAF. I remember that I insisted that we define ourselves as a Catalan collective, not as a Reus-based one, to be able to coordinate, support and link the associations that were sure to appear later in other towns in our region. After convincing my colleagues of the advisability of doing it as I suggested and after signing the founding charter, I was very satisfied with what I considered a great step forward. However, I refused to join the board of directors because I was too immersed in my research to devote time to the tasks that such a position would entail. In addition, my health was in such a poor state that I did not feel able to take responsibility, so instead of joining the board, I signed up as a member and was only concerned with organising the meetings we held once a week. I also took over the production of issue 0 of our magazine, where we would report on any progress that was made regarding our disease. At that time, it was a pile of pages stapled together, but even if it didn't look like it, the truth is that it was a lot of work to produce that publication and this made my health suffer dramatically.

One of the premises of our association was that everyone, sick or not, could participate in the meetings. For me this was of paramount importance, as some time before I had contacted a woman, María Roldán, who organised meetings for people with fibromyalgia and who forbade me to attend, arguing that, as 90% of those affected were women, my presence would not be welcome. This made me sad. It was the first time that a sick person, i.e., someone of my own condition, had treated me with the same crudeness as some of the doctors and, when I told her that I did not consider her decision to be fair, she tried to make me understand that many women would not feel comfortable explaining their health problems, and therefore their intimate problems, in front of a man. I did not insist. I just hung up the phone and, when we founded our association, I asked my colleagues that discrimination be prohibited from our meetings.

All of these events did not divert me from my objective: to seek information about the functioning of the human musculature. I attended several lectures given by fibromyalgia specialists, recorded them on video and studied them carefully, and always came to the same conclusion — that those lecturers, almost always prestigious doctors, had no idea why fibromyalgia happened. I had the feeling that they were looking for answers in events that, in my opinion, were nothing more than the consequences of the disease. — What about neurotransmitters? Or sleep disturbances? Vision loss or adrenaline production? — But they never went to the heart of the problem: the musculature. Until, on one occasion, I heard a phrase that caught my attention. A doctor at one of the conferences I had recorded said, 'The muscles of a fibromyalgic person are always working, they are always alert, they never rest.' The next day I phoned that doctor to confirm his statement, and that he had full knowledge of the facts. He assured me of his conviction, but also that his assertion could not be proven by any scientific method. But that didn't matter to me. I was not concerned with the evidence, but with the logic implicit in that assertion. Because logic is all I needed. I am a computer scientist. Logic explains how a computer works, and my mind is trained to think logically.

I used that statement as a starting point for my research, so I read, read and reread texts on cellular metabolism, organic chemistry and other ways in which the human body works in a healthy state. Each of my deductions was based on different processes. First of all, I would scrutinise all the content of the different web pages on the subject I was studying. Given my condition and my concentration problems, I had to read some of these texts over and over again until I was could grasp the meaning of the content. The next step was to confirm my deduction by using medical encyclopaedias or publications coordinated by eminent doctors. I became familiar with visiting virtual libraries of universities around the world. In turn, I gained access to databases of medical journals, such as PubMed and Dogma. Each small step forward required uncountable hours, days or weeks. But it was worth it. When I understood the basic logic of how our organism works, I analysed the theories that were being put forth about fibromyalgia. This led me to understand that the studies carried out on serotonin or adrenaline levels, as well as those that dealt with the lack of blood flow in the hypothalamus, forgot something very important: the musculature. And I decided to investigate only and exclusively what they were forgetting. The muscles. My method was very simple. I would ask myself, 'What hurts?' And I would answer, 'The muscles'. And I would conclude, 'Then investigate the muscles'. Then I asked myself a second question, 'Where do you have muscles? A second answer, 'Everywhere'. And then came the conclusion, 'My whole body hurts because I have muscles all over my body.'

Armed with these premises, I started to analyse the implications of that doctor's assertion that the muscles of a person with fibromyalgia are always working. And I began a new line of reasoning.

Question: 'What happens to someone whose muscles are always working all day long?'

Answer: 'The first day they will get tired.'

Question: 'And the second day?

Answer: 'They will be exhausted.'

Question: 'And the third day?'

—'Their whole body will ache.'

But there was yet another reasoning that would focus my research even more.

Question: 'What substance does the organism lose when a muscle overexerts itself continuously?'

And to that, I had no answer. And this 'no answer' marked the real beginning of my research.

I had to find the chemical elements that the body loses when we exercise too much, and by searching medical encyclopaedias, scientific journal articles and the web, I determined that each muscle cell had about a hundred different substances and that almost all of them altered as we exerted ourselves physically. I then made a list of these chemical elements and searched for as much information as possible about the function that each of them fulfilled within the muscle cell. According to most texts, any nutritional deficiencies will be automatically corrected within a few months and all other vital nutrients will also be increased to their optimum level. I intended to locate something that related to the symptoms I had. In the muscle cells, there were proteins, amino acids and, of course, minerals. So, if a lack of iron caused muscle fatigue, I wrote it down in a list. And if the absence of one of these chemical elements didn't cause anything like what I was suffering from, I didn't list it. When I was sure which substances were closely related to my symptoms, I presented my findings to my GP. He said it all made perfect sense, but recommended that I talk to other specialists because he did not feel qualified to advise me on the matter. For his part, the rheumatologist I spoke to told me not to get into any trouble and, with a certain amount of sanctimony, advised me not to meddle in medicine.

In February 2000, realising that nobody was going to help me, I started to mix products I bought in a pharmacy to artificially ingest the elements that came out of my study. And, applying the recommended doses for the intake of each of them, I mixed them. I had made lists with the names of medicines containing the substances I needed, and my house was full of blister packs with medicines of all colours and shapes. First, I tried the amino acids. Nothing. Then I tried proteins. Nothing. The same thing happened to me when I tried the intake of the same elements through medicinal plants and dietary products. Nothing. Then I tried drinks containing minerals. Nothing. It was a resounding failure. Those mixtures were useless, so I decided to make two new lists starting from scratch but taking advantage of the information obtained on each element. So, since the last thing I had tried was minerals, and since that was what was freshest in my mind, I started there. And then came enlightenment. It happened while I was watching TV. They were showing an interview with Dr Manuel Patarroyo. This man knew the pain of solitary research and his was an example to follow. Dr Patarroyo had discovered a suspected remedy for malaria and, although it was never proven to be 100% effective, it substantially improved on the results obtained by other doctors. However, the scientific community turned its back on him, presumably because of hidden economic interests, and since then Patarroyo has become the symbol of the man who fights against the interests of the pharmaceutical industry, the man who tries to help the entire human race without trying to make a profit, and the man who achieves titanic goals just by following the dictates of his willpower. In that interview, Dr Patarroyo said that the solution to many of today's diseases lies in basic chemistry and not in a medication whose side effects are often stronger than the very disease it is trying to alleviate. This scientist explained that science today is too preoccupied with appeasing the symptoms of disease, neglecting to address the disease itself. I listened to his word, transfixed. After a while, the 'eureka' I had been longing for rang inside me. Patarroyo made me understand that I should not focus on ingesting elements capable of correcting the functioning of my organism, but that I should focus my efforts solely and exclusively on the rebalancing of my cells, giving special importance to the proportion between the chemical elements. In other words, to focus solely and exclusively on the logic implicit in basic chemistry.

For readers unfamiliar with how minerals function within the human organism, and specifically those that act as ions, I think it is important to pause to clarify certain basic premises: Ions are essential components of matter. They are particles with a net electrical charge that participate in many chemical phenomena. At room temperature, ions of opposite signs strongly bind to each other in a regular pattern that manifests itself in the form of a crystal. When dissolved they are the basis of processes such as electrolysis and the foundation of applications such as batteries and accumulators. Even though matter is most of the time devoid of electrical properties, it is these properties that are largely responsible for its constitution and structure. A grain of salt, a drop of lemon juice or a piece of marble contains millions of atoms or groups of atoms that have lost their characteristic electrical neutrality and have become ions. For example, the electrical forces between ions of opposite signs are responsible for the solid and consistent appearance of a sodium chloride crystal. The ionic composition of lemon juice makes it a conductor of electric current, the ions present in the solution being the carriers of electrical charge and energy. Chemical processes in which reacting substances give up or take up electrons involve the formation of ions. Ion bonding, electrolysis and oxidation-reduction processes are some of the natural phenomena in which ions play the main role. In the human body, a correct balance of ions is essential to maintain important processes such as muscle contractility or the transmission of electrical impulses at neuronal and muscular levels. Therefore, electrically charged particles are called ions, which in Greek means traveller. The positive electrode is called the anode; negative ions, which are called anions, travel to it. The negative electrode or cathode, on the other hand, attracts the positive ions, which are called cations because they travel towards the cathode.

To summarise: An ion is an electrically charged atom or group of atoms. A positive ion is a cation and a negative ion is an anion. The formation of ions from atoms is, in essence, a process of electron loss or gain. Thus, when an atom such as sodium (Na) loses an electron (e-) it becomes (®) the cation Na+. If an oxygen atom (O) gains two electrons, it becomes the anion O2-. When a single ion is bonded to neutral molecules or another ion of the opposite sign that does not fully compensate its charge, a complex ion is formed. Even though ions are derived from atoms, they are, from a chemical point of view, very different from them. For example, the substance known as sodium metal, composed of sodium Na atoms, reacts strongly with water, while the sodium Na+ ion does not. Due to differences in their electronic configuration, atoms and ions often differ markedly in their ability to react chemically with other substances.

Differentiating this is of vital importance to understand why different substances with the same chemical elements act differently in the organism. The formation of any compound from the corresponding elements is closely related to the internal structure of the atoms to be bonded and, in particular, to the configuration adopted by their outermost electrons. In this respect, a distinction can be made between metallic and non-metallic elements. An analysis of the electronic configurations of the different elements in the periodic table indicates that most metals have very few electrons in their last shell, while the opposite is true for non-metals. Metals can get rid of their outer electrons quite easily, giving rise to positive ions or cations, and are therefore said to be electropositive, whereas non-metals tend to incorporate electrons in their last shell, becoming negative ions or anions, which is why they are considered electronegative elements. Both are because the electronic configurations formed by complete layers are more stable, that is to say, they imply lower potential energy, which is why the atoms of the different elements have a certain tendency to reach such characteristics, as occurs in the noble gases. In addition, removing an electron from an atom is a process that involves the consumption of a certain amount of energy, or ionisation energy, which is relatively small in metals. The addition of an electron to a non-metal to form a negative ion, on the other hand, involves the release of an amount of energy called electrical affinity or electron affinity. It seems logical to suppose that, given the right conditions, both processes tend to couple to obtain Na+ and Cl- ions with stable electrical configurations from Na and Cl- atoms at the same time. For the overall process to be completed, additional energy input is necessary.

In the case in question, many of those affected by fibromyalgia or chronic fatigue syndrome would lack the slightest energy, so we would have to supplement it with other energy sources, such as glucose or fructose, to make this process simpler and more effective. Once both ions are formed, and as they are of opposite signs, an electrostatic attraction between them is produced, which results in the release of a considerable amount of energy due to a decrease in the electrostatic potential energy of the whole, which makes the formation of new ionic pairs and new bonds possible.

Ionic bonds between pairs of elements will therefore occur when each pair tends to generate ions of opposite sign. This is precisely the characteristic of metals compared to non-metals. Moreover, when an ionic solid is dissolved in water, the ions that compose it can move under the influence of electrical forces. If these forces are of opposite sign, it will be possible to separate the anions from the cations present in the solution. This separation of substances through electricity is what Faraday called electrolysis. At the cellular level, we can explain the characteristics of the most important ion channels:

Potassium channel: When the potassium channel opens, the membrane potential becomes more negative (hyperpolarisation). Potassium is more concentrated inside the cell, which is why, when potassium channels are opened, this ion tends to flow out by concentration gradient, which draws positive electrical charges from inside the cell and leaves the cell potential more negative. The equilibrium potential of potassium is about -100 mV, and as permeability to potassium increases, the membrane potential approaches the equilibrium potential.

Sodium channel: The opening of the sodium channel brings the membrane potential to a very positive value (+66 mV). Sodium tends to enter the cell by the concentration gradient and electrostatic attraction, thereby introducing positive charges into the cell and causing depolarization. During the action potential, the opening of the voltage-dependent sodium channels causes the membrane potential to become positive (+30 mV), although in this case, it is somewhat lower than the sodium equilibrium potential, because the channels are open for a very short time, and do not allow time for the charges to balance.

Cation channel: In many cells there are non-specific cation channels, which allow the passage of all positive ions (sodium, potassium, calcium) and exclude negative ions. These channels also cause depolarisation. When these channels open, sodium influx and potassium outflow occur at the same time, but the sodium influx is greater than the potassium outflow, producing a net influx of positive charges into the cell, which causes depolarisation. When these channels open, the membrane potential tends to 0 mV, which is approximately midway between the sodium and potassium equilibrium potentials.

Calcium channel: Calcium is more concentrated outside the cell than inside, which is why this ion tends to enter the cell. Calcium channels produce depolarisation when they open, the same as sodium channels, and the depolarisation produced is less accentuated than that generated by sodium channels, because the extracellular concentration of calcium (3 mM) is not as great as the extracellular concentration of sodium (145 mM). On the other hand, these calcium channels, in addition to producing depolarisation, cause the intracellular calcium concentration to increase, which is a signal for the activation of many cellular functions and for maintaining balance with magnesium.

I had a list of 23 mineral chemical elements that were directly involved in the contraction and relaxation of muscles, as well as in the correct transmission of electrical impulses at the muscular cellular level, which could have been unbalanced by my initial flu or by any of the other situations that are common to all people with fibromyalgia.

Armed with this information, I went to a pharmacy to buy the pure chemicals I needed. No drugs with formulas similar to the ones I was looking for. But rather the substances in their purest state. That is — mineral salts. I then looked in a cytology encyclopaedia for the optimum or usual proportion of chemical elements contained in a healthy muscle cell and, when I had found it, I created a spreadsheet on my computer relating the amount of each ion I had to add to the mixture to the amount of that same chemical element contained in a healthy cell. I then poured the correct amounts onto a digital kitchen scale, mixed them together and drank them. I fed my body with mixtures of many minerals, always with low molecular weight and without toxins, so that when they came into contact with water, these elements dissolved. On the one hand the cation (the element I was interested in) and on the other hand the anion (the element, in my opinion, in excess). For example, in sodium chloride, chloride is the anion and sodium is the cation. I needed the cation to be easily absorbed by my body and to reach the cells as quickly as possible so that I could feed them without them having to make any effort. And that is what I did for the six days that I ingested this mixture of twenty-odd chemical elements whose ratio was identical to that of a healthy muscle cell and whose atomic weight was so ridiculous that the ions would enter the cells even if the cells did not even have the strength to feed themselves.

And on 25 June 2000 I was able to get dressed, all on my own.

I didn't need any help to put on my trousers, shirt or shoes. On top of that, I went out for a walk and met a fellow member of the association who couldn't get over her astonishment. She was used to seeing me leaning against walls, with a pale face and syringes in my jacket pockets. However, when she discovered me walking on my own two feet and knowing that I was taking a compound I had invented myself, she asked me to let her try it.

When I first noticed a consolidated improvement, I decided to cut back on the medication and not take it until my body needed it. After a few days, I had completely eliminated the methadone and practically all the other drugs. I made an appointment with Dr Soler with the firm decision to ask him to reduce my doses. After a thorough check-up, he confirmed my eventual improvement and affirmed what would become a constant for many doctors who had to see me from that day on:

‘Alfred, your medication is finally kicking in. Congratulations are in order.’

‘So, can we lower or eliminate the dose of painkillers?’

He said, ‘It’s still too early. I’ll tell you what we’ll do. If the improvement persists for another month, we’ll taper down to 5 milligrams a week for a maximum of five more weeks. Then we’ll rest for a month at the same dosage and reduce again.’

‘But—’

‘If we lower the doses all at once, we run the serious risk of withdrawal syndrome or even arrest due to respiratory depression.’

I obviously didn’t dare tell him that I had committed the imprudence of eliminating it completely already. I went from 120 milligrams a day to zero in a few weeks. I felt fine, but I was overcome with the fear that I was gambling with my life. I mean, I could have died. That day I promised myself that I would never recommend anyone to take or stop taking any treatment, whether it worked for me or not. It was also for this reason that I waited several weeks before letting anyone else try my preparation. I focused on reducing the number of elements in the mixture, convinced that maybe, and just maybe, they were not all responsible for my improvement. Again, I used an alphabetical list of the mixed elements and reformulated the mixture, eliminating the minerals two by two. If in a couple of days my body was again invaded by pain and contractures, I included the two eliminated elements again. But if I experienced a slight improvement, I would consider them definitively eliminated and eliminate two more. In this way, I refined the formula. One day I realised that, of the initial 23 chemical elements, only four remained: sodium, potassium, calcium and magnesium. The mixture of these four substances made me feel much better, so the next step was to find the exact proportion between them. In addition, apart from the tests I carried out by altering the formula and checking time after time the loss of its effectiveness, I had my wife, without telling me, occasionally add a simple teaspoon of common salt to the eight-litre jug of water I used to make my mixtures. The result was astounding. After a few hours, the muscle contraction would take hold of my body again and the pain would become unbearable. Then she would confirm that she added salt and without further ado, we would prepare a new mixture, which made me better again. This was proof that the reduction of symptoms did not correspond to my wish that the formula worked, but that it certainly had a scientific basis. But why those four elements (sodium, potassium, magnesium and calcium) and not others? The answer lies in the explanation of each of them:

1- Sodium (Na): Together with potassium, sodium balances the body's fluids, contributes to the digestive process by maintaining adequate osmotic pressure and, by acting inside the cells, participates in the conduction of nerve impulses. Sodium deficiency in the body is very rare, as sodium is present in almost all foods, either naturally or as an ingredient added during processing. However, if sodium deficiency occurs for any reason, it is manifested by dehydration, dizziness and low blood pressure. Sodium can also be lost through diarrhoea, vomiting or perspiration. Also, the use of diuretics for weight loss, sauna abuse and intense exercise in hot weather lead to fluid losses that are not compensated by simple water intake, and sodium-enriched fluids become necessary.

2- Potassium (K): It boosts kidney activity and helps in the elimination of toxins. It is also essential in the storage of carbohydrates and their subsequent conversion into energy. Potassium helps to maintain an adequate heart rate and normal blood pressure and is an essential mineral for the transmission of nerve impulses. In potassium deficiency states, muscle weakness, fatigue, dizziness and confusion occur. Potassium and sodium are closely linked, as both are involved in the control and equalisation of body water, both of which are necessary for proper muscle function.

3- Calcium (Ca): This is an essential element for the correct development of bone tissue. It is the mineral responsible for forming the human skeleton, as well as for keeping it healthy and strong. Approximately 99% of the calcium present in the body is found in the bones and teeth, while the remaining 1% is in the blood and tissues. Logically, it is essential for health and life, because, without this minimum amount of calcium, muscles would not contract properly, blood would not clot and nerve endings would not be able to carry messages, which would lead to bone and muscle diseases. Humans are supplied with this 1% from their diet and from the calcium in their own bones, which act as an emergency supply when the body cannot find calcium in the diet. When the body does not get enough calcium and makes too much use of its emergency supply, bones weaken and fracture easily (osteoporosis). A balanced diet rich in calcium, as well as physical exercise, are some solutions to prevent these problems.

4- Magnesium (Mg): It is the fourth most important intercellular cation in the body and plays a fundamental role in muscle contraction and relaxation. It is responsible for improving cardiovascular health, activating a large number of enzymes and is involved in many metabolic reactions. It is also the primary regulator of electrical activities and keeps bones, joints, cartilage and teeth in good condition. Numerous studies have been carried out on magnesium, but I think it is interesting to extract a few paragraphs from the book The Nutraceutical Revolution by Dr Richard Firshein:

> This natural mineral is found everywhere in life, from fish to barley to spinach...I believe magnesium is the most significant healing mineral we have.
>
> Magnesium is one of the most essential nutrients in maintaining optimal health. It's a mineral that bathes the cell and seems to stabilize it, calming your body at a metabolic level, a microscopic level. If there is a tendency—whether

in the cells of your heart or lungs, your muscles, or your blood vessels—to overreact, magnesium soothes and relaxes the body...A recent Gallup survey revealed that 72 per cent of adult Americans are falling short of the recommended dietary allowance for magnesium. It also found that an astounding 55 per cent of adults consume 75 per cent or less of the recommended daily allowance while 30 per cent are eating less than half the required amount.

Modern chemical farming methods and food processing are partly to blame for our magnesium deficiency. Worse yet, we lose almost 40 per cent of the magnesium content in our food when it is cooked. And our bodies need magnesium more than ever since our polluted air and water can interfere with its function in the body.

The elderly are even more at risk than the young. The Gallup survey showed that magnesium consumption decreases with age...

A dietary deficiency of magnesium can be a major factor in the development of life-threatening illnesses like heart disease and diabetes, as well as in chronic fatigue syndrome, asthma, muscle cramps and migraine headaches, and is even implicated in osteoporosis. Study after study clearly shows that magnesium is the missing link between these ailments and good health.

Magnesium might be called life's lubricant. It's like an hour of intercellular meditation that relaxes and expands blood vessels, stops muscles from cramping, prevents inflammation, and allows energy to be used more efficiently. How does it do this? One simple way is this: magnesium blocks the influx of calcium into the cells.

Magnesium and calcium compete and cooperate, one flowing into the cell while the other flows out, and it is the balance of both that is supremely important. They allow the cell to excrete what it does not need or want and to absorb necessary nutrients. Calcium both elevates your blood pressure when necessary (say, during exercise) and contracts your muscles. However, while calcium is essential for contraction, excess availability of calcium can lead to serious problems—a state of sustained contraction that can show up in many different illnesses. Even in rigour mortis, a stiffening of the body that occurs after we die, calcium remains in the cell, while magnesium drains out.

When magnesium levels are low, the body releases stress hormones and substances that constrict blood vessels and cause the blood to clot more easily. In turn, stress of any kind, whether physical or emotional, increases the need for magnesium. Take the stress of marathon running: magnesium supplements improve endurance and reduce cramps and fatigue in athletes. And in these runners, magnesium is commonly depleted. In fact, one study of five marathon runners found that the four runners who did not receive any magnesium supplements experienced a steady fall in blood levels of magnesium during the race (monitored by blood samples drawn at six different times) ...

Many researchers now believe that magnesium deficiency can be linked to hardening of the arteries and hypertension. They've discovered that many heart attack victims have low magnesium levels in their blood and heart muscles. Researchers even consider magnesium deficiency a contributing factor in atherosclerosis, the accumulation of fats within the arterial walls...For instance, a recent study in the British Medical Journal

of one hundred middle-aged and elderly men and women found that magnesium supplements lowered blood pressure by almost eight points. Another study of 30,000 male health professionals found that the combination of dietary fibre, potassium, and magnesium lowered the risk of high blood pressure. A 1996 study of German men found that magnesium was beneficial in the treatment of heart attacks, helping to minimize damage. And a 1995 study of early deaths resulting from strokes found that magnesium supplementation was a significant protector...

Like a symphony conductor, magnesium orchestrates the complex process that keeps the heart beating with regularity and precision. In its function as a cellular lubricator, magnesium is critical to the continued health of our hearts. A severe lack of magnesium can cause muscle spasms. and without enough magnesium present in the blood to play the role of the body's great relaxer, a coronary artery supplying the heart muscle with oxygen can suddenly clamp shut without warning...

In a recent study at Johns Hopkins, 18 subjects admitted for cardiac surgery were discovered to have extremely low levels of intracellular magnesium, and intravenous magnesium corrected these levels.

When we lack magnesium, calcium deposits can accumulate in our soft tissues. The risk of a spasm in the muscular tissue surrounding a coronary artery—the source of all blood and oxygen for the heart—is greater. Since most women taking calcium to prevent bone loss are postmenopausal (and at greater risk for heart disease), magnesium should be a staple of their diet as well.

The American Heart Journal, in an editorial written by a leading heart disease researcher, described magnesium as "Nature's channel blocker. "Magnesium is critical in maintaining the natural balance of calcium both inside and outside cells. Without it, the calcium scale tips too far in one direction, leading to a variety of conditions that can affect the heart and blood vessels. These include problems such as hypertension and heart disease...

'I'm so tired.' I hear that statement from many of my patients. No matter what the illness—whether it's as serious as diabetes or heart disease or as mild as allergies and malaise—fatigue is often a cardinal symptom. Clearly, it's an immensely important signal that something has gone awry. Patients who are fatigued are frightened as well—they wonder if they're ever going to feel energetic again. And because it is so commonplace, even among those of us who are healthy, I am addressing it first.

Sometimes I think that, just as the Eskimos have dozens of words for 'snow' —words that describe whether the snow is soft, fresh, days old, turning to ice—we ought to have different words for different kinds of fatigue.

The fatigue that hits when you've just gone for an hour's bike ride or a mile-long swim. The fatigue that fells you when you get a bad flu, and every bit of your body seems to hurt. The fatigue that follows a sleepless night.

I've had patients tell me that their fatigue is so persistent it seems to have penetrated to the very core of their being. Those suffering from fibromyalgia, an increasingly common muscle disorder, experience deep, painful muscle fatigue... Fatigue is both the most common and the most elusive condition I see. It's the problem few doctors take seriously, yet it's the symptom of a wide range of illnesses. How do you actually describe fatigue? You can't measure it in the blood or urine. There is no test to prove that somebody is exhausted. Fatigue is unlike other conditions. You can see the changes in an arthritic joint, you can measure blood sugar elevation in diabetes, you can perform pulmonary function tests in asthma, and you can run an EKG in heart disease. You can even measure high levels of viral antibodies in the blood of patients suffering from chronic fatigue syndrome (CFS)—an immune disorder in which fatigue is a major symptom—but this is not diagnostic.

But if you are simply tired—just plain old exhausted—the only proof is that you say so. How is a doctor going to treat that?

As noted before, magnesium allows our muscles to relax. If our bodies become calcium deficient, we can borrow from the large reserves contained in our bones, but when our bodies become magnesium deficient, we must borrow from the already low supply in our muscles. Bus as our muscles lose magnesium, calcium charges in to replace it, and, as a result, our muscles grow tense and cramped. This can result in debilitation problems, especially the exacerbation of chronic fatigue symptoms.

Magnesium has had a profound impacting the treatment of this disease.

Chronic fatigue syndrome, according to the Centers for Disease Control, is a diagnosis of exclusion, meaning that certain conditions must be rules out before a true diagnosis can be made. There are specific major and minor criteria that must be fulfilled for at least a mid-month period. Some of the conditions that are ruled out include hypothyroidism, Lyme disease, and other chronic illnesses such as diabetes, hypoglycaemia or multiple allergies.

A recent article in Health Watch, a publication of the CFS Research Foundation, showed magnesium to be the single most critical supplement for patients with CFS. It is known that intracellular magnesium deficiencies exist in patients with this disorder.

A lack of magnesium in the cells would disrupt the flow of energy that causes muscle relaxation and a regular heartbeat. Some pioneering doctors have started treating CFS patients with magnesium injections and found them helpful...Joan was a 45-year-old psychiatrist...'I know something is wrong,' she insisted, 'but no one believes me.' A series of blood tests suggested she was right. She had high levels of antibodies to Epstein-Barr virus, Cytomegalovirus, and HHV-6, a herpes virus. Antibodies to three different viruses is unusual; although many people are exposed to viruses like Epstein-Barr, for some as yet unknown reason, certain people become quite ill as a result, often chronically.

Joan's Natural Killer cells were at a very low level of 10 (normal ranges from 20 to 250). Joan's natural killer cells were at a very low level of 10 (usually ranging from 20 to 250). Her red blood cell magnesium, one of the markers I use to diagnose this condition, was also low. We were beginning to understand Joan's problem. Now we had to solve it.

As part of the treatment for CFS, I take a comprehensive look at the patient's condition and check for any allergies the patient might have since 80 per cent of chronic fatigue patients suffer from them. I also check for nutritional and hormonal deficiencies. Fortunately for Joan, with the exception of several key foods to which she was allergic, these tests came back normal.

I treated Joan with a variety of supplements, and magnesium was first on the list...But with a patient like Joan, who has been ill for years, I also gave her some supplementation with intravenous magnesium and vitamin C, to help flood every cell in the body with this needed nutrient, particularly during acute flare-ups.

Magnesium alone, of course, can only do part of the job in the case of serious illness... Women might be pleased to learn that by adjusting their diet slightly and adding daily magnesium supplements, they could banish the more unpleasant symptoms of PMS. It has been discovered that women suffering from headaches, intense muscle cramps, and fatigue had extremely low levels of RBC magnesium, leading many researchers to conclude that such painful problems, usually treated with aspirin or Tylenol, could be caused by magnesium deficiency.

In a recent study reported in Family Practice News, women were given doses of oral magnesium three times a day for two weeks prior to the onset of menstruation. This managed to reduce the severity of PMS and the duration and intensity of PMS-related migraines. A 1991 study, in the journal Headache, found that women suffering from migraines triggered by their menstrual cycle had lower levels of magnesium.

There is also a tremendous need for magnesium in the early stages of pregnancy, and researchers estimate that pregnant women only get 50 to 60 per cent of the RDA of magnesium in their diet. Studies have shown that magnesium helps prevent migraine headaches, especially in pregnant women...

Even when migraines are not premenstrual, magnesium can help. A 1996 study in a journal devoted to studying only headaches evaluated 81 patients between the ages of 18 and 65. One group was given 600 milligrams of magnesium daily, while the other group took a placebo After 12 weeks, there were 41 per cent fewer headaches in the magnesium group and only 15 per cent fewer headaches in the placebo group.

For sudden and excruciating headaches and migraines, I sometimes use an IV solution containing magnesium, along

> with other vitamins and minerals. This natural approach almost entirely eradicates the pain, in about 20 to 30 minutes. Often this is all that's necessary to break a migraine, and no drugs are needed. For many patients who endure frequent migraines, the severity and duration of the headaches are greatly reduced and, in a few cases, the headaches have not returned at all…
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> Magnesium is one of the most important and healing minerals in the body. It can help prevent some of the most serious ailments we face: heart disease, asthma, and diabetes. It can also treat less serious but nonetheless frustrating chronic conditions such as fatigue, mitral valve prolapse, and muscle aches and spasms…
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> Even after all my experience with magnesium's healing powers and the many patients I've seen it help, I sometimes find myself amazed to think that such a simple mineral could help in such a wide range of health problems. Sometimes the simplest cures are the best.

A logical deduction from the above is that the four ions act together in the processes of muscle contraction and relaxation, and therefore fatigue. And if all this were to improve, perhaps the pain would also disappear.

According to the theory I developed about fibromyalgia, at a certain point in our lives, there is a significant loss of these four ions: Na, K, Mg and Ca. In fact, it is scientifically proven that any post-traumatic stress (accidents, operations, separations, psychological problems, viruses, etc.) causes a massive loss of these ions. In my case, the illness was caused by a viral infection, the flu, but fibromyalgia can also be caused by continuous stress over time, temporary anguish or physical overexertion. These four situations cause a massive loss of the above-mentioned chemical elements and our modern eating habits don't give us the chance to recover normal levels of these substances. This initial loss is from the ions in the blood. Therefore, by taking in enough of these four ions, but in the optimal ratio, some of the lost health should be restored. If the body does not receive a compensatory amount of the lost elements, it will take them from the muscle cells, the last storehouse of the human organism, completely altering them. And that is what must have happened to me. My cells were so unbalanced that, from then on, they made muscle contraction impossible and stopped emitting correct electrical impulses to the brain. The information reaching my mind about my muscles was wrong and it ordered contractures in response to an obviously false sensation of pain. Therefore, if the viral infection had triggered the loss of these chemical elements in my blood and if the blood had stolen them from the muscle cells, the only way to recover these elements was to ingest them in a proportion equivalent to that of the muscle cells, in sufficient quantity and for the necessary time.

To date, I am convinced that these four triggers — viral infection, continuous stress, anguish and physical overexertion — cause the disease, but it is possible that there are many more (food intolerances, intoxications, poor diet, etc.), since they all have in common that they force the body to lose huge amounts of ions and other substances. I also believe that many patients have several triggers at the same time. The way of life of all people with fibromyalgia also contributes. As far as I have noticed, we all are or have been very active people who are always doing twenty things at the same time. Also, our family and friends, when they have a problem, come to us for solutions or advice. With this special way of existing in the world, not only do we live with the stress of our own lives, but we are also immersed in the problems of those around us. All this, combined with overexertion using up all of our energy reserves, contributes enormously to the imbalance in our bodies.

7

THE REMEDY

Those who tried my compound got better within a few weeks or months. I sent bottles of the food supplement free of charge to everyone who asked me for it, and at first, it was just a matter of waiting for them to phone me to tell me how they were doing. When at last someone called me to confirm an improvement in their condition, I was amazed. Not only was my formula working for me, but it was helping people who I didn't even know get their mobility back. My callers would often burst into tears as they described their healing process, causing me to turn on the waterworks as well. Somehow, I cried more listening to their stories over the phone than I did during the whole process of my illness. But these tears came from a vastly different place — a year ago I was crying because doctors were dumping me out of their ERs, but now I was crying because the people who phoned me were saying that they could once again dress themselves, that they no longer contemplated suicide and that they could hold their children in their arms again.

Oh, and how sweet these tears were compared to the ones from a year ago. Shortly before my formula became famous, a woman named Ana Alabert, who at the time could not pick up a pen for the pain, phoned me to ask for a few doses. A few days later she called me again, crying with joy, shouting that she was feeling better and asking my permission to announce her improvement on fibromyalgia blogs. From that moment on news of my formula permeated the fibromyalgia community so profoundly that even to this day I still receive hundreds of emails, letters and calls from people thanking me for helping them get their lives back. In her myriad online posts, Ana Alabert had explained both her experience and my formula discovery, so in a matter of days, my inbox was saturated with letters from people asking to try the formula. In addition, Ana set up a website telling my story. In July of 2000 we added my phone number to the site, at which point the calls became constant. I would hang up the phone after an hour of chatting with a stranger and it would ring again. People wanted to try the supplement and I would prepare bottles with a spoonful of mineral salts, a little water and a spoonful of the powdered soft drink known as Tang, whose orange or lemon flavour softened the bitter taste of my formula. The bottle I sent was intended to be mixed with an eight-litre jug of water so that those who received it could try it for several weeks. At that time, my formula was not sufficiently developed for me to say how many glasses a day they should drink, so I recommended that they drink as much liquid as they could. In return for my free formula, I asked them to keep track of their daily intake and any changes in their health. With this data I was able to draw up a statistical table and establish behavioural patterns, i.e. I was able to figure out the number of glasses one should drink per day. These conclusions were extremely useful because I came across many people who, eager to get better, would overdo it, drinking multiple litres in just a few hours.

What I was not able to establish was a pattern of improvement in the patients. Almost everyone began to improve in a short time, but while some got better in four weeks, others needed three months or more. The fact that I was not a scientist prevented, and still prevents today, me from elaborating a theory according to the health of each individual and, therefore, I had to accept the idea that, depending on the degree of severity of the disease and the physical constitution of each patient, the compound acted with greater or lesser speed.

There were 22 people taking my compound and, except for one woman, they all walked again, got rid of their pain and loved life again. Despite this success, I was anxious about the woman who didn't see any improvement. She was an older woman who continued to complain of the same pains that had plagued her since the beginning of her illness and who, from time to time, phoned me saying that my compound was rubbish. I spent many hours pondering the matter. I was angry that the statistics were 22 to 1 because somehow that indicated that something was wrong. However, one day I managed to talk to the woman's husband. And the solution appeared. The man told me that his wife was not taking the compound. She said she was, but she would often forget to take it. Moreover, what happened to this woman was what would happen to some other patients over the following months: She woke up one day thinking that what I said was a hoax, that a computer scientist could not find a remedy for a disease as serious as fibromyalgia and that, if it were that easy, the medical community would have found the same formula much earlier. It didn't make sense to them that I was offering it for free while paying for the ingredients and packaging myself. The idea that I was a quack stuck in some people's brains and still does to this day.

But facts are facts. Many fibromyalgia patients have recovered their health, and when sceptics are confronted by this, some surrender to the evidence before their eyes. while others continue to trust the unbelieving doctors. Some simply refuse to believe in a cure that comes from someone outside of the scientific community. Despite this, they all know people who have been cured. Or at least they know me. There were also other people who, to my extreme bafflement, took my compound and regained their health, but still criticised me. I have evidence from people who are now pain-free thanks, among other things, to my formula and who still do not want to admit that they trusted a computer scientist with a bottle of mineral salts. I understand their mistrust of peddlers of quack medicine, but I only ask them to glance down at their feet the next time they go for a walk and remember back to a time when those feet weren't able to obey the mind's commands. I won't name names, but I am confident that these sceptics would recognise themselves if they were to read these lines. So, I will leave it at this — to those who have benefited from my formula, yet continue to criticize me today — remember the desperation of not being able to control your own body, and please don't prevent others in the same situation from potentially getting their lives back as well.

Fortunately, there were still many people who began to try my formula. Most of them got better, but it was obvious that the common characteristic of these people was the constancy of their intake. Only those who took the product regularly, following my instructions, recovered the mobility of their muscles. Those who were not very regular, i.e., those who sometimes forgot to take it, did not experience any change. Recovery was also hampered if the person suffered from other ailments that acted in conjunction with fibromyalgia. For example, one woman told me openly that she would rather continue to spend her days on the sofa, lost in a morphine haze. She was more afraid of returning to the daily doldrums of her life before she fell ill, preferring instead to continue with injecting morphine and let her life pass her by. Thus, in the end she stopped taking my formula, because when she did take it, it gave her her energy back, meaning that she would have to confront the reality of her unhappy life once again.

In the summer of 2000, the news spread with astonishing ease, so I set up a website where, in addition to detailing my story and explaining what my compound was, I added a forum and a chat room. I realised that fibromyalgia patients were constantly asking for meeting places where they could exchange their experiences, where they could talk about medical advances and, above all, where they could give each other advice. At that time, there were still not many fibromyalgia associations and many people in small towns felt lonely, so I set up a chat room, which was quickly joined by people from all over the world. Chatting virtually with all these people was one of the most rewarding experiences of my life. There was a huge debate about doctors' code of ethics (the real code, not the theoretical one), information was exchanged about the advances that hospitals in different countries were making, and the disease process was discussed. This last point was of paramount importance because, in a way, it allowed me to ratify and expand the theory I had about the origin of the disease. And just as importantly, it helped me understand why my compound worked more effectively in some patients than in others. I understood that if people took my compound continuously, everyone would probably get better. But I also concluded that I could not promote this theory because I wasn't a doctor and recognised my fallibility, and I didn't want to arouse suspicion. After all, people did not know that I gave my formula away at no fee and that I actually lost money in its distribution, so there was a risk that they would think I was a freeloader. I also concluded that each body required a different amount of time to assimilate the mineral salts that my formula provided to its muscle cells. Depending on the degree to which the muscle cells were affected, i.e., the severity of the disease, and the physical constitution of the person concerned, the compound would take effect sooner or later, so I had to ask for patience and perseverance from those who complained that their improvement did not come as quickly as that of their friend.

That forum also helped me to conclude that, if the trigger of the disease was still active in the life of the affected person, the improvement would slow significantly. In other words, if a fibromyalgia patient continued in a stressful environment, my formula would have to deal with a body under constant chemical alteration, making recovery more difficult to achieve. In addition to those who were stressed, this was most often the case for people who had been in a bad relationship and were still in such relationships today. These people took a long time to get completely well, but obviously, I could not act as a marriage psychologist for them. As far as I knew, those women or men who decided to end their marriages because they realised that love had broken down and that their relationship was the trigger for their illness, improved dramatically. The same was true for those suffering from a permanent or recurrent viral or bacterial infection. Their improvement was considerably delayed and I tried to explain to them that, if they didn't solve the initial cause of the loss of ions in their body, then the fibromyalgia crises would constantly recur. And they would even relapse months after they had regained their health thanks to my compound because no matter how many ions we administered to their cells; they would continue to strain the muscles. Another example of this is menstruation in women or changes in atmospheric pressure, both of which cause the body to lose ions. In any case, learning all this through the chat allowed me to establish the number of milligrams that people with fibromyalgia should take per day and, in this way, people could take appropriate doses instead of chugging litres of the liquid. From the conclusions I drew from these talks and tests, I established the first guidelines for taking it. That amount is what is now recommended to those who use my formula.

While all this was going on, the Social Security Medical Tribunal again asked for reports on my illness. They did that regularly, so Dr Salas drew up some documents based on the conclusions they already had about me at the Pain Clinic. But the Tribunal asked me to undergo tests in a medical centre that I had never been to before and on 11 August I went to a clinic in Barcelona whose results concluded that I suffered from Rheumatic Fibromyalgia with Static Vertebral Alteration and Chronic Pain Syndrome with Disability, which obviously made it impossible for me to carry out any work activity, as well as, according to the same report, stressing that there was no possibility of recovery. I repeat: there was no possibility of recovery. However, weeks later and after several months of taking my own compound, I asked the Medical Tribunal to approve me for work again. I would be lying if I said I didn't get some satisfaction from the stupefied expressions on some of their faces. Some of the doctors even advised me to keep my wishes to myself. But I was tired of being, or at least of feeling, useless. I wanted to get back to work, take control of my life and show the world that I was a complete man again. Besides, I had recently been offered a job as an IT specialist and accountant in a restaurant chain. I was feeling much better, so I wanted to get back to work and earn enough money to continue sending bottles to fibromyalgia patients across the globe who were still asking to try my compound. The postal fees cost me an arm and a leg and the social security pension was not enough, so I asked the Court for a new medical examination to certify that, fibromyalgia or not, I had regained my health. A few weeks later, I received a letter granting my return to work. Initially, I was downgraded from absolute disability (100 per cent) and permanent disability to total disability (55 per cent), but soon I managed to get a declaration that I was not disabled. In other words, cured! I was a normal tax-paying citizen again. And, although many do not understand the joy that overwhelmed me, I know that feeling useful again is one of the best things that can happen to a human being. It also brought about an improvement in my psychological situation, which undoubtedly restored my family's spirits.

Many advised me to stop working for a salary, and instead, make a profit from the compound I had devised. These people told me that I could make a fortune with my remedy, but it was always clear to me that I should not profit from something that could restore the health of those who had gone through similar suffering to mine. My intention was always to get my formula to as many people as possible, and if I could have done that for free, I would not have hesitated for a moment. Of course, the laboratory that currently markets it has to cover the cost of production and put it through the normal distribution channels so that it reaches whoever wants to take it, but I managed to convince them that a good part of the income produced by my formula would go towards sponsoring scientific research into fibromyalgia and muscle health. I say all this because at the time someone called me who wanted to buy the patent on my formula. We met one afternoon and, instead of listening to why I didn't want to make a profit, he lit a cigarette, stared at me and told me to name my price. Whatever price I wanted. It was obvious that he did not intend to distribute the product at a reasonable amount, but wanted to market it for maximum profit to the laboratory that employed him. I flatly refused to give him the formula, especially because I was shocked when I realised that, in exchange for the millions he was offering me, he intended to reserve the right not to market the product. In other words, he wanted to buy it to make it disappear from the market. And he wanted to do this because he worked for a pseudo-pharmaceutical company that sold products to alleviate the effects (not the disease) of fibromyalgia. To understand this, it is enough to point out that a person with severe fibromyalgia has a monthly expenditure of around 200 euros in medication. A large part of these drugs is paid for by Social Security. However, pharmaceutical companies still make plenty of money off of these patients. In other words, the illness of hundreds of thousands of Spanish patients generates an income that many laboratories would miss if a product as cheap as mine could cure or improve many of these patients in just a few months.

What I also didn't tell the salesman was that the idea of patenting my formula hadn't even crossed my mind. The man wanted to buy the patent from me because he didn't know that there was no such patent. Otherwise, he would have rushed to the relevant office himself and, after analysing the product, registered it as his own and thus taken it off the market or sold it to the highest bidder. So, that same day, I ran to a delegation of the Ministry of Health and asked an official the steps to follow to patent my formula. I was told that the best thing to do was to sign a contract with a pharmaceutical company whose distribution network would allow my compound to reach any corner of the world, but I was also told that a formula as simple as mine would be rejected by any drug company worth its salt. Moreover, the official insinuated that if I had been cured or was being cured, it was purely by auto-suggestion or mere chance. Sitting behind his plastic desk, with his belly resting on his knees and his cigarette dangling from his lip, the man refused to believe that a computer scientist had invented something valuable to the medical community. I didn't understand why he was saying this, so I asked him again to explain the steps to follow to patent a product. It was then that I realised that the man had no idea what the procedure was, which was why he resorted to stating his opinion. Tired of this nonsense, I went to my manager for guidance and he recommended that I go to a delegation of a trademark and patent firm in Madrid. They had delegates in Reus who collected the necessary documentation to obtain a patent. But first, they had to verify that there was no similar product on the market. If so, they would contact the owner of the patent and discuss the differences between their compound and mine. Finding this out was no easy task, so during this time of uncertainty, when the formula had to be published in a sort of industrial bulletin so that someone who owned a similar product could raise the alarm, I did nothing but wander around the house. Fortunately, the mixture of sodium, calcium, potassium and magnesium in tiny doses is a basic claim for any muscular pathology, so it was very difficult for anyone to claim it as their own. The important thing in this type of formula is not so much the mixture of the chemical elements themselves, but the quantities of these same elements that each compound contains. This was what one could patent and my quantities had not been used on any other occasion, so I was able to register as the inventor of that composition.

For their part, the members of the Catalan Association of People Affected by Fibromyalgia followed my evolution with evident astonishment. Within the same association, and even though they could see me with their own eyes, walking down the street with ease, some people were against me and argued, as was becoming commonplace, that a computer scientist could not be a doctor; even though being a doctor was never my intention. However, all the associates knew that I was not profiting financially from the story of my mineral salts, as I was giving it away to anyone who wanted to try it, so they did not interfere or object with the narrative of a remedy for fibromyalgia. They simply kept quiet and, in many cases, tried the compound without their own colleagues knowing about it. They didn't fight me, but there were other people who, for no apparent reason, seemed to hate me. On 18 October, I received a call from a member of the association who told me that her husband, a pharmacist, wanted to talk to me. When her husband got on the phone, without so much as a hello, he shouted that I could not simply hand out such products, that there was legislation preventing me from doing so and that he was going to report me to the authorities. The man was very agitated and shouted so loudly that I could hear him even as I held the receiver away from my ear. His shouting scared me. But not so much because of his threats as because it made me, for the first time, consider the possibility that I was doing something illegal without even knowing it. Although my formula was completely harmless, that is, the administration of salts in these quantities cannot cause any harm, as the body eliminates minerals it does not need through sweating, urination or defecation, I feared that food supplements could not be distributed without government or medical authorisation.

The next day I went to his pharmacy to talk about it and, after a while of calmer conversation, I realised that it was not he who was going to report me, but was warning me that if someone fell ill while taking my product, even if it was not caused by my formula, the relatives would accuse me. In other words, if someone died, they would point the finger at my compound as the cause of death, even if it was not my fault. Because, after all, mine was not backed up by a scientific study, nor by a pharmaceutical laboratory, nor even by a doctor. Just by me. And, given the number of enemies that were beginning to appear, many would be sure to point their finger at me.

After a moment's consideration, that same pharmacist added that the only way to avoid this was to produce the formula through the relevant channels, and one of those channels was his own pharmacy. He offered to compound, package and distribute my formula, and since I was tired of spending my nights preparing bottles in the kitchen at home, it seemed like a good idea to channel that work through a pharmacy. However, I was hesitant to go through this particular pharmacist, so I asked for the collaboration of María Victoria, the pharmacist in Reus who had provided me with methadone during the time I needed the drug. She knew my story from the beginning and, when I explained to her about my discovery, she took on the production of it. Moreover, after talking for a while, she decided to sell it at the minimum price set by the current regulation for master formulas. That quantity equalled enough salts to mix with eight litres and so she started to mass-produce and people could order them in person, by telephone or online. From that moment on, the demand expanded to countries such as Uruguay, Mexico, Germany and who knows where else. Together with the product, María Victoria distributed a test with 15 questions that I had prepared, so we could learn about consumers' intake habits, about their improvements and about other issues that would increase the effect of the compound. The questionnaire was intended to be no more than a personal record, without any scientific value. After filling in the personal data and signing the authorisation for the collection of these data, the participants answered voluntarily with values from 1 to 4 for each question depending on the symptoms they had at that moment. The questions covered pain levels, sleep, muscle stiffness, headaches, abdominal problems, tingling, jaw pain, muscle fatigue, vision problems, lack of recent memory, mood swings and a few other factors. Thanks to these forms, I refined the effectiveness of the formula by further adjusting the dosages needed. It was spectacular to see the improvement of the patients. These tests show that many people, some of whom for some reason stand against me today, regained much of their health in a very short time. These forms also demonstrate the falsity of one of my critics' claims — that the intake of mineral salts could destabilise the blood pressure of elderly people or those suffering from hypertension. Because tests showed that, as the pain of fibromyalgia disappeared, the blood pressure tended to stabilise. Subsequently, many doctors have proved me right in this respect.

When I was convinced of the benefits of my compound, I wrote a letter to all the fibromyalgia associations in Spain. I wanted to explain in detail all my theories about fibromyalgia and the reasons why mineral salts were a feasible solution. In response, the Madrid association sent me a letter in which they stated that they were very interested in my compound, but also said that they did not want to know anything about it until the doctors had certified its effectiveness. That letter made me smile, but it also made me take them at their word regarding the invitation to visit them as soon as I came to the capital. It also prompted me to seek scientific endorsement for my formula. I was tired of people saying that a computer scientist could not discover a remedy that would help in the resolution of a disease that the WHO itself shrugged off, so I made up my mind to provide medical documentation along with my compound to support its results. Since I had started drinking about two litres of water a day mixed with my formula, I had undergone various tests which showed that my illness was steadily remitting. I created this food supplement thinking that I would have to take it for the rest of my life, but after 14 months I no longer needed to take it. Today I no longer take any medication or supplements — not even my own. And I'm able to play football without feeling any pain other than the tiredness of an amateur athlete. I am cured. But since that wasn't proof enough for my sceptics, I decided to find a doctor, lab or scientist to back up that claim. So when, at the beginning of January 2001, a friend of mine who was a medical representative for a large laboratory, asked me to arrange for his company to take over the distribution of the compound, I told him to go ahead.

8

THE PRODUCT

The people in charge of the laboratory told me that research on a product like mine would entail an expense they did not intend to bear. For his part, my friend Jaume, the medical representative, tried to convince a doctor with whom he had a close relationship, who replied that his hospital would not pay for such a study either. As a last attempt, my friend put me in touch with a medical school and specifically with one of the directors of research. After hearing about my proposal, his telephone response was blunt:

‘We don’t have the time, we don’t have the money and we don’t have the staff, but don’t doubt that if we did, we would never listen to a sick person because we already have so many investigations pending.’

It was then that I realised that the only way to get support was to proclaim my story to everyone who would listen with the intention that someone, anyone, would help me to initiate the scientific protocols that would demonstrate the benefits of my compound. I wanted science to endorse my formula because that was the only way I could get the Ministry of Health to classify it as a ‘medicine’ and for Social Security to pay for it for those who needed it. And the only way to achieve this was to make the formula as serious as possible. I say this because many cybernauts had baptised my formula as ‘Alfred’s Drink’, ‘Alfred’s Salts’, and other titles that, deep down, carried the risk that many would think me a charlatan.

People who visited my website forum used these terms because the formula had no name, so I decided to come up with an official title. I was interested in the word 'ion' appearing in that heading because my discovery was based on chemical elements. After much name brainstorming, most of my ideas worthless, along with some endearing suggestions from my kids, we decided on the name Recuperat-ion. Days later, I bought the Internet domain www.recuperat-ion.com, where, in addition to my experience, I added information about the disease, about alternative therapies and about the pharmacy where the product could be purchased. Before arriving at Recuperat-ion, which my son Dani proposed since the function of the formula was to recover ions, we went through Vital-ion, Muscul-ion and so on and so on, a long list of names that didn't quite fit. So, once the name Recuperat-ion was agreed upon, any other way of referencing the formula was eliminated.

On www.recuperat-ion.com I also posted my theory about the origin of my fibromyalgia and that of so many others, as well as why my product had worked for us. However, at that time I still had some fear that I didn't fully understand how my formula worked, and why it made me feel better. I was embarrassed by the idea that my explanation of the ionic nourishment of muscle cells unbalanced by trauma, stress, sustained exertion, or viral or bacterial attack might be wrong on some level. And, as this fear tormented me, I posted my theory on the site hoping that someone would correct or endorse my explanation. However, every day I heard and received testimonials from people who claimed to be getting better and recovering their health, so I thought that posting my ideas publicly was the best solution, hoping that I might start to receive more comments. And so, it happened. Among the thousands of letters sent to me by patients from all over the world, I received one from Dr V. M. Ruiz, a neurologist from Mexico:

> Admirable Mr Blasi:
>
> Let me first congratulate you. The findings of your pathophysiological assessment of this entity are well-founded and relate a deficit in basal metabolism in a very widespread system such as the muscular system in our organism. But the correlation is missing, either by physiological-experimental studies, as to how the hypothalamus, parathyroids and water-electrolyte balance interact in the human organism. If you allow me, I would like to initiate a phylogenetic investigation on this subject or, failing that, I would suggest using your ionic rebalancing treatment in a minimal case-control study with the support of one of the excellent clinical epidemiologists in your country. I am comforted by two methodological issues in your thinking: one, in terms of the origin or consequence of not one disease but several with a common pathophysiological consequence or a multi-systemic disturbance in a single process of basic vital metabolism and the final substantial energy-producing metabolism, with its maximum clinical expression in the muscle-tendon tissue without apparent evidence of inflammation. ... Your idea is not far-fetched, it lacks, if I may say so, adjusting and protocol whatever that means in this case. I have read wilder literature such as the psychosomatic idea of disease, which many doctors dogmatically believe in around the world. However, these teleological tendencies have only further confused physicians, the medical community and patients. I am one of each example: I suffer from it; I treat it and I try to understand it. Sir, let me thank you for your new idea and hope that it will be developed, as it gives another idea of illness and health, besides the health-illness process itself.

Although I had to read the letter three times to understand its meaning, it was obvious that this doctor wanted to investigate fibromyalgia following my theory and that he was inviting me to keep fighting without abandoning the path I had taken almost blindly. And that encouraged me in a way that the doctor himself could not even have imagined. Shortly afterwards, I received another support that was to speed up the dissemination of my compound in a decisive way. I had recently gone to the Chamber of Commerce in Reus to ask what steps the pharmaceutical company had to take so that Spanish customs would not delay the shipment of the envelopes it was sending to other countries. It seems that Recuperat-ion's packages were being held up relatively frequently by the border police. These agents were ordered to inspect the drug packages because I imagine, the health policy, and also the drug addiction policy, ordered it, and this slowed down the delivery to the foreign addressees enormously. So, I went to the Chamber of Commerce to ask what steps I had to take to get government accreditation to exempt the product from these inspections. And they recommended that I attend a conference on Exporting Spanish Products to be held in the Catalan town of Mora d'Ebre. Unfortunately, that conference was full of businessmen from the rice industry and other food companies, so no one knew how to advise me on the steps to follow to export pharmaceutical products. However, my search did not fall on deaf ears. A few days later, I received a phone call from the Chamber of Commerce assuring me that I would soon receive a call from the directors of a Spanish laboratory who wanted to meet with me.

On 29 January 2001, I met with the directors for the first time. The day before, I phoned the pharmacist who prepared my formula and asked her to meet with me, but she declined because, she said, I was perfectly prepared to explain the details of the preparation of the formula. At that meeting, the laboratory directors and I reached an agreement that my formula would be researched and distributed industrially, which made me happy, since now my preparation would reach every corner of the planet, making it easier for sick people who needed it. This was a huge success. The managers of that company had already spoken to fibromyalgia patients who had recovered their health thanks to 'Alfred's Salts' and, eager for information, they had contacted me to explain my theory about the disease. We talked for hours, they asked me hundreds of questions and, above all, they were interested in the patent of the product. At first, some of the assembled managers looked at me with obvious scepticism. They said that a computer scientist could not find a remedy in his own kitchen, but my words, always accompanied by medical reports, gradually convinced them and, in the end, they were all forced to agree with me. After a few hours, they asked me to allow them to photocopy all the documents I had in my folder and were astonished when they discovered the paper stating that the Social Security Medical Tribunal had reinstated me from work. When they had recovered from their shock, they told me that, if I gave my consent, a team of legal advisors would review the validity of my patent and, as I did not object, they looked at each other, whispered something or other and made their offer. They offered to distribute my product all over the world and to reinvest part of the money earned in research to prove its efficacy. They would finance scientific studies on fibromyalgia and, whether they benefited from Recuperat-ion or not, they would give the results of these trials to associations or doctors who were carrying out any kind of protocol aimed at finding solutions to the disease. They added that it would take about 10 years to prove the efficacy of my formula. My answer was simple:

'Then we should probably get started, shouldn't we?'

Evidently, I was quickly learning how complicated and narrow-minded the world of pharmaceuticals is. For me, who still considered myself a sick person, it was proof enough of efficacy that thousands of people in all corners of the world claimed to be getting better and, for the first time in their lives, confessed to seeing the light at the end of the tunnel. So, I found it hard to digest that this claim could take ten years to be proven officially.

In any case, before handing over the formula to the gentlemen of that laboratory, I made one condition:

Fibromyalgia patients should have access to the product independently of the research. So, during those years, Recuperat-ion must continue to be available to all those who need it. Because many people are currently taking it and I don't want them to stop a treatment that is giving them back their mobility.

They accepted my proposal and after shaking hands, the laboratory managers asked me to give them the domain www.recuperat-ion.com, as it corresponded to the brand name of the product. I readily agreed and, to maintain my space on the Internet, I registered a new domain called www.alfredblasi.net, where I could post any information I wanted.

Thus, on 25 May 2001, the laboratory distributed Recuperat-ion to all pharmacies in Spain.

Before the product went on sale the members of the board of the Association of Retired People of Arbúcies (my home town) phoned me to ask me to give a lecture there. At that time, several people had already called me to explore the possibility of giving talks, but I had never gotten round to it because I was too embarrassed to do so. However, the call from that association put me in a dilemma. I couldn't turn my back on my fellow citizens, so on 7 February I gathered my courage and went to the meeting. I was shaking with anxiety. I didn't know how to win over the audience and, during the car journey, my wife and I studied methods of explaining the things I wanted to say and gaining the attention of all those people. When we arrived at the assembly hall, I froze. The place was packed. Apart from the mayor himself, there were doctors from the CAP (Spanish Primary Care Centres) — those who had given me Dolantin so many times — as well as childhood friends, neighbours from the surrounding villages and many other acquaintances, some of whom told me that they were taking my compound and that they were now feeling much better. People hugged me, kissed me and some even brought me gifts, usually food.

Fortunately, the talk went more naturally than I had anticipated. I explained my story imagining I was having a conversation with a close friend the intimacy of which those gathered appreciated, and made the most of by asking all of their questions, relating their own experiences and laughing at the jokes I made. At the end of the conference, an elderly couple I had known since childhood came up to me to talk about their granddaughter Vanessa. She was a nineteen-year-old young woman who could not get out of bed. They asked me to go and see her, and although I assured them that I could not take the place of a doctor, they insisted. I went there a week later. Vanessa could not even walk. Her legs could not support her own weight. She explained to me that she had been in that state since her partner had died in a motorbike accident. Since then, her strength had been gradually ebbing away. Nobody knew what was wrong with her, but it was obvious that her symptoms corresponded to those of fibromyalgia. Although I knew better than to meddle in such matters, I palpated the 18 points on her body that the WHO had ruled as a method of diagnosis and, as expected, she felt excruciating pain in each one of them. A few days later, on my advice, her mother took her to a rheumatologist who diagnosed fibromyalgia. Before I left, I gave them a bunch of sachets of my compound, and for three weeks, the mother phoned me every day explaining that since she had been taking my product, she was constantly getting worse. It was the first time that someone felt worse after taking Recuperat-ion, but I believed so much in my formula, and so did they, that I asked them to hold on for another month and, if Vanessa did not improve in that time, to stop giving her the compound. After three weeks, the mother called me in tears.

'She's up!'

'What?'

'She's up, Alfred. Vanessa got out of bed.'

Vanessa's recovery was so spectacular that, a month later, I was invited to give another talk in Arbúcies. Everyone had heard about the case, and in the village, I was received with a warmth that I could never have imagined. As I entered the hall, I saw a girl running through the crowd. When she reached me, I recognised Vanessa. She had come running — running — and that image will forever be engraved in my mind.

At that time, and perhaps moved by the urge to give talks, I decided to hold a conference in Reus. My great dream was to do it with the support of the association that I had helped to create a few months earlier. Together with the other board members, we set 21 February as the date for the talk in the Assembly Hall of the Hospital Sant Joan. However, a few days before, I received a phone call announcing that the ACAF had cancelled the event. The members of ACAF (Catalan Association of People Affected by Fibromyalgia) had decided that I didn't have the medical authority to talk about fibromyalgia. I couldn't believe my ears.

'You have witnessed my recovery', I reproached them. 'You have seen it with your own eyes.'

'Say something, for God's sake, say something!'

'The Girona delegate refuses to allow you to give the conference'.

'The delegate from Girona?'

'You know who.'

The delegate from Girona was a medical representative. In other words, she worked as a salesperson for a pharmaceutical laboratory. Thus, she didn't want to let me talk about a pharmaceutical product. One that was not from her laboratory, of course. This woman, who did not know me in person and who no doubt did not want to know me either, had convinced the members of the Board, who I considered to be my friends, that I had been hired as a medical representative by a laboratory that was trying to market a useless product. When they told me this, I felt the urge to shout out, 'A thief believes everybody steals!' but I chose to bite my tongue. I just bowed my head in acceptance of the Board's decision, but I soon discovered that it didn't end there. Some of the doctors who had treated me in the past, my fellow association members argued, had telephoned some of the board members saying that if I gave a conference under the auspices of the association, they would stop collaborating with them.

'I can't believe it,' I said.

'Look, Alfred, there is something we can do — find a doctor to back up your story and we'll set up a conference. But we need the testimony of a scientist. Otherwise, we'll make powerful enemies.'

'But my lectures are not scientific. I just narrate my experience, explain my theory and let people draw their own conclusions. I'm not a doctor, so how can I give a scientific lecture?'

'Find someone to give your story substance, and we'll set up a talk.'

'May I say something?' I asked rhetorically.

'Tell me.'

'I have the tests that all of you, the same people who are now asking for scientific proof, completed when my product was first sold in that pharmacy in Reus, and from before when I distributed the formula directly to you. These tests show that many of you regained a large part of your health, at least while you were taking it. I don't want to do anything with those tests, but I find it incredible that you of all people, are telling me this. I can't understand it.'

‘Back up your theories with a doctor willing to publicly agree to what you are saying, and we’ll have that conference. Otherwise, we won’t host any conferences for you.’

These were the last words I exchanged with my then friend Sebastià. After hanging up the receiver, I phoned the doctors who had allegedly threatened to withdraw their support for the fledgling association if I gave a lecture. To my surprise, these doctors denied such a threat. They only told me that they did not consider it lawful for a non-doctor to give medical explanations but that they would support any initiative undertaken by the association to help those affected. My product included.

Furthermore, they told me that they would gladly initiate research protocols on my product as long as I could find the necessary funding to carry out such trials. I was astonished. And I still don’t understand why the ACAF set up that scam. But the truth is that, at this point, I don’t really care either. To each his own, and may you reap what you sow.

From that moment on, events took an astonishingly fast pace. On 24 February 2001, a journalist from the newspaper Diari de Tarragona phoned me. After hearing someone talking about me and consulting with other patients, she decided to write a report about Recuperat-ion and my experience. The interview was published on the 26th under the following headline: ‘A man from Reus patents a remedy to alleviate fibromyalgia pain’. I had insisted that mine was not a medicine, let alone the solution for all those with fibromyalgia, but something that had saved me. I did not feel I had the authority to say that my product would benefit everyone, even though it seemed to be effective for a large number of people. But story headlines are nothing if they aren’t sensational.

Something similar happened shortly afterwards. Specifically on 28 June 2001. That day I was interviewed by Sara Sanz of La Vanguardia newspaper. Our meeting was enjoyable, but I was irate when I discovered that she gave the article the headline: ‘A magic recipe for fibromyalgia’. When I phoned her, she explained that the titles were not usually the reporter’s choice, as they were decided at the last minute, when the report had already been typeset and when there were only a few minutes left to send it to the printer. Shortly afterwards, and faced with the avalanche of calls, the directors of La Vanguardia decided to do another interview with me for the Dominical, which they entitled, ‘The enigma of the salts’. Despite the sensationalist titles, both this article and the others explained my story perfectly.

All the journalists I met were able to summarise my experience with remarkable skill and, if it weren’t for the headlines, I would have been more than satisfied. But there were some exceptions. For example, one story said that I didn’t want to reveal the exact composition of my product for fear that someone would steal it or that people would start mixing the salts in their own homes, which, according to the story, would put a hole in my bank account. It wasn’t true. I didn’t care if people knew the formula. It was already patented after all. However, the laboratory’s advisors had cautioned me about dictating the recipe to a journalist because if the reporter transcribed it wrong and someone fell ill as a result of something I was supposed to have said, the responsibility would fall on me, and never on the reporter. That is why I avoided giving the product’s composition, but I urge anyone who wants to look it up for themselves at the patent office or, more simply, on any product packaging, where the formula is detailed to the millimetre, to do so. The only thing that drives me is the desire that no one, absolutely no one, should have to go through what I went through. I simply have no other motives.

After that second report in La Vanguardia, the newspaper’s editorial staff received an avalanche of calls asking for more information. So, with my permission, they published a note giving my telephone number. From that moment on, my mobile blew up. Hundreds of people called me and, in my eagerness to answer them all, I soon went hoarse. Even so, on 9 April, another report appeared in the Diari de Tarragona, signed by Yolanda Fernández with the headline, 'A company will sell salts to alleviate the pain of fibromyalgia'. They published the news that I had found a laboratory willing to distribute my product. Apart from the text explaining this, the article included the testimony of two fibromyalgia patients who had regained their health. The first, by Ana Alabert; the second, by Manuel Carranza. The text explaining Ana's story was titled 'I feel much better' and read as follows:

> Ana Alabert is 34 years old. Three years ago, she saw a doctor because she had pain in her muscles all over her body, especially in her back. 'I couldn't sleep because of the pain; I couldn't lift my arms, let alone lift weights. It even hurt to lift a glass of milk.' The doctor did all kinds of tests, and they all came back without incident. She was told she was suffering from stress. At first, she accepted it. Her job as an executive secretary meant that she had tremendous responsibility. 'But it got worse, my partner had to help me get dressed, I was completely exhausted.' She couldn't even manage a job interview. 'I was terrified. I lost my job, and when I tried to apply for a new one, I couldn't fill out the forms.'
>
> When a patient is nervous, whether in reaction to positive or negative stimuli, their situation deteriorates. 'I was extremely limited in what I could do. I couldn't concentrate; I couldn't find the words to express myself.' With the help of her partner, she met Alfred taking Recuperat-ion nine months ago. She says that after 15 days, she felt better: 'I had less pain, less fatigue and, above all, my mood improved.' Now she can work and study at the Universitat Oberta de

> Catalunya, and although she has to take care of her health, she says, ‘My life is back to the way it was before, and I can do many things. For me, there is a before and an after.’

The section by Manuel Carranza was called ‘The symptoms have diminished noticeably’:

> Manuel Carranza is 35 years old and a paediatrician at the Hospital Nuestra Señora de Meritxell in Andorra. At Christmas 1999 he suffered a pharyngotonsillitis with a very high fever and had an outbreak of fibromyalgia that lasted four months. After a new viral infection, he began to suffer again from ‘extreme muscular pains’. ‘In bed, I would get stuck, unable to move because of the pain. I needed my wife’s help to get up.’ As a doctor, unlike other people living with fibromyalgia, he was diagnosed very quickly. ‘The test results were said I was fine, but every day I felt worse than the day before and there was no doubt in my mind: fibromyalgia.’ ‘Depression? No. Anxiety? No. If anything, restlessness and uneasiness.’ The anti-inflammatory drugs, antidepressants and anticonvulsants he was being treated with ‘didn’t help me much.’ He looked for less orthodox alternatives and found Recuperat-ion. ‘My colleagues’ scepticism, like my own, was the norm at first.’ He has been taking the mineral salts for four weeks now: ‘My symptoms have decreased noticeably, and my balance is good. I have never noticed any improvement with conventional continuous medication.’

Alabert’s and Carranza’s testimonies contributed significantly to many people openly deciding to try my formula. This was significant because I discovered that some patients did not want to publicly admit that they drank my formula for fear of being called naïve by certain individuals. However, a patient who has been diagnosed with a lifetime of pain stops at nothing. And so many people took the product in private, while outwardly recommending that no one try something invented by a charlatan.

But some also wanted to kill me. Or at least that's what they wanted me to think.

Since I patented my formula, I have been the victim of all kinds of threats. At first, I thought that these calls, notes and scares came from laboratories not interested in the proliferation of a product that was too cheap to replace the dozens of drugs taken by people living with fibromyalgia, but I soon realised that the threats came from the miracle product industry. That is, companies that disguise their products under the false guise of pharmacopoeia when, in reality, they are nothing more than snake oil salespeople. The owners of these businesses do not want scientific studies to be carried out on their products because they know they would not pass the test. Their only goal is to sell, sell, sell. And they care very little about people's actual health. Recuperat-ion had occasionally been accused of being a part of this quack industry, but the difference between them and me is that I spent years fighting to get the studies done to confirm my theory. I know that my formula will pass these tests. Much has already been proven, but there is still a long way to go. Even so, I am certain that one day, the Ministry of Health will give Recuperat-ion the label of 'medicine'. I am not afraid of science. They are. These are people who don't want their products tested by the medical community, and it is them who, for months, filled my e-mail inbox with threats. The tactic is always the same: first, they send me an email congratulating me on my discovery, then another one encouraging me to keep fighting, and finally they send me a third one saying that they too have come up with a pseudoscientific product that has passed tests carried out in universities that do not even exist. When I reply that I am not interested in their product, they start making death threats. On other occasions, they would sneak into the chat room on my website and, after belittling the participants, try to foist products as part of a pyramid scheme.

I have hundreds of examples of such soulless people. Once a Brazilian claimed to work with an infallible urinotherapy treatment. It consisted of drinking one's own urine, but, as he himself found this to be repulsive, he had created a company that turned urine into capsules. Some people who used to visit my website tried the method. They sent their urine to Brazil and after a while, they received the capsules. But then a funny thing happened. The post office returned the bottle of urine to one of the patients because it didn't have the right stamps. But by the time the patient received the return package, he had already received his capsules from Brazil. So, if the capsules didn't contain his urine, what — or even worse — whose did they contain? The news spread through the forum with astonishing speed and, logically, the Brazilian doctor who tried to make us ingest our own urine was never heard of again. I am not criticising urine therapy, as it is a widespread treatment and there must be some basis for it, but I am criticising those who try to profit from the suffering of others. Another example has to do with noni. Noni is the juice of the Polynesian fruit Morinda Citrifolia. There is a non-Catholic religious community that distributes it through a pyramid scheme. Its Spanish representative is a woman who claims to have been cured overnight by drinking the juice. On one occasion, the rep entered my chat room and, after befriending the participants, explained that her product cured both cancer and fibromyalgia, as well as helping a lot with AIDS and who knows how many other things. Obviously, I asked her to send me the scientific studies on which she based this claim and, when I had read the dubious conclusions reached in the reports, I telephoned the universities that had supposedly carried out the research. They told me that they had no idea what Noni was. When I tried to distance myself from the product, the lady used the same tactics as many other miracle product salespeople. She asked me why I thought I had the right to promote Recuperat-ion and discredit Noni. According to her, both compounds were the same. But I know that this is not the case, that not a single argument supports her story and that she herself has not been cured of anything. Not even from her own selfishness. Otherwise, she would have medical documents to prove that she was ill. Shortly afterwards I received lots of viral computer attacks on my website. Threats, insults and drawings of skulls as well. The problem with these computer attacks, which could reach a hundred in a single day, is that my website is designed in a very simple way so that people in developing countries, where computers do not yet support advanced software, can read it without the modem suffering. So the attacks are usually very destructive. Fortunately, I am a computer scientist, so I can remedy these problems without much difficulty. Not to mention that the threatening and supposedly anonymous emails come from people who are so dim-witted that they don't realise that I, as a good computer scientist, only have to do a little digging to discover the sender. On the other hand, some people enter the chat using my name. The intention is to make the participants dislike me so that they turn their backs on me. Fortunately, those who know me quickly realise that it's not me, and together they manage to make the intruder feel unwelcome.

But then there were three quite serious incidents when I was in my car. The first was on a Friday. I got a call on my mobile and was talking to a physiotherapist who was organising a conference for the next day. When I got home, I discovered that the answering machine had a tape of my entire conversation with the man, word for word. I went to the police immediately, but they ignored me, and when I returned from a conference the next day, the tape was blank and in a different place from where we had left it. Someone had broken into my house to swap the tapes. The second time I was driving to Olesa de Montserrat to give a talk and the car stopped dead. The engine temperature was very high and there was a lot of smoke coming out of the bonnet. Hours later a mechanic told me that someone had sawed off the fan and alternator belts. The third occasion was on the motorway. I remember seeing a man on the side of the road, hearing a bang, bang, bang and, not giving it any thought, I continued on my way. However, the glass began to crack and, when I stopped at the petrol station, two policemen who were refuelling told me that I had a bullet hole in my windscreen wiper. They urged me to file a report, but I told them I would wait until I got to Reus to do so. However, I did not file a report. I know that the miracle product sellers want to scare me out of what they consider to be a long-distance race and, although the first threats made me very uneasy, nowadays I can laugh about it. They send me emails insulting me, and I laugh. I am phoned by Englishmen, South Americans and citizens of countries whose language I don't know. They scream at me and then before they hang up, I laugh. They send me viruses and, as I discover the computer where the attack is coming from, I laugh so much that I almost feel bad about hitting them back. And I also laugh at the simpletons who, like the president of an association of fibromyalgia patients, have gone so far as to tell the press that my product is packaged in animal feed factories. At this I laugh too, so as not to pity them.

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ARTICLES AND CONFERENCES

Every article published about my story had a considerable impact, accompanied by an avalanche of calls that blocked the newspaper's switchboard. And my home phone rang off the hook for weeks. At first, I tolerated this situation because I wanted to address all of the people who wanted to try my formula. Still, I soon realised that the barrage of calls was negatively impacting my family. So, I called the phone company to put my home phone number in my wife's name so that people could no longer find my name in the phonebook. However, I allowed the newspapers to continue to publish my mobile number. I was worried about leaving people in the lurch who might need my help, so I even wrote that number on my website with the intention that visitors would have direct access to me. Doing this brought me many happy moments, as people would contact me to thank me for giving them back the will to live, but it also brought some bizarre anecdotes. For example, on one occasion a man phoned me who wanted to meet me personally. At that time, I received at least one visit a week. These were people who would travel to Reus with the sole intention of shaking my hand, inviting me to lunch or chatting with me about the formula. I was delighted to receive all these people, and, typically, I would go down to the street to have a coffee with them, chat for a while and see them off. But this individual was to tell me something I never thought I would hear:

‘I want to come to Reus to pay you back for destroying my marriage. You’ll get what’s coming to you.’

‘What are you talking about?’

‘Your fucking medicine cured my wife.’

‘Isn’t that a good thing?’

‘Good thing my ass, you’re gonna get what you deserve.’

‘But what are you talking about?’

‘After she took your rubbish salts, my wife got better, got a job and dumped my ass. She left me. And it’s your fault.’

And he hung up. Months later, due to the vagaries of life, I met the man’s wife, and it was she who explained to me that her husband had mistreated her throughout their marriage. So, when she regained her health, she got out.

Despite these anecdotes, by that time, my life had begun to stabilise. I spent the time divided between my family, my work and the conferences I gave all over Spain explaining my story. For example, on 18 April 2001, I gave a lecture at the Institute Martí Franqués in Tarragona, where I had met my wife and spent my adolescence. Some of my former teachers attended. It was an emotional meeting. There were the men and women who gave me an education, who taught me to fight for my ideas and who punished me on more than one occasion for, precisely, fighting for my ideals. In reality, I experienced that conference as a walk through my past. I was so excited about that reunion that I put my heart and soul into it so that everyone, teachers included, would understand the relevance of my discovery. Shortly afterwards, Manuel Carranza, the doctor who gave his testimony in the Diari de Tarragona report, invited me to another talk at the Hospital Nuestra Señora de Meritxell (Andorra). The centre’s rheumatologist and a psychiatrist who worked with people affected by fibromyalgia also participated at that conference. It was my first conference outside Spain. Recuperat-ion was already sold in the Principality, so the conference was full of people who were either taking it or wanted to get information before beginning. I learned a lot from that meeting, as the rheumatologist sitting next to me corrected some aspects of my theory. From that point on, I significantly improved my discourse on the causes of fibromyalgia. Yet, she also learned a lot from listening to the other conference attendees and me. Those attending the talk began to raise their hands, eager to explain their own experiences. Thus, the two doctors were able, perhaps for the first time, to listen to the feelings, longings and sufferings of people who, in many cases, were their own patients.

Fortunately, my existence was not limited to lecturing everywhere. Recuperat-ion had given me back the will to live. And, above all, to laugh. I say this because, during the time I was bedridden with fibromyalgia, I did not enjoy anything. My children tried hard to play with daddy, the few friends who were by my side wanted to cheer me up by telling me jokes, and my wife struggled to get a smile out of me now and then. However, my life was pain. And I was in no mood for jokes. But after taking my mineral salts, I began to enjoy the small details of existence more deeply.

An example of this is that, at the end of May, the restaurant manager where I had been working until very recently asked me to become an actor of sorts. The Justice of the Peace who usually presided over the civil marriage ceremonies had taken ill and, as my boss had not found a magistrate to replace him, he asked me to dress up as a judge. He told me that the bride and groom would go to the hospital to be married by the real judge. However, they still wanted a ceremony at the restaurant so that the guests, none-the-wiser, would feel as though they were the stars of the event. In cases of force majeure such as this, the manager explained that it was customary to hire an actor to impersonate a Justice of the Peace, but since time was short and he had not found an interpreter, he thought I could marry the couple. After he said that, we were silent for a few seconds, and when I had digested his words, I burst out laughing. I couldn't believe my ears, but I quickly realised that he wasn't joking. I told him I would check with my wife because I needed a second opinion, and that same evening my wife suggested I accept the challenge as long as she could attend the event to record my performance. The next day I stood before a bride and groom who were already married, feigned all the solemnity I could muster and, taking a deep breath, said: 'Welcome to this ceremony...', followed by, 'the rings, please' and concluded with 'I now pronounce you man and wife.' All very nice, but also very false. In time, however, this sort of farce — not at all immoral, as all those involved were well aware of the situation — was to become commonplace. Couples would get married in private a few days beforehand, then I would dress up as a Justice of the Peace, and the audience would weep at the performance. I tell this story because, in a way, my participation in such events would never have been possible under the yoke of fibromyalgia. Nor would it have happened that, in addition to participating, I would have laughed at the situation. And that is one of the things I have to thank my own formula for: It gave me back the ability to enjoy these little details of life. It gave me back the desire to live every day to the fullest. It revived my spirit.

One time my friend Leo said, 'Hey, Alfred, you won't believe this!'

'What's going on?'

'The other day, I saw the video of the wedding of some friends of mine, a friends' wedding and the Justice of Peace looked exactly like you — exactly. It was amazing. For a moment I thought it was you.'

'But it wasn't me.'

'I know it wasn't you, but I called to tell you that you have a total doppelganger.'

I didn't keep this new will to live locked away from the rest of the world. I shared it with others in similar situations. I realised this one day while giving a conference in the Catalan town of Sant Boi — That through my actions and words, I was giving people hope. And that was priceless. What truly made me realise this was when a man approached me after I gave a talk. He told me that he had attended dozens of conferences given by doctors who were experts in fibromyalgia but that this had been the first time that someone had told him that his illness did not have to last a lifetime. This stranger assured me that he had never wanted to fight for his existence as much as he did at that moment. Then he hugged me. And when he started to cry, I joined him. Because these moments, these tiny moments shared with my peers, made me feel good. Really good. Sometimes they even made me realise that the important thing was not that my compound brought health back to the sick, but that my words brought them something far more important: hope. The hope that was stolen from them by some members of the scientific community. I was thrilled by this, but I would never have imagined that my message of hope would spread throughout the country. However, the next day I received a phone call from the editorial staff of the RTVE news programme to tell me that they would be travelling to Reus that same day to interview me. They would broadcast the interview in both the Spanish and Catalan editions. They also asked me for the telephone numbers of people who had been treated with my formula because they wanted to corroborate the story. The next day the piece was broadcast. They reduced my speech to one minute because the journalists gave preference to the patients' statements who took my formula. I was OK with that. The exciting thing about that report was that national television was talking about the disease. Not about my compound, but fibromyalgia in general. And that was very important because our condition still doesn't get the recognition it deserves in this country. Even today, people have not heard of something that affects about two million fellow citizens. Until this situation is normalised, science will not devote the effort that this ‘epidemic’ deserves.

The next day, hundreds of people phoned me. I was hoarse by mid-afternoon and even had to switch off my mobile phone for a couple of hours to catch my breath. The whole of Spain had been able to see the RTVE piece and many people went to the associations in their respective towns asking for information about the compound. It was then that some declared war on me. The presidents of a couple of associations defended the idea that we should only take products endorsed by medicine. Some categorically stated that I worked for a laboratory and a third individual dared to proclaim that I had never suffered from fibromyalgia. To those who said this, I didn’t even want to respond. They weren’t worth the effort. Unfortunately, some associations called the ACAF wanting to know about Recuperat-ion and were left with the idea that I was a charlatan since I didn’t give the lecture with a doctor at my side to support my claims. I suppose they launched a campaign against me because of envy, resentment, and in some cases, ignorance. Some of these groups parroted the views of that association that I had helped to create. Fortunately, the board members of many other associations (most of them) had the good sense to phone me directly so that I, and not others, could speak about my experience. I explained the conclusions I had reached through months of research and left them to draw their own.

After following up, I have deduced that patients in the country whose associations spoke to me have improved considerably, thanks to Recuperat-ion. They have reached agreements with pharmacies to get much lower prices for large consumption. The affected people from the regions who based their conclusions on negative opinions and who did not even bother to prove it or demonstrate that what I said was false are still ill. In some cases, the people living with fibromyalgia in these same associations removed the members of the respective boards when they realised that these power-hungry people were closing themselves off from any new path. In addition, my compound unmasked some association presidents by showing that they were more interested in their position's power than in helping those affected. In one case, after the removal of one such president, the new organisation head phoned me to tell me that 80 per cent of the members had since improved thanks to my formula. They then invited me to give a talk.

Shortly afterwards, I contacted an association in Madrid that had wanted to meet for some time. We met in a hotel, along with people from all over Spain and even some Americans. It was an excellent opportunity to put faces to those I had met on the Internet. Some people congratulated me on my achievements, having turned their backs on me in the past. Fortunately, I have never held a grudge against anyone. And also, fortunately, many associations were not closed to my idea. For example, the one in Lérida invited me to give a talk in the city and, since by now I was a pro at giving the conferences, I imposed the three conditions that I have always applied since then: First, that it should be a meeting open to as many people as wanted to participate; second, that they should try their best to organise it on the weekend, as my work made other dates difficult; and third, that nobody should pay me either for the conference or for my stay. I preferred to cover these expenses out of my own pocket because it was apparent that the money from these associations was essential to help those living with fibromyalgia, so I did not want to benefit from the income that they could invest in more valuable things. Besides, the treatment I received during the conferences was so good that, in a way, I already felt that they were paying me. The members of these associations showed me around the city, accompanied me during the days I stayed there and tried their best to make sure that my stay was as pleasant as possible. This was the case at the conferences in Lérida, Elche, whose president had improved enormously thanks to my compound and exercise, Alcoy and in so many other Spanish towns that turned those conferences into a most pleasant gathering of friends. I especially remember one held in San Juan de Aznalfarache (Seville) and sponsored by the Fibroaljarafe Women's Association.

There were about three hundred people in the auditorium, and suddenly an older woman stood up and shouted: 'I used to believe in God; now I believe in you'. I was frightened. Those words were too strong and, much worse, they put me in a tremendously violent situation. I ruefully answered that if someone did prove that my product was a fraud one day, I would have to go into politics. My power of suggestion was so great that I could make the ill get out of bed believing I had cured them. At the end of the talk, which lasted about four hours, people came up to give me gifts, ask for autographs and show their affection with embraces and kisses on the cheek. Although this memory touches me now, at the time, I was shaken by it. Somehow, it gave me the feeling that things were getting out of hand. Besides, for some time, I had been receiving gifts from all over the world (Uruguay, Italy, Israel, Scotland, etc.) and I felt overwhelmed by the possibility that people were following me almost blindly. In fact, since the first conference, I can't remember any other conference I've attended where there haven't been testimonials from strangers. And that's over more than two hundred conferences.

For their part, journalists came to my house every few days, and on one occasion, I had 1,250 missed calls in a single day. It had created a media storm that led to a deluge of reports, which in turn led to a flood of phone calls. I was busy working in the restaurant in the mornings, but I spent the afternoons answering my mobile and the evenings my emails. Naturally, on more than one occasion, I considered disassociating myself from all this. I had created a seemingly effective formula, but that didn't mean I had to give comfort to the hundreds of people who called me from all over the world. However, I also knew that until science proved the compound's efficacy and the doctors were willing to back it up, I had to take responsibility for it. But and this was clear to me, the moment any doctor claimed that mine was part of the answer to fibromyalgia, I would walk off the stage. When the time came, I would let science take ownership of the formula and allow the doctors to take credit for its discovery. I would even let them change its name. I would do all this as long as they committed to disclosing the recipe of the formula. I realised that it would help more people if patients thought that doctors and scientists devised the cure in a laboratory rather than a computer scientist in his own kitchen. Only then will all people living with fibromyalgia have access to a cure. And, indeed, that is the spirit that moves me. That as many people as possible will take it and that no one will ever have to suffer from fibromyalgia again.

In early November, I was called for a series of interviews in different magazines and newspapers around the country. The reporters were usually very meticulous with my story: They photocopied my reports, asked me many questions, and were interested in how I got to where I am. Shortly afterwards, I met a journalist whose intention was to publish the same report in a large number of newspapers, as his media group had newspapers in all the Spanish provinces. And on 6 January, on the day of the Epiphany, Spain woke up to find numerous articles under the same headline: 'Remedio para el misterio' (Remedy for the mystery). The next day, the same newspapers published the second part of the work: 'Estamos curados. (We are cured). Testimonies from people who have beaten fibromyalgia after trying the formula discovered by a computer scientist from Reus'. In that report, they talked for the first time about my son's accident, that is, the day he drank the methadone. They explained that this event triggered my research, which made many people phone me giving me their support, and many others wanted to know why I had not told them about it before. My answer was always the same: It was part of my family's intimate history. A few weeks later, the third part of this series of reports was published under the headline: 'My fibromyalgia patients are getting better.' This headline was inspired by Dr Jordi Bosch, a doctor at the Caldes de Boí Spa. He said that it was logical that patients were getting better after taking my formula since I had developed it using the correct principles. Something similar happened when, sometime later, I gave a talk at the Faculty of Medicine of the University of Vic (Catalonia). Before I started speaking, I made it clear to the students that I was a patient, not a scientist, so my theory regarding the causes of fibromyalgia could be riddled with technical errors. However, after listening carefully to my presentation of the facts and the conclusions I had reached, these students assured me that my explanation was correct. They then congratulated me.

The reporters from Cadena Ser also contacted me. They phoned me from the newsroom saying that they wanted to interview me, which would be broadcast live for the whole of Spain. After that, the calls to my mobile phone became unbearable. But the newspapers continued to hound me. On 13 January 2002, the Diario de Álava published a full-page interview with a fibromyalgia patient who claimed to have recovered thanks to my compound. The article did not spare details of how he was before and how he was now. There were testimonies from other people I had never met before, whose messages conveyed the same hope as mine. At the bottom of the text, an appendix was entitled 'There is still no cure, it's all a hoax.' It consisted of a collection of statements made by the president of a fibromyalgia association that I shall not name. She called me a phoney and said that Recuperat-ion, apart from being expensive, could be fatal. Then she recommended that patients undergo ozone therapy. The woman's name rang a bell and, as I read those spiteful sentences, I remembered that a few months earlier she had phoned me asking me to send her some envelopes with my compound. I contacted her to ask why she said those things about me and, above all, why she denied the efficacy of my product while recommending ozone therapies. Instead of answering me, she told me that I had no right to call her and that the Recuperat-ion samples I had sent her had been thrown in the bin because, according to her intuition, it must be rubbish. It was as simple as that. Then we talked briefly about ozone therapy, and I got her to confess that she had contracted the services of a Barcelona doctor, obviously private, to whom she sent her patients. Ozone therapy consists of injecting small amounts of ozone, considered a painkiller, subcutaneously into areas likely to cause pain. Some people report improvement for a few weeks, and others say they have increased pain. I have no objections to this therapy. The president of that association recommended ozone therapy because it suited her and criticised mine for the same reason. And although I decided not to waste another second chatting with her, I was on the verge of inviting her to watch the cross country run that I was going to do a few days later. But why waste energy talking to someone who doesn't want to listen? Besides, I prefer to think that if she recommends this treatment to her patients, it's because she has their wellbeing in mind — no hidden motives. At least that's what I prefer to think.

And one day, something that I had been waiting for a very long time happened. Someone called looking for information about my experience with Recuperat-ion and its efficacy. When she introduced herself, I was ecstatic — she was a doctor from Madrid. Her patients had come to her office with newspaper clippings about my compound, and she, who worked in the Pain Unit, wanted to find out about the formula to see if it could help the patients under her care. She then proposed to me to start the research protocols to prove, or not, the efficacy of my compound and, although I kept my composure, I felt my heart skip a beat. At last, science was beginning to look seriously at my formula. The study was indeed published, and I will discuss the results in the next chapter.

At the same time, a Central American political leader whose name I cannot disclose called me. He thanked me for all I was doing for people with fibromyalgia in his country and, after a polite chat for a few seconds, said goodbye and thanked me again. He explained that several of his women colleagues had recently improved dramatically by taking my preparation. When I hung up, I had to sit down to digest what had just happened.

At that time, I also took part in a programme on Radio Popular in Bilbao alongside another guest, a doctor. We were both on the phone and, after I explained my story, the doctor said that fibromyalgia had no remedy and that the only thing that could be done for those affected was to give them permanent disability. That programme showed the two current positions on the disease — hope or defeatism — but the most curious thing was that suddenly people started to call the station and express their disagreement with the doctor. They weren't attacking him nor disrespecting him, but they disagreed with his views of the hopelessness of the situation. Something similar happened with a programme on TV3, the Catalan regional television station. The presenter Julia Otero had invited several doctors to talk about fibromyalgia, and all of them claimed that there was no remedy. Then a woman came on the air, claiming to have recovered her health thanks to a compound invented by a man from Reus, and at the end of the programme, the editors phoned me to ask if I would like to take part in a second interview the following day. I said yes, but they never let me on, although I waited on the line for more than an hour. I later learned that the programme's editors had been afraid that the doctors, some of whom had tried to treat me before, would leave the set if they knew I was on the call. I was very hurt by this but even more saddened to hear the words of a former ACAF colleague who was present on the programme:

'Fibromyalgia isn't a death sentence, but it is a life sentence.'

I was ashamed to see that this man was delivering such a negative message. I also felt ashamed because I did not understand how anyone could dare to make such an outrageous statement. I am not saying this because of my compound, but because I cannot understand how a citizen of the 21st century, a time buzzing with scientific advancement, could dare to claim that doctors and scientists wouldn't find a remedy for a disease. To these people, I say that there is nothing, absolutely nothing, that cannot be solved in the future. That is the power of medicine — that it advances, it evolves, it cures. And yet people exist whose sole mission is to steal the hope of those living with an illness; without a doubt, they have lost their own hope. Some of these individuals may even be envious of the capacity others of us have to hope, fight and move forward even in the face of adversity. I sincerely feel bad for them. But I, for one, am glad to be on the side of hope.

Soon after, I was sent a copy of a report entitled 'Total Body Potassium in the Chronic Fatigue Syndrome', published by Dr Richard B. Burnet, Dr Barry E. Chatterton, Dr Robert D. Gaffney, and Dr Garry C. Scroop. They conducted the research at the Endocrine and Metabolic Unit of the Royal Adelaide Hospital (R.B.B), the Exercise Physiology Research Unit of the Department of Physiology at the University of Adelaide (G.C.S), and the Department of Health Nuclear Medicine at the Royal Adelaide Hospital. The abstract of this publication stated:

> Normal potassium levels (both intra and extracellular)

> are essential for initiating a full muscle contraction and neural transmission. Approximately 80% of the body potassium is found in muscle and a further 10% in the brain. The remainder is in the blood stream and other organs. Potassium is primarily an intracellular ion. A number of medical conditions that cause low potassium are associated with fatigue. Previous studies in chronic fatigue syndrome (CFS) have not demonstrated an abnormality in the level of serum potassium, but the present studies have concentrated on intra-cellular potassium and its relationship with CFS. An initial study of Total Body Potassium (TBK) measured by whole-body counting in 20 matched pairs of patients and controls matched for age, weight and sex showed that there was a significant decrease in the values of those persons who had CFS as defined by the British, Australian and American clinical criteria. This finding of a lowered TBK has great significance as a possible marker of CFS with fatigue and also points away to improving therapy by determining the effects of normalising the intracellular potassium.

After reading the full research, I understood that these scientists also considered that the decrease in intracellular potassium was a determining factor in quantifying pain and fatigue, and therefore the affectation of people with chronic fatigue syndrome and, by extension, fibromyalgia. As if all this were not enough, a study entitled 'The symptoms of chronic fatigue syndrome are related to abnormal ion channel function' was also published. The authors were Dr Peter O. Behan, Dr Abhijit Chaudhuri, Dr Walter S. Watson and Dr John Pearn. The team comes from the Department of Neurology at the Institute of Neurological Sciences, the Department of Nuclear Medicine at the Southern General Hospital (Glasgow, UK) and the Department of Child Health at the University of Queensland Brisbane (Australia), was also published at that time. In that study, the researchers pointed to altered ion channels in the membrane of muscle cells and the resulting ion imbalance responsible for fatigue, pain, and migraines in patients who have chronic fatigue syndrome.

In addition, shortly before these two studies, I had collected several others that pointed to the same idea. It so happened that a patient from the United States emailed me an abstract of the research that had just been published, which seemed to be related to my ideas about defects in intracellular ion levels. Specifically, it was about modifying the functional capacity of sarcoplasmic reticulum membranes in patients who have chronic fatigue syndrome. Published in 2003 by the Laboratorio Interuniversitario di Miologia of the Universita 'G. d'Annunzio', and signed by Drs Fulle, Belia, Vecchiet, Morabito, Vecchiet and Fano, the paper concluded with the following words, paraphrased:

> We investigated the possibility that abnormalities in this compartment are involved in the origin of chronic fatigue syndrome and, therefore, responsible for the characteristic fatigue. The data presented in this study support this hypothesis and indicate that in the sarcoplasmic conduction system, some aspects of Ca(2+) negatively influence chronic fatigue syndrome. Indeed, dysregulation of sodium-potassium-calcium-ATP pump activities and alteration in the open state of ryanodine channels may result from increased membrane fluidity surrounding the sarcoplasmic reticulum membranes.

Although this text initially sounded like a foreign language to me, I did not stop until I found the complete study. After translating it from English, I understood that this research, to say the least, demonstrated the existence of a dysfunction in the ions at the intracellular and membrane level. Specifically, they had studied calcium, but they added that there was a malfunction in the sodium-potassium pump, which, for them and also for me, explained the onset of chronic fatigue in these patients. But this was not the only research published at that time on the influence of ions. In fact, I recently came across the text of another study entitled 'The role of calcium and magnesium ions at the intracellular level in the pathophysiology of fibromyalgia, published by Drs Magaldi, Moltoni, Biasi and Barcolongo, from the Institute of Rheumatology of the University of Siena and the Policlinico Hospital of Le Scotte (Italy):

> Calcium ions have a key role in the physiology of muscular contraction: changes in calcium ion concentration may be involved in the pathogenesis of fibromyalgia. Although, since the plasmatic level of calcium in fibromyalgia patients is always in the normal range, it seemed interesting to evaluate the intracellular calcium concentration. The study was carried out on two groups of subjects: 70 affected by fibromyalgia and 40 healthy controls. The results obtained show that in fibromyalgia patients the intracellular calcium concentration is significantly reduced in comparison to that of healthy controls: the reduced intracellular calcium concentration seems to be a peculiar characteristic of fibromyalgia patients and may be potentially responsible for muscular hypertonus.

Each time a study came closer and closer to my ideas about the importance of a good cellular balance of the ions involved in my formula, I was filled with joy and confirmed that my research had always been on the right track.

Anyway, to understand the importance of ion channels and their mechanisms of action in the body, as well as their relevance in the onset and development of certain diseases, in 2003, the Nobel Prize in Chemistry was awarded to two researchers in this field.

The article I found stated that US scientists Peter Agre and Roderick MacKinnon had won this year's Nobel Prize in Chemistry, the Royal Swedish Academy of Sciences announced. The Academy cited the two Americans' work on ion channels in cell membranes, saying, 'This is of great importance for our understanding of many diseases', announcing the prestigious 10 million kroner ($1.32 million) prize.

Agre, 54, is at the Johns Hopkins University School of Medicine in Baltimore, Maryland, and MacKinnon, 47, at the Howard Hughes Medical Institute at Rockefeller University in New York. Agre was cited for his 1988 work when he isolated a protein membrane that, about a year later, he discovered must be the cells' much sought-after water transmission channel.

The chairman of the chemistry awards committee said that these were discoveries fundamental to understanding the life processes of humans and other higher organisms and bacteria and plants.

This discovery appears to have enabled a series of biochemical, physiological and genetic studies of water channels in bacteria, plants and mammals. Researchers can now follow a water molecule in detail as it travels through the cell membrane and understand why only water, and not other small molecules or ions, can do so. MacKinnon was recognised for his work studying another type of channel, the ion channel. In 1998, he surprised the scientific community when he determined the spatial structure of a channel for potassium. Thanks to this, we can now follow the flow of ions through channels that are opened or closed by different cellular signals.

The work of both laureates has contributed to the study of how water and salts (ions) are transported in and out of the body's cells. Water transport is essential for maintaining cell pressure, while ion channels play a crucial role in transmitting nerve stimuli. These discoveries have made it possible, for example, to understand at the molecular level how the kidneys retrieve water from primary urine or how electrical signals from neurons are generated and propagated. They have also improved our understanding of certain diseases. The efficiency of water channels is related to various types of dehydration and heat sensitivity. As for ion channels, problems in their function can lead to serious diseases of the nervous system and muscles, including the heart, so the manufacture of drugs targeting these channels has become a goal of the pharmaceutical industry. The human body is 70 per cent saltwater, and it has been suspected since the mid-19th century that body cells have special channels for transporting water. Today, researchers can follow the path of a water molecule through the cell membrane in detail and understand why only water, and not other molecules or ions, can pass through the membrane.

SURPRISE IN THE SCIENTIFIC COMMUNITY

The second discovery to receive the award concerns the channels through which potassium ions pass across the cell membrane. Roderick MacKinnon surprised the scientific community when, in 1998, he defined the spatial structure of the potassium channel, work that has made it possible to "see" the passage of ions through channels that are opened and closed by different cellular signals. Among other functions, ion channels are important for the nervous system and muscles. The action potential of nerve cells is generated when an ion channel on the cell surface is opened by the chemical signal sent by an adjacent nerve cell. From that moment on, several ion channels open and close over the

> course of just several milliseconds, and this is what causes the electrical impulse to propagate across the cell surface.
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> Work on ion channels has won other Nobel prizes. The German scientist Wilhelm Ostwald (Nobel Prize in Chemistry in 1909) proposed the thesis that electrical signals detected in living tissues could come from the movement of ions in and out of cells. The British scientist Alan Hodgkin and Andrew Huxley received the Nobel Prize for Medicine in 1963 after showing how the transport of ions across the cell membrane produces a signal that passes from one cell to another and that the ions involved in these reactions are sodium and potassium (Na+ and K+). MacKinnon's studies provided insight into the functioning of the channels at the atomic level and studied the 'ion filters' that allow potassium ions to pass through and not sodium ions.

As I read this deluge of information, my first thought was that perhaps I was not as crazy as my critics had proclaimed.

10

Nowadays

At the beginning of 2002, I was convinced that I had already come a long way and that somehow the pieces would fall into place themselves. However, the narrow-minded thinking of some became obstacles in the path to proving that my formula could help those living with fibromyalgia. My leading detractors were the members of a few boards who were convinced that my compound was a sham. Without trying it for themselves, they phoned people who had been cured thanks to Recuperat-ion and asked them to hold their silence. They told them that their recovery was all in their head and that the disease would reappear even more potent; they also suggested that life would be easier if they stayed out of the matter. Worst of all, some of these people actually listened to them! Although many peers improved considerably and continue to take Recuperat-ion today, they keep quiet about their improvement. It's not just, but it is what it is. These silent patients phone me to thank me in private, but in public, they say nothing, and out of respect for their privacy, neither do I. But what they don't understand is that if everyone who saw improvements had spoken up, the medical community would have begun their research much sooner.

And then there is, in my view, the worst consequence — some patients who have improved thanks to Recuperat-ion have actually stopped taking it because someone has convinced them that the formula has no scientific basis. And as soon as they do the sceptics' bidding and abandon treatment, they relapse immediately. On my website, you can find many cases of this. Patients send me emails telling me that they took Recuperat-ion and noticed an improvement. But then they stopped taking it because someone suddenly suggested it was all in their minds. In those emails, they tell me that they have relapsed spectacularly. Even if I recommend, they take my formula again, they decide not to do it because that same person has told them that Recuperat-ion has side effects or any other similar nonsense. But there is also a third group of people who disappear from the map once they have stopped feeling fibromyalgia symptoms.

I sympathise the most with this group. After years of living with the symptoms, they decide to disassociate themselves from everything related to the disease once they are well. They just want to live, have fun, go for a walk or play football. They want to do the things they couldn't do during the last years of their lives, and the mere thought of hearing the word 'fibromyalgia' scares them. That's why they leave fibromyalgia associations and communities and break with their past. However, I would like to remind these people that their testimony is essential to help others. The chat on my website is full of sceptics and people who don't believe they have fibromyalgia. More people are recovering all the time. And if those who have recovered would drop in from time to time to give their testimony to the newcomers, more people would believe, and fewer would have to suffer. Acknowledging their healing is very important. But it is even more important to remember that there are still people living with fibromyalgia and that you cannot abandon people just because you no longer need help. If someone helped you, all I ask is that you help too. Give hope to those who need it, and don't abandon the ill who are left behind.

One woman who was sceptical of my formula but ended up taking it attended a conference on 25 April at the Padre Mañanet school in Reus, organised by Father Marcel.lí, the school's director. The talk's attendees included the media, patients and even the former director of the Reus Social Security. They had treated me when I could hardly move and, at this event, publicly congratulated me both for my improvement and for everything I was doing for people with fibromyalgia. But some sick people were simply curious about my story. Among them was the lady who, after the talk, started trying my formula. A year later, someone phoned me to say that she had left a letter for me at the front desk of the Padre Mañanet school:

> Hello.
>
> Anyone who can read these lines and understand what we are going through will know how grateful I am. I am one of many in a vast list of fibromyalgia patients. After a long pilgrimage of almost four years of doctors, tests and 'correct' results, I was finally diagnosed with what was already an ordeal in my life: fibromyalgia! When I found out, I felt as if heaven and earth had come together. The pain prevented my family and me from living; the mere fact of getting up every morning was torture; I didn't sleep, and I didn't laugh; I was constantly depressed. In short, my life was fading away, but all this was nothing compared to the big situation I had to face — the word 'incurable'. I would now have to face my life with a different philosophy. From a fun-loving young woman and mother of two very young children, I had to move on to forget practically everything and everyone and live as I could. To live at the pace that my illness would allow me. Simply learn to live with it. And to say goodbye to joy, to my children, to my husband. In short, to my whole life. Painkillers, more painkillers. Sedatives, more sedatives. And on top of that, I was told I would have to endure these pains

all my life.

One day, when I was taking my daughter to school, I found out that a priest would give a lecture on fibromyalgia as part of Culture Week. And there I was, among many others. I found out about Recuperat-ion and, based on what I understood during the talk, I decided that I had nothing to lose and I would at least give it a try. It was better to fight than to give up.

I started taking the sachets within a week of learning of their existence. I did so on my own and without the approval of my family doctor. I was patient and consistent. After the fourth month and without stopping taking it for a single day, my husband began to notice improvements in me and told me about it. I didn't take much notice. But I kept taking it, and I kept improving. Slowly but steadily. Little by little, I reduced the dose of painkillers and sedatives to zero. I've been taking Recuperat-ion for a year now, and I'm a different person. I am smiling again, and I have a rhythm of life that was unthinkable during my illness. I work the night shift at the front desk of a hotel. My children are young. I play with them, I share their dreams, and I can take care of my house, my husband and myself. I am still taking Recuperat-ion, but soon I will no longer need to. Then I will go to my doctor again to be discharged and have the word 'cured' marked in my file.

If you understand what I'm saying, then you know what my advice is. We all know how to weigh what we have in life and whether we are willing to fight for it. I did, and I won. I got my life back, I'm happy!

A thousand thank yous, Alfred.

Yours sincerely:

AMARILYS PÉREZ (34 years old)

These kinds of letters reward me for the hundreds of hours spent in lectures, travel and reading, and sacrificing time with family. The best thing about receiving thanks is that I have learned to sense who will and will not spread the word about their improvement. From the tone of the letter, from its sincerity, or some other subtle note, I know that Amarilys Pérez will not keep her recovery to herself. Instead, she will spread her story so that others will have the opportunity to heal, using the formula of a computer scientist from Reus.

I have also received many tokens of affection from patients who have improved and want to share their joy. One of the most touching gifts was a CD. According to the enclosed letter written in Italian, it was the first CD of a concert given by an Italian composer after she had retired due to fibromyalgia. She recovered thanks to my formula. On the album cover, she wrote a dedication: 'Generosity, like music, is a generator of harmony in the world. Thank you for everything, from the bottom of my heart. Diana P.'

Fortunately, many people have told their doctors that they are well thanks to Recuperat-ion. The news has spread by word of mouth. And also, through the press. On 27 April 2005, ABC published that the Ruber Clinic in Madrid had started an investigation to test the benefits of the Recuperat-ion. They published the results of this study in the beginning of 2006. According to the article, the medical centre had divided the patients into three groups. Some underwent ozone therapy, others rehabilitation and a third with "conventional" treatment (painkillers and antidepressants), but all of them were given Recuperat-ion. Subsequently, the data obtained would be compared with the results of other treatment groups that had not taken Recuperat-ion. The intention of the doctors was to see which of the three combined treatments was more positive. I was more than happy with the conclusions they reached. The improvement occurred in all three groups where my formula was administered. When added to any of the fibromyalgia treatments, the formula enhances the effect and improves the health of the patients compared to patients not given the formula. In any case, as it does not incorporate the placebo variable in its protocol, this study cannot be considered scientific evidence. But, for me, it is more than enough. Because, every time I read such a news item in any newspaper, I know that all my effort is worth it. I understand that the people who have to prove the efficacy of the preparation are doing their job well, and I also understand that many doctors are concerned about the health of their patients. I just hope that someone will find a way out of this nightmare for the sake of so many sick people.

Several studies are currently underway to prove the efficacy of Recuperat-ion, and many others are already scheduled to start shortly. Until then, I will continue to endure all kinds of insults and praise. For example, during a recent conference, a member of the Zaragoza fibromyalgia association interrupted me saying that they had spoken to the president of another association who told him that I had never had fibromyalgia. I didn't mind listening to his insults because I've had enough of such nonsense at this point in my life. Still, I understand that many people take the opinion of the president of an association more seriously than that of a computer scientist from Reus. I know that, but I just want to point out one thing: being president of an association only means that one has been chosen for that position or that one has created it. Nothing more. Fortunately, at that same conference, many people who had improved with my compound also raised their voices in support.

Moreover, in the cities with no existing associations, I took it upon myself to organise them. In fact, I have participated in the creation of more than twenty groups of patients. From the beginning, I assumed that a lot of time, resources, organisation and pressure were needed to advance the cause of fibromyalgia patients.

But I also believe that we can work together to ensure fibromyalgia will no longer be misunderstood and denied.

For a few years now, my experience and my formula have been reviewed in many books on fibromyalgia published all over the world. And there are always two positions on the part of the authors: some echo the negative comments from hear-say. They usually point to the lack of scientific proof, my lack of academic training, rumours that I have never even suffered from fibromyalgia. They are books whose only purpose is to get sales by listing the unfavourable circumstances of this illness: lack of understanding, lack of time from doctors, lack of effective treatment, etc. In other words, nay-sayer. I think of them as 'woe, woe, woe' books. The other position is limited to commenting on my experience and giving testimonies of patients who have tried my formula. The intent of these books is to help fibromyalgia patients. They are more informative and never spread the idea that fibromyalgia is a life sentence. One example is

Fibromialgia: Como Combatir la fatiga cronica (Fibromyalgia. How to combat chronic fatigue) where Luis Quevedo says about me:

> This Catalan computer scientist was diagnosed with fibromyalgia after a flu-like illness that degenerated into a typical case of fibromyalgia. In his case, he was certified as disabled and handicapped due to the unbearable pain that sometimes prevented him from getting out of bed. After a few months on antidepressants, relaxants and painkillers and without any improvement, he decided to investigate the possible causes of his illness. Sometime later, after trying many combinations of minerals, vitamins, proteins and almost anything that could affect the muscles, he found a proportion of minerals that improved his condition. Blasi's homemade preparation, based on sodium, potassium, calci-

> um and magnesium in the right balance, eventually cured his illness. Blasi says that it worked for him but that he does not claim that it is a universal cure for the disease, or at least that it isn’t for him to advocate it as such. Fortunately for many, because it is true that many patients have overcome their illness with Alfred Blasi’s preparation, a laboratory has been marketing it for some time now under the name Recuperat-ion. Not only is it available in all pharmacies, but a growing number of patients have indeed tried it and have gotten positive results. Despite the above, it is important to note that this preparation does not cure all patients, although it seems to be effective, at least in part, in the majority of those who have fibromyalgia.

This explains in a nutshell what they are saying around the world about my experience. And honestly, I think it’s for the best, especially because it encourages people to try it. Meanwhile, I continue to encourage members of the fibromyalgia community to come together and form associations so that, in time, all diagnosed patients can have one more point of support. I hope that these associations will become official, led by volunteers elected by the members. They can follow the examples of associations such as those in Elche, San Juan de Aznalfarache, Huelva, Elda, Valladolid, Vigo, Manlleu, Sant Boi, Viladecans and many others that have organised workshops with different recreational activities. Each month they hold talks by different professionals in all fields that bring the disease, treatments, palliative care and research closer to the patients. These associations also organise outings, excursions, and stays in spas at the lowest possible cost. Palliative treatments, acupuncture, homoeopathy, massages, water aerobics, taichi, yoga, or even craft workshops and chess? There are endless proposals that are just waiting for someone to put them into action and that can substantially improve the quality of life lost by those affected.

Mutual support groups led by a psychologist specialised in pain therapy help restore self-esteem and make the negative aspects of a disease like this one appear in a different light. Through contacts with laboratories and medical faculties, the associations stimulate research and using information and support activities, discoveries about the disease are made known. In addition, the associations raise awareness in the media and, above all, create a climate of understanding that puts pressure on local authorities to accept that, with research and support, we can find a solution to the vast problem of fibromyalgia.

For a fibromyalgia organisation or association to be successful, it must encompass the aforementioned ideals. If it isn't founded on hope, and not open to contributions from new members, unable to grow and adjust as new discoveries in the field are made, then it is not an association that we need. Associations should always stand shoulder to shoulder with medicine and give a voice to the sick as if it were that of the president of the group himself. Associations should be havens of understanding and empathy. In some organisations, having fibromyalgia makes you entitled to disability — to me, this takes our cause backwards. We should not consider whether or not we have the right to disability. We do have it as an inalienable right, but we must first demand that doctors and politicians find a cure so that we do not have to apply for disability in the first place. We ask for justice, which is often denied because we do not yet have official documents confirming a diagnosis and specifying our limitations due to the disease. In this sense, there is still a long way to go, but we should be aware that there are several types of disability in Spain that can be obtained both through the courts and through administrative channels. To obtain them, all you have to do is argue your limitations in a professional report. When these reports and evaluations align with the criteria of the courts, doctors, associations and the administration, we will obtain what is rightfully ours. We do not need or want more.

Another fight that I am sure I can help in is recognising that diseases considered chronic, such as fibromyalgia, should have all medication free of charge. In other words, bearing in mind that until we manage to cure it, it will be with us for at least several months or years, we must demand that the amount of money spent on treatment should not be an additional burden on the family unit. Our moral duty is to help these 100 or so fledgling associations and others that are being formed, join together in federations, in private initiatives that stimulate and help people with fibromyalgia, and in other simple things such as the production of specialist magazines that are available to all patients. In addition, the publication of books, the writing of manuals and the creation of virtual spaces are more necessary tools for dissemination. My website, www.alfredblasi.net, not only explains my experience and details my formula, but it also contains a large section to disseminate the information I have received about the disease. In addition, until recently, I had an active forum where thousands of people shared their ideas, research, tests, etc., and a chat room where people from all over the world generated sympathy and even laughed. I also had sections for medical queries answered by medical professionals and legal queries answered by professional lawyers. However, as soon as hospitals started to test my formula, I decided to remove both the forum and the chat and the professional consultations, as I felt I should no longer interfere in the course of events. In other words, when science took over the reins of my medicine, I understood that it was time to turn my website into a mere testimonial page. However, there are many other portals with forums, chats, consulting rooms and other things necessary for the peace of mind of people with fibromyalgia.

However, even today, I still find voices against me. Although my collaboration with fibromyalgia associations has become a constant, and although I have already withdrawn from the world of medicine because I understood that my product was now in good hands, the salesmen of the pharmaceutical companies continue to attack me. Maybe they do so because nobody has told them clearly that selling pills does not mean being a doctor. I don't know any encyclopaedia salesman who has read the entire encyclopaedia he sells or knows how to print such a book, and this is because they are salesmen, not publishers. Laboratory sales people sell drugs, but many seem to be unaware that they are not the ones who create them. They usually do not even test the drugs they sell, not least because they do not suffer from the diseases for which they offer remedies. These salesmen talk about fibromyalgia from hear-say and, of course, that's how they go through life. I don't think anyone who has not suffered from this disease can understand what people with fibromyalgia mean when using the word 'pain'. For us, it has a deep, intimate, solitary meaning. For others, it is an abstraction. I say all this because during a particular lecture, a woman jumped up and, pulling out a list of questions that I later learned had been prepared for her by a medical specialist, asked me something about the functioning of neurotransmitters. I was notably taken aback. I have never been able to give scientific answers because I am not a scientist. Neither was she, even though she was acting like she had a degree in neurosurgery. She continued to hurl her questions about biology and neurosurgery, even adding some quantum physics in the mix. Suddenly, at my inability to respond, the lady shouted:

'You don't know anything!'

I let out a frustrated sigh.

'I don't have to know about such things.'

'If you have done so much research, you should have answers.'

And then it was the audience who came to my defence. All those strangers began to murmur, then they raised their voices a little more, and finally, they shouted at the woman. They demanded that she stop her incomprehensible questions because they had come to listen to someone who had been cured and not to endure a questionnaire full of rhetoric, technicalities and bad intentions. Eventually, she escorted me from the hall, and my audience returned to their seats, looked at me and asked me to continue to give them hope. As I later found out, the woman worked for a pharmaceutical laboratory that makes a huge profit by selling painkillers, relaxants and morphine to people with fibromyalgia. Keep in mind that a patient currently spends an average of 200 euros per month on drugs, while Recuperat-ion requires an incomparably lower investment. The low cost and accessibility of Recuperat-ion have irritated some companies who have filled my email inbox with threats.

I remember yet another occasion when, during a conference, a man stood up in anger:

'You're lying to us.'

—...

'Fibromyalgia has no solution, so stop selling bullshit!'

'You're a rheumatologist, aren't you?' I blurted out as several of his patients in the room had identified him to me.

'Yes.'

'Then start an investigation with my formula. I'm asking you to do it. Instead of criticising it right off the bat, analyse it and help me find out if it's a fraud or an actual treatment.'

The fact that I did not seek confrontation angered him even more:

'You are a liar. First of all, fibromyalgia doesn't cause disabilities, and second, if you had wanted to prove the effectiveness of your formula, in six months, you could have done it.'

Then a woman who claimed to be a patient of this rheumatologist, as he himself confirmed, stood up and, interrupting the doctor, shouted at him:

'You have done nothing for me. I've been coming to you for months, and all I hear is that I'll never be cured. You don't know how to say anything else. You spout negativity and you have never done anything to investigate the matter for yourself. Moreover, you give me medication that hurts me even more. So, if you say that I will never be cured and if Alfred Blasi says that he has been cured, I say: Bless the woman who gave birth to Alfred Blasi!'

After the general applause of the audience, the rheumatologist left the room and, as I watched him walk towards the door, I thought to myself that no one should condemn a patient for life. No one. I also thought about one of the great truths that many of us know, even if it is not in medical textbooks: that the human body gets worse when hope is lost. That is what I believe. And that is also part of the unwritten formula of Recuperat-ion. Because my compound has mineral salts, it also has hope, illusion and, above all, the will to achieve a better future.

Fortunately, not all the doctors I deal with nowadays are as narrow-minded as the doctor at that conference. On 12 May 2002 (World Fibromyalgia Day), I gave another talk in San Juan de Aznalfarache at the request of the fibromyalgia association in Seville. Five people spoke: José Vicente de la Oca (rheumatologist), José Ortiz López (head of the family medicine service of the Red Cross), María de la O Manzanero (psychologist who worked with a group of patients), Lola García (specialist in self-massage and pain control) and myself. The audience also included a well-known rheumatologist from the area. We packed the room and as I spoke, I couldn't take my eyes off the rheumatologist in front of me. I was afraid he was going to jump up at any moment, but when it was his turn, and after listening to the random people in the audience explaining their own experiences, he simply said:

'I wish I had cured as many patients as there are people who have been cured in this room. I wish I could, yes. But conventional medicine has never succeeded in restoring joy to so many people living with fibromyalgia. Never. Congratulations, Mr Blasi.'

Another doctor I connected with was Dr Salvador Tranche Yparraguire, a family doctor with a degree in medicine and surgery. I met him at a conference organised by the association of people with Fibromyalgia of the Principality of Asturias. The man gave one of the most appropriate metaphors I have ever heard about medicine and the scientific error in treating illnesses such as fibromyalgia. And he did it thanks to an elephant:

'A long time ago', he recounted, 'there was a group of people who were born blind who wanted to know what an elephant looked like. They decided to reach out and touch the animal one by one and then explain what they thought it looked like. By pooling their conclusions, they would know more or less the elephant's appearance. The first blind man stood in front of the animal, felt its head and said, "An elephant is a very long, hairy, wrinkled hose." The second took hold of the elephant's leg, touched it and concluded, "An elephant is a very fat, long, hard column." The third blind man took the tail, "An elephant is neither a hose nor a column, but a stick with a feather duster on the end." And the fourth climbed onto the animal's back and said, "An elephant is a broad, smooth, slightly sloping surface."

After launching into this metaphor, Dr Tranche asked the audience which of the four blind men was right.

And since no one responded, he gave us the moral of the story — that all of the men were right, but at the same time, they were all wrong. And that is what happens with your illness. A rheumatologist will say that someone with fibromyalgia has muscular problems. A psychiatrist will say they have depression. An endocrinologist will suggest they have endocrine problems. An internal medicine doctor might suggest they have chronic fatigue syndrome. A traumatologist will venture that they have a vertebral disorder and a gastroenterologist that they have a hiatus hernia. Who is right? All of them. All of them and none of them. That is why the only way to attack fibromyalgia is to see patients as individuals and holistically. As human beings who cannot be divided into tiny pieces. As patients whose whole is the sum of their parts.

Dr Tranche is a family doctor, so he collects reports from specialists in the different parts of the human body. Over the years, he has learned that every doctor does his own homework when faced with the same illness. But he has also realised that human beings are not a bunch of scattered pieces. We are a whole. And we must be treated as such as a single organism whose parts are constantly interacting.

Gradually, some doctors have become sympathetic to my views and made conclusions similar to my own. Some doctors who turned their backs on me in the past now congratulate me both privately and publicly. They know of cases of people who have regained their mobility and their will to live, and they phone me to thank me for my efforts. Moreover, these doctors have heard about the research carried out and do not hide their admiration. I want to stress the importance of these scientific trials because, even if a study were to deny the curative properties of my product, which I doubt, there are very few cases in the history of medicine of compounds devised by non-doctors. And even fewer have caused such an improvement in the population that they have become part of scientific research. And doctors know this.

My battle to help people is bearing fruit. In June 2002, I received a letter from a person with fibromyalgia in Huelva enclosing a page from the Odiel newspaper. It was an article in the medical advances section. It was titled ‘Recuperat-ion now given to athletes’. I joyfully read the whole article and was surprised by its detail. According to the article, several scientific doctors from the

High-Performance Sports Centre (Sant Cugat, Barcelona) have carried out studies on the benefits of my formula on athletes. It said:

The doctors carried out three sessions of one week each, with three different products: Recuperat-ion, another mineral compound and a placebo (an innocuous substance with no therapeutic value). All three solutions tasted the same, and the subjects did not know what they were taking each week, twice a day. The subjects underwent stress tests leading to exhaustion, and then the doctors measured certain physiological parameters. The week they took Recuperat-ion, the results improved. The athletes were less tired and recovered faster.

I was delighted to read that they had tried a preparation with disproportionate ions with less success. The ratio of the ingredients in my formula has always been key, and this text was further proof. Furthermore, according to the researchers who carried out the study, the conclusions drawn in this article are that this preparation allows the muscles to regain their strength much more quickly than usual. This has also been reported in other studies that evaluated different physiotherapeutic treatments (contractures, tendinitis, back pain, etc.) and which I have followed in various newspapers and health magazines. Subsequent studies at the High-Performance Sports Centre have shown that this formula is much more effective than other formulas on the market. It rehydrates the athlete much more quickly and helps them recover nutrients more effectively, the latter being responsible for peripheral fatigue. Studies published by the same centre have also demonstrated its efficacy in the recovery of central fatigue.

It took science 10 years to certify the efficacy of ‘Lorenzo’s Oil’ (a drug discovered by parents who just wanted to give their son back his mobility). I have been waiting for several years for some kind of conclusion about a formula that, perhaps, will bring joy back to more than a million Spaniards. In the meantime, I continue to give lectures, help set up associations all over Spain and do all kinds of things to improve the health of those affected. In addition, a film production company is starting to shoot a film that will explain the evolution of my illness, the creation of my compound and my subsequent cure. And, in the meantime, I am receiving good news. I am talking about cured people. I also mean letters like the one the Social Security sent me on 27 May 2002. It said that I am healthy, that I have no medical conditions whatsoever. That I'm no longer on disability because I've been cured. Because I've recovered. That was the first time that public institutions confirmed that I, Alfred Blasi, do not suffer from anything. That I am a healthy man.

At the beginning of 2007, public hospitals in Spain did studies evaluating the effect of my formula in fibromyalgia patients but applying triple-blind methods. The conclusions were that there was a proven reduction in pain. This demonstration has been the only objective that has driven me in my fight during all these years. Not only to be able to say that I am cured, but to demonstrate that there is a scientific basis to my healing and that many people with fibromyalgia around the world will be able to have a tool that will, at the very least, help them. In fact, I believe that the cycle of my fall into the disease, despair, struggle and recovery ended the day that the magazine 'Interviú' published a report, dated 23 July 2007 and entitled 'Alfred's Miracle', where the journalist Nieves Salinas reviewed the latest studies carried out on my formula:

> Madrid, May 2007. At the XXXIII Congress of the Spanish Society of Rheumatology, a study carried out in three hospitals in Barcelona with a product that reduces pain in fibromyalgia patients is presented. The clinical trial concludes that the treatment is safe, with few adverse effects. The news is followed with interest by the scientific community and by

> the thousands of patients who, for years, have been using the product to alleviate a disease that, in Spain, afflicts almost a million people. But there is someone who welcomes the results with intimate satisfaction. He is the inventor of the formula. His name is Alfred Blasi. He is a computer scientist. Eight years ago, suffering from fibromyalgia, he discovered a way to cure himself with a mixture of salts, the same one that today is sold in 150 countries under the name Recuperat-ion, which has also shown very positive effects against muscular fatigue in sportsmen...'

The same report contains a piece in which several Spanish scientists who have carried out studies on the product agree with my statements. The article is entitled 'The scientific evidence':

> Jordi Carbonell, head of Rheumatology at the Hospital del Mar - one of the three Barcelona centres in which the Recuperat-ion study has been carried out, together with the Clínic and the Vall d'Hebron - is cautious when explaining the conclusions of the trial. Carbonell speaks of 'interesting results' and 'provisional conclusions' which, he explains, 'should be confirmed by further research', but notes 'the slight improvement' in pain experienced by patients treated with the preparation. The pilot trial, he explains, was conducted for six months with 60 patients - 30 with Recuperat-ion and 30 with placebo - of both sexes and with fibromyalgia of fewer than ten years of evolution. In the treated group, a sustained positive effect on pain and mood was detected between the beginning and the end of treatment. In the same group, some patients responded slightly and others responded very favourably.
>
> Dr Pere Pujol, from the High-Performance Centre in Sant Cugat del Vallés (Barcelona) has conducted another trial with the preparation on fatigue in athletes. The study,

> conducted with a group of twelve runners, concluded that the administration of a drink with a moderately high sodium content (Recuperat-ion) helps to restore muscle hydration and the energy substrates necessary for muscle performance more quickly. According to laboratory data, Recuperat-ion - which is sold in more than 150 countries for between 18 and 22 euros in packs of 20 sachets - is already an old acquaintance of elite athletes, used, among others, by the Royal Spanish Tennis Federation, F.C.Barcelona and Espanyol...

Clearly, more studies are needed to assess fatigue in different ages and gender, analyse the degree of severity, etc. But I consider my struggle to be over. I have now recovered my job as a computer scientist. I work as Head of the Central Control Centre of companies in the city where I live, Reus. Using the latest computer technology, it is a post in which we control all aspects of the city that we can by remote computer control — car parks, buses, markets, etc. I have regained my profession, my life and my smile. Now I leave my formula in the hands of the medical community. They will surely improve it — all for the sake of having better tools to alleviate the pain and other symptoms of fibromyalgia.

Epilogue

Before I conclude, I will make some final statements about fibromyalgia:

1. Fibromyalgia is a DISEASE recognised by the WHO in 1992 and classified in the ICD-10 (International Classification of Diseases) with the code M-709.

2. The 1993 Copenhagen definition states: 'Fibromyalgia is a generalised non-joint pain condition, predominantly affecting muscular areas and presenting with exaggerated tenderness at multiple predefined points'.

3. Fibromyalgia has been recognised since 1994 by the International Association for the Study of Pain (IASP) and classified as code x33 x8a.

4. In Spain, it affects a population of between 2–4 per cent.

5. It is more common in women (89 per cent) but also affects men.

6. 14-20 per cent of patients who see a rheumatologist have fibromyalgia.

7. The majority of people living with fibromyalgia are white (91.3 per cent), compared to 5 per cent Asian and 1 per cent black.

8. There are two types of fibromyalgia: primary (when there is no other affectation) and secondary (fibromyalgia appears after or together with another illness).

9. According to the Consensus document for Fibromyalgia in Catalonia, more than 33 per cent of patients have a poor quality of life and seriously compromised personal, working and social life.

10. Fibromyalgia is recognised and accepted as a cause of disability, although there is no specific evidence for its medical proof.

11. The points used for diagnosing fibromyalgia correspond to areas that are sensitive to pain when pressed.

12. Officially the cause remains unknown. No investigation to date has been conclusive in this regard.

13. No one can claim that it is an 'incurable' or 'progressive' disease. Each patient must assess whether their case is progressive or not. If neither the origin nor the mechanisms that cause it are known, it cannot be said that it will not go into remission or that a drug will not be found to reverse it.

14. Apart from the typical symptoms of generalised muscle pain, constant fatigue and muscle contractions, we can cite a long list of symptoms whose prevalence is as variable as it is frequent: numbness and/or tingling in the extremities, stiffness of the non-dominant hand, altered taste, smell and hearing, allergies, rashes, anxiety and panic attacks, cravings for chocolate, bananas and carbohydrates, apnoea, attraction of flies and mosquitoes, weight gain, increased urge to urinate, itching when urinating, drooling during sleep, bruxism (grinding of teeth, wear and tear of teeth due to friction), hair loss, nocturnal muscle cramps, mood swings, personality changes (usually for the worse), dandruff of the eyes and eyebrows, mental confusion, spatial disorientation, irritable bowel, dyslexia, costochondritis (muscle pain where the ribs meet the chest), fainting, imbalance, depression, diarrhoea, difficulty with night vision, sexual dysfunction, pain from swollen lymph nodes in the armpits or throat (adenopathy), eye pain, chronic headache, jaw pain when chewing, itching, ringing in the ears, constipation, bleeding gums, chills, extreme sensitivity to medication and its side effects, lack of restful sleep, low-grade fever or feeling of fever, hiatus hernia, incontinence, fungal and viral infections, insomnia, sleep disorders, intolerance to smells and

sounds, mouth sores, involuntary leg movements, palpitations, paraesthesia (numbness and tingling in arms, hands and feet), fluid retention, morning stiffness, sensitivity to bright lights, dry eyes and mouth, bad breath, lack of taste, Raynaud's syndrome (cold, sometimes bluish hands, feet, nose and ears), carpal tunnel syndrome, tachycardia and double or blurred vision.

On the other hand, I would like to highlight some considerations from the article 'El dolor y el malestar de las mujeres', (The pain and malaise of women) by Dr Carme Valls:

> Medical science, born mainly from hospital experience, is not prepared to deal with chronic pathologies but has accumulated experience in treating acute, male-dominated diseases. This contrasts with the scarcity of resources devoted to research into the causes of chronic pain. This lack of science and resources has led to a lack of attention to early symptoms and a lack of awareness to the fact that 25 per cent of female complaints are psychosomatic (Bernstein, 1991), and no comprehensive differential diagnostic protocols have been developed that take into account the more than 100 diseases that can produce this type of pain (Hootman et al 2002).
>
> The suppression of the psychosocial section in the clinical records of some autonomous communities (e.g., Catalonia) is an example of short-sightedness in the aetiological approach (searching for the origin) of illnesses in primary care. This short-sightedness, together with the lack of time for listening and lack of resources for a decisive diagnosis, has led to hyper-diagnosis of 'fibromyalgia' throughout Spain. From 2 per cent diagnosed in the USA, here we have gone to 18 per cent in our consultations, as if fibromyalgia were a paradigm similar to hysteria that could encompass all the pain, discrimination and discomfort of patients in a

> single diagnosis, which, being defined as incurable and of unknown cause, leaves doctors and women without resources to face the disease: we are back to preaching resignation instead of science...
>
> Wouldn't it be more scientific and efficient to start the work with the diagnosis of the individual diseases or metabolic states or deficiencies of each patient, instead of prescribing psychotropic drugs from the first visit?'

Finally, I would like to set out a series of six guidelines for coping with or beating fibromyalgia:

1. Correct diagnosis: According to many specialists, 40 per cent of patients diagnosed with fibromyalgia actually have another disease that has not yet been studied. Confirmation of the diagnosis by one or more rheumatologists is therefore essential. Not only must many other diseases be ruled out which, in their early stages, could cause the symptoms of fibromyalgia (e.g., sclerosis and leukaemia), but certain disorders and diseases must also be ruled out which are almost certainly not normally tested for in people with fibromyalgia. These conditions are usually: rheumatoid arthritis, systemic lupus erythematosus, Sjöegren's syndrome, subclinical vitamin D deficiency with secondary hyperparathyroidism, hypothyroid or hyperthyroid myopathy, antiphospholipid antibody syndrome, antipolymer antibodies, osteoarthritis due to poor ergonomic working and living conditions, musculoskeletal contracture due to mental stress, osteopenia due to anovulation or luteal phase deficit, myopathy due to viral diseases (CFS), neuromuscular involvement syndrome and mitochondrial myopathy due to chemical substances, mitochondrial myopathy syndrome and fatigue due to anaemia and iron deficiency, osteoporosis, polymyalgia rheumatica and temporal arteritis, autoimmune diabetes mellitus, autoimmune adrenal diseases and scleroderma, as well as intoxication by heavy metals of any kind like mercury. On the

other hand, it is said that all endocrinological conditions can affect and cause pain in the musculature. It is vitally important that the necessary tests are carried out to rule out all the aforementioned pathologies and others that may appear and which could be confused with fibromyalgia. However, suppose the existence of any of the aforementioned pathologies is proven to be positive. In that case, we can no longer speak of fibromyalgia, as they are well-defined entities that should have been ruled out before the diagnosis was confirmed. Most of these disorders whose symptoms can be confused with fibromyalgia are treatable and solvable.

2. Locating the origin of the problem and overcoming it: According to my theory, it is essential to locate the starting point or the cause from which our body massively lost the ions that later unbalanced the cells. I am sure that in the majority of correct diagnoses, the first symptoms appear after a stressful event for our organism. This could be typical stress, or physical trauma (e.g., a car accident or a surgery) or mental trauma (death of a family member, the break-up of a marriage, illness of a child, etc.). The first symptoms may also be triggered by a period of distress or physical overexertion, as well as by a viral or bacterial infection. Locating the trigger and overcoming this situation is fundamental. The patient must act according to the problem. Some cases will be forgotten with time, while others will have to be assumed as part of our growth. If these others are not overcome, the patient should seek the help of a psychologist.

3. Adapted physical exercise and postural hygiene: Once the trigger of the disease has been overcome or assimilated, we learn not to force the musculature with inappropriate postures. The use of footwear that does not overload specific muscle groups is recommended, as this would lead to a temporary or continuous alteration of that area, giving rise to osteoarthritis or muscle contractures. On the other hand, the best exercise for a patient with

fibromyalgia is walking. Everyone should walk according to their ability. If someone can take at most five steps, take four: two out and two back, because if they exert themself too much, they will not be able to walk at all the next day. Exercises in warm water pools are also recommended. As for physiotherapy and massage, it is important to be aware of one's own tolerance and to be advised by professionals.

4. Adequate diet: Diet is an essential tool for overcoming the disease. Foods rich in saturated fats, animal fats and canned products cause our body to produce more type 2 prostaglandins (PGE2). This substance acts as a messenger of pain and inflammation. In contrast, a diet rich in fruits, vegetables, unrefined foods (such as virgin olive oil) and fish - which provides eicosapentaenoic acid - is a source of another type of prostaglandin, PGE1, which has an anti-inflammatory effect. On the other hand, some experts recommend an alkalising diet: the concept of acid-base balance is based on the presence in the body of both acidic and basic (or alkaline) substances. Certain foods, such as animal proteins, sugar and stimulants such as coffee, consumed in excess tend to unbalance (acidify) the body. The result is a series of symptoms, including muscle and joint pain, sleep and mood disturbances, fatigue, etc. The remedy is to take regular supplements of alkalising mineral salts (such as the preparation that came out of my formula) and to make dietary modifications. Above all, increase the consumption of vegetables, cut down on caffeine and refined sugars and flours (replacing them with wholemeal). In addition, several studies have found that many fibromyalgia and chronic fatigue syndrome patients have food intolerances. In this case, it would be essential to detect the food causing the intolerance and eliminate it from the diet to reverse the symptoms. These foods are usually wheat, dairy products, refined sugars and flours, chocolate and citrus fruits. Nor should we forget a problem that is difficult to solve: chronic

intestinal candidiasis. This is the fungal proliferation of a bacterium normally present in the intestine: Candida albicans. According to some data, a very high percentage of people with Fibromyalgia have candidiasis. Treatment consists of a specific diet, antifungal supplements and certain minerals and vitamins.

5. Essential mineral supplements: The key to overcoming the disease is the recovery of the ions in the muscle cells. This replenishment takes time and patience. Many people who take Recuper-at-ion start to notice improvements immediately but experience frequent relapses. These relapses indicate that we are losing more ions than we are supplying. So, the dosage should be increased. Others, on the other hand, begin to notice the first improvement after several months. It depends on many factors, but I think I am not wrong if I point to the existence of other concomitant disorders or a lifestyle that is not suited to the limitations of the disease as the cause of a slowing down of the onset of improvement. It would be good advice to give patients a margin of half a year to a year to check the level of improvement achieved.

6. Psychological rehabilitation treatment: Any illness that limits our quality of life involves depression, anxiety, or other associated alteration. We must undergo check-ups to assess this situation and seek the appropriate treatment to reverse the alteration. Learning to accept that we are ill and that our needs have changed is fundamental. It is also essential to let those around us know.

7. Medication established by our specialist: We must follow the medication guidelines that are indicated to us by our doctor and that they consent to any change in the dose.

Testimonials

TESTIMONY 1: IRENE MOINE

My name is Irene Moine, I am Argentinian and I suffer from fibromyalgia, diagnosed by a rheumatologist in 1996. However, I suspect that my illness started around the age of eight, when I had severe indigestion with a fever of 41°C. At that time, I started to complain of pain in my legs, especially around the knees.

The first treatment I took was amitriptyline. It made the pain go away, but it also made me addicted. After six months I stopped it on my own because the doctor assured me that I should take it for a year. I don't agree with drug-based therapies, so I decided to stop taking it.

I continued with my symptoms and when they flared up, I took anti-inflammatories and painkillers.

In 2000 I went to another rheumatologist, who confirmed the diagnosis of fibromyalgia. My symptoms were: joint pain in my fingers, difficulty sleeping, feeling stiff, frequent headaches or migraines, abdominal pain, diarrhoea, numbness and tingling in my legs, general tiredness and exhaustion, pain in my jaws, photophobia, memory loss, difficulty concentrating, lack of enthusiasm, a constant urge to cry, a feeling of worthlessness, anxious moods and irritability. This rheumatologist prescribed exercise including walking or swimming. Also, Valium.

At that time, I started to search the Internet for everything related to fibromyalgia and that's how I came across Alfred Blasi's website.

I remember that at the beginning I used to read the Forum and enter the chat without making myself known. That is to say that I 'spied' on others. Many people were talking about salts. Some were very happy, they said they felt better, but I was still suspicious, watching, listening.

One day I was encouraged to write in the forum and another to enter the chat with my name. I made myself known and told my story of pain and fatigue. Although I was encouraged to take those salts, I remained suspicious. Until one day I said to myself: 'I don't think it will do me any harm. I'll give it a try. I remember the first order arrived on 4 April 2001. I started drinking it right away. In ten days, the fatigue went away, that chronic tiredness that didn't let me do or plan anything. I finally woke up in the morning and didn't have to lie back down to get my strength back before the start of the day!

As for the pain, it was five months before I started to feel some improvement. Up to this point, I was still taking the Valium prescribed by my doctor. In August 2001, when I started to notice improvement, I stopped taking the Valium.

I can tell you that, after two years of taking Recuperat-ion, all the symptoms have disappeared. The pain in the neck still persists, but it is much less severe than before.

As I have arthritis in addition to fibromyalgia, I combine the treatment with Recuperat-ion (one or two glasses a day), yoga (three times a week) and chiropractic (once a month). I do not take any medication, neither myorelaxants, nor anxiolytics or antidepressants, nor anti-inflammatory drugs. Except when, after a very stressful moment and extreme muscle contractions, I take Valium. But that rarely happens.

I consider that this is a complex disease and that, at least in my case, one type of therapy is not enough. Moreover, as many doctors say: 'Treat the person, not the disease'. Everyone knows their own body. Therefore, everyone has to look for the things that help to alleviate the pain or fatigue. And move on. Don't just complain. Search. Knock on doors. Make demands of the doctors. In other words, do not stand by and mourn your misfortune.

Hopefully these words, which are the product of my experience, will help someone. That will be enough. If they help many, they are welcome.

TESTIMONY 2: ANNA GANGONELLS

My name is Anna Gangonells Simón, I am 39 years old and I have suffered from fibromyalgia since childhood, although my symptoms worsened from the age of 20 and after a caesarean section. I have a natural therapy centre. I opened it because I was suffering from such a multitude of disorders in my body and spending the money I had and didn't have on doctors and psychologists. So, I decided to find out through my own studies what was going on in my body. I am still at it: taking care of myself and at the same time helping all the people who are going through the same process.

About two years ago I started taking Recuperat-ion and real changes began to take place in my body. It was unlike any other medicine or remedy I had tried before. Every day I felt a tingling sensation in my operation scars, and I noticed that I was regaining more and more sensitivity in the damaged areas of my body. The muscle aches and pains were also gradually subsiding. I started taking two sachets: one in the morning and one in the evening. On the days of real crises, I increased the dose until I got better. Then I switched to just one sachet at night and now I have recovered so much that I no longer need to take it regularly, but only when I have to exert myself or when I have occasional pain. I take a single dose, and that's it.

Decreasing pain, gaining sensitivity, and increasing well-being contributes greatly to an improvement in the person's psychological state. In my practice, I do a hydrotherapy treatment for fibromyalgia patients. I include Recuperat-ion in this therapy. The results are really surprising.

I hope that everyone who reads this book will have the opportunity to try it and that they will not give up if they see no improvement on the first day, as everyone reacts differently. Health and strength to all. And above all: don't stop fighting. In Recuperat-ion, you have a great ally to overcome your crises. I hope you find your way to health, and I send you my warmest regards.

TESTIMONY 3: SERGIO GIJÓN

Dear friends who are reading Alfred's book:

My name is Sergio Gijón, I live in Puertollano (Ciudad Real), I am 25 years old and for the last seven years I have suffered from Miyoshi's Distal Myopathy. For those who don't know what it is, it is a degenerative myopathy located in the distal muscles of the body (calves, hands and forearms).

During all these years, the disease has continued its course, taking its toll on the destruction of the calf muscles. It reached a point where my calves were barely visible, with a consequent deterioration in quality of life and mobility. Each year the severity of symptoms increased in the form of a flare-up, usually at the seasonal change from summer to autumn. Clinically it manifests itself with a thousand-fold increase in normal blood ck values. This year the shadow of using a wheelchair was looming over me, as the outbreak has been very strong and I was dependent on third parties to perform any task.

I work in an NGO and one day a man came in the door asking if I knew of the existence of a fibromyalgia association. I said no because I didn't want to confess to him that I didn't even know what fibromyalgia was. That was all, but a few days later, reading a newspaper in the province of Ciudad Real, I saw a piece of news that interested me: ‘Fibromyalgia has a cure’. It was an interview in which Alfred talked about his journey. After reading the article and remembering the man who asked me about fibromyalgia, I came to a conclusion: if Alfred had recovered the health of his muscles, why shouldn’t he help me, even if only by overcoming the symptoms of the disease. I then went to my pharmacy to order a box of Recuperat-ion. I wasn’t quite sure what this compound would do to my body, but when I read the composition, I saw that it would either have no effect, as it was harmless, it could even help. But it would never do me any harm.

I started taking it with the belief that a muscle disease as complex as mine would not be solved with a simple mixture of mineral salts, but to my surprise, the next morning, when I got up, there was no trace of pain, numbness, or cramps. This obviously encouraged me to continue taking it.

Since then, the days have gone by and not only have the symptoms disappeared, but I have also started to regain muscle mass. Little by little, but it is already noticeable. And the most important thing is that my neurologist has also noticed the improvement. I feel stronger, which gives me the courage to face the day-to-day. I encourage all patients with dystrophies or myopathies to ask their neurologists about Recuperat-ion and, if they can, to take it, because it only has advantages, there are no risks.

We now see a ray of hope that we didn’t have before. Until now, we only believed that we should take life philosophically and wait to see how the disease evolved. But this has changed.

I hope that many people will start to get better thanks to Recuperat-ion. And Alfred.

TESTIMONY 4: MANUEL CARRANZA

My name is Manuel Carranza Ferrer, I am 37 years old and I am a paediatrician.

My story is much shorter than that of other patients for two reasons: because, thanks to my profession, the diagnosis was quick, since after the corresponding negative analyses and the different symptoms, I knew immediately what it was: Fibromyalgia; and thanks to Recuperat-ion, my symptoms diminished quickly.

Two years ago, after a viral pharyngotonsillitis infection that forced me to be bedridden for three days, I began to experience muscle pain. Although there was no laboratory data to clearly justify it, I was diagnosed with post-viral myositis (muscle inflammation). In spite of everything, at that time we thought it was fibromyalgia, but as the pain disappeared completely after four months, we didn't give it any more thought.

The fact is that 365 days later and, after another horse pharyngotonsillitis horse infection (what a coincidence), I felt the same again as I did a year ago. But with greater intensity: very strong muscular pains that grew day by day, where by nightfall I would be confined to bed. I was unable to turn over, every slight movement caused me such severe pain that I was unable to sleep and, when I finally managed to move, every movement woke me up. I was even unable to tuck myself in, and I needed my wife's help to get out of bed. The results of my blood tests said that I was fine. However, every day I felt worse than the day before. There was no doubt that it was fibromyalgia.

Tired? I don't know if I was tired. I think that because of poor sleep (because of the damn pain) I was less active. Depressed? No. Anxious? Absolutely not. If anything, restless and uneasy. Of course, I agree with the literature which, according to the American College of Rheumatology, talks about trigger points of pain that condition the diagnosis.

The conventional medication that is usually prescribed in these cases (painkillers, anti-inflammatories, antidepressants, anticonvulsants, etc.) did not help me much. Other alternatives such as acupressure, hydromassage or thermal water soaks did not help either and I had been feeling terrible for two months.

Thanks to my wife's tenacity (who has been with me all the way) and her insistent search for 'less orthodox' alternatives, we managed to contact Alfred. When I told my colleagues about his case, we were all a bit sceptical. However, we travelled to Reus, and there I met Alfred. He told me his story and encouraged me to try Recuperat-ion. What did I have to lose?

When I got home, I got out of the car with the help of my wife, and shortly afterwards, we prepared the solution. Before going to bed I drank half a litre of this formula, in addition to my usual pills, and went to bed with the normal aches and pains. That night was different: I slept through the night and in the morning, as if by a miracle, my stiffness had disappeared. I repeat: my stiffness had completely disappeared.

During the first two days, the improvement was spectacular. There were even times when I was fully recovered. In medicine, this is called asymptomatic. Later I had better days and not so good days, but never as desperate as before drinking Recuperat-ion.

At night I rested very well, the morning stiffness had disappeared, and I no longer felt the severe back pain. My balance was good, and I remembered that I never felt any relief in the previous two months of continuous conventional medication. But with Recuperat-ion, the symptoms were decreasing until they reached normality after four months of treatment. I am now completely asymptomatic and have stopped taking the salts twelve months ago.

The Recuperat-ion, thanks to Alfred, has given us hope again.

TESTIMONY 5: ROSINA RÍOS:

Dear Sir:

I am a fibromyalgia patient diagnosed at the beginning of 2000.

Since then, I have been going from doctor to doctor, and the last time I was treated was at the Clínica del Dolor in Cádiz. I have been taking medication for two years, but the pain in my legs, arms, lower back and head never subsided. I couldn't sleep, and my legs trembled at night. In desperation, I told my husband to look on the Internet for any new treatment that could help because, despite all the medication, the pain continued.

Fortunately, in mid-February, my husband found your website and the information about Recuperat-ion. I immediately started taking it. At first only one sachet a day and then two sachets a day. After the second box, the pain disappeared. I slept much better, and these days I am quite well.

I have stopped taking a large part of the medication. The little I have left I am eliminating gradually. I want to congratulate you on the compound you have produced and thank you with my testimony for having found relief from my pain. I would also like to express my wish that all those who suffer from the same ailments as I do can access this formula.

TESTIMONY 6: MARA MEMBRIVES:

My name is Mara, a fibromyalgia patient from Badajoz, diagnosed in May 2001.

My most alarming symptoms at that time were intense facial pain, very severe contractures in the upper back and absolute and disabling tiredness. (I thought I was going crazy). That summer, while desperately going between doctors and alternative therapies, a good friend gave me a small Pronto magazine clipping which read 'A computer scientist suffering from fibromyalgia creates Recuperat-ion'. I quickly went to their website, got informed and within three months I started taking mineral salts. My recovery was relatively quick. The fatigue disappeared almost completely, and, little by little, I got better. To this day, I am practically cured. My doctors know about the salts, and they say that I should stick with it if this works for me.

At present, I lead a normal life, exercising at medium to high rates, monitoring myself and paying attention to my muscles when they give any warning signs. At the moment, my only medication is tryptizol 25mg, which I intend to stop gradually under the supervision of my family doctor. By changing my lifestyle, not letting other people's problems affect me, eating a healthy diet, and above all with my Recuperat-ion, I am myself again.

I am very grateful and I will never forget what Alfred Blasi has done and continues to do for all people living with fibromyalgia and chronic fatigue.

This works!

A note to those living with fibromyalgia

I hope you understand that this book is an enormous message of hope. It's a message from someone who has not only overcome fibromyalgia, but who has seen a similar recovery in many other people. There are myriad paths that have led us to the disease, and once there, the solution comes in various stages. First, the acceptance of the correct diagnosis; then, strategic changes in our lives to eliminate the situations that led us to the disease; finally, nurturing a healthy balance and harmony in our bodies. I was able to find that balance by giving my body the ions it lacked. I now know that this solution has worked for many others in my situation. Could it work for you too? The only way to know for sure is to give it a try.

What are you waiting for?

ACKNOWLEDGEMENTS

I would like to thank a number of people who have played an important role in the evolution of events throughout my illness.

To Dr Francesc Freixes for deciding to give me an exhaustive examination to try to find the cause of so much suffering, after months of going to the emergency room and being diagnosed with stress.

To Dr Joan Marimón, who, as a family doctor, accompanied me at all times and understood me, always helping me in any way he could.

To Dr Joan García Lop. The best person I know. He insistently encouraged me to investigate and really, he was the only person who never stopped visiting me throughout the whole process of my illness. For all the love he has given us, for all the help in the family environment and for many more things that we will never be able to thank him for.

To Dr Antonio Collado. For all his efforts in making me understand the importance of accepting fibromyalgia and its limitations. For, at all times, helping people with fibromyalgia, researching and dedicating his life to updating his knowledge in order to apply it to his patients.

To Dr José Sala and Dr Joaquin Soler. For being able to see at the right time that my life needed a radical change in medication and for accompanying me in this change.

To Dr Maria Victoria. For being open to new therapies and involved with her patients and clients. For supporting me and making the first commercialised version of Recuperat-ion available to patients. For her hours of dedication listening to patients and for being the way she is.

To Cori Fargas, Pedro Marco, Ricard Crespo, Vicente Virga. Although I did not spend much time in their treatments, it was enough to know that they were very concerned about finding a solution to my problems. In doing so, they showed me that they are great people.

To all of them and to all those whose actions and comments, by action or omission, have helped make it possible for us to be here today.

Alfred Blasi

(Arbúcies, Girona, 1966) is a computer engineer by profession. My Fight against Fibromyalgia is his first book.

More information: www.alfredblasi.net

My fight against fibromyalgia

In 1996 Alfred Blasi suffered a strong flu that left him with a muscular pain in his lower back. In a few months, the discomfort became unbearable and nothing could relieve the pain, despite the intensive treatments he was subjected to by traditional medicine.

Oualified far absolute permanent invalidity (100%) due to fibromyalgia, one of the first in Spain, the author, far from being satisfied with his level of prostration, began to investigate on his own until he found an alternative remedy that he claims to have cu red him, opening the way to a possible solution to such a serious disease.