



Dr. Julia Binford . . . from debilitating pain to remarkable recovery

From her teens onward, board-certified psychiatrist Dr. Julia Binford struggled with devastating joint pain, becoming one of the five million Americans suffering with fibromyalgia. She hurt all over most of the time, barely able to practice medicine or take care of her family. She even had to take a two-year sabbatical from her practice when her condition worsened.

Like others with her condition, she made the rounds of doctors over the years, searching for a therapy to regain her life. Instead she was met with the usual status quo approaches that did little. After years of pain, she heard about a different approach and decided to give it her last-ditch effort—and it paid off. Not only did those therapies transform her health, but they also led the way to a new medical career.

Dr. Julia Binford's story . . .

Dr. Binford always had a passion for medicine and helping others become well—especially the severely or chronically ill. She earned her bachelor's degree in chemistry from LeTourneau University in Longview, Texas, then a master's degree in biochemical nutrition from Texas A&M University. In 1992, Dr. Binford received her medical degree from the University of Texas Southwestern Medical Center in Dallas.

While completing a residency in psychiatry at Indiana University Medical Center, she received the William P. Fisher, MD award for excellence in clinical and academic performance and was selected to be in *Who's Who in American Colleges and Universities*.

Throughout her career, she put her dedicated efforts to work as a staff psychiatrist, assistant clinical professor of psychiatry, clinical standards coordinator and private practitioner, often dealing with severely challenged bipolar or schizophrenic patients.

All the while, this compassionate, skilled physician continued to battle with her own chronic illness.

I first developed multiple joint inflammation and pain at 16. Back then, the doctors didn't understand rheumatology, so my fibromyalgia wasn't diagnosed and I had to somehow try to live with the condition.

It would flare up at different times, including in medical school. I couldn't dissect because my hands and wrists became so painful. All through medical school, my lab partners had to do that for me while I directed. Over time, my condition started to worsen.

Then about seven years ago, after having two of my children, I was in pain most of the time. It could be any joint that hurt—in my hands, wrists, knees, hips, feet, ankles or jaw. Even the joint between my collarbone and sternum would flare up.

However, during each pregnancy, I had a respite from the pain. I thought it might be an immune system, hormonal change—or both. Since aerobic exercise has been shown to reduce some of the symptoms, I made a point to exercise quite regularly . . . even throughout my pregnancy, up to delivery.

What is Fibromyalgia?

Per the CDC, characterizing the disorder are widespread pain, abnormal pain processing, sleep disturbance, fatigue and psychological distress. Additional symptoms include . . .

- Morning stiffness
- Tingling or numbness in hands/feet
- Headaches, including migraines
- Irritable bowel syndrome
- Problems with thinking/memory (“fibro fog”)
- Painful menstrual periods/other pain syndromes
- Strong reaction to things others don't find painful (abnormal pain perception processing)

Its causes and/or risk factors are unknown, but disease onset is associated with . . .

- **Stressful or traumatic events, such as car accidents, post traumatic stress disorder (PTSD)**
- **Repetitive injuries**
- **Illness (e.g. viral infections)**
- **Certain diseases (i.e., SLE, RA, chronic fatigue syndrome)**
- **Genetic predisposition^{1,2}**

1. Arnold LM, Hudson JI, Hess EV, Ware AE, Fritz DA, Auchenbach MB, Starck LO, Keck PE. Family study of fibromyalgia. *Arthritis Rheum* 2004;50(3):944-952.

2. Neumann L, Buskila D. Epidemiology of fibromyalgia. *Curr Pain Headache Rep* 2003;7(5):362-368.

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But just before the birth of my fourth (and last) child, I was actually in fear of becoming disabled. I was a psychiatrist and, by the afternoon, I could hardly walk from my desk down the hall to get patients. I was worried about needing some sort of crutch—but wondered how I would use a crutch if my hands ached and were weak.

I visited a rheumatologist, but got the same speech about having a “fibromyalgia-chronic fatigue” picture. And I was told, yet again, there wasn’t anything concrete that could be done, except exercise and realize that as my estrogen levels decline, the pain would escalate. I did receive a packet of steroids in case I got up one morning and couldn’t drive.

It seemed as if I was deteriorating daily. After the birth of my last child, I retired from psychiatry and exercised even more . . . but seemed to be getting worse day by day. My 14-year-old son had to change the baby’s diapers in the evening because I couldn’t use my hands. I had to pick up the baby with the upper part of my arms—and I couldn’t climb the stairs sometimes. My husband, a heart surgeon, was already talking to his partner about what he was going to do if I became disabled.

Meanwhile, her husband had been investigating various practice options for his career and learned about the Cenegenics® Medical Institute. The more he read about their protocols and patient outcomes, the more he thought it a good idea for his wife to go in for a consultation.

Their intensive evaluation process revealed some striking facts. I may have been exercising and seemingly “fit” . . . but my blood work showed just how ill I was. The first red flag was that my body was “extremely hypothyroid.” Being so thin and exercising so much, it never occurred to anyone before, including myself, to check my thyroid.

I followed recommendations from my Cenegenics medical team, which included low-glycemic nutrition to reduce inflammation, more effective exercise to build up my strength, nutraceuticals (especially antioxidant and joint formulations) and a combination of different hormone optimization protocols to correct deficiencies discovered during my evaluation.

Giving up carbs was hard for me because I never had to watch my weight—and was the queen of carbs, eating a large piece of chocolate cake for lunch, a big bowl of ice cream with dinner, etc. But the low-glycemic diet has made a difference. I’ll have a Mardi Gras day sometimes . . . but around Christmas I gave myself a few Mardi Gras days. I felt the difference because my condition flared up.

Besides helping with strength, the exercise program improved my body composition. I’m the same weight, but my body is totally different. I think I had a significant amount of fat and was losing muscle before—my weight may have been low and appearance slender, but my body composition wasn’t as healthy.

Transformed living . . .

Having dealt with this chronic pain most of my life, I honestly didn’t expect to do that well with any program. But the change in my health is unbelievable. I think it’s remarkable that it is not just one aspect of the Cenegenics program that is making the difference in my life.

I’ve gone from worrying about becoming disabled to actually feeling better than I did in my 20s! When you’re in constant pain, it takes its toll—using a certain amount of energy just to function and, ultimately, becoming irritable and depressed. Now my mental outlook has improved considerably because I’m not in pain all the time any more and can actually play with my children, enjoy every day and begin a new medical career.

True to her calling, Dr. Binford has redirected her passion to help others into a new medical specialty: age management medicine. She became trained and certified in the field and is opening a private practice in May 2008 as a Cenegenics affiliate physician.





CDC's Fibromyalgia Facts

- Fibromyalgia affected an estimated 5 million adults in 2005.
- Prevalence is much higher among women than men (3.4% versus 0.5%)¹ with a 7:1 ratio of women to men.
- Children also can have the disorder.
- Most people are diagnosed during middle age; prevalence increases with age.
- Adults with fibromyalgia are 3.4 times more likely to have major depression than peers without fibromyalgia.¹
- Fibromyalgia patients scoring perceived "present quality of life" averaged a score of 4.8 (1 = low to 10 = highest).²
- Fibromyalgia patients scored lowest on 7 of 8 subscales (except role-emotional) of the SF-36 compared to patients with other chronic diseases.^{3,4}

1. Lawrence RC, Felson DT, Helmick CG, et al. Estimates of the prevalence of arthritis and other rheumatic conditions in the United States. Part II. *Arthritis Rheum* 2008;58(1):26–35.
2. Bernard AI, Prince A, Edsall P. Quality of life issues for fibromyalgia patients. *Arthritis Care Res* 2000;13(1):42–50.
3. Picavet HSJ, Hoeymans N. Health related quality of life in multiple musculoskeletal diseases: SF-36 and EQ-5D in the DMC3 study. *Ann Rheum Dis* 2004;63:723–729.
4. Schlenk EA, Aelen JA, Dunbar-Jacob J, et al. Health-related quality of life in chronic disorders: A comparison across studies using the MOS SF-36. *Qual Life Res* 1998;7(1):57–65.

Learn more about personalized Cenegenics programs and the science behind age management medicine.
Call 866.953.1510.

Discussions are always confidential and without obligation.