Chronic Fatigue Syndrome (M.E.)

Introduction

Chronic fatigue syndrome, often better known as M.E. (myalgic encephalomyelitis) and post viral syndrome, seems to be a mysterious disease which has been running rampant over the past decade. To variable degrees, a growing number of people suffer from this syndrome, for which no clear-cut cause has yet been found. Sufferers appear healthy and frequently have normal blood test results. This regularly leads general practitioners, consultants, occupational physicians, employers and society in general, to deny the existence of this syndrome. Useless referrals to psychiatrists and psychologists; the use of hypnotics, tranquilizers and antidepressants; an inability to cope with daily life in general, and work in particular; are only some of the unpleasant consequences of this malady.

The Clinical Picture

Diagnosing chronic fatigue (or M.E.) is done based on the patient's complaint pattern and history. In order to diagnose the syndrome, other causes of chronic fatigue, such as anemia, thyroid dysfunction, certain infections, autoimmune disease such as multiple sclerosis, sarcoidosis, etc. need to be excluded.

The most commonly found complaints are:

- extreme fatigue (more than 50% energy loss) for a minimum of 6 months, often with slow recovery after exertion; sometimes "good" periods;
- general malaise;
- muscle ache and/or muscle weakness;
- concentration and memory problems;
- sleeping disorders;
- depression;
- mental confusion ("brain fog");
- anxiety;
- headache;
- sore throat;

- glandular swelling;
- slightly raised body temperature;
- disrupted heat regulation;
- intestinal complaints;
- allergies.

The Cause

For years, researchers have unsuccessfully tried to discover a singular cause for M.E. Their search was targeted at:

- viruses: mononucleosis (E.B. virus), cytomegalo virus, Herpes 6 virus;
- yeasts, moulds: Candida;
- parasites: Toxoplasma, Giardia Lamblia, amoebas;
- bacteria: Chlamydia, Borrelia, chronic bacterial infections;
- disturbances of the immune system;
- hormonal abnormalities (thyroid, adrenal gland);
- stress;
- food allergies and intolerances;
- chemical sensitivities: Sick Building syndrome, Multiple Chemical Sensitivity;
- liver detoxification disturbances, etc.

Most M.E. experts currently agree that the cause is multifactorial. This implies that a complex of factors provokes the disease. For instance, an intestinal infection involving parasites, yeasts or moulds may cause food sensitivity (food intolerance), weakening of the immune system and/or liver detoxification disturbances. Singularly, weakening of the immune system may lead one to greater susceptibility to infections. Once body tolerance is reached due to an overload of immune weakening stimuli, the body may give in: M.E. can then be the result. This explains why it often does not suffice to treat just one of the aforementioned factors; the entire complex needs to be addressed and the body's resistance strengthened.

Diagnostics

As discussed before, M.E. is diagnosed through elimination. Other diseases that may give rise to chronic fatigue need to be excluded first.
Conventional blood tests are performed to exclude anemia, low iron stores, thyroid dysfunction, autoimmune disease and certain infections. Many M.E. patients suffer from intestinal complaints. Stool tests, which trace infections with parasites, yeasts, moulds and bacteria, may be necessary as well. At least 60% of all M.E. patients suffer from food intolerances, most of them without knowing it. Food intolerances are very hard to demonstrate, especially when using conventional laboratory methods such as skin scratch tests or RAST tests.

For this reason the Amsterdam Kliniek uses a very advanced test procedure: the neutrophile test. Here, a drop of the patient's blood is mixed with a drop of food concentrate. Next, an adjusted hematology analyzer (machine that examines blood cells) measures certain changes in neutrophiles (specific kind of white blood cell) through direct current and radio wave frequencies. The changes in these neutrophiles reflect of the presence of food intolerances with a great degree of reliablity.
In the past the IgG(4) antibody test was used. This test shows the presence of IgG(4) antibodies. These are slow-reacting antibodies that generally don't appear in the blood until 24-48 hours later in response to a food that is not well tolerated. In the end, the reliability of this test left too much to be desired and the test was abandoned altogether and replaced by the neutrophile test.

A diet based on the results of the neutrophile test often leads to lessening or even disappearance of all kinds of complaints such as headache (migraine), emotional complaints, intestinal problems and, last but not least, fatigue.

Quite often, the blood sugar (glucose) regulatory system is disturbed, with a special tendency towards low glucose levels known as hypoglycemia. Hypoglycemia is a condition characterized by strongly fluctuating glucose levels, showing dramatic drops in these levels during the course of the day. Spontaneous hypoglycemia may manifest itself in the form of headaches, sleeplessness, sweating, shakiness, irritability, anxiety and panic attacks, hyperventilation and depression on the one hand, as well as in bouts of fatigue, mental fog, weakness and a craving for sweets on the other hand. It is true that many patients tend to feel better after eating, but this is generally a short-lived improvement. A 5-hour long glucose tolerance test is instrumental in demonstrating hypoglycemia.

Other useful tests are:

- urine analysis in order to measure toxic metal overload (see Metal Toxicology);
- stool tests;
- blood and/or hair analysis to determine vitamin and trace mineral deficiencies.

Treatment

After assessing possible contributing factors, based on the patient's history, physical examination and diagnostic tests, a treatment plan is drawn up.

Diet

The prime focus of the treatment regime is on an individualized, hypoallergenic elimination diet, which temporarily excludes the offending foods. This is supported by orthomolecular nutritional supplements such as vitamins, minerals and enzymes. As long as they are taken in the proper doses, these substances, which are inherent to the body, quite often promote considerable improvement. This result is obtained because these orthomolecular substances compensate for possible shortages, activate the immune system and raise the energy production in the cells of the body.

The diet is based on the aforementioned neutrophile test results, glucose tolerance test (if applicable) or other specific complaints (e.g. fermentation of the gut, etc.). Many complaints quite often disappear on a hypoallergenic diet, whereas before, the relationship between food and specific complaints had gone unrecognized. Fatigue also often diminishes dramatically.

Intestinal "restoration"

In many cases, it is necessary to restore the balance in the intestines. This can be done by eradicating uninvited visitors (parasites, yeasts, moulds), replenishing beneficial bacteria (probiotics) and restoring the (often porous) intestinal mucosa.

Vitamin administration

Administration of vitamins and minerals, either or orally or intravenously (see Orthomolecular Medicine), leads to improvement of restorative processes in many M.E. patients.

Desensitization/immune stimulation

A very important asset in the treatment of M.E. is enzyme-potentiated desensitization (EPD). This therapy, which originated in the United Kingdom, was initially used for the treatment of inhalant allergies (such as hay fever and asthma) and food sensitivity only. However, M.E. patients receiving this treatment for their allergies or intolerances, found that in more than 50% of all cases their M.E. complaints greatly improved or disappeared. Similar results were seen in M.E. patients without any allergies or intolerances whatsoever.

In EPD, a small quantity of a broad-spectrum mixture of inhalant or food allergens, combined with an enzyme called beta-glucuronidase, is injected intradermally. Not only does this injection lead to the immune system's acceptance of the allergens involved, but it also stimulates so-called natural killer cells, important members of the immune system. Quite likely, this specific immune stimulation is responsible for the improvement in M.E. patients.

Although rest may play a role in the treatment, in most cases, rest alone will result in little or no improvement over time. In general about 80% of all M.E. patients show clear improvement based upon the abovementioned combination of treatment methods.

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