



CHRONIC FATIGUE SYNDROME

a guide to the homeopathic
treatment of CFS/M.E

Diane Solomon DHM Dip.I.O.N

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By Diane Solomon, B.S., DHM, Dip I.O.N. (London)

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Disclaimer: The author is not a medical doctor. Nothing in this book is intended to diagnose, treat, cure or *prevent any disease*. The opinions expressed in this book reflect personal experiences and judgments based on practice, research and study.

This book is not a substitute for qualified medical advice, and does not provide guaranteed cures or fixes. You must not rely on the information in this book as an alternative to medical advice from your doctor or another healthcare provider. The author does not endorse or recommend any specific diet or food plan for therapeutic purposes.

The book contains general information about medical conditions and treatments. Nothing in the book is advice, and should not be treated as such. The author makes no representations or warranties in relation to the medical information in this book. Do not delay seeking medical advice or care, ignore medical advice, or stop medical treatment because of information in this book.

If you are pregnant, nursing, taking medication, or have a medical condition, be sure to consult your physician or qualified health practitioner before using any product.

DEDICATION

This book is dedicated, with love and empathy, to each and every soul struggling with Chronic Fatigue Syndrome. Although it has been called a life-destroyer, it does not have to be! It is not a "for life" jail sentence.

I know. I have been there.

May you soon return to full health. Here's to your total rejuvenation and restoration!

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PREFACE

With the wealth of available books discussing every possible factor relating to Chronic Fatigue Syndrome, you may wonder why I chose to write another one. I have studied this illness in the course of my practice as a nutritionist and homeopath and have information that may help. And, as a fully recovered CFS sufferer (a rare beast), I have a great deal of experience to share, and enormous understanding and compassion for anyone suffering this scourge.

I do not pretend that this is the be-all or end-all book on CFS, with regard to research, orthodox treatment, etc. There are high-quality books that lay out the history, symptomatology, CDC definition and treatment protocols, and possible alternative treatments. I simply put forward an overview of these areas. No need to re-create the wheel! However, few of these books touch on homeopathy in any in-depth way. In my opinion, having practiced for over 20 years, and worked with many CFS sufferers, homeopathy is vital, even essential, to the treatment plan.

I wrote this book out of a passionate desire to help others afflicted by this syndrome, which stems, of course, from my own painful personal experience: seven devastating years of Chronic Fatigue Syndrome.

Here is a little of that story. I had completed my nutrition degree, in London, in 1986, from the Institute of Optimum Nutrition. I had practiced nutrition for some years, when I, of all people, came down with the dreaded Chronic Fatigue Syndrome, or Myalgic Encephalomyelitis, shortened to ME, as it is known in the UK. Imagine my shock, disbelief, and denial when I contracted what I thought was the flu, but never got better. It couldn't happen to *me*, I was a nutritionist! I ate organic food, drank very little alcohol, I exercised, I took tons of nutritional supplements. I was happy, having just fallen in love and was planning to move to Los Angeles to be with my fiancé.

But, I had a history of Irritable Bowel Syndrome (IBS), and I needed to be very careful with wheat and dairy, due to food intolerances to both. Add to that the occasional migraine headache, inherited from my mother, and I certainly wasn't able to lay claim to perfect health.

Stress had a great deal to do with it, too. I was selling my home in London, moving to California, planning my wedding, buying a home in Santa Monica, and my father was dying of pancreatic cancer. I flew from London to Los Angeles 22 times in 24 months, as well as making several trips to Massachusetts to see Dad. By the time he passed away, I was an exhausted wreck. Nutritional adrenal support helped a bit, then failed. Other energy nutrients and herbs didn't work. Rest didn't work. Exercise was impossible. Sleep was elusive. I'd come down with the flu but didn't stop doing all the things that needed to be done. I worked

and traveled right through it, out of sheer will power, and from a sense, however misguided, that it was absolute necessity that I do so. The Super Woman diagnosis definitely applied. I thought I could do anything.

Over the next seven years, I tried every possible modality. First, of course, were the orthodox physicians. Three of them. I heard "You're hyperventilating, breathe out of a brown paper bag and you'll be fine." This from an MD in England. "Try to get some more rest; here is a prescription for tranquilizers and sleeping pills." This advice from another general MD, this one in Los Angeles.

And then there was the MD at Cedar Sinai in Los Angeles who spent a great deal of the appointment time trying to persuade me to schedule a mammogram. (What did that have to do with the price of tomatoes that day?) I was there, desperate for help, with symptoms of systemic exhaustion, inflammation, swollen glands, sore throat, shaky feeling, weakness, foggy mental processes such as lack of concentration, and inability to sleep – all the symptoms of CFS. When I researched his clinic, I found that he part-owned the laboratory where he wanted to send me. Of course, this practitioner had nothing helpful to offer; he actually confessed he had no idea what was wrong with me. But he did present a large bill.

I also tried, oh, so many alternative practitioners, who, while more caring people, couldn't seem to help, either. I would find a bit of improvement from herbs, a chiropractic adjustment, acupuncture, or whatever, but it would not hold,

and I'd sink right back down. I sought out naturopaths, acupuncturists, Chinese herbalists, chiropractors, a DO, massage therapy. I even tried hypnotherapy, in case I had somehow brought this all on myself and therefore my mind could undo it. I felt guilty contemplating that I had somehow done this to myself. But nothing I tried was of much use, certainly nothing lasting. I spent a fortune, was unable to work at the time, and was terrified. And very depressed about it.

The nutshell: years of bed-ridden misery. Sometimes I couldn't walk across the room unaided. I couldn't find the energy to answer the telephone. I couldn't sleep, so I never felt better in the morning. My first waking thought was "Oh my God, another day. How on earth do I get through it?" There was no reprieve from the never-ending headaches, body and muscle aches, and the inexplicable, all-consuming fatigue. Imagine you flew from L.A. to Bangkok (16 hours or so), with the flu, and a hangover, and then add the sensation that you've drunk five cups of coffee so you can't sleep. When you do sleep, it is a light, floating, semi-sleep full of horrible dreams, and you wake up over and over and over again. So the nights go on forever, but you feel no better in the morning. You just hurt all over like someone has hit you with a baseball bat about 40 times, and you honestly wish you were dead. That's Chronic Fatigue Syndrome.

It truly felt like a lifetime, these years of suffering, and thoughts of suicide haunted me. I know it was cowardice that prevented it, not any sense of hope. That was long gone.

Then I tried homeopathy – goodness knows why I did not find it sooner. A Los Angeles-based homeopath/Chinese herbalist recommended I take a nosode of Cocksackie B4 virus. (I know this may not mean much to you at this point – more later!) I took three doses over 24 hours and then promptly experienced a full-blown, terrifying relapse. Any tenuous balance or coping I was holding on to vanished with this remedy. I fell into bed – boy, did it ever make me sick! I was much worse; for about a week and a half I felt as if I had the full-blown flu. It scared me, I can tell you.

But then it was over. At about the ten-day mark, I just woke up. Everything felt different. There was no pain, no foggy feeling in the head, much less exhaustion, no swollen glands, no sore throat, no sore muscle points. I was still tired, weak, still had some mild IBS and gut problems, and the occasional inherited tendency to migraines that I had experienced for years before the CFS. But the majority of the symptoms were gone, and I was a consistent 80-85% better. No relapse. It took a while to clean up the gut, restore full adrenal function, and I was allergic to every food under the sun, it seemed, by this time.

There was more to do to be 100%. But, I felt like the black and white movie of my life had suddenly been remastered in gorgeous color. Like the curtains were raised. Like everything was in focus again. The fog and misery and

aches and pains never returned. I was terrified that they might, for the next few years, but they never did.

Our belief, as homeopaths, is that my immune system was deeply challenged by the remedy of this virus (perhaps the virus of the original flu I had contracted seven years previously) and had kicked it out at last. The truth is, no one in the world of homeopathy knows exactly how this works, but that is my best guess.

I have since helped many people with CFS to recover some or most of their health with a remedy similar to Coxsackie. It might be another virus, such as Influenza or Cytomegalovirus, or even the Mononucleosis EBV virus. This is not to say that I think everyone with CFS will recover this dramatically with the use of a viral nosode, but it certainly can be a part of the picture needing to be addressed. Or, at least viral involvement must be eliminated as a cause.

That's a little of my story. I have been fully recovered now for over 20 years. I exercise, garden, hike, and ride my bicycle. I am back to normal, with a lingering mild problem with food allergies that I work on. Homeopathic desensitization techniques help, but have not completely eliminated the problem. And of course, I still have the occasional mild migraine. I have undergone constitutional treatment as well, and can honestly say I am healthier now than at any time of my life.

However, not a day passes that I don't feel truly blessed to have survived those dreadful years. When I get a cold or

an occasional stress headache, I tell myself, "It's only a cold, it's not CFS," or "It's only a headache, it's not CFS." So it feels like nothing at all. Nothing could be that bad again, so this rebirth is just wonderful, just miraculous. A true gift!

I look at things differently now, I suppose not unlike those who approach death, yet escape. I am truly grateful that I didn't have the courage, all those years, to do the unthinkable. I am truly grateful that I am still here to enjoy my life, and that I might be able to help others who are lost and in pain.

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[AMAZON REVIEW](#)

INTRODUCTION

Before discussing the treatment of Chronic Fatigue Syndrome (CFS), we must gain an understanding of this complex problem, within the limitations of what we know at the present time. Most people are now aware of CFS/ME, even though some may still think of it as the "Yuppie Flu." Most of us, unfortunately, know of someone with the illness. CFS is now estimated to affect approximately 2 - 4 million Americans and possibly 17 million people worldwide. Various epidemiological surveys find that between 1-3% of Americans are afflicted. A recent study showed that over 25 million Americans have severe fatigue, lasting at least one month at any time.¹ Approximately 85% of people with the disorder remain undiagnosed, so the true incidence of CFS is unknown. With all this variance, what is known is that this

1 Jason, LA, and JA, Richman, et.al. "A Community Based Study of Chronic Fatigue Syndrome." Archives of Internal Medicine 159.18 (2009): 2129-137. US National Library of Medicine, National Institutes of Health. Web. March 10, 2015
<<http://www.ncbi.nlm.nih.gov/pubmed/10527290>>.

syndrome tends to hit people in their 40s and 50s, and occurs up to four times more often in women than men.

The definition of this illness, as set out by the Centers for Disease Control, in Atlanta, Georgia, has succeeded in setting guidelines for diagnosis. Although there is no accepted cure offered in the orthodox medical world, at least CFS is finally being accepted as a serious condition. Just this year, in February 2015, an Institute of Medicine report declared Chronic Fatigue Syndrome a "legitimate" illness, one that should be taken seriously by medical doctors.²

This will result, hopefully, in medical treatment aimed at a biological disease mechanism, not an emotional issue. Far too long CFS sufferers have had to contend with the "Yuppie Flu" brand, the depression misdiagnosis, or the "Oh, you're tired? I'm tired, too," comment from those who do not understand that having CFS is like living with a flu from which you never recover.

2 "Beyond Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Redefining an Illness."

Institute of Medicine. 10 Feb. 2015. Web. 15 Mar. 2015.

<<http://iom.nationalacademies.org/Reports/2015/ME-CFS.aspx>>.

In a powerful turning point moment for the many sufferers of Chronic Fatigue Syndrome, a February 2015 Institute of Medicine news release stated, *"In its most severe form, this disease can consume the lives of those whom it afflicts. It is 'real.' It is not appropriate to dismiss these patients by saying, 'I am chronically fatigued, too.'"*³

The Institute of Medicine went on to recommend that Chronic Fatigue Syndrome be renamed "Systemic Exertion Intolerance Disease." Whether renamed or not, I am glad it will be reviewed and treated more seriously in the future.

There is research that points to possible markers for the disease, and which creates better understanding of what CFS does to the immune system and the nervous systems. However, this research has not yet led to much in the way of helpful orthodox treatment. In fact, it seems the drugs the medical world prescribes too often make a CFS sufferer feel even worse.

While I will attempt, in the appendices of this book, to lay out a general overview of the research and theories with

³ US National Library of Medicine Press Release, Feb 10, 2015. Web May 25, 2015.
http://www.nlm.nih.gov/medlineplus/news/fullstory_150867.html

regard to CFS/M.E., it is by no means complete. For the reader who wishes to read a summary and then move on to the homeopathic and complementary treatments of CFS, please check out Miriam E Tucker's succinct and thorough article for Medscape, which was published on January 8th of this year, 2015. It is entitled, "[Chronic Fatigue Syndrome: Wrong Name, Real Illness.](#)"

There are many current theories pertaining to possible causes of this syndrome. Perhaps part of the problem is that scientists and physicians are used to searching for a single cause, a smoking gun. They are looking to find a drug that will eradicate one invading organism, be it a virus, bacteria, parasite, fungus, etc. But, in the opinion of many experts and practitioners in the alternate and complementary health field, Chronic Fatigue Syndrome seems to be a plethora of problems piled high upon each other, and there is not one lone drug that holds the slam-dunk cure.

With this in mind, let's look at all the various indicating factors that may be involved in CFS. There is a high percentage of Chronic Fatigue Syndrome sufferers with what we call unresolved foci in the body, such as viral infection, parasites, dysbiosis (imbalance of the bacteria in the colon) and/or candida inflammations of the bowel, and allergies to both foods and airborne substances. Many patients with CFS also have allergic or hypersensitive reactions to chemicals in the environment, heavy metal toxicity, thyroid toxicosis, and such problems as nutritional deficiencies. One or several of these problems may lead to an eventual diagnosis of Chronic

Fatigue Syndrome, with the devastating fatigue, pain, and depression that this involves. It is important to use methods for diagnosing these problems, or foci, in order to unravel this syndrome.

The problems may be like an onion, in layers, which need to be peeled back. With the help of herbs, homeopathic remedies, and nutritional supplementation, much of the suffering involved in CFS can be dramatically alleviated, if not complete eradicated.

OVERVIEW

*"A CFIDS patient feels every day significantly
the same as an AIDS patient feels two
months before death."*

Dr. Mark Loveless, infectious disease specialist at
Oregon Health Sciences University⁴

*"Chronic fatigue syndrome will be the dominant
chronic health disorder of the 21st century."*

Dr. Majid Ali, from *The Canary and Chronic Fatigue*⁵

Although Chronic Fatigue Syndrome has been the focus of intense medical attention for only about 25 years, it seems to be an old illness – an old illness that has had many names! As early as the 1750s, a post-infection disorder was observed by Sir Richard Manning, which he called "febricula." It later

4 CFIDS Association, "Yuppie Flu Is Dead." Townsend Letter for Doctors Aug/Sept 1995 (1995): 145/146. Print.

5 Ali, Majid, MD. *The Canary and Chronic Fatigue: Reversing Chronic Fatigue* Life Span Press, Denville, New Jersey, 1995

came to be known as neurasthenia (exhaustion and listlessness), atypical polio, "Royal Free disease," "endemic neuromyasthenia" (USA), and Tapanui flu (New Zealand). More recently it became known in the United Kingdom as Myalgic Encephalomyelitis (this mouthful is fortunately shortened to "M.E."), and chronic Epstein-Barr in the USA.

However, today it is primarily known as Myalgic Encephalomyelitis (ME) in Great Britain, and Chronic Fatigue Immune Dysfunction Syndrome (CFIDS), or just Chronic Fatigue Syndrome (CFS) in the US. Arguing about the proper name seems to me to be something of a waste of resources, as CFS is now recognized by the World Health Organization as a "debilitating and distressing condition."

CFS: The CDC Definition

The CDC (Center for Disease Control in Atlanta, Georgia, in the USA) laid out its working definition of CFS (Holmes, et al) way back in 1994. (But, thanks to recent recommendations from The Institute of Medicine, this may be updated in the near future.) The consensus from the leading CFS researchers and clinicians is that Chronic Fatigue Syndrome is a subset of Chronic Fatigue, which of course is a broader category understood to mean prolonged fatigue. True CFS must be differentiated from prolonged fatigue.

Here are the official symptoms that must be evaluated to receive a diagnosis of CFS in America:

- Unremitting fatigue
- Sleep that is unrefreshing
- Muscle pain which is unexplained
- Poor concentration or loss of memory
- Sore throat
- Enlarged lymph nodes in armpits or neck
- A new type of headache, or headache that follows a new pattern or is more severe
- Joint pain that moves from joint to joint, with no redness or swelling
- Extreme exhaustion lasting at least 24 hours, following mental or physical exertion

The guidelines for evaluating CFS include a thorough medical history, physical exam, and lab tests before a diagnosis of CFS can be made. According to the CDC, clinically evaluated, unexplained chronic fatigue cases can only be classified as Chronic Fatigue Syndrome if:

Unexplained, persistent fatigue that is of new or definite onset (not lifelong), is not the result of ongoing exertion, is not substantially alleviated by rest, and results in substantial reduction in previous levels of occupational, education, social, or personal activities.

The concurrent occurrence of four or more of the following symptoms: substantial impairment in short-term memory or concentration; sore throat; tender lymph nodes; muscle pain; multi-joint pain without swelling or redness; headaches of a new type, pattern or severity; unrefreshing sleep; and post-exertional malaise lasting more than 24 hours.

These symptoms must have persisted or recurred during six or more consecutive months of illness and must not have predated the fatigue.

Furthermore, the CDC lists conditions that must be excluded or eliminated as a possibility before a diagnosis of CFS can be given.

Therefore, the practitioner must rule out infections, metabolic disorders, endocrine disorders, and cancer. He or she must exclude any other diagnosis that may explain the presence of chronic fatigue, such as untreated hypothyroidism (lowered thyroid function), sleep apnea and narcolepsy, and iatrogenic conditions such as side effects of medication. CFS must be differentiated from diagnosable illnesses that may relapse or may not have completely resolved during treatment, such as some types of malignancies, hepatitis B or C virus infection. Also major depressive disorders such as schizophrenia, dementia, bipolar affective disorder, etc, must be ruled out, as must alcohol or other substance abuse, or severe obesity.

The CDC does not condone batteries of tests other than those to exclude other medical explanations for the patient's fatigue. Only in the setting of protocol-based research is this suggested. These tests include serologic tests for Epstein Barr (over the history of ME/CFS this virus has been at times thought to be a prime indicating factor in CFS, and in 2014, evidence arose again for this theory), enteroviruses, retroviruses, human herpes virus 6, Candida Albicans, tests of immunologic function, including cell population and function studies, and imaging test such as MRI and radionuclide scans.

The CFS effect on lives

As you can see, CFS delivers a complex list of symptoms, primarily characterized by severe and lasting fatigue or tiredness. This fatigue is not relieved by rest or sleep, and is made dramatically worse by exertion or exercise. Patients suffering from this syndrome experience a drastically reduced level of activity. Many cannot work, or if they do, that's all they do. They go home so exhausted they can hardly function.

The sad list of symptoms is extensive. As well as the above characteristics, there is a variety of non-specific symptoms, including muscle aches or pains (fibromyalgia), malaise, weakness, headaches, sore throats, swollen and tender glands, intestinal complaints that resemble Irritable Bowel Syndrome, and recurrent low-grade fevers.

Additionally, many CFS victims suffer from depression, insomnia and disturbed sleep, impaired memory and/or concentrations, visual disturbances, and vertigo. The only way that CFS is currently diagnosed is by a history of illness based on the criteria of the CDC in Atlanta. This diagnosis is also dependent on the systematic exclusion of other possible causes of the symptoms. The patient must have experienced fatigue, plus a number of the other characteristic symptoms, for a minimum of six months.

CFS as a legitimate illness

"I think the most important thing for physicians to know is that while we don't have a diagnostic test or a proven treatment, there is now abundant evidence that in these [CFS] patients there is an underlying biological process. Their symptoms are linked to problems of their biology and not imagined." ~ Anthony L. Komaroff, MD, Harvard Health Publications editor-in-chief.

This acceptance of Chronic Fatigue Syndrome as a legitimate illness has finally given the CFS patient some comfort. At least the illness has a name, and the sufferer no longer feels so alone. After such a long period of being diagnosed as having the derogatory "Yuppie Flu," or being treated as having a psychosomatic illness related to stress, the person in this position at least feels vindicated. He or she can say, "See, I *told* you I was sick." However, this

vindication does not count for much when the patient realizes there is little or nothing offered in the orthodox medical world that will help.

And, strangely, there can be a distinct disadvantage to the diagnosis and recognition of CFS as a true illness. After years of denying its existence, allopathic medicine has finally isolated the syndrome, given it a name, and relegated it to the long, sad list of other chronic illnesses for which it has no cure, only limited ability to alleviate symptoms.

A great disservice is done to this often-desperate patient by not searching further into his health problem. Rarely are stool samples taken, or digestive analysis carried out. No testing is done for heavy metals, or allergies, and of course, no suggestion is made that he see a homeopath, nutritionist, or any other holistic practitioner. So years can go by with little or no improvement in the health or standard of life of this patient, and he never knows, unless he delves into the world of alternative and complementary healthcare, that there is often help available.

Therefore, this disorder can persist indefinitely, since the medical orthodox establishment has, up until now, found no cause and few specific helpful tests to diagnose the condition. Furthermore, it has relatively little to offer in the way of treatment, except tranquilizers, anti-depressants, and/or anti-inflammatory drugs.

Fortunately, there are now signs that much of the medical and governmental world has recently begun to

accept CFS as a genuine clinical condition, and there is new research, both clinical and epidemiological, being conducted regarding this devastating issue.

A Few Facts and Figures

- CFS is estimated to affect up to 2-4 million Americans⁶ and up to 17 million people worldwide.
- Although there have certainly been "clusters" of CFS reported, such as the highly publicized outbreak in Lake Tahoe, Nevada between 1983 and 1986, there are no statistics that confirm that CFS is contagious.^{7, 8} However, it sometimes occurs in the same family. This may be a genetic or familial link, which needs further research.

6 Rosati, Peggy Allen, "Chronic Fatigue Syndrome: Implications for Women and Their Health Care Providers During the Childbearing Years." J Midwifery Womens Health 53(4) (2008):289-301. Web. June 1 2015. <

http://www.medscape.com/viewarticle/576986_2>.

7 R.T. Clement, M.D., "Chronic Fatigue Syndrome," syllabus BHII/HEEL conference, New York, April 1997, page 3

8 Ibid.

- It is estimated that up to 85% of Americans with CFS are undiagnosed.⁹
- Income level seems to play no part in who will come down with CFS.¹⁰
- CFS strikes more individuals in the USA than lupus, multiple sclerosis, and many types of cancer.¹¹
- Women are more susceptible than men.¹²
- It is possible that only about 2% of CFS victims ever completely recover.^{13 14}

9 US Center for Disease Control and Prevention. "CFS toolkit for health care professionals" Atlanta, GA: Department of Health and Human Services. Web. December 11, 2007.

[http:// www.cdc.gov/cfs/toolkit.htm](http://www.cdc.gov/cfs/toolkit.htm)

10 "Chronic Fatigue Syndrome: Who's at Risk?" Centers for Disease Control and Prevention. Web Oct 2 2015. <http://www.cdc.gov/cfs/causes/risk-groups.html>

11 Ibid.

12 Ibid.

13 Zimmer, J. "Treating CFIDS: The Clinician's View," CFIDS Chronicle, Summer 1995

- Depression occurs for a percentage of those with CFS, but probably develops as a reaction to their poor quality of life and their frustration with an inability to recover.¹⁵
- CFS patients are significantly more likely to report a period of extreme stress or persistent nasal symptoms prior to the onset of the illness.^{16 17 18}
- Chronic Fatigue Syndrome often seems to begin after an infection, such as influenza, or after a severe physical trauma or emotional shock.^{19 20}

14 Bombadier, CH, and D, Et Al Buchwald. "Outcome and Prognosis of Patients with Chronic Fatigue vs Chronic Fatigue Syndrome." Archives of Internal Medicine 155 (19) (1995): 2105-10. Print.

15 Tucker, Miriam, "Wrong Name, Real Illness." January 8, 2015. Medscape Rheumatology. Web <http://www.medscape.com/viewarticle/837577>

16 Ibid.

17 Salit IE. "Precipitating factors for the chronic fatigue syndrome." J Psychiatric Res 31:1, (1997)59-65

18 "Chronic Fatigue Syndrome: A Definition." Mayo Clinic. Web. 10 Sept. 2015.

<<http://www.mayoclinic.org/diseases-conditions/chronic-fatigue-syndrome/basics/definition/CON-20022009?p=1> Web. April 17 2015:>.

- Some of the potential complications that accompany Chronic Fatigue Syndrome are depression, isolation, restriction of a normal lifestyle, and absence from work²¹
- The highest rate of recovery is in the first five years. Sudden onset patients have double the incidence of recovery than gradual onset patients.²²
- A high proportion of CFS patients has neurally mediated hypotension, a defect in the way the body controls blood pressure^{23 24}

19 Chaitow, Leon. Masterclass, "Chronic Fatigue Syndrome and Fibromyalgia."

International Journal of Alternative and Complementary Medicine, June 1995, page 12

20 Tucker, Miriam, "Wrong Name, Real Illness." January 8, 2015. Medscape Rheumatology. Web <http://www.medscape.com/viewarticle/837577>

21 Ibid.

22 CDC "Epidemiological studies of chronic fatigue syndrome at the CDC." Centers for Disease Control, Atlanta, Georgia, statement regarding Chronic Fatigue Syndrome: 1996 <http://www.cdc.gov/cfs/>

23 Bou-Holaigah, Rowe P.C. et al, "Is Neurally-Mediated Hypotension an Unrecognized Cause of Chronic Fatigue?" The Lancet 345: 8950;623 (2) (1995) Print.

- In 80% of CFS sufferers, a crimson crescent can be seen over the uvula and tonsils, different from the swelling and erythema of strep throat.^{25 26 27}
(Although these crescents are also seen in many cases of Mono, Lupus and Lyme Disease.)
- A large proportion of CFS sufferers has allergic reactions to many substances, and may even be so extreme as to be diagnosed as Multiple Chemical Sensitivity. These patients have severe reactions to perfumes, petroleum products, household chemicals, etc., as well as pollens, dust, molds etc. The majority of sufferers also react to some foods in an allergic manner, most often to wheat, grains and dairy products.

24 CDC Centers for Disease Control and Prevention. "Chronic Fatigue Syndrome." Web. May 21 2015 <http://www.cdc.gov/cfs/causes/index.html>

25 Collin, Jonathan, MD. "Chronic Fatigue, Mycotoxins, Abnormal Clotting and Other notes," Townsend Letter For Doctors, #157/8 Aug/Sept 1996 page 4

26 Marchesani, R, "Observations of Dr. Burke Cunha," Infectious Disease News, Vol 5 No 11 November 1992. Print.

27 Chaitow, L, "Reports and Comments on the latest worldwide medical research," International Journal of Complementary Medicine, May (1994): 32. Print

- Family studies of CFS patients point to an above average incidence of autoimmune diseases, allergies, and cancer^{28 29}
- Exercise exacerbates symptoms.³⁰ This distinguishing factor separates CFS from Fibromyalgia in diagnosis. Fibromyalgia patients tend to feel better from exercise, while those with Chronic Fatigue Syndrome are exacerbated by exercise. Patients report that the negative effects of exercise may take as much as several days to dissipate.³¹
- Several studies report immune system abnormalities which are suggestive of viral infection, such as a

28 Smit, Alta, "Chronic Fatigue syndrome- A Homotoxicological View," Biologische Medizin; 1996 August; 159-65

29 Levine PH, Atherton M, et al. "An approach to studies of cancer subsequent to clusters of chronic fatigue syndrome: use of data from the Nevada State Cancer Registry." Clinical Infectious Diseases. 18 (supp) 1: S49-53, (1994) Jan

30 Peterson PK, Sirr SA, et al. "Effects of mild exercise on cytokines and cerebral blood flow in chronic fatigue syndrome patients." Clinical and Diagnostic Laboratory Immunology. 1 (2) : 222-6, 1994 Mar

31 Rosenbaum, Susser. Solving the Puzzle of Chronic Fatigue, Life Sciences Press, Tacoma WA, 1992

decreased level of Natural Killer (NK) cell function,^{32 33 34} lowered tumor necrosis factor,³⁵ atypical lymphocytosis, and both elevated and reduced levels of Immunoglobulin G.^{36 37}

- At present, there is still no accepted specific biomarker for the diagnosis of CFS and its pathological fatigue.³⁸ There has been some work done investigating gene expression: a study in 2008

32 Caligiuri M, Murray c, et al. "Phenotypic and functional deficiency of natural killer cells in patients with chronic fatigue syndrome." *Journal of Immunology* (1987 Nov) 139 (10): 3306-13

33 Baker E, et al. "Immunologic abnormalities associated with chronic fatigue syndrome." *Clinical Infectious Diseases* 1994; 18 (supp 1) 136-41

34 Levy JA. "Viral studies of chronic fatigue syndrome-introduction." *Clinical Infectious Diseases* 1994; 18 (supp 1): 117-20

35 Swanink CM, Vercoulen JH, et al. "All lymphocyte subsets, apoptosis, and cytokines in patients with chronic fatigue syndrome." *J Infectious Diseases* (1996 Feb) 173 (2): 460-3

36 Bates DW, Buchwald D, et al. Clinical laboratory test findings I patients with chronic fatigue syndrome. *Arch. Int. Med.* (1995 Jan 9) 155 (1): 97-103

37 Lloyd A.R., Wakefield, D et al. "Immunological abnormalities in the chronic fatigue syndrome." *Med. J. Aust.* (1989 August 7) 151 (3): 122-4

38 Courage, K, "Baffling Chronic Fatigue Syndrome Set for Diagnostic Overhaul, *Scientific American*, May 16, 2014. <http://www.scientificamerican.com/article/baffling-chronic-fatigue-syndrome-set-for-diagnostic-overhaul/> Web July 3 2014.

found twelve genes, which were changed significantly in CFS patients.³⁹ But with regard to a single pathogen causing the syndrome, no evidence links any one virus or bacteria to CFS. For example, in 1997, a study published in *Clinical Infectious Diseases* compared CFS patients with healthy controls, looking for infectious agents. These were retroviruses, enteroviruses, arboviruses, Cytomegalovirus, Herpes Virus 6, Varicella Zoster, Epstein Barr, Hepatitis, Measles, Rubella, Parvovirus, Rickettsia, Candida, Chlamydia, and others. No evidence was found that the presence of any of these human pathogens increased the risk for developing CFS.⁴⁰

- A possible marker may result from the latest research into spinal fluid of CFS patients. A clinical study, conducted by Dr. Mady Hornig of Columbia University, and published in the March 31, 2015

39 Saiki, Kawai T, et al, Identification of marker genes for differential diagnosis of chronic fatigue syndrome. *Mol Med.* 2008 Sep-Oct;14(9-10):599-607. doi: 10.2119/2007-00059

40 Mawle,C, Nisenbaum,R., et al. "Seroepidemiology of Chronic Fatigue Syndrome: A Case-Control Study." *Clinical Infectious Diseases*, vol 21, 1997, pages 1286-1389

issue of *Molecular Psychiatry*, found that spinal fluid samples from CFS sufferers showed reduced levels of cytokines, and most specifically, eotaxin.

Interestingly, patients with multiple sclerosis shared these raised levels of eotaxin cytokines. Dr. Hornig explained that eotaxin is involved in immune responses of the allergic type. These findings offer hope that true biological markers may be established for CFS sufferers, speeding treatment and acceptance.

- There is no evidence to support the theory that certain environmental or life-choice patterns put an individual at risk for developing CFS. In a 1996 study, there were no risk factors identified that effectively distinguish CFS from controls, having considered exposures to chemicals and sick animals, certain food consumption, allergies, travel, occupation, and recreational activity.⁴¹ And the current CDC website confirms that besides the fact that CFS is more apt to hit adult women between 40

41 Reyes, M, Dobbins, J. et al. "Risk Factors for Chronic Fatigue Syndrome: A Case-Control Study." *Journal of Chronic Fatigue Syndrome*, vol 2 (1996): 17-33

and 50, any other definitive risk factors are questionable. Further study is required to decide if it may be in some way a result of infections, immune disorders, stress, trauma, and/or toxins.⁴²

42 CDC Centers for Disease Control and Prevention. "Chronic Fatigue Syndrome." Web. May 21 2015 <http://www.cdc.gov/cfs/causes/index.html>

ABOUT THE AUTHOR



Diane Solomon B.S., DHM, Dip.I.O.N., is a nutritionist and homeopath trained in London at the prestigious Institute of Optimum Nutrition and The British Institute of Homeopathy. Although empowered by her training in nutrition, adding the modality of homeopathy/energy healing to her practice resulted in even greater success and health for her clients. She states that homeopathy is "the most powerful healing mechanism we have."

Although she retired from practice in order to focus on writing, Diane helped thousands of people. She employed a combination of nutrients, herbs, homeopathic remedies, and diet and lifestyle recommendations, designing a personal plan for each person. She routinely worked with women's issues such as perimenopause and menopausal problems, Chronic Fatigue Syndrome, asthma and allergies,

migraines, and arthritis. In her extensive practice she also enjoyed great success with many other problems such as eczema and psoriasis, fibromyalgia, ADD and ADHD, OCD, and much more.

Diane lives in Hillsborough County, New Hampshire, with her husband Mark. She writes novels, books on health, and edits and occasionally ghost-writes for others who as she puts it, "have something great to say!"

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