

# CHRONIC FATIGUE SYNDROME - A New Perspective

**Chronic fatigue syndrome (CFS), known also as M.E. (Myalgic Encephalomyelitis), or post viral fatigue syndrome is a disorder that has been difficult to define clearly.**

On examination the patient gives little clinical finding and there are no localising signs. Furthermore, there are no diagnostic test which can be performed to confirm CFS and some of the symptoms overlap with illnesses that would be labeled as "psychiatric" disorders.

## THE CAUSE

CFS often occurs after a viral infection (hence the name post viral fatigue syndrome). Characteristically, the patient does not fully recover from the first bout of infection and succumbs to further illness. Common triggers are Ross River Fever, Glandular fever (Epstein-barr virus), cytomegalovirus, etc. This constant bombardment of the immune system severely weakens it and causes more physiological stress. In such cases it is not unusual for patients to have had numerous courses of antibiotics.

In other cases there may be no viral trigger and the person gradually develops the symptoms over a period of time. Here, stress or continual exposure to stress may certainly exacerbate the symptoms. For a large number of patients environmental allergies both dietary and chemical have been found to have increasing roles in the expression of the syndrome and this should not be overlooked. Other likely causes include metabolic defects in the body's energetic production.

## THE SYMPTOMS

Patients with CFS experience tremendously debilitating fatigue. Physical activity like exertion at work or exercise often worsens the symptoms and the price to pay may be days in bed! Other symptoms include: poor concentration and memory, depression, muscle aches and pain (myalgia), low grade fevers, recurrent infections, feels the cold, disturbed sleep, digestive symptoms like wind and bloating, sugar cravings, anxiety, irritability and mood swings. Whilst depression often exists, it is usually the result rather than a causative factor of the syndrome itself. Patients often experience long term symptoms and this severely limits their ability to perform. The depression is also largely due to the frustration experienced and the limitations imposed by the illness, as most patients had previously led active lifestyles.

CFS affects individuals differently. Some patients may be able to work, yet have to rest in the evenings and all weekend. Other patients have had to stop work due to both physiological as well as mental fatigue, thus limiting their decision-making skills, the ability to think clearly and to concentrate. This in turn produces a whole range of problems including financial, social and emotional. Self-esteem drops, frustration grows as many patients are forced to abandon promising careers or forced to change their lifestyles.

## CFS and Nutrition

- Nutrition both from the dietary aspect as well as the use of specific nutrient supplements have found to improve symptoms for most CFS sufferers.
- Moreover, there is a close link between food and chemical allergies and CFS.
- Such patients will need to restrict their diets and avoid certain foods which to the average person would cause no problems. Such patients should seek professional advice regarding dietary regimes so as to maximise nutritional quality.
- Food restrictions imposed by allergies are themselves a cause of frustration. For not only does the patient lack physical ability to carry out everyday tasks, the patient is now asked to avoid foods he/she would otherwise eat freely.
- Patients who embark on a nutrition/dietary program for chronic fatigue should understand that the basis of the restrictions is to allow the body to rest, heal and recover and therefore it is usually a temporary measure. It is important to state that for most patients, such dietary restrictions are not life long, provided the patient subscribes to immune support nutrition.
- Another aspect of the dietary regime which may cause confusion is the fact that food allergies tend to fluctuate - what a patient may have been able to eat this month, she may not be able to tolerate next month. Unfortunately, oversight and ignorance of this aspect of food intolerance can cause great misunderstanding and frustration for the patient.
- Under the care of an experienced practitioner the patient can be guided through these difficult times and be taught a dietary regime that is both workable yet will optimise nutrition.

## CFS and Protein Intakes

For the patient with dietary restrictions it is often protein which is the source of the allergy. Yet protein intake for the CFS sufferer is vital. Viral infections and fevers are catabolic states and the macro nutrient protein replaces amino acids metabolised during catabolism. The dilemma can be resolved through the taking of

branched chain amino acids, spirulina contains all the essential amino acids or for those particularly sensitive, hydrolysed protein fractions can be used. For those taking spirulina it is important that source are high grade, free from toxic contaminants.

Another aspect of protein intake often overlooked is the fact that protein is slower to digest than carbohydrate. Furthermore it does not trigger the release of insulin which can decrease blood sugar levels and for those susceptible may lead to functional hypoglycaemia. To avoid this, take a chromium supplement and ensure adequate dietary protein intakes. Protein includes cheese, yogurt, eggs, legumes, nuts, seeds, seafood, fish, poultry, meat.

#### **Nutrients for CFS**

- CFS patients have been found to have a range of nutrient deficiencies and certain dietary restrictions make it imperative that patients take **B group** vitamins, along with minerals in particular, **zinc, calcium, magnesium**.
- **Immune support:** Patients who have had antibiotic therapy or who are on hormones or steroids should take probiotics such as **acidophilus fibre or cytotifidus**. A candida control program should be initiated (see UPDATE - Candida).
- **Vitamin C with bioflavonoids** should be taken, particularly by those who have severe chemical allergies. Include rutin, quercetin, zinc, magnesium, taurine.
- Antioxidants including **vitamin E, betacarotene, selenium, glutathione**, and liver support such as **choline, methionine** are vital.
- Metabolic boosters are **tyrosine, carnitine, coenzyme Q10, vitamin B1 and B5**.
- Herbs of benefit include **ginseng, astragalus, Silybum marianum, withania**.

#### **CFS - RECOVERY**

In CFS the symptoms are persisting and relapsing. Feelings of hopelessness are common. Whilst recovery seems remote it is achievable. In my clinical experience, it is patients that have the will to improve that do. A greater understanding of themselves in relation to their illness can have powerful effects on recovery. Patients that have had CFS for more than a year are in particular need of nutritional as well as spiritual support. Whilst our bodies are physiological entities, we are human beings, with emotional and spiritual aspects which must be satisfied.

It is enlightening to find a solution to CFS being offered in the Bible - it speaks of GOD who is able to give strength and power to the weary and weak:

*He gives strength to the weary*

*and increase the power of the weak  
Even youths grow tired and weary,  
and young men stumble and fall;  
But those whose hope is in the Lord  
will renew their strength  
They will soar on wings like eagles;  
They will run and not grow weary,  
They will walk and not be faint.*

ISAIAH 40:29-31

Dietary and Nutritional therapy are vital components of any program aimed at helping patients combat CFS.

References:

Why M.E.? Dr.B.Dawes and Dr.D.Downing. Grafton Books 1990

The information in this leaflet is not presented as a substitute for professional treatment. Please consult your health practitioner for specific individual health needs.