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## Chronic fatigue and immune dysfunction syndrome

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Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS)

Many physicians refuse to recognize the condition. Among these skeptics, the diagnosis usually given is: ". . . the patient suffers from imaginary illnesses, a complex of neuroses . . ."

Others try to link its many manifestations to particular syndromes (since its damage affects various organs, often producing misleading symptoms).

According to the Centers for Disease Control in Atlanta, Georgia, the problem is reaching epidemic proportions. (Incidentally, the federal agency only recently decided to "recognize" the ailment as a disease.)

The symptoms of CFIDS are elusive and bewildering. Some sufferers experience a wide range of symptoms, others only a few. Intensity of the illness varies; a few patients recover quickly, others suffer interminably.

The following report represents a wide-ranging investigation into the medical mystery. The questions posed, and the answers elicited, are gathered from interviews with neurologists, chronic illness specialists, immunologists, and from medical literature.

The Unsolved Mystery

of

Chronic Fatigue

and Immune

Dysfunction Syndrome

(CFIDS)

Q: How does CFIDS differ from ordinary fatigue?

A: The two conditions share some characteristics such as weariness, lack of energy, and mental lassitude. Ordinary fatigue, however, can be overcome by rest, mental relaxation, reduction of stress factors, improved nutrition, and correction of particular organic functions. (Refer to Fatigue, issue #34, Nutrition Health Review.)

CFIDS, however, is a complex illness characterized by incapacitating fatigue, neurological problems, and symptoms that may last for months and years.

Q: Has the cause of the illness been identified?

A: Several theories have evolved, none entirely convincing. Some research suggests that a complex of several viruses have managed to invade a weakened immune system, attach themselves to various cells (including several whose functions are to fight off invaders but become immobilized by the invader), and imbed themselves as permanent residents, or until they are destroyed in the process of recovery.

Q: Are the microbes causing the viral illness known?

A: At one time the Epstein-Barr virus was suspected because it is known to be the cause of mononucleosis. Although many sufferers have high levels of Epstein-Barr virus antibodies in their system, it is now believed that presence of the virus is a result of the syndrome's complications. (Note: The presence of a particular antibody is assumed to be indicative of a particular germ's invasion - the microbe itself cannot always be perceived.)

Q: Are there other viruses implicated in CFIDS?

A: So far, the list of villains is a short one. The herpes viruses are suspected, including a recently discovered species, now known as HHV-6 and its relatives among the enteroviruses, the retroviruses, and those not yet discovered.

Q: Does the disease affect any particular age group?

A: Statistics are difficult to establish because so many health care professionals do not recognize the syndrome. Based on incomplete surveys, CFIDS strikes individuals of all ages, affects both sexes, and ranges across all ethnic categories.

Q: Are there other diseases commonly mistaken for Chronic Fatigue syndrome?

A: Lyme disease is a reportable disease, but statistics are misleading. A large percentage of Lyme Disease cases should have been diagnosed as CFIDS and vice versa. Individuals who suffer from severe allergies are sometimes subject to development of Chronic Fatigue Syndrome because the immune system flares up so drastically as a result of allergen provocation. CFIDS patients are especially sensitive.

A team of researchers writing in the *Journal of Clinical Immunology* (5/88: Straus et al.) report that a common condition among CFIDS sufferers is allergy. Half to three fourths report inhalant (seasonal), food, or drug allergies. A small subset of patients report sensitivity to perfumes, solvents, and cosmetics.

The mechanisms that might link allergy to CFIDS, the researchers say, could be a heightened reactivity to allergens that coincide with the patient's vulnerability because of a weakened immune system.

Q: Have any drugs been developed that are capable of curing CFIDS?

A: None. Several have been tested with disappointing results. Physicians who recognize the complexity of the illness have prescribed particular drugs to deal with the symptoms, for example, L-Lysine for oral ulcers, Halcion for insomnia, Xanax for stress, Tagamet for gastritis, etc. But all of these drugs have side effects (with the possible exception of L-Lysine) and can worsen the overall health of the patient.

Q: Since it is well known that we all carry a multitude of germs in our bodies and that the environment is not lacking in innumerable microbial threats, what conditions exist in a potential victim's life that can create a vulnerability?

A: Susceptibility to any disease can be attributed to the usual factors: prolonged stress, pollution (hours and days spent on clogged highways saturated with automobile emissions), anxiety, depleted energy reserves, infections that recur (the respiratory ailments that don't seem to disappear for very long), and probably some genetic disposition that yields to overwhelming disease factors.

A recent minority opinion of some researchers is that CFIDS may be the end result of an influenza attack that subsided, its viruses gone into hiding, only to evolve after a series of onslaughts by other germs, the theory of superinfection. It has also been suggested that an antibiotic regimen, of long duration, can create a vulnerability.

Q: Can a poor diet be responsible for the viruses taking over?

A: One of the microbes, the Coxsackie virus, inhabits the intestinal tract. Ingesting foods that contain parasites, such as improperly cooked animal products, can trigger a profusion of dormant germs becoming active.

Malnutrition can cause malfunctioning of the immune system. Any diminution of immunological strength creates conditions that favor viral illness.

Q: What are the prospects for nutritional therapy in curing or preventing CFIDS?

A: A low-fat diet is strongly recommended to strengthen the immune system. Sugar should also be avoided because it can impair cell-mediated immunity.

\* Beta-carotene in modest doses stimulates immune responses. \* Pantothenic acid is important in promoting antibody action against various antigens. \* Pyridoxine (vitamin [B.sub.6]) is vital to immune function. \* Riboflavin (vitamin [B.sub.2]) is essential to generate antibodies. \* Vitamin [B.sub.12] is associated with optimal functioning of immune system. \* Vitamin C is necessary for immunological response to invading microbes. \* Vitamin E is required to enhance immunological response.

Also essential are moderate quantities of copper, iodine, iron, magnesium, selenium and zinc. (From *Nutritional Influences on Illness*, M.R. Werbach. Third Line Press.)

Ideally, natural immune stimulants provide the best protection against viral illness and also serve to diminish the serious effects once the disease takes hold.

Vitamin A, beta-carotene, and vitamin C are proven stimulants of the immune system. Vitamin E is also a known stimulant. Vitamin [B.sub.6] enhances lymphocyte stimulation, enabling antibodies to create a strong defense system.

Food that contains no toxic elements (meat, fish, chicken, seafood) can provide a strong stimulus. It would seem that a vegetarian diet should provide a powerful force to strengthen immunological protection.

Q: Are there particular conditions that have been known to trigger CFIDS?

A: John M. Dwyer, M.D., writes in his immune system study, *The Body At War*, that he has observed the side effects of tetanus shots: "... it does not cause CFIDS but can trigger a chain of events, yet poorly understood that can lead to (the disease)."

Dwyer also notes that a particular Coxsackie virus (a denizen of the intestinal tract) can trigger off immunological attacks. For more of us, Dwyer says, the viruses live quietly and harmlessly without disturbing the tissues and cells they have invaded ... but should the watchful eyes of the immune system falter, these viruses will seize the opportunity to multiply and invade. Shingles is the classical example of such a consequence.

Q: Can CFIDS be contagious?

A: Because the viruses implicated are usually spread through saliva, sexual fluids, and blood transfusion, patients should not donate blood or organs. They would be prudent to maintain impeccable sanitary standards. "Safe" sexual practices should be a prime consideration.

Q: Why do more women than men suffer from CFIDS?

A: Women are not inherently weaker, but they are at greater risk because they have smaller bodies and less muscle mass. The hormonal changes associated with menstruation, pregnancy, and menopause can produce severe fatigue, creating higher vulnerability. Women are more likely to develop medical problems leading to exhaustion, iron-deficiency anemia, and hypothyroidism.

Q: Are there any "natural" remedies being used in the holistic health movement to deal with CFIDS?

A: Reliable statistics and case histories are difficult to find. Several regimens have been proposed that are intended to strengthen the immune system.

From Japanese medical centers come reports of another food supplement that is supposed to have relieved distress among some CFIDS patients. Organic Germanium, alleged to be a potent antiviral agent, has shown positive results in several experiments. The Germanium is said to induce production of gamma-interferon - a molecule produced by the immune system that increases the body's ability to fight infection and malignancy.

Because herpes viruses are particularly sensitive to interferon, the assumption is that Germanium can alleviate symptoms of CFIDS. Germanium is identified medically as bis carboxyethyl germanium sesquioxide.

Jeffrey Anderson, M.D., former president of the Northern California Chapter of the American Academy of Environment Medicine, in an address to the Orthomolecular Medical Society reported on the positive effects of Germanium in treatment of immune deficiency diseases.

Chlorella, a tiny, green, fresh water alga with high chlorophyll content, is recommended by David Steenbloch, M.D., writing in the *Townsend Letter for Doctors* (4/88). He asserts that in his experience Chlorella stimulates the immune system and has had success in dealing with chronic viral infections caused by the Epstein-Barr virus. Chlorella is marketed as tablets, powder and water-soluble extract. In the *American Journal of Medical Science* (207:647:1944), Drs. L.W. Smith and E.H. Spaulding reported positive results in bactericidal effects of chlorophyll A upon standard pathogenic cultures.

Q: Is there any hope of success in dealing with the disease by using particular drugs?

A: No pharmaceutical tried has shown any promise of effectiveness. Experiments are being conducted with some success using gamma globulin, a component of blood serum that contains specific antibodies. The substance has proved useful as a means of bolstering the immune system in patients with serious infections such as measles, rubella, and variations of arthritis. Interest in gamma globulin therapy is limited in the U.S. scientific community compared to research elsewhere, as in Australia.

At present, gamma globulin advocates do not expect spectacular results, but express hope that techniques could be perfected for "aiming" the serum ingredient at specific viruses that are supposed to make up the complex of microbes dominating the victim's body.

Many immunologists, however, are enthusiastic about the prospects for gamma globulin. Patients whose immune system has lost its direction, who have been losing red blood cells (blocking nerve and muscle interactions) experiencing loss of tissue, have sometimes been helped by infusions of gamma globulin. The reasons are not known, but evidence of improved T-cell function (a major force in immune response) has been observed. Large doses have been known to reregulate a disordered T-cell condition.

Q: Have particular illnesses been implicated in development of CFIDS?

A: Fibromyalgia, an ailment that is characterized by abnormal muscular disorder, once considered "in the patient's mind," has recently been proven to be the result of a chemical metabolic deficiency. Several physicians, reporting to the *Annals of Internal Medicine*, linked the disease to Chronic Fatigue Syndrome.

Q: The medical profession has no problem accepting the term "burn-out" to describe a chronic state of exhaustion. Can it be compared to CFIDS?

A: A "rose by any other name is still a rose ... " The condition known as "burn-out" has also been categorized as myalgic encephalomyelitis and fibromyalgia, a term used by rheumatologists. So CFIDS can represent a wide range of disease symptoms.

Q: Since yeast infections are the culmination of microbe overgrowth, can this condition sometimes be the precursor to CFIDS?

A: *Candida albicans*, the organism associated with yeast infection, has also been associated with CFIDS. Signs and symptoms of *Candida* overgrowth in the intestinal tract include diarrhea, bloating, rectal itching, and abdominal cramps. CFIDS should be suspected, although most cases of yeast infection do not develop into CFIDS.

Treatment for *C. albicans* should involve limiting the use of yeast-containing refined carbohydrates (sugar, fried potatoes, white bread, cakes, cookies, candy, etc.) Flavoring agents used in cheese making contain live mold and should be avoided in these cases.

Q. Since there is no known cure for CFIDS, and considering the medical profession's limited knowledge of the disease, what hope is there for individual afflicted returning to normality?

A. Tremendous progress has been made by the field of immunology. The fact that the disease has been identified and the cause known, every measure that can be taken to strengthen the immune system should be employed. The patient must adopt an attitude of cooperating with the body's needs: reduction of stress and elimination of activities and foods that do not contribute to the integrity of a healthy immune system.

Q. Medical authorities at the National Institutes of Health (NIH) have expressed skepticism about CFIDS, questioning whether most cases are victims of neurosis, hypochondria, or depression.

A. No doubt, any illness can bring on depression. The problem of having unusual symptoms that medicine has not been able to identify always brings forth cynicism. Most scientists at NIH recognize the disease. In fact, proven sufferers may qualify for temporary disability compensation.

Disbelief has hounded CFIDS for many years. Minor epidemics that occurred in Europe were first labeled "mass hysteria," meaning that victims mimicked each other's symptoms. Tests eventually proved that the problem was medical, not psychological.

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