Dynamic Chiropractic

HEALTH & WELLNESS / LIFESTYLE

Chronic Fatigue Syndrome (CFS) -- Part I

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There are very few diseases that don't sap a person's energy. When a patient comes in complaining of fatigue, we must take a good history and rule out serious illnesses such as cancer, anemia, viral or bacteria infection, blood sugar abnormalities, sleep disorders, lifestyle problems, and depression, to name a few. For a complete list, please see Holmes, et al.[1] When you have ruled out all these conditions, there is a good chance you have a chronic fatigue patient on your hands.

Many times the chiropractor is not the first professional a chronic fatigue (CF) patient has seen, often coming to us as a last resort. Also, many CF patients will enter our offices not for treatment of CF, but for relief of the musculoskeletal complaints that often accompany it. It is no secret that the allopathic practitioners who believe in CF have a difficult problem treating this condition. There are also many doctors who incorrectly call chronic fatigue patients depressed. Depression certainly can cause fatigue, and many fatigued patients are depressed, but we must find out which came first. Obviously, if every doctor in town tells you that you don't have a problem, it would be hard not to get depressed.

Chronic Fatigue Syndrome (CFS) seems to be a postviral dysfunction of the body's energy production system. It can affect the liver, central nervous system, gastrointestinal system, and immune system. Transport proteins and enzymes involved in metabolism of food components for energy utilization have a decreased ability or inability to penetrate cellular membranes, especially those of them itochondria. Stationary ergometric testing at UCLA revealed low oxygen consumption in CFS patients. ATP levels are also reduced by both decreased production and increased breakdown.[2,3]

Diagnosis

The diagnosis of CFS includes the following:

1. Sudden onset. Patients can often pinpoint the origin of their problems to specific dates or even a specific hour.

2. Musculoskeletal complaints including headaches, migratory muscle and joint pain, and weakness without inflammation.

3. Neuropsychiatric complaints including loss of concentration, memory, and learning ability. Less common but also seen are visual disturbances, irritability, depression, and sleep disorders.

4. Fatigue exacerbated by activity.

5. Canker sores in the mouth.

6. Crimson crescent pattern and cobblestoning of the pharynx.

7. Indistinct fingerprints.

8. Increased frequency and/or development of allergies to food or environment.

9. Low grade fever.

10. Three to five times more frequent in women than men.[1,4,5]

If they have the signs and symptoms of CF for six months prior to diagnosis, many people will seek care well before the 26 week mark. Unfortunately, there are no specific tests for CFS. Gerow et al., have a nice review of laboratory, imaging, and biopsy findings that may help confirm or deny CFS.[6]

Treatment Considerations

As with diagnosis, there is no magic bullet for the treatment of CFS. Nutritional support for CFS can be very complicated. This is not a condition for the nutritional novice. Those of you comfortable with complex nutritional medicine should consider the following when treating CFS patients:

1. Food allergy or subclinical hypersensitivity. Have the patient keep a dietary record and remove whatever foods they consume a lot of for a period of at least three weeks and monitor their symptoms. If there is no change in the most often consumed food, remove the second most often consumed food and repeat. Usually, if a person is unknowingly hypersensitive to a food, it will be one of the top half dozen foods they consume. Food elimination is not easy and requires a patient who is highly motivated, which is not hard to find with patients who truly suffer from this condition. Possible drug and inhalant allergies should also be worked up.

2. Detoxification. A program using nutrient-enriched oligoantigenic proteins is the preferred method of detoxification (professional companies put out such products; check with your representative). Like food elimination, detoxification patients must be highly motivated and when you have completed the detoxification phase of the program, foods are then reintroduced slowly and monitored closely.

3. Dietary modification. Decrease fats, simple carbohydrates, caffeine, and other stressors such as excessive use of over-the- counter medication, alcohol, tobacco, etc. No surprises here. Most people just feel better on a low-fat, low-stressor diet that is high in whole grains, fruits, and vegetables. Fresh fruits and vegetables should be emphasized. Fluid intake should be increased to a minimum of eight servings of water per day with four servings of fresh juice.

Next month in Part II we will focus on the micronutrients needed for support of CFS.

References

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