

Chronic Fatigue Syndrome: Optimal Management Strategy

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Chronic fatigue syndrome (CFS) is a very common condition that results in severe functional disability. Patients with this condition describe an overwhelming sense of fatigue affecting even the simplest daily activities such as dressing, feeding and walking. A severe “flu-like” or “mono-like” description is commonly noted. Low grade fever, lymph node swelling, chronic unexplained diffuse muscle pain (fibromyalgia) and poor cognitive functioning are common accompanying symptoms. CFS cannot be diagnosed until medical mimickers have been ruled out. Examples of these include disorders of circulation, respiration, blood cells, immune regulation, mood and metabolism. Generalized major infections need to be ruled out as well. Many of us can appreciate why mimicking conditions such as heart failure, leukemia, anemia, lupus, pneumonia, severe depression and asthma have fatigue as a major complaint.

The cellular correlate of CFS is energetic failure. If the cell is unable to produce adequate energy (ATP) from the mitochondria, then “cellular fatigue” will ensue. With this end common physiological aberrancy in mind, one must next attempt to determine which biological and biochemical processes contribute to or cause this change. Hydration and nutrient status, genetics, inflammation, toxin/infection exposure and detoxification capacity, cell membrane integrity, hormonal function and cell signaling are the key processes that affect cellular health and functional efficiency. These processes should always be considered when evaluating any medical complaint or condition, including CFS.

A unifying theory of causation for CFS has not been identified, not surprisingly. However, subtle chronic infections (e.g. Epstein Bar virus, Herpes viruses, Lyme disease, yeast infections), chronic psychological/emotional trauma, hormonal dysregulation and genetic pre-disposition have been proposed as contributing factors. In reality, a variety of factors more than likely contribute to the expression of this condition, as is the case for many chronic diseases (e.g. autoimmune disease, fibromyalgia, migraine headaches, obesity, metabolic syndrome, allergies, irritable bowel syndrome and depression). Although a “one size fits all” explanation is appealing and would simplify medical management, it is simply not realistic.

Traditional medicine grossly fails in managing many chronic conditions such as chronic fatigue syndrome primarily because emphasis of management rests on symptom control by marginally effective medications not necessarily designed for that condition. On the other hand, “Functional Medicine” utilizes sound complex physiological principles to investigate the factors that cause and/or contribute to core biological and biochemical disruptions. This model embraces the notion that restoring physiological balance is the key to effective disease management. A healthy body is the best healer.

When approaching a complex set of symptoms such as CFS, one needs to take a very personalized approach. A complaint of chronic fatigue may imply specific cellular physiological aberrancies, but it does not necessarily imply causation. The reality is that

a given set of symptoms may result from a variety of factors. At the Institute for Restorative Health (IRH) in Davis, the providers utilize the above mentioned functional medicine strategy in the evaluation and management of complex chronic conditions such as CFS. This model appreciates that functional cellular efficiency (see above) is influenced physiologically by specific lifestyle, behavioral and genetic factors. It also acknowledges that these contributors influence each other in a web-like fashion. Consequently, in addition to the pertinent medical history, the following critical factors are routinely assessed:

- 1) Mind-body influences (e.g. depression, anxiety, spirituality, psychological trauma)
- 2) Restorative sleep (e.g. insomnia, sleep apnea, restless legs, medications, anxiety/depression, pain, hormonal disruption)
- 3) Physical activity (e.g. too little or too much exercise)
- 4) Environmental influences (e.g. pesticides, herbicides, insecticides, pollution, cigarette smoke, alcohol consumption, infections, medications, heavy metals, preservative intake, food intolerances, poor detoxification capacity)
- 5) Hydration and nutritional status (e.g. poor water intake, nutrient deficiency, poor gastrointestinal integrity affecting bacteriology and nutrient absorption/synthesis)
- 6) Medical factors (e.g. other conditions that can aggravate or be aggravated by the problem of interest)
- 7) Genetics (e.g. personal genetics that can predispose but not commit an individual to that condition)

It should now be evident why a thorough intake history and physical examination are critical to the development of a cohesive effective management strategy for complex conditions such as CFS. Additionally, detailed laboratory assessment of inflammatory markers, nutrient status, antioxidant capacity, hormonal levels and toxic elements further assist in personalizing the therapeutic plan. At IRH, it would not be uncommon for a CFS therapeutic plan to include a wide array of treatments such as nutritional modification and supplementation, intravenous nutrient therapy, targeted medication therapy, detoxification protocols, hormonal optimization, electrotherapy, acupuncture, massage, mind-body medicine and exercise.

The providers at the Institute for Restorative Health realize that the functional medicine model of care is critical to the successful management of a wide variety of complex medical issues such as CFS. They also realize that communication, education and proactive patient participation are critical for long term success. It is imperative that the medical community embrace the notion of this innovative functional medicine model of health care. Otherwise, medical costs will continue to rise because of declining population health which not surprisingly correlates inversely with disease prevalence. Symptom palliation does not influence health or disease prevalence status. If we are going to spend money, let's make the population healthier and thus more capable of self healing. This model definitely applies for conditions such as CFS.