

Chronic Fatigue Syndrome

Patient Information Sheet

Causes & Mechanism of the Disease

The CDC (Centers for Disease Control) defines Chronic Fatigue Syndrome (CFS) as: “Clinically evaluated, unexplained, persistent, or relapsing fatigue that is: of new or definite onset, not a result of ongoing exertion, not alleviated by rest, and results in a substantial reduction in previous levels of occupational, social, or personal activity.”

At least one of the following symptoms must be present:

- Cognitive impairment described as having problems with thinking, memory, executive functioning, information processing, attention deficit and impaired psychomotor functions that is exacerbated by exercise.
- Orthostatic Intolerance upon standing such as: lightheadedness, fainting, cognitive worsening, fatigue, headaches, or nausea.



Factors responsible for the onset of the disease may include: adrenal exhaustion, chronic stress or anxiety, virus, poor dietary habits, and environmental or food allergies. While they are sometimes necessary, classical treatments such as antidepressants, histamine blockers, and analgesic (pain relieving) medications fail to address the underlying cause and have the potential to cause serious side effects.



Suggested Dietary & Lifestyle Modifications

- Eat a predominantly vegetarian diet based on vegetables, fresh whole fruits, whole grains (especially rice), legumes, nuts, seeds and cold water fish such as salmon (unless allergic).
- Limit red meat and dairy consumption (substitute rice or almond milk mixed with coconut milk for cow’s milk).
- Identify and eliminate food allergies (common offenders include dairy products, soy, citrus fruits, peanuts, wheat, fish, eggs, corn and tomatoes). A rotation diet in which the same food is not eaten more than once every four days may reduce food sensitivities.
- Drink plenty of fluids (water and herbal tea such as peppermint or ginger).
- Eliminate Caffeine and food additives such as artificial colors, artificial flavors, preservatives, hydrogenated fats, nitrates/nitrites, sulfites, and artificial sweeteners (Nutrasweet/aspartame, Sweet N’ Low/saccharine, Splenda/sucralose). Stevia is O.K.
- Limit **refined** carbohydrates (sugar, white flour, white rice) and foods high in saturated fat (butter, cream, cheese, fatty meats).
- Do aerobic exercise at least 20 minutes three times per week (walking with speed bursts is ideal).
- Reduce stress and anxiety.

Supplements That May Be Beneficial

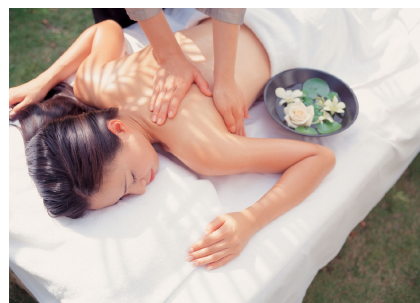
- Ultra Preventive Capsules or Ultra Vites (high potency multi vitamin & mineral supplement)
- Ultra Adrenal Complex (rhodiola, eleuthero, ginseng, ashwaganda, B Vitamins)
- Vitalize (fenugreek, rosemary, ginger)
- Pro's Edge (rhodiola, eleuthero, ginkgo, passionflower, DMAE, B Vitamins)
- Hepacleanse (milk thistle, plantain & yarrow supplement)
- Ultra Cal Mag Chelate
- Custom tincture and essential oil blends as recommended by a trained Endobiogenic Consultant



**Large amounts of supplemental magnesium may cause diarrhea. Reduce dose if diarrhea occurs. Individuals with kidney insufficiency should not take magnesium supplements.*

Complementary Treatments That May Be Beneficial

- *Energize* or *Clarity* essential oil combination or Rosemary essential oil (one or more of the following methods)
 - place a few drops on a handkerchief and inhale
 - use in a diffuser
 - dilute a few drops in a natural lotion and massage on feet and legs each morning



- *Ortho Flex Extra* essential oil combination diluted in a vegetable carrier and massaged on painful areas
- Massage Therapy
- Chiropractic care
- Reflexology
- Acupuncture or Acupressure
- Yoga
- Mind/body medicine

Individuals under a physician's care should seek the advice of their physician before taking nutritional supplements or beginning a new exercise program. The nutritional suggestions in this material are not offered to treat, mitigate or cure disease, and should not be used as a substitute for medical care. This information is designed to be used in conjunction with the services of a trained, licensed healthcare practitioner.

References:

CDC: Center for Disease Control. Myalgic Encephalomyelitis/Chronic Fatigue Syndrome. Retrieved at <https://www.cdc.gov/me-cfs/healthcare-providers/diagnosis/iom-2015-diagnostic-criteria.html>. Retrieved on February 2019.

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Pizzorno, J.E. and M.T. Rolfes. *Textbook of Natural Medicine*. pp 425-434, Churchill Livingstone, 1999.

University of Maryland Medical Web Site: <http://www.umm.edu/altmed/ConsConditions/ChronicFatigueSyndromecc.html> retrieved on April 15, 2005

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