

SHIATSU & M.E./CHRONIC FATIGUE SYNDROME



What is M.E. / C.F.S.?

Chronic fatigue syndrome (CFS) is the most common name used to designate a significantly debilitating medical disorder or group of disorders generally defined by persistent fatigue accompanied by other specific symptoms for a minimum of six months in adults (and 3 months in children or adolescents), not due to ongoing exertion, not substantially relieved by rest, and not caused by other medical conditions. The disorder may also be referred to as myalgic encephalomyelitis (ME), post-viral fatigue syndrome (PVFS), chronic fatigue immune dysfunction syndrome (CFIDS), or several other terms. Biological, genetic, infectious and psychological mechanisms have been proposed for the development and persistence of symptoms but the etiology of CFS is not understood and may have multiple causes. There is no diagnostic laboratory test or biomarker for CFS.

Symptoms of CFS include post-exertional malaise; unrefreshing sleep; widespread muscle and joint pain; sore throat; headaches of a type not previously experienced; cognitive difficulties; chronic, often severe, mental and physical exhaustion; and other characteristic symptoms in a previously healthy and active person. Persons with CFS may report additional symptoms including muscle weakness, increased sensitivity to light, sounds and smells, orthostatic intolerance, digestive disturbances, depression, painful and often slightly swollen lymph nodes, cardiac and respiratory problems. It is unclear if these symptoms represent co-morbid conditions or are produced by an underlying etiology of CFS. CFS symptoms vary from person to person in number, type, and severity.

Source: Wikipedia, April 2013

CASE STUDIES

The following case studies are an extract from an article entitled 'severe M.E.' by Theresa Coe in the 'InterAction' magazine, issue 43, January 2003.

The Shiatsu Society database of research includes five papers published in peer-reviewed journals looking at the effect of Shiatsu on severe angina, lower back pain, its value in palliative care, shiatsu massage for carers and a survey looking at conditions most commonly treated by shiatsu practitioners. In the last study, 73% of the qualified practitioners registered with the Shiatsu Society responded to a structured survey with musculo-skeletal and psychological problems reported as the most common conditions treated.

Clara Tripp

After experiencing a severe downturn I was finding it hard to cope emotionally with the social isolation of being housebound. I could not afford treatments, or physically get myself to therapy appointments outdoors.

I was working on increasing my care and befriending others with M.E. by phone to help me stay positive. But for physical treatment, shiatsu was the perfect solution. I had had it before the M.E. was diagnosed, so I knew what to expect.

To find a practitioner who would visit me at home, I thought of asking for a student. After leaving my number with a local Shiatsu college, a teacher eventually called me and I explained my position.

Within a few days a trainee called Patrick arranged to visit me. He was very professional, dealt with my distress and debilitation with calm and composure and also offered me more sessions than the norm as I was helped so much by the treatment. All sessions were free as he needed the practice as part of his training.

One thing that I found comforting was the way Shiatsu therapists lift your limbs before working on each of them, so you can be completely passive while they raise and rotate them to loosen the joints. Despite my being very weak and fragile Shiatsu never hurt, though those with severe pain or tenderness should explain this to the practitioner who can lessen the pressure used.

As with any complementary therapy, there are no guarantees of benefit –we are all different. However, of all the treatments I've tried, I think Shiatsu has been one of the safest I have encountered.

I felt that after a treatment the energy had been moved around inside my body – sort of given a gentle 'inner workout'. I also felt calmer and more connected to my body. Each session left me with a wonderful feeling: a combination of deep relaxation and alertness. I am told that my eyes and skin visibly change after a treatment and I do feel as if I am 'glowing'.

If you feel physically depleted after a session this may not be a bad sign. I was so relaxed that I rested better than usual afterwards and paced myself more wisely. Resting after Shiatsu is vital as it gives the treatment more time to work on your system.

The happiness and peace I get from Shiatsu is as good as any drug – but legal and without any side effects! If I try to explain why I feel so positive after a session I can only say it's because it comes from inside, i.e. my body is happier – at least for a short while.

Case study 2

Abigail Berman

Sometimes with M.E. you are so accustomed to carrying your aches, low energy and muscle pain around, they become part of you. Until something happens to take them away, that is. Suddenly you feel lighter, you can stand taller and there is a vibrancy about you again. This is how I felt after my first session of Shiatsu, although the effects wore off after a day or two.

At each session my practitioner Sam made a 'palpatory diagnosis' by pressing on energy centres around the abdomen and by looking at my tongue. Mine was red at the tip indicating heat or agitation in the heart area, which would aggravate my poor sleep.

Many of the points massaged by Sam were tender and sore to the touch, but it was a 'good pain', to feel pressure on them. After each session I felt deeply energised, 'evened out' and much calmer – my sore throat had gone along with the general feeling of anxiety I find it so hard to shake off, and the muscle spasms in my neck and shoulders had faded away.

However, the underlying fatigue and aches did return a few hours later. Perhaps if I had rested after each session the effect would have lasted longer.

My practitioner also advised me that for 24 hours following a session, the movements made to energy in the body can cause a slight flare in symptoms. Interestingly, the week that I reported feeling more weepy than usual was after he had worked on meridians associated with grief.

I was also intrigued to hear of another person, exhausted, who tried shiatsu to see if it would give him more energy. Following treatment, the man went home and slept for two days: not what he'd wanted but what his body actually needed!

A friend of mine was less fortunate and had a big flare up in symptoms the day after treatment with a therapist who had no experience of M.E.. Her advice, if trying Shiatsu, is to see someone who understands how sensitive the illness can make us to any intervention.

RECOMMENDED READING:

Author: Stephen Gascoigne's. "The Clinical Medicine Guide - a Holistic Perspective" - Jigme press. See www.drgascoigne.com.

This is a great book as Stephen is a western medical doctor who also practises chinese medicine and the book includes "holistic management" sections on most of the pathologies described and these are principally TCM descriptions. There's a section on ME - page 55-56 - not long but highly relevant.

ARTICLES

HEALING M.E. By Oliver Cowmeadow. Published Spring/Summer 1997 Issue 6. Journal of Shiatsu & Oriental Body Therapy

NAMING THE ILLNESS

First we need to clarify the naming of this illness. The most widespread is ME, or myalgic encephalomyelitis. Myalgia refers to pain in muscle, and encephalomyelitis to inflammation of the brain and spinal cord. The name Chronic Fatigue Syndrome describes the predominant symptom of chronic fatigue well. It has also been called Post Viral Fatigue Syndrome, as it often begins after a person has contracted a cold, flu or other virus. However ME often begins without a person first having a viral infection, so this name is rather inappropriate.

ORTHODOX RESPONSE TO ME

At first ME was very slow to be recognised by orthodox medicine. This was probably due to the large number of symptoms, which vary a lot between afflicted individuals, and to the lack of obvious measurable physical changes or pathology. Unfortunately, because of this, ME sufferers were often told that the problem was "all in their head", and many were prescribed with anti-depressants or other mood-altering drugs, or psychiatric treatment. Likewise the press often depicted ME as "yuppie flu", with the implication that the illness was caused by over-indulgence or a lack of will to work. Yet those with ME generally knew it was a physically based illness. The severity and persistence of the physical symptoms were just too strong.

Thankfully ME is now being taken more seriously. Some scientific evidence for a physiological basis is emerging, and the widespread and common occurrence of ME is forcing greater attention. However it is still an illness which largely baffles orthodox medicine, which has come up with little in the way of effective treatment. This has meant that many sufferers have turned to complementary medicine, where many have found greater understanding and relief from the illness.

I have found that a combination of shiatsu, dietary and life style advice, and simple counselling effective with many people, and wish to report my understanding of the causes of ME and a healing strategy in this article.

TYPICAL SYMPTOMS OF ME

There are a wide variety of symptoms with ME, and for this reason it is aptly called a syndrome, meaning a pattern of symptoms. The wide range of symptoms is one reason for the difficulty of the orthodox medical approach in understanding the illness. The orthodox approach works better where symptoms are focused in a particular organ or part of the body, so that a treatment can be worked out to help with that particular part. Oriental medical theory is much better equipped to understand

these varying symptoms, and therefore is able to come up with definite treatment strategies. Here I want to go through the most common symptoms of ME, and in the next section see how we can make sense of them using Oriental medical theory.

Chronic Fatigue

This is the most obvious symptom of ME. It can vary in intensity from unusually great tiredness, to having to sleep for 12 to 16 hours a day and not having the energy to walk more than a few yards. It can be difficult for non-sufferers to imagine what this feels like, especially as those with ME very often don't show any obvious signs of being ill. For many sufferers it feels like that period after the fever of flu has gone, and you are left feeling totally washed-out, with an aching body, and no energy to do anything. However for someone with ME this state may go on for months or years, rather than just weeks.

Muscle Weakness

This is also a very characteristic symptom of ME. The muscles seem very weak, and a sufferer is limited in what they can physically do in a day. If a person over-exerts him or herself, they pay for it afterwards in feeling much worse, often for days. It may just be walking an extra quarter of a mile, or staying up a few hours later than normal. This is a very frustrating symptom, which can lead to a lot of worry and despondency, and the feeling of great limitation.

Psychological Symptoms

Part of the pattern of symptoms of ME is a range of psychological problems. Typically sufferers are depressed, and easily sink into despondency and despair. Their mood can swing greatly, often following the rise and fall of their physical symptoms and energy levels. There is frequently a tendency to worry, and sufferers often seem preoccupied with themselves and their illness.

I would say that these psychological states are very much part of the illness along with the physical symptoms, but are also created or exaggerated by sufferers' reaction to the illness. It can be very difficult to accept and cope with the loss of energy, requiring cutting out a lot of activities and pleasures from life, and frequently difficulties in earning money. The experience of walking on a knife's edge, where one little over-exertion, wrong food or drink can make you feel worse for days is liable to make people worry, examining how they are feeling and all their actions in what might seem morbid detail.

Other Symptoms

Other common symptoms include:

Aching joints, bones and muscles

Headaches

Poor concentration and memory

Feeling cold, both at the periphery and deeply within the body

Swollen lymph glands

Digestive disorders such as constipation, diarrhoea, colic, irritable bowel syndrome, and Candida overgrowth

Skin sensitivity

Feeling overly sensitive and vulnerable

Numb or tingling limbs

Lowered immunity with susceptibility to viruses both before and during ME

Allergies

Insomnia

Lack of sweating and/or sudden sweats

Lack of co-ordination

Poor balance

Frequently the onset of ME follows a period of great stress or emotional strain

ORIENTAL DIAGNOSIS

When I first came across this kind of list of symptoms, it excited me to see just how much Oriental theory threw light on what is happening. Here is my analysis.

Depleted Kidney Energy - as shown by:

fatigue

increased need for sleep and rest

aching bones and joints

poor concentration and memory

feeling of cold deep within the body

depression

despair and despondency

insomnia

poor balance

onset after great demands and stress

lowered immunity

Depleted Triple Heater - as shown by:

aching muscles

skin sensitivity

feeling over-sensitive and vulnerable

feeling cold

swollen lymph glands

numb or tingling limbs

lack of or excessive sweating

allergies

lowered immunity

Depleted Spleen Function - as shown by:

weak muscles

tiredness

digestive disorders

worry

preoccupation with self

Small and Large Intestine Problems - as shown by:

digestive disorders

poor concentration

allergies

lack of co-ordination

My touch diagnosis of clients with ME confirmed this diagnosis, with the Kidney and Triple Heater meridians generally being extremely kyo. The Spleen was generally pretty kyo, and often Lung too. Often there felt to be very little Ki in the head as a whole (explaining the thinking difficulties). The Small Intestine, and sometimes Large Intestine meridians and hara diagnostic areas were frequently kyo, and on palpation the intestines felt weak, hard and blocked. Clients usually felt kyo over their whole body, and hara was weak, although sometimes the Liver and Gall Bladder meridians were jitsu (especially in the type of person who had pushed themselves to be very busy over a long period of time). Ki over the whole body usually felt sluggish and not flowing well. Clients also felt very sensitive to touch, and were vulnerable to strong pressure feeling invasive and painful.

THE CAUSES OF ME

Overall the picture with ME is of depletion and lack of nourishment. The majority of clients I have seen had clearly been pushing themselves beyond a healthy level of energy output for years, often with high levels of stress. This resulted in deep burnout, and great depletion of Kidney Ki. A few clients didn't have a history of over-activity or stress, but still had greatly depleted Kidney Ki. This was generally due to recognisable causes, such as many late night parties, regular recreational drug use, and poor diet. In particular a diet with many extreme Fire foods like tea, coffee, sugar, sweets, alcohol, soft drinks, and processed foods, and a lack of good quality Water and Metal foods like whole grains, breads, pastas etc., fresh vegetables especially root vegetables, beans, mildly salty soups, and good quality animal food such as fish.

I feel the very kyo condition of Triple Heater is due to the great depletion of the Kidneys. Along with the depletion of Kidney Ki is a depletion of Essence, which is stored in the Kidneys, and in Original Ki which is derived from Essence. One view of the Triple Heater is as an avenue for Original Ki to move to all the organs and meridians of the body. With insufficient Original Ki, the Triple Heater function is weakened, and the whole body is starved of Ki. This results in the fatigue, muscle weakness, inability to think clearly, and many of the other symptoms of ME.

Another view of the Triple Heater is that it has the function of "letting out", in particular letting out Defensive Ki from the Upper Burner to the skin and muscles, and Nutritive Ki from the Middle Burner outwards to nourish the whole body. Those with ME are clearly lacking in both Defensive and Nutritive Ki, due to the poor functioning of the Triple Heater. Furthermore, when the "letting out" function the the Triple Heater is not working well, blockage in the flow of Ki around the body occurs, which I found to be characteristic of the those with ME.

The lack of energy and weakness is a clear indication of weak Spleen function. The over-exertion, or lack of healthy food and drink, will obviously create this kind of Spleen imbalance. In some of my clients with a history of over-exertion there was an underlying lack of self-esteem and self-value, and consequently they found it difficult to accept or give themselves the nourishment in life that they needed. In those clients where diet seemed an important contributing factor to illness, there was an abundance of processed foods, lacking in "life force", and often with a lack of warming well cooked dishes and an abundance of cold drinks, both factors which weaken the Spleen.

ME is frequently accompanied by digestive problems, and a poor condition of the intestines. Such dysfunction of the small and large intestine may well be a contributory factor to ME in some people, as it is liable to create fatigue, weakness, and a negative or depressed outlook.

HEALING ME

Because of the depth of imbalance with ME, I feel that no one single method of healing is usually going to be particularly effective alone. A range of methods is likely to have a greater effect, and here I will describe those which I have found to be of most use.

1. Rest and Sleep

This is necessary because of the deep depletion in Kidney Ki, Essence and Original Ki. Possibly the most important element in healing ME is to help a sufferer to recognise their available energy, and to daily make sure that their energy output is less than that available, so that the extra energy can go towards healing their body and building up a reserve. In a healthy person, the reserve is large, so a few days or weeks of late nights, over-activity or stress can be recovered from in a short time with sufficient rest. However with ME, a person's reserve is very small, and it needs to be very carefully nurtured so that it can slowly grow.

A person with ME may need help in planning a reorganisation of their life, where they can reduce their energy output or stress, and get more support from family or friends, say in shopping, cooking, or looking after children.

2. Shiatsu

Regular shiatsu is often felt to be of great benefit by ME sufferers. The very kyo Kidney and Triple Heater meridians, along with Spleen, Small Intestine or whatever other meridians present as being kyo can be tonified. I have found the Zen Kidney meridian in the back and around the edge of the sacrum very useful. If the Liver and Gall Bladder or other meridians are found to be jitsu, these can be dispersed, but I would recommend concentrating mainly on tonification, as I found that too much dispersal of jitsu can leave a client completely wiped out.

Some tsubo, which are likely to be deeply kyo, and may be useful in treatment are:

To help Kidney Ki - BL23, GB25, KD3, KD7.

To help Original Ki and overall energy levels - GV4, CV4 (Gate of Original Ki), CV5, CV8.

To help the Spleen - SP3, SP6.

To help the intestines - BL25, BL27, LI4, ST25.

To help the Triple Heater - TH5.

Because the Triple Heater is so low in Ki, there is little protection, so gentle pressure is needed. With severe ME very light pressure is all that can be taken, or even just off the body palm healing can be used at first. If you use too much pressure, the client may report feeling worse for several days after your treatment.

Besides treating kyo, shiatsu generally helps in getting stuck Ki to flow. My feeling is that this is one of the main ways that shiatsu and some other kinds of bodywork can be helpful to those with ME. This is especially true if a person is pretty inactive, so their own movement and exercise is not getting Ki to flow.

3. Exercise

Vigorous exercise is out, as it will create a relapse into greater fatigue and muscle weakness. There just isn't enough Ki in the muscles to support energetic exercise. However with ME Ki circulation tends to get stuck, so I have found that simple stretching exercises like the Makko Ho exercises are very useful to get energy moving, without exhausting the client. Breathing exercises are also useful, such as simple abdominal or hara breathing. This tends to build up Ki, and can also help people not to sink emotionally into depression and despondency.

4. Psychological Help

Some clients, particularly some years ago when ME was relatively new and often undiagnosed by doctors, were greatly relieved to be told that they had ME, that there was a definite reason for all their problems, and it wasn't just all in their minds as other people had told them. They may have been battling on, trying to pretend that they were not in fact ill, while feeling worse and worse in themselves.

largely "mystery illness", and I find clients are often relieved to learn that their particular collection of symptoms do have some explainable cause in their body and life style. Furthermore, this understanding of ME can give hope by leading to a possible way of getting out of their suffering and healing the problem.

It can help a lot to emphasise how much a client needs to sleep, rest, and get support from those around them. Many people are reluctant to receive help, and feel guilty about receiving so much. They may need frequent warm encouragement to value themselves and their needs more highly.

5. Dietary Advice

I offer dietary advice to nearly everyone with ME, as I feel it can be very helpful. Needless to say some clients take up the offer, and others don't. Care has to be taken not to pile on too much work for the person with ME. It is very helpful if another person can buy and prepare food some or all of the time.

I advise moving towards the following diet as much as a person is easily able to do.

40-60% whole grains and whole grain products like noodles, pasta and bread.

Around 30% fresh vegetables, with a roughly equal amount of roots like carrots, burdock and mooli, round vegetables like onions, swede and turnip, and greens such as broccoli, kale, leeks and spring greens, with some salad if desired. In particular I recommend some well-cooked root vegetables, say in soups or stews.

Around 10% beans and bean products like tofu and tempeh, that is one or two helpings a day.

Fresh fish two or three times a week.

Soup daily, lightly seasoned with sea salt, miso, tamari or shoyu, to provide minerals, plus a little sea vegetable like dulse or wakame if a client is amenable, to supply further minerals.

Fresh and dried fruits.

Seeds and nuts.

Non-caffeinated drinks such as bancha (three year twig tea), Yannah, Caro, Barleycup, apple juice, carrot juice, and occasional (but not excessive) herb teas.

This kind of diet avoids the extremes which exacerbate ME (many ME sufferers find even one cup of coffee or tea or one alcoholic drink makes them feel much worse), and nourishes Kidney and Spleen Ki.

6. Learn Patience!

Recovery from ME takes time, not surprisingly as it takes time to rebuild Essence and Kidney Ki. I've not seen anyone make a rapid recovery, usually it is gradual, and along the way there are ups and downs.

When a person with ME starts feeling a bit better, they may start rushing about, relieved to be able to get back to normal, and then suffer a relapse as they quickly use up the small reserve of energy they have built up. When recovery is taking place, a client needs to be encouraged to only add activities back in their lives at a slow pace, keeping to the principle of putting less energy out than they have available, so their reserve of energy keeps building up. This process needs a lot of patience! And I feel it helps if a person has reflected on how their attitudes and life style originally

created their ME, and have decided to make changes within themselves and in their lives towards greater health.

I hope that this article may help further the understanding and healing of ME. There certainly seems to be an increasing number of people suffering from this problem in our society. I am sure that what I have presented here is still a partial view of ME, and if any readers feel that they have other particular insights into ME I would be happy to hear from you.

References

Steve Wilkinson. *M.E. And You*. Thorsons.

Giovanni Maciocia. *The Foundations of Chinese Medicine*. Churchill Livingstone.

Oliver Cowmeadow. *The Art of Shiatsu*. Element Books.

Oliver Cowmeadow is Director of The Devon School of Shiatsu, and the author of four books on shiatsu and macrobiotic healing.

GENERAL RESEARCH

Research reveals ME's impact in the UK

University of Bristol research has concluded that Myalgic Encephalopathy (ME) or Chronic Fatigue Syndrome (CFS) affects up to 2.6% of adults in Britain, causes severe debilitating fatigue and results in £102m a year to the UK economy. The study, led by academics at the University's School of Social and Community Medicine, is one of the first to have investigated factors associated with discontinuation of employment in patients with ME or CFS or quantified its impact on productivity.

Sufferers from ME or CFS experience persistent or recurrent debilitating fatigue. In many cases, people are housebound or confined to their bed for months or years, causing their lives to change drastically and continued employment to become impossible. Many ME or CFS sufferers continue to work despite the primary (fatigue and pain) and secondary effects (depression and anxiety) of the condition. Loss of physical capacity is the main reason for discontinuation of employment.

Funded by the National Institute for Health Research (NIHR) and the charity Action for ME, the study examined data from 2,170 patients attending 5 specialist ME/CFS services.

Source: CAM October 2012.

Collin SM et al, The Impact of CFS/ME on employment and productivity in the UK: a cross section study based on the CFS/ME National Outcomes Database. BMC Health Service Res 2011, 11:2:217

Two new studies finally rule out X Virus infection as a cause of CFS

Chronic Fatigue Syndrome (CFS) has been linked to a family of murine leukemia virus-related viruses (MLVs), including xenotropic murine leukemia virus-related virus, or XMRV. Since the first report of XMRV in Science in 2009 by Lombardi et al, a slew of studies has failed to confirm their results. However, up until last month the original investigators were still claiming that only one research attempt had accurately replicated their methods – and that study did confirm viral involvement.

But now the XMR virus is no more. Not one, but two studies just published in Science have officially killed it off. One features a partial retraction of the original results. Science also weighed in with an 1/8 page news article that followed the XMRV and CFS discovery from cradle to grave. In the second paper, detailing a near 2-year study, no fewer than 9 independent US laboratories using 19 highly sensitive and well calibrated assays were unable to reproducibly detect XMRV or MLVs in a coded panel of samples. The huge research effort was not so much about the transfusion blood supply. Dr Judy Mikovits, Director of Research at the Lombardi Lab – the Whittlemore Peterson Institute – stated in a rebuttal of previous criticisms that their results showed that

- XMRV was transmissible
- That it incorporates into genetic material – potentially causing lifelong infection
- And that therefore CFS was an infectious neuro-immune disease

It is remarkable to see this type of study done with government, commercial and private laboratories working in parallel to address a potentially serious public health issue. Even though the SRWG studied was designed as a blood safety study, it helped bring CFS into the light.

Many of the investigators on the SRWG previously knew little about CFS. Now they are familiar with the enormous suffering that CFS inflicts, the problems with the CFS case definition for research and anger and passion that comes with an illness that has so long been in the dark shadows, unsolved.

Source: CAM October 2011.

'I'm not going to stop studying it'

Simmons G et al. Failure to Confirm XRMV/MLVs in the Blood of Patients with CFS: A Multi-Laboratory Study. Science 2011. Epub Sept 22.

Silverman RH et al. Partial Retraction. (Letter). Science 2011. Epub Sept 22.

'False Positive', by Jon Cohen and Martin Enserink. Science 2011, 333 (6050:1694-1701)

IBS and CFS follows Giardia infection

A controversial study from Norway suggests not only that conventional treatment for Giardia infection is not reliable, but also that 3 years after initial infection almost half the 800-strong group had CFS and almost another half were suffering with IBS (Irritable Bowel Syndrome).

Although the researchers involved are the renowned Bergen Giardia Research Group, a network formed in response to the giardiasis outbreak, their findings have been criticised because they conducted the follow-up questionnaire, without having medical evaluations performed. Bergen, the second largest city in Norway, experienced a big outbreak of giardiasis in the autumn of 2004. Around 1300 individuals had a laboratory confirmed diagnosis, but it is estimated that 5-6,000 people were infected with the parasite Giardia lamblia. The outbreak was caused by faecal contamination of one of the city's main water supplies. During the outbreak, 2,500 people were treated with metronidazole, the standard antibiotic therapy (a well-known brand is Flagyl), representing about 1/10th of the city's population. The event prompted various studies, including research on the outbreak dynamics, genotypes of Giardia lamblia, and the diagnostic value of laboratory tests. As some people did not fully recover from their giardiasis infections, further research efforts focused on a large group of patients who suffered long-term effects following Giardia Infection.

In a study just published in Gut, researchers at the University of Bergen followed 817 people who had laboratory-confirmed Giardia infection during the outbreak, and 1,128 matched controls that were not affected. They report that 3 years after the outbreak, 46.1% of the people who were exposed to Giardia reported chronic fatigue, compared with 12% of controls. The same percentage, but different individuals – 46.1% - of the infected group reported IBS, compared to 14% in the control group.

Because of lack of medical evaluation it is impossible to say how many of the self-reporting CFS and IBS individuals would meet official diagnostic criteria. However, the take-away point is that finding higher rates of persisting CFS 3 years after documented exposure to Giardia adds much weight to the theory that CFS is triggered by infection.

Source: CAM October 2012.

Wensaas K et al, Irritable Bowel syndrome and chronic fatigue 3 years after acute giardiasis: historical cohort study. Gut 2011, epub Sept 12.

Childhood physical abuse linked to Chronic Fatigue

Childhood physical abuse is associated with significantly elevated rates of functional somatic syndromes such as chronic fatigue syndrome, fibromyalgia and multiple chemical sensitivities among women, according to new findings by the University of Toronto researchers.

“Women who reported they had been physically abused as children have twice the odds of chronic fatigue syndrome and multiple chemical sensitivities, and 65% higher odds of fibromyalgia” says lead investigator Prof Esme Fuller-Thomson. “These findings persisted even after controlling for potentially confounding factors such as other adverse childhood experiences, age, race, mental health and adult socioeconomic status.”

The study examined statistics from a regional subsample of the 2005 Canadian Community Health Survey involving 7,342 women, 10% of whom reported being physically abused as children. A minority of women reported they had been diagnosed by a health professional with chronic fatigue syndrome (1.3%), fibromyalgia (2.5%), or multiple chemical sensitivities (2.7%).

The research not only points to an association between childhood physical abuse and these disorders, but also explores the contribution of confounding psychosocial factors such as other childhood adversities, adult health behaviours and mental health.

Source: CAM October 2012

Fuller-Thomson E et al, Functional Somatic Syndromes and Childhood Physical Abuse in Women: Data from a Representative Community-Based Sample. J Aggression Maltreatment & Trauma 2011;20(4):445.