

DIFFERENCES BETWEEN ME & CFS

- There is no such disease(s) as CFS. Fatigue is a common component of normal life/not always relieved by 'rest' unless that means a prolonged holiday or stay in a sanatorium/asylum - ask any harassed mother of a large family!
- Fatigue is a common component of any infectious disease eg: Bacterial (tuberculosis) or Viral (influenza) and thousands of others including AIDS, Lym disease, syphilis, hepatitis etc.
- Fatigue is a common component of any prolonged physical stress (lack of sleep, care of the seriously ill, shift work etc).
- Physiological Fatigue: hormonal (eg childbirth, menopause, adolescence)
- Cardiovascular: (includes anaemia from any cause eg: Leukaemia)
- Central Nervous System Damage (as in ME, MS) any form of trauma, but ME has its own unique biochemical and hormonal mobile and specific areas of damage similar to polio and other forms of encephalitis.
- Endocrine Disturbance: diabetes, thyroid, adrenal etc
- Central Nervous System Depressants: alcohol, drugs
- Malignant Disease
- Lack of Drive: boredom, retirement, redundancy
- Clinical Depression: Biochemical disturbance stress reaction cannot be switched off » CORTISOL RAISED PERSISTENTLY. In ME the opposite happens » CORTISOL NORMAL OR LOW as it cannot be switches on.
- Over Arousal: anxiety, hyperventilation (leads to lack of carbon dioxide to drive the respiratory centre in the brain)
- Chronic Chest Disease: eg emphysema
- Muscle Disease: myasthenia, collagen disease, toxic or drug induced

There are actually 30 well documented causes of 'chronic fatigue'. To say that ME is a 'subset' of CFS is just as ridiculous as to say it is a 'subset' of diabetes or Japanese B encephalitis or one of the manifestly absurd psychiatric diagnosis, such as, 'personality disorder' or 'somatisation'.

ME is a systemic disease (initiated by a virus infection) with multi system involvement characterised by central nervous system dysfunction which causes a breakdown in bodily homeostasis (it the brain can no loner receive, store or act upon information which enables it to control vital body functions, cognitive, hormonal, cardiovascular, autonomic and sensory nerve communication, digestive, visual auditory balance, appreciation of space, shape etc). It has an UNIQUE Neuro-hormonal profile.

BLOOD RHEOLOGY

Muscle problems are NOT universally reported in ME

- a) 7070 (approximately) report muscle pain : this is mainly due to brain dysfunction ie misinterpretation of sensory signals which means that pain can be felt in any part of the body without necessarily being due to local damage.
- b) Some 30% of ME patients testes have an abnormal Exercise Test : only lactic acidosis (ie change from aerobic metabolism to an anaerobic metabolism (anaerobic glycolysis).
- c) Some 50% of these are abnormal cases have persistent entrovirus infections of the muscles : This was published in a paper submitted in the BMJ by LANE, A RCHARD IN 1994. But at the request of referee (BEHAN) the infection section was cut out! (initially inflammatory and involving the immune sections - later as virus and immune system settle down, non inflammatory).

CORRELATION BETWEEN ME AND POST POLIO SYNDROME

Clinically unjustifiable (BRUNO et al - many articles.

MS : usually classed as 'autoimmune disease because acute myelin antibodies persist even if virus doesn't. Epidemiological identical (geographically, social class sec etc). Undoubtedly related to ME viroloically but in MS the cells which make myelin are infected and once a nerve becomes uncovered by losing myelin coat it does not repair. In ME there is also demyelination, but it is usually repaired. Antibodies against myelin are formed in MS, Post polio and motor neurone disease.

CORRELATION WITH PARKINSON'S DISEASE

Parkinson's disease arises from lack of dopamine production owing to damage to substantial nigia in mid brain in ME (acute parkinsonism with rapid recovers 2-4 years, also recorded in ME) - high incidence of parkinsonism following outbreak in ME in Iceland in 1948; in any other post encephalitic state; may be hereditary (under development or other damage to dopamine productory areas of brain).

WEAKNESS IN ME

Due to damage to reticular activating system in the mid brain (identical to fatigue in PPS - therefore weakness will follow mental or physical over-exertion. 'CFS' fatigue has multiple causes: - anaemia, heart disease, depression, lack of oxygen to heart/lungs, infections of all kinds (lots of these varieties of fatigue do not respond to 'rest' either).

The main problem about 'management' is that modern research has ceased to look for a cause!

One does not try to start a defective machine or vehicle by trying to 'kick start' it. The defective item must be taken to a garage or workshop to diagnose the CAUSE and replace defective parts/to function appropriately.

The problem we face is that, in spite of overwhelming epidemiological and technical evidence of an infectious case, the truth is being suppressed the government and the 'official' ME charities as 'too scary' for the general public - in the same way as the British Diabetic Association suppressed the information about the harm caused to diabetics when animal insulin was changed to genetically engineered human insulin (this was cheaper) and patients told that animal insulin as no longer available in 1993 (many deaths, accidents, coma's and convulsions resulted) The same as they did about BSE etc

Infections follow predictable courses, they can easily be diagnosed, managed and prevented.? Having worked with them for some 50 years I have seen the results of over up, drug company pressure, research rivalry and ultimate disaster - all of which could have been prevented. Meantime research workers (such as Richard Lavey who warned about BSE, Listeria, Salmonella etc) the sack and lose all research findings.