

HEALTHwatch™



In this Issue

Herpes Virus Expert Sheds Light on Chronic Fatigue Syndrome Mysteries..... 1
 Richard Podell, M.D., on Reversing Eight Vicious Cycles that
 Block Fibromyalgia and Chronic Fatigue Syndrome Healing..... 1
 Research News Briefs..... 2
 Kent Holtorf, M.D., on Treating Chronic Fatigue Syndrome & Fibromyalgia 3

Hydraulic Exercise Gets One Fibromyalgia Patient Moving in the Right Direction 4
 Drug News..... 6
 Abnormal Heart Pumping After Exercise Linked to Chronic Fatigue Syndrome..... 7
 The Bowen Technique and One Patient's Fibromyalgia Relief..... 10
 Fundraising Update..... 12

Herpes Virus Expert Sheds Light on Chronic Fatigue Syndrome Mysteries

By John W. Addington

John W. Addington is a medical researcher, a patient rights paralegal, and a CFS patient. As a freelance writer, he regularly publishes on topics relating to CFS and FM.

Dharam V. Ablashi, DVM, MS, Dip Bact, co-discoverer of unusual "juicy" white blood cells and current American Association of Chronic Fatigue Syndrome President, has done much to advance the understanding of Chronic Fatigue Syndrome (CFS).

Dr. Ablashi has many more credits to his name. He is internationally renowned for his work with herpes viruses and has served on national and international scientific committees including NIH and W.H.O. He is Director of the Herpesvirus Programs at Advanced Biotechnologies, Inc., and Adjunct Professor of Microbiology at the Georgetown University School of Medicine in Washington, D.C.

Furthermore, Dr. Ablashi has shared in the publishing of over 285 scientific papers, 11 books, and he has lectured worldwide. However, it is Dr. Ablashi's research regarding human herpes virus 6 (HHV-6) in particular that has involved him with Chronic Fatigue Syndrome. Dr. Ablashi was working with the National Cancer Institute in the mid 1980's when he and his associates discovered odd balloon-shaped white blood cells which they described as "juicy." These researchers published their findings about this new virus in 1986. Later they confirmed this was a herpes virus, and as it was the sixth such virus to be discovered, it was called human herpes virus 6.

Other Herpes Viruses

Other herpes viruses are involved in cytomegalovirus, chickenpox, infectious mononucleosis, herpes simplex, and shingles. The herpes virus that causes mononucleosis, Epstein-Barr virus, also known as HHV-4, was initially suspected as a cause of CFS. Dr. Ablashi has also done research on this virus and he published in 1995 that "the involvement of Epstein-Barr virus in CFS patients is diminishing." Nevertheless, he stated that there could "be a subset of CFS patients in whom Epstein-Barr virus may be a major contributing factor to disease manifestation."

HHV-6

As a childhood infection, HHV-6 can cause the rash-like condition roseola. Dr. Ablashi explains that, "HHV-6 infection usually occurs

continued on page 8

Richard Podell, M.D., on Reversing Eight Vicious Cycles that Block Fibromyalgia and Chronic Fatigue Syndrome Healing



By Richard Podell, M.D.

Richard N. Podell, M.D., M.P.H., is Medical Director of the Podell and King Medical Practice in New Jersey. Dr. Podell's practice focuses on treating Chronic Fatigue Syndrome and fibromyalgia with nutritional, complementary and alternative medicine. As a leading natural healing doctor, Dr. Podell offers holistic medicine consultations to patients and to physicians on behalf of patients.

People with any chronic illness tend to develop a set of self-defeating vicious cycles, which conventional medical approaches too often overlook. My practice places high priority on reversing these self-defeating cycles, as they are major obstacles to healing.

Vicious Cycle #1: Non-restorative Sleep

Both Fibromyalgia Syndrome (FMS) and Chronic Fatigue Syndrome (CFS) disrupt sleep quality. Poor sleep, in turn, worsens physical and mental stamina. Poor sleep also increases sensitivity to pain. These, of course, further disrupt sleep.

Vicious Cycle #2: Disordered Breathing Rhythms

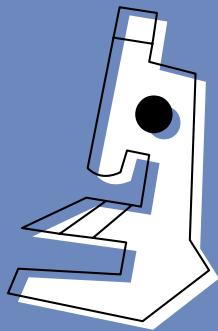
More than half of our patients with FMS or CFS develop a disordered pattern of breathing. They take very small rapid breaths using the small muscles of their chest instead of slow, deep breathing with the large muscles of the abdomen. These changes are subtle and most people who "hyperventilate" in this manner don't realize that their breathing pattern is out-of-synch. Shallow chest breathing makes people feel tense. Slow, deep abdominal breathing creates feelings of calmness. Disordered breathing can also cause a broad array of frightening symptoms including mental fog, dizziness, irritability, chest pain, feeling numb and more. Worsening symptoms then disrupt breathing further.

Vicious Cycle #3: Inactivity Leads to Progressive Loss of Physical Fitness (De-conditioning)

People with FMS and CFS often feel too ill to exercise, and if they

continued on page 9

Research News Briefs



New Study to Test Anticonvulsant Medication for Fibromyalgia

A new study funded by the National Institute of Arthritis and Musculoskeletal and Skin Diseases will measure the effectiveness of gabapentin, an anticonvulsant medication, in reducing symptoms of fibromyalgia syndrome (FMS). Gabapentin has been found to relieve chronic pain caused by nervous system disorders, and it was recently approved by the FDA for the treatment of persistent, severe pain that can follow an episode of shingles. The new study will be conducted by Lesley M. Arnold, M.D., and her colleagues at the University of Cincinnati College of Medicine and two Boston-area sites, McLean Hospital of Harvard University and Newton-Wellesley Hospital.

Approximately 150 study participants with FMS will be assigned randomly to take either gabapentin or placebo for a 12-week period. The medication's effectiveness will be measured using questionnaires that assess the participants' fatigue, stiffness, sleep, mood, "tender-point" pain threshold and quality of life. Treatment of fibromyalgia usually requires a comprehensive approach. Patients may benefit from a combination of exercise, medication, and physical therapy. Currently, there are no medications specifically approved by the FDA for the treatment of FMS. Many people with FMS take nonsteroidal anti-inflammatory drugs, and some physicians prescribe muscle relaxants and antidepressants to treat the symptoms of FMS. Depending on the results of this study, gabapentin may become another treatment option.

Research Shows New Evidence for a Central Fatigue Disorder in Chronic Fatigue Syndrome

Considerable evidence points towards a prominent role for central neural (CNS) mechanisms in the pathogenesis of Chronic Fatigue Syndrome (CFS), a disorder characterized chiefly by persistent, often debilitating, fatigue. Researchers recently set out to characterize circulating profiles of putative amino acid modulators of CNS serotonergic and dopaminergic function in CFS patients at rest, during symptom-limited exercise and subsequent recovery. Twelve CFS patients and eleven age- and sex-matched sedentary controls, with similar physical activity histories, underwent ramp-incremental exercise to the limit of tolerance.

Plasma amino acid concentrations, oxygen uptake and ratings of perceived exertion (RPE) were measured at rest, during exercise and recovery. Peak oxygen uptake was significantly lower in the CFS patients, compared to controls. RPE in the patients was higher at all measured time points, including rest, relative to controls. Levels

of free tryptophan, the rate-limiting serotonergic precursor, were significantly higher in CFS patients at exhaustion and recovery, whereas concentrations of branched-chain and large-neutral amino acids were lower in patients at exhaustion and, for large-neutral amino acids, also during recovery.

Consequently, the free tryptophan, branched-chain and large-neutral amino acids ratios were significantly higher in CFS patients, except at rest. On the other hand, levels of tyrosine, the rate-limiting dopaminergic precursor, were significantly lower at all time points in the patients. The significant differences observed in a number of key putative CNS serotonergic and dopaminergic modulators, coupled with the exacerbated effort perception, provide further evidence for a potentially significant role of CNS mechanisms in CFS pathogenesis.

Study reference: Georgiades E, Behan WM, Kilduff LP, Hadjicharalambous M, Mackie EE, Wilson J, Ward SA, Pitsiladis YP, "Chronic Fatigue Syndrome: New evidence for a central fatigue disorder." Clin Sci (Lond) 2003, April 23.

continued on page 6

Pro Health Scientific Advisory Board

Robert Bennett, M.D., Ph.D.

Oregon Health Sciences University, Portland, Oregon

Jay A. Goldstein, M.D.

Director, The Chronic Fatigue Syndrome Institute, Anaheim Hills, California

Charles W. Lapp, M.D.

Director, Hunter-Hopkins Center, P.A., Medical Consultations, Charlotte, North Carolina;

Consulting Professor, Duke University Medical Center

William Maguire, M.D., Ph.D.

Harvard Medical School, New York University Medical College

Kenny De Meirleir, M.D., Ph.D.

Vrije Universiteit Brussel, Brussels, Belgium

Daniel Peterson, M.D.

Sierra Internal CFS Center, Incline, Nevada

Jacob Teitelbaum, M.D.

National Research Center, Annapolis, Maryland

HEALTHwatch is published by:

Pro Health, Inc., 2040 Alameda Padre Serra, Suite 101, Santa Barbara, CA 93103. 1-800-366-6056

Editor: Lee Ann Stiff

Graphic Designer: JD Reive

Disclaimer: HEALTHwatch is published for individuals, health professionals and others interested in CFS and Fibromyalgia. Any nutritional supplements discussed in HEALTHwatch are not intended to diagnose, treat, cure, or prevent a disease, but rather are dietary supplements intended solely for nutritional support. © 2003 HEALTHwatch

For permission to reproduce any of the information contained in this publication, please contact the Editor at: editor@prohealthinc.com.

Kent Holtorf, M.D., on Treating Chronic Fatigue Syndrome & Fibromyalgia



Kent Holtorf, M.D., established the Hormone and Longevity Center in Torrance, California to concentrate on the treatment of hormone deficiencies. Eighty percent of Dr. Holtorf's practice involves patients complaining of fatigue, with CFS and FM comprising the largest area of his practice.

ImmuneSupport: In your article on the effective treatment of Chronic Fatigue Syndrome and fibromyalgia*, you state that "individuals with these syndromes have measurable hypothalamic, pituitary, immune and coagulation dysfunction. These abnormalities then result in a cascade of further abnormalities, in which stress plays a role." Could you discuss in as much detail as possible how you approach treating the following problems in CFS and FM patients:

Dr. Holtorf: *Immune dysfunction:* If a complete immune panel is done on Chronic Fatigue Syndrome (CFS) and fibromyalgia (FM) patients, almost all have immune dysfunction, which often includes poor natural killer cell function. These cells are very important in killing viruses and bacteria. It is very difficult to eradicate chronic infections when these cells are not functioning well. Antibiotics and antivirals do not work well and are often ineffective if the immune system is not stimulated as well. You are never able to kill all the infectious agents unless the body is able to clean up the residual left by the antibiotic or antiviral. This is very similar to the situation with AIDS patients.

There are a number of methods to do this. What I use depends on the infection present, but in general I like Transfer Factor, Pro Boost, Maitake Mushroom, whey protein, astragalus, NK Stim, and beta-glucan combinations with natural and pharmaceutical antivirals or antibiotics. Growth Hormone, thyroid and cortisol are also very good immune enhancers. Yes, I said cortisol - low doses of cortisol for people who have adrenal insufficiency act as an immune enhancer. Large doses are immune suppressors. Your body normally increases cortisol in times of infection. Oxidative therapies, discussed below, can be very powerful. I customize the specific treatment for the patient.

Coagulation problems: This is diagnosed with a specialized laboratory test that includes soluble fibrin monomer, fragment 1 +2, and thrombin/antithrombin complex. Defects are typically treated with heparin to stop the excessive production of soluble fibrin monomers and vascular digestive enzymes to help clean up the fibrin already laid down.

Low thyroid: As discussed earlier, CFS and FM patients will often have a number of thyroid abnormalities including a low free T3, a high reverse T3, and a low TSH. These abnormal ratios are not usually discovered using the standard laboratory interpretation of hypothyroidism. When CFS and FM patients are treated with thyroid, they are almost always under-dosed because their pituitary dysfunction results in their TSH becoming quickly suppressed, which normally indicates too much thyroid. Because these patients have pituitary dysfunction, one must forget about the TSH and not treat based on this parameter. These patients can also have a thyroid

resistance syndrome. This has not been a well-accepted concept by general mainstream medicine and many refuse to believe it exists because the exact mechanism has not been elucidated, but this a real phenomenon.

In fact, in a recent issue of the International Journal of Medical Research, a major peer reviewed medical journal, a patient was described that required 10 times the normal dose of thyroid intravenously before her symptoms would resolve. This resistance usually improves as the patient gets better and they subsequently need less thyroid.

Adrenal insufficiency: To diagnose, I typically use symptoms and a combination of blood sugar, free cortisol, and HgA1C%. Again, one must have a high clinical suspicion and not just think in terms of normal and abnormal. These normal levels are determined for healthy individuals, not the chronically ill, so the cortisol levels should be higher with this illness. 24-hour urine and saliva tests can be done, but these can also result in false positive and false negative results. Some doctors who treat these disorders have reported that cortisol is not helpful; this is totally opposite to my experience. I have found this adrenal hormone to be very helpful.

Growth Hormone deficiency: Many CFS and FM patients are low in growth hormone. This hormone is produced in the pituitary so it is expected with these illnesses. Treatment can sometimes make a tremendous impact but because of the cost, it is not used on most patients. IGF-1 is the best indication for growth hormone levels.

ImmuneSupport: Once you've determined which problems a CFS or FM patient has, do you prescribe both traditional and alternative treatments, or do you focus on a single method at a time?

Dr. Holtorf: One must use both traditional and so-called alternative treatments. In order to treat these diseases adequately, I use many treatments simultaneously. If one treatment were used at a time it would take many years before the patient feels better. I use many treatments at the same time, but I remove a treatment every two weeks when the patient is feeling good for a period of time.

ImmuneSupport: Please tell us a little bit about the Hormone and Longevity Medical Center where you practice.

Dr. Holtorf: I started the Hormone and Longevity Center to concentrate on the treatment of hormone deficiencies with hormonal optimization. Eighty percent of our practice is for patients complaining of fatigue, with CFS and FM probably being the biggest part of the practice. This was also the case when I ran the Thyroid Optimization Center a number of years ago.

ImmuneSupport: What are the biggest challenges you face with treating CFS and FM patients?

Dr. Holtorf: Although we have good success with CFS and FM, these are challenging cases that require doctors to spend significant time with the patient. It cannot be accomplished with seven-minute office visits.

ImmuneSupport: What are the biggest successes you've experienced with treating CFS and FM?

Dr. Holtorf: Many of these patients are very sick and have given up. It is so gratifying to get these patients back to having a life. They

continued on page 5

Hydraulic Exercise Gets One Fibromyalgia Patient Moving in the Right Direction

By Jessica Mendes

Jessica Mendes is a freelance journalist and FM/CFS patient based in Toronto, Canada. She is host and producer of CIUT Radio's Innovations, which promotes critical thinking and creative heresy on a wide range of subjects. She can be heard online every Saturday from 2-3 pm (eastern standard time) on www.ciut.fm.

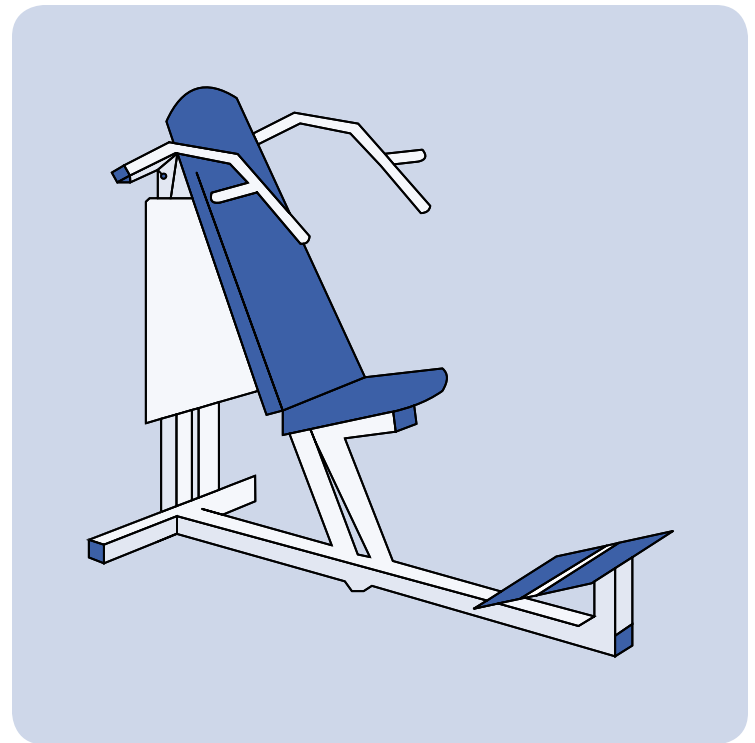
My body has ached (on both physical and psychic levels) for good exercise for almost 15 years now – the kind that demands focus, vigor and passion. I feel it everywhere, but it's strongest in my legs, and behind my chest wall: a definite "edge" that is always there, always yearning for life in full throttle. At times it is all consuming, like that gasp for air when you've been underwater for too long – gripping my every cell. Waxing and waning with the tides of the moon, this longing has never left me, and though it is terribly lonely, I am grateful for it. It is a desire for purpose, after all – that visceral sense that life matters.

Fibromyalgia is, for me, an enigma; a form of madness, if you will, in the muscles and tendons. Like electrical circuits on overload, firing out in disarray. Or profound ambivalence, bleeding through flesh and clutching bone. Were I a physicist, I might theorize it to be dissonant vital forces, polarizing by nature, creating a carnal paralysis of will or, a physical locking disorder. In other words, Fibromyalgia. If you've ever spent a sleepless night strung out from sheer exhaustion, you've scratched the surface of what it's like to live with it, in my experience. You get used to the pain, and its wide range of sensation. The unrelenting lack of elasticity is another matter. Muscles taut and erratically anxious, a stretch is not just a stretch. Without breath, there's no give at all; take it too far, and you'll snap.

Its patterns are an utter anomaly, for the most part: it is no doubt a condition that asks you to pay attention to your body's changing rhythms and needs – a task, I admit, I have often not felt up to. The dictum "get enough rest," for example, is far too simplistic. I have to be just as careful not to get too much sleep – even an hour's excess will send my muscles into seizure for the balance of a day. This is particularly telling since, in my case, I also have Chronic Fatigue Syndrome. The two illnesses combined have taught me that the antidote to tiredness isn't always more rest. This is where my lust for a good work out comes in.

Here's my dilemma: since I have FM and CFS, fervent exercise is fraught with hazard. Sprains, tears, spasms; tension that grips with intolerable might – I never know what to expect. It is in this sense that Fibromyalgia has been a growing disability. I was no less than shocked, then, when recently, I stumbled across an opening in my range of choices. It's called hydraulic resistance training: physical exercise, with equipment, that is non-impacting, and focuses on rehabilitation, toning and metabolism. A system targeted to people of any age and ability, for whom traditional work outs (weight lifting, aerobics) are not an option.

It's called "circuit training": set up in a circle facing in, each piece of equipment works a different muscle group. You spend 30



seconds (yes, that's seconds) on each machine, with recovery time (cardiovascular work) between sets, until you've moved around the wheel. "It's a whole new concept of working out," says Lesley Smith, manager of Toronto's Ladies Fit Express. "The amount of force you exert determines the level of resistance you encounter. It adjusts continuously to the ability and need of the person using it, and won't leave you feeling sore the day after. There's no strain on the joints, no fighting of gravity. It's a very different way of working your muscles."

Indeed. Traditional weight training is prone to injury with over-exertion or improper form. Hydraulic resistance training, on the other hand, appears to help heal injury. Think Iyengar yoga with turbo-power. Iyengar is a discipline that relies on the wisdom of our body's nature, with a focus on balance and recovery: from injury, illness and trauma. My impression of hydraulic resistance training so far is that it works much the same way, allowing the body, rather than the mind, to set the rhythm and force of a work out. You could call it physical training from the feminine. There's no competition, no measuring weights, and no mental guesswork involved – just the feel of your own body in a highly adaptable system.

Imagine the sensation of swimming, but on dry land. When I tried the equipment for the first time, I was deeply impressed with a sense of resilience. Like a good pair of shoes with shock absorption: you feel as if you're barefoot on soil when you're walking on cement. As I moved with each apparatus, there was no jerking or jolting of my limbs; no stiffening or pinching, no sensation of tearing, trauma or spiking pain. It was like swimming, but without the tightening in my neck or the hassle of chlorine. I was elated. Could this mean I now have a means to strengthen and tone?

Lesley Smith thinks so, and she has reason to. She's had good feedback from clients with Fibromyalgia, back problems and other challenges. Pat Matheson, a 69-year-old woman with osteoporosis and arthritis, has been working out at her gym since last October. "I have far more energy than I did then, and I don't have near as much pain in the morning," she tells me. "I have more bounce in my walk,

more strength in my knees. I feel good all over." Her goal is to get herself off of Hormone Replacement Therapy.

It's worth noting that hydraulic resistance training is not the same as working with air pressure equipment. It took me a while to figure this out initially, since a surprising number of Toronto's gyms equate one with the other, including one that is exclusively hydraulic. Completely unaware, I conducted a poll to see how many of Toronto's gyms had them. Some hadn't even heard of it; one told me they "didn't believe in it," and another informed me that I wouldn't find hydraulics in this city. The most common response, though, was "oh – you mean air pressure? The equipment you adjust with buttons?" A few asked me if I meant Keiser, a well-known manufacturer of air pressure machines.

It wasn't until I found Fit Express that I discovered they were two entirely different concepts. "Most people in the industry don't get how hydraulics work," says Glen Beckett, their Vice President of Sales based in Mississippi. "They are virtually the same as training in water. You don't have the impact you encounter in weight training, because the resistance level is equal to the amount of force you are able to exert at every point in the range of motion. The weight is never greater than what you can safely lift. Contrary to pneumatics, which are designed to simulate weight training, but with air resistance."

Kent Holtorf, M.D....continued from page 3

are just so grateful. Many have been unable to work and/or have been on disability and now [following treatment] are happy, functional and productive.

ImmuneSupport: Are you working on any promising new treatments at this time – either through research or through a trial and error process with your patients?

Dr. Holtorf: I am working on new treatments every day in practice. I have recently found that oxidative therapy can be immensely effective. This involves the administration of intravenous hydrogen peroxide. This is a very safe treatment that is backed by decades of studies. It is popular in Europe for a number of disease states and conditions and has been advocated by the International Oxidative Medicine Association in this country. Hydrogen peroxide is naturally produced in our bodies and has wide ranging effects. It activates the immune system, kills viruses, bacteria, and parasites, increases oxygen delivery to the cells, and activates the mitochondria (energy factory of the cell). This appears to be a perfect treatment for CFS and FM patients and I am very excited about the results with this therapy, especially when used in conjunction with the therapies described above. I am going to launch a study involving this combination therapy.

[Regarding pharmaceutical treatments] I have been asked by companies to conduct drug trials for FDA approval, but I have been declining to do so because, at this time, I do not feel they are worthwhile, even though I am sure they will eventually get approval. The drugs seem to be somewhat effective but generally unspectacular.

ImmuneSupport: What are the most exciting developments you've seen recently in treatment options for CFS and FM?

Dr. Holtorf: Recent developments are taking place in a stepwise manner, but I do not believe it will be through the so-called mainstream medicine one-drug cures. I think these are very treatable conditions and advances will only continue to improve treatment. I do believe, however, that [incidences of] CFS and FM will significantly increase in number and at some point will be considered an epidemic because they are very poorly treated through the standard health care delivery system.

*"Kent Holtorf, M.D., on Effective Treatment of Chronic Fatigue Syndrome and Fibromyalgia" – read it online at:

<http://www.immunesupport.com/library/showarticle.cfm/id/4320>

Hormone and Longevity Medical Center: (310) 375-2705

Fit Express is the oldest independent manufacturer of adjustable hydraulic resistance equipment in the world, supplying to gyms in Europe, Asia, Mexico, the Middle East, U.S. and Canada. "Adjustable" is key, here, since you'll also find non-adjustable hydraulic resistance equipment, namely at Curves. Non-adjustable poses problems, says Glen. "You need to provide periodic variance to shock the muscles and nervous system – otherwise, when you reach your maximum speed you will plateau, as your body has adjusted to a certain setting." This was confirmed for me by another Toronto gym, Oxygen Fitness. "We get a lot of overflow from Curves," says manager John McCrindle. "People work out there for a couple of months and then they want more, so they come to us."

If you've got arthritis, joint problems or back injuries, however, this isn't an option. Look for adjustable hydraulics resistance equipment. I predict the industry will soon see a significant growth curve – one catered to the needs of a market untapped. And I, for one, want to be part of it.

Author's note: To order adjustable hydraulic resistance equipment, or to find a gym in your area that may have it, visit www.fitexpress.com or call toll free 1-800-934-0321.

THERMOSKIN
NATURAL PAIN RELIEF

Arthritic Gloves

"Very comfortable, effective pain relief"

"everyone wants them, they are very good"

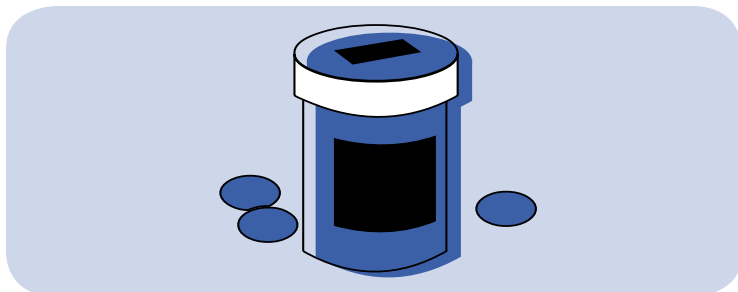
"gloves are terrific"

The Thermoskin Glove has been designed to re-activate your hand through:

1. INCREASED CIRCULATION
2. PAIN RELIEF
3. REDUCTION IN SWELLING
4. IMPROVED MOBILITY
5. GREATER SUPPORT



Drug News



Fibromyalgia Drug Milnacipran Successful in Phase II Study (Final Results)

Milnacipran-treated patients showed statistically significant overall improvement and improvement in pain intensity, according to the results of a phase II study presented at the 22nd Annual Scientific Meeting of the American Pain Society in a symposium entitled, "Fibromyalgia: Current Understanding and Future Directions." The results were presented by Daniel Clauw, M.D., Professor of Medicine, Division of Rheumatology; Director, Center for Advancement of Clinical Research; and Director, Chronic Pain and Fatigue Research Program at the University of Michigan, and Chairman of Cypress' Rheumatology Advisory Board.

Milnacipran is the first in a new class of oral therapeutics known as Norepinephrine Serotonin Reuptake Inhibitors (NSRIs) that decrease the uptake of both norepinephrine and serotonin, two neurotransmitters known to play an essential role in regulating pain and mood. "We have made great strides in learning more about the pathophysiology of fibromyalgia syndrome and the role of norepinephrine and serotonin in mediating central pain, which has helped point us in the direction of what could be the first therapy specifically developed to treat people with this common disorder," said Dr. Daniel Clauw. "It is impressive to see such a significant improvement in symptoms in this patient population."

The double-blind, placebo-controlled, flexible dose escalation monotherapy trial is the first to evaluate the safety and efficacy of milnacipran in treating patients with FMS. A total of 125 patients enrolled in the trial and were randomized to receive either placebo or milnacipran either once or twice a day for four weeks of dose escalation, followed by eight weeks of constant dose. The study evaluated the efficacy and safety of milnacipran for the treatment of pain and associated symptoms such as fatigue, depressed mood and ability to sleep.

"Attempts to treat the complex pain of fibromyalgia with existing medications have met with limited success," noted Jay D. Kranzler, M.D., Ph.D., Chairman of the Board and Chief Executive Officer of Cypress Bioscience Inc. "Based on these results, milnacipran appears to have the potential to relieve several of the symptoms associated with fibromyalgia, and perhaps other related Functional Somatic Syndromes."

Flexeril 5 mg for the Treatment of Muscle Spasm Reaches Pharmacies

The effectiveness of Flexeril 5 mg was demonstrated in two seven-day, double-blind, placebo-controlled, randomized, multi-center clinical trials enrolling 1,405 patients with acute (<14 days), physician-rated moderate or moderately severe painful muscle spasm in the lower back or neck. Over a one-week course of

treatment, patients reported that Flexeril 5 mg provided relief of musculoskeletal spasm symptoms significantly greater than placebo. On average, most patients experienced some, a lot, or complete symptom relief within 48 hours of starting treatment with both the 5 mg and 10 mg strengths of Flexeril.

The incidence of sedation was significantly lower in patients taking Flexeril 5 mg compared with those taking Flexeril 10 mg (29% versus 38%, respectively; 10% for placebo). Most patients who reported sedation developed it on the first or second day of dosing. Most episodes were mild and did not result in discontinuation of therapy. Only 2% of patients reported severe sedation. Dry mouth, another side effect associated with most muscle relaxants, was also significantly lower in the Flexeril 5 mg patient group compared with the Flexeril 10 mg group (21% versus 32%, respectively; 7% for placebo). Other adverse events reported in greater than 3% of patients include fatigue and headache.

Research News Briefs...continued from page 2

Inflammation, Infection, and Irritable Bowel Syndrome (IBS): An Update

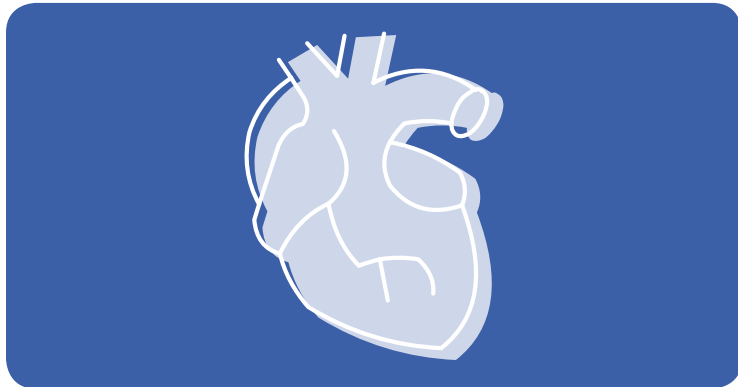
Irritable bowel syndrome (IBS) is a chronic disorder of gastrointestinal function for which no specific pathophysiologic mechanism is known. However, it is generally accepted that IBS symptoms are multi-determined, and are generated from dysregulation at multiple levels of the brain-gut axis. They are manifest by abnormal motor reactivity to various stimuli, and low sensation and pain thresholds.

The growing interest of clinicians and researchers in the pathogenesis of functional gastrointestinal disorders led to several research presentations during this year's Digestive Disease Week meeting. Although these presentations addressed various factors implicated in the pathogenesis of these disorders (i.e., behavioral/psychosocial, central and peripheral contributors), the main focus was on some new insights into the possible contribution of gut infection and inflammation in the development of symptoms and other potential clinical consequences.

Stephen M. Collins provided a comprehensive review of the evidence suggesting the need to consider infection and inflammation in the pathogenesis of some patients with IBS. He presented data from clinical studies showing the development of IBS symptoms following acute gastroenteritis (i.e., postinfectious IBS) and a higher than expected prevalence of IBS symptoms among patients with inflammatory bowel disease that was in remission.

Additionally, data from animal studies demonstrated that altered gut physiology can persist even after the infection and associated inflammation have resolved. Furthermore, studies of mucosal biopsies, from both human and animal models, have shown increased inflammatory cells and inflammatory mediators in patients with IBS and in previously sensitized/stressed animals. Finally, some recent studies have shown proximity between nerve trunks and the inflammatory cells, suggesting a local neuroimmune interaction that may contribute to the pathogenesis of IBS. With respect to the latter, several key studies presented during these meeting proceedings provided some supportive evidence relating the role of infection and inflammation to IBS. To read more about these and other research presentations from the Digestive Disease Week meeting, please visit: <http://www.immunesupport.com/library/showarticle.cfm/ID/4518>.

Abnormal Heart Pumping After Exercise Linked to Chronic Fatigue Syndrome



By Daniel DeNoon (reviewed By Michael Smith, M.D.)

Many people with Chronic Fatigue Syndrome (CFS) may have a serious heart problem. A new finding hints that blood circulation problems may be an underlying cause of the mysterious illness. Nobody is sure what causes Chronic Fatigue Syndrome. As more becomes known, it's likely that some CFS patients will turn out to have different underlying problems than others. One major symptom, however, is feeling bad after exercise for more than 24 hours.

To Arnold Peckerman, Ph.D., that sounds a lot like a blood circulation problem seen in some heart patients. These patients have something called left ventricular dysfunction, in which the main pumping chamber of the heart is weak. When you exercise, your heart pumps out more blood. But these patients' hearts actually pump less blood.

Dr. Peckerman's research team at the VA Medical Center in East Orange, NJ, used a sophisticated test to measure how well the heart pumps blood. They gave the test to 16 CFS patients, both before and after they exercised. They also tested four non-athletic volunteers. All of the patients' and volunteers' hearts pumped normally during rest. After exercise, however, 13 of the 16 CFS patients' hearts pumped less blood than they did at rest.

"Basically we are talking about heart failure," Dr. Peckerman told WebMD. "But Chronic Fatigue Syndrome is a progressive disease. If we were able to detect this in its early stages, it is quite possible there might be a way to treat it."

Emory University cardiologist Joseph I. Miller III, M.D., says Dr. Peckerman's findings on a potential cause of Chronic Fatigue Syndrome are very interesting. He agrees that these patients have serious heart problems. "Typically we see this in people with three-vessel heart disease," Dr. Miller told WebMD. "A drop in [blood pumped by the heart] during exercise is not a typical response. It is actually a marker of significant coronary artery obstruction." Given the severity of the finding, Dr. Miller wonders - if heart problems might be a cause of Chronic Fatigue Syndrome - why more CFS patients aren't dying of heart disease. Both he and Dr. Peckerman agree that more study is needed.

What's happening to the hearts of people with Chronic Fatigue Syndrome? It's too soon to tell, but Dr. Peckerman has a theory. "There is some indication that Chronic Fatigue Syndrome is precipitated by a viral infection," he says. "Some of the viruses that have been suspected have an affinity for the heart."

The virus infection might not be obvious, Dr. Peckerman suggests, because a diagnosis of Chronic Fatigue Syndrome is made only after six straight months of unexplained fatigue. And that's only a minimum. Most patients suffer much longer before being diagnosed with Chronic Fatigue Syndrome. That may explain - if his research is confirmed in later studies - why such a heart problem has not been found to be a potential cause of Chronic Fatigue Syndrome before. "It would appear that by the time they seek help and get diagnosed, the infectious process has run through and remaining signs of infection are very, very small," he says. "In the meantime, some organ damage may have been done. This may turn into symptoms later."

Dr. Peckerman reported the findings at the April 2003 meeting of the American Physiological Society.

Sources: American Physiological Society annual meeting, 2003. News release, American Physiological Society. Arnold Peckerman, Ph.D., research physiologist, VA Medical Center, East Orange, NJ; assistant professor of neuroscience, University of Medicine and Dentistry of New Jersey, Newark. Joseph I. Miller III, M.D., assistant professor of preventive and general cardiology, Emory University, Atlanta.

Article source: WebMD (April 14, 2003). (c) 2003 WebMD.

Research Abstract: Iron supplementation for unexplained fatigue in non-anaemic women: double blind randomized placebo controlled trial

Objective: To determine the subjective response to iron therapy in non-anaemic women with unexplained fatigue.

Design: Double blind randomised placebo controlled trial.

Setting: Academic primary care centre and eight general practices in western Switzerland.

Participants: 144 women aged 18 to 55, assigned to either oral ferrous sulphate (80 mg/day of elemental iron daily; n=75) or placebo (n=69) for four weeks.

Main outcome measures: Level of fatigue, measured by a 10 point visual analogue scale.

Results: 136 (94%) women completed the study. Most had a low serum ferritin concentration; 20 µg/l in 69 (51%) women. Mean age, haemoglobin concentration, serum ferritin concentration, level of fatigue, depression, and anxiety were similar in both groups at baseline. Both groups were also similar for compliance and dropout rates. The level of fatigue after one month decreased by -1.82/6.37 points (29%) in the iron group compared with -0.85/6.46 points (13%) in the placebo group (difference 0.95 points, 95% confidence interval 0.32 to 1.62; P=0.004). Subgroups analysis showed that only women with ferritin concentrations 50 µg/l improved with oral supplementation.

Conclusion: Non-anaemic women with unexplained fatigue may benefit from iron supplementation. The effect may be restricted to women with low or borderline serum ferritin concentrations.

Source: BMJ 2003;326:1124 (May 24, 2003)

in childhood during the first year of life and then the virus becomes latent." HHV-6 has two forms designated as HHV-6A and HHV-6B. It is HHV-6B that is associated with roseola, and over 90% of adults retain this virus dormant in their systems throughout their lives. Dr. Ablashi states that "variant A is more common in AIDS patients and patients with CFS."

As research developed with HHV-6, many researchers, including Dr. Ablashi, performed studies to determine whether that virus might be the cause of CFS. These studies, while not always consistent, have often found a majority of CFS patients show signs of recurrent HHV-6 infections. This is not so with healthy persons.

In a study published in the *Journal of Clinical Virology*, Dr. Ablashi and associates looked for unique signs of HHV-6 infection in 35 CFS patients. While dormant, HHV-6 can be detected in most adults. These researchers studied immune system markers that would detect reactivation or possibly active HHV-6 infection.

Among the CFS patients, 54% showed evidence of HHV-6 reactivation whereas this was only true in 8% of the healthy individuals. Further testing over a two and a half year period revealed two subsets of CFS patients had persistent HHV-6 infection. Dr. Ablashi and his co-authors wrote that these results "show a significantly high frequency of HHV-6 reactivation in CFS patients...and a decrease in cellular immune responses."

Hormone Imbalance and HHV-6

Neuroendocrine function has often shown to be imbalanced in CFS patients. Neuroendocrine refers to the brain's control of proper hormone balance for good health. Thus the question arises as to how this relates to Dr. Ablashi's research on HHV-6.

Dr. Ablashi offered this explanation: "First, the data generated by us clearly shows that HHV-6 variant A is present in the cerebrospinal fluid of most, but not all, CFS patients. The virus seems, therefore, to be carried to the central nervous system (CNS) via [white blood cells], where it has been found to be latent. When the [white blood cells] come in contact with [brain] cells/tissues, somehow the virus becomes activated, spreads to the CNS and induces CNS manifestations. ...This may be a method in which HHV-6A participates in neuroendocrine dysfunction."

HHV-6 Treatment

When asked about the potential treatment of HHV-6 infection for those with CFS, Dr. Ablashi offered some insightful comments. He states, "Dr. Daniel Peterson, with whom I collaborated on a CFS project, tried ganciclovir, foscarnet and Ampligen in his CFS patients, who were identified by us and two other labs, to contain active HHV-6 infection." The results for each trial are as follows:

Ganciclovir

"Four patients treated with ganciclovir showed the presence of HHV-6A, even after anti-viral treatment. Only one patient improved slightly for a short while."

Ampligen

"Two patients treated with Ampligen improved initially and did make remarkable recoveries. When treatment was discontinued after 1 1/2 years, however, HHV-6A was found to be activated from latency and these patients started to show signs of the illness."

Transfer Factor

"HHV-6 specific transfer factor, in some cases, improved the

general health of CFS patients, while the natural killer white blood cell number also increased. Dr. Joseph Brewer, of Kansas City, MO, has been treating with HHV-6 specific transfer factor with some degree of success. I feel that transfer factor will be a good immunomodulator to maintain HHV-6 in latency after initial treatment with foscarnet or a similar antiviral drug. During treatment, the patients must be checked not only for general improvement, but also for HHV-6 status. Clinical care is advised in very severe cases of illness."

Foscarnet

"The patient treated with foscarnet improved greatly since he returned to work on a full time basis. We found no HHV-6A infection after foscarnet treatment. Another CFS patient treated elsewhere with foscarnet also improved greatly and returned to college. In her case, the viral DNA copies in the plasma and CNS after treatment were greatly reduced. Foscarnet, therefore, is quite effective in suppressing HHV-6A infection, but it is also associated with toxicity. Most physicians, because of this, are not willing to experiment with it."

ImmunoPro RX Combined with Foscarnet

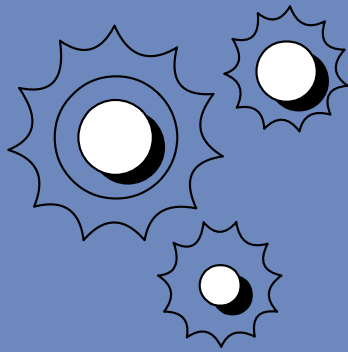
Patients considering foscarnet may be interested in research by Dr. Ablashi which tested the drug's effectiveness in combination with ImmunoPro Rx [formerly ImmunePro Rx]. ImmunoPro Rx is biologically active whey protein (which can be obtained through www.ImmuneSupport.com). Ablashi found that when used in combination with foscarnet, the antiviral effect is greater than each has individually. Additionally, ImmunoPro Rx seems to reduce the toxic side effects of foscarnet.

Conclusion

Both through his ongoing research and his work with the American Association of Chronic Fatigue Syndrome, Dr. Ablashi has extended himself on behalf of those with CFS. And for that, the CFS community applauds him. For assistance with issues related to CFS and HHV-6, Dr. Ablashi can be contacted through: The American Association of Chronic Fatigue Syndrome, online at www.aacfs.org. E-mail contact: Admin@aacfs.org; Voice mail: 206-781-3544.

References:

- Ablashi, et al., *Frequent HHV-6 Reactivation in Multiple Sclerosis and Chronic Fatigue Syndrome Patients*, *J. Clinical Virology* 16:179 (2000)
- Ablashi, et al., *Viruses and Chronic Fatigue Syndrome: Current Status*, *Journal of Chronic Fatigue Syndrome*, 1(2):3(1995).
- Abrahams, Ablashi, et al., *In Vitro Study of the Efficacy of ImmunePro RX and Foscarnet in Eliminating the Infectivity of HHV-6A* (Sept. 25, 2002) www.immunesupport.com/library/print.cfm?ID=3913.
- Levine, Eastman, Ablashi, *Prevalence of IgM and IgG Antibody to HHV-6 and HHV-8 and Results of Plasma PCR to HHV-6 and HHV-7 in a Group of CFS Patients and Healthy Donors*. *Journal of Chronic Fatigue Syndrome* 9(1/2):31(2000).
- McLaughlin, *Human Herpesvirus 6 (HHV-6) and Chronic Fatigue Syndrome* (March 5, 2002) www.immunesupport.com/library/print.cfm?ID=3407
- Patarca-Montero, *Herpesviruses in Concise Encyclopedia of Chronic Fatigue Syndrome* (2000).
- Regush, *The Virus Within: A Coming Epidemic* (2000).
- CFS Radio Program, *Interview with Dr. Dharem V. Ablashi* (Nov. 22, 1998).



Our strategy is to first reverse one vicious cycle, then the next and the next. This removes obstacles that perpetuate illness, thereby strengthening the body's natural abilities to heal.

push themselves, they get worse. However, not exercising at all is also a mistake. With inactivity, fitness fades. This increases a patient's vulnerability (i.e., it takes less and less exertion before you're pushed beyond your limits). This leads to less activity, which, in turn, leads to lower blood pressure and blood volume. Blood sugar becomes unstable. Disruptive stress hormones increase (e.g., adrenalin and cortisone). People feel worse, so they can do even less. And the cycle repeats itself.

Vicious Cycle #4: Magnesium Loss in the Urine

Both physical pain and mental distress cause magnesium loss through the urine. Low magnesium, in turn, turns up pain volume and also heightens vulnerability to stress. This brings about further magnesium loss.

Vicious Cycle #5: Hormonal Imbalances

Both physical and mental distress trigger the release of hormones such as cortisol that promote tissue breakdown. At the same time, distress depresses the output of hormones that promote growth (e.g., DHEA growth hormone). Thyroid and sex-hormones may also be affected. These hormonal disturbances undermine healing, which then leads to further hormone disruption.

Vicious Cycle #6: Blood Sugar Instability

The five vicious cycles just discussed all have adverse effects on the body's blood sugar and insulin system. Blood sugar tends to rise higher after eating carbohydrates, and then falls rapidly lower, which is the "hypoglycemic" reaction. Actually, low blood sugar per se is not the direct cause of symptoms. Rather, falling blood sugar causes "stress hormones" to surge, including adrenalin and cortisol. These disruptive hormones are actually the cause of most "hypoglycemia" symptoms. These symptoms include: mood instability, depression, light-headedness, foggy brain, fluid retention and fatigue.

Vicious Cycle #7: Mind/Body Tension

Feeling bad for so long makes people "tighten up," both literally in their muscles and figuratively in their mind. Muscle tension increases pain and stiffness. Mental tension creates feelings of anxiety, and a sense of not being in control. This causes more physical and mental tension, reinforcing the illness.

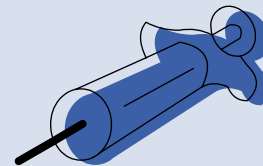
Vicious Cycle #8: Losing Perspective, Losing Hope

People who are chronically ill tend to lose optimism and also their sense of perspective and proportion. Small set backs feel like catastrophes. Dips feel like they are taking forever. Anger suppresses immune function. A patient experiencing these lows may lose hope and stop trying. This heavy burden adds to the illness. What tools do we have to reverse these vicious cycles?

- For sleep quality, we have many options including behavioral training, nutritional supplements, herbs and medicines.
- For disordered breathing, we teach how to restore rhythmic breathing. This can be mastered in just two or three training sessions.
- To improve physical fitness, the Goldilocks Principle applies – not too much exercise and not too little, but just the right amount. Within a few months this usually improves fitness, function and symptoms.
- For low magnesium, we offer a specialized test of magnesium status, and aggressively replace deficiencies.
- For hormone imbalances, we measure relevant hormones and consider the pros and cons of hormonal supplements.
- We treat blood sugar instability with the traditional anti-hypoglycemia diet plus several important new wrinkles.
- To reduce physical and mental tension, we teach a broad set of practical relaxation skills.
- There are also techniques for regaining perspective and realistic hope without long-term psychotherapy. Cognitive Behavioral Therapy (CBT) is a brief educational technique that teaches you how to "reframe" practical problems so that you deal with them more effectively.

Our strategy is to first reverse one vicious cycle, then the next and the next. This removes obstacles that perpetuate illness, thereby strengthening the body's natural abilities to heal.

Richard Podell, M.D.
The Podell and King Medical Practice
105 Morris Avenue, Suite 200
Springfield, NJ 07081
Tel: (973) 218-9191
Somerset, NJ office: (732) 565-9224



The Bowen Technique and One Patient's Fibromyalgia Relief

By Gerri Shapiro, MS Ed.

Gerri Shapiro, MS Ed., is a leading health educator and Bowen practitioner who has worked with the World Health Organization, Asian Development Bank, USAID and Management Sciences for Health in the areas of alternative and traditional medicine. She is a member of the American Massage Therapy and American Holistic Health Associations. She is the editor of www.boweninfo.com, a Bowen information and resource site.

My Story

For as long as I can remember, I've suffered from back pain. Although I have experienced some relief using heat, cold, massage, chiropractic and acupuncture, invariably the pain has always returned - until I visited a friend in California who had similar back problems. She told me she had some body work done called Bowen. Her back and hip pain were gone after the first session. I was definitely intrigued. I couldn't wait to find out more.

When I arrived back home on Maui, I got on the internet and discovered that the Bowen Technique originated in Australia and wasn't that well known in the U.S. Hoping to find a practitioner in Hawaii, I emailed close to 40 practitioners around the U.S. and asked if they could refer me to someone on Maui. After 39 "no's" I got one "yes!" and I arranged to have three Bowen sessions. After the third session, my back pain and sciatica were "history!" I was so excited, that very moment I decided to train as a Bowen practitioner.

Where did the Bowen technique come from?

The Bowen Technique was developed in Australia in the 1950's by Thomas Bowen, a gifted healer. Late in life he discovered he had an unusual gift that allowed him to intuitively know what was ailing people and how to help them relieve their pain. His healing technique is unique in that it was developed without him having had any previous medical or healthcare training.

He claimed he could feel tiny vibrations in people's muscles that helped him find the exact location to work on. He spoke of his skill with great humility and frequently stated that his work was "simply a gift from God." Tom had the capacity to quickly assess what was wrong with someone and where they were out of balance. He could look into a room full of people, glance at them for about 20 seconds, and know what their problems were. Although he never advertised, it was estimated that he treated over 13,000 people in the course of one year, and he claimed a success rate of about 88%. Like Palmer (Chiropractic), Rolf (Rolfing), Feldenkrais (Feldenkrais Technique) and Usui (Reiki), Tom Bowen had a unique talent. He dedicated his life to turning his gift into a practical application that has proven to be of great benefit to thousands of people all over the world.

How does it work?

The gentle yet powerful Bowen moves send neurological impulses to the brain resulting in immediate responses of muscle relaxation and pain reduction. The moves create energy surges which are concentrated in specific areas of the body using "blockers" or "stoppers." These are released when you stand up.

The Bowen Technique helps the body remember how to heal itself. Electrical impulses sent to the nervous system remind the body to regain normal movement in joints, muscles and tendons. This helps relieve muscle spasms and increase blood and lymph flow. Several of the moves are located along acupuncture meridians or on specific acupuncture points which are known to stimulate and balance the body's energy.



A Bowen Session

A Bowen treatment lasts about 30-45 minutes. No oils are used. Treatment can be done through clothing or directly on the skin. The practitioner "rolls" over the muscles with her fingers, which causes the muscles to relax. The moves are done in groups. Between sets, the practitioner leaves the room for at least two minutes to allow the body to relax. The moves send out signals which:

- * stimulate energy flow;
- * facilitate lymphatic drainage of toxins and waste;
- * promote good circulation;
- * release tension;
- * increase mobility;
- * encourage the body to relax, realign and heal itself.

Some people feel shifts in their bodies during and after a Bowen session. While many experience immediate pain relief, improvement is just as likely to unfold over the next few days to a week. Two or three treatments are usually enough to achieve long-lasting relief. Even long-term conditions may respond very quickly. The ideal situation is to give the Bowen Technique a try for 3 sessions, once per week, without having any other kind of bodywork in between.

Bowen and Fibromyalgia Relief

There is compelling research that the Bowen Technique may also be effective in relieving the painful symptoms of fibromyalgia.

American College of Rheumatology

In a study of twenty patients diagnosed with fibromyalgia conducted by JoAnne Whitaker, M.D., at the American College of Rheumatology, almost all participants experienced various degrees of relief which lasted from a few days to several weeks. Most reported immediate relief following a Bowen treatment. For some, repeated Bowen therapy maintained complete clinical remission. The results were statistically significant and correlated with improvement of clinical well-being.

Fibromyalgia Pilot Study

A pilot study on the effect of Bowen treatments on fibromyalgia sufferers was carried out by Tim Willcocks (Bowen Practitioner and Trainer). Four participants (aged 39-52) who were diagnosed with

fibromyalgia from 3 to 5 years, were given four Bowen treatments over a five week period. All four participants experienced improvement, including better sleep, ease in walking, cessation of vertigo, eased neck pain, improved balance and less exhaustion.

Effects of the Bowen Technique on the Autonomous Nervous System and Heart Rate Variability

By measuring changes in the value and pattern in heart rate variability before and after a Bowen treatment, this study by JoAnne Whitaker, M.D., demonstrated that the Bowen Technique affects the autonomic nervous system (ANS). By using Heart Rate Variability to study the autonomic nervous system, early findings demonstrated that Bowen treatments balanced the ANS. The control group consisted of subjects with all types of rheumatological conditions.

Bowen Technique Hailed By Health Professionals

Dr. JoAnne Whitaker was facing a hip replacement and back surgery when she discovered the Bowen Technique. After receiving Bowen treatments, not only was she able to walk, but she went back to playing golf... without surgery. She was so impressed that she flew to Australia to train in the Bowen Technique and now treats patients with ailments ranging from bunions to heart disease. According to Dr. Whitaker, "Bowen Therapy is the single, most important hands-on healing technique in medicine." Brenda Williams chose the Bowen Technique as the sole hands-on component of her hospital's pain management unit.

Dr. Ted Sleight states that of all the modalities he has used, "Bowen Therapy has helped so many of my patients that I would never want to give it up."

Audrey Butko, M.D., considers the Bowen Technique to be a blessing in her practice because of its simplicity, results and patient satisfaction. It has nearly eliminated her need to use cortisone injections.

Dr. Christine Staub, a family physician with a special interest in the treatment of chronic pain, has seen the Bowen Technique "unlock the door" for patients who reached an impasse in their pain treatment. "I am thrilled to have Bowen Therapy as a resource for myself, family, friends and patients," she said.

New Zealand Naturopath Lou Hassik has said that the Bowen Technique has made his previous approach to human health care redundant. He now considers Bowen to be "the most important health care discovery in human history!"

Mitchell R. Mosher, DPM, claims that the Bowen Technique is one of the most powerful physical medicine techniques he has learned in 24 years as a podiatrist. He routinely uses the Bowen Technique to complement his treatment of various foot and ankle injuries.

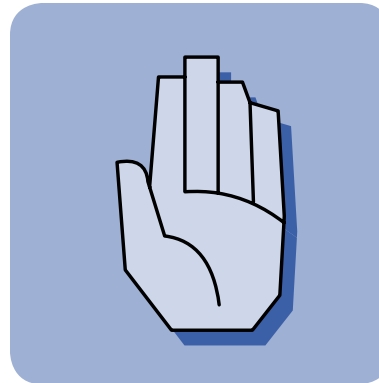
According to Russell Dick, Osteopath: "There are things in life which pass in front of you that must be grabbed with both hands. Bowen has turned my practice on its head, with 80% of my patients being given Bowen as first choice."

Gerry Townsend, M.D., offers the Bowen Technique to acute and chronic patients who have not responded to traditional treatment for myofascial pain syndrome, back pain, fibromyalgia, arthritis or fractures. Although skeptical at first, C.S. Whitman, M.D., an

orthopedic surgeon, now regularly refers patients to her program.

Surprising and Unexpected Recoveries

People with chronic disabilities such as chronic fatigue syndrome, MS, fibromyalgia, cerebral palsy, muscular dystrophy and arthritis have been known to show a gradual improvement in the condition and quality of life. If someone has not responded to other forms of treatment, it is always worth trying the Bowen Technique because in many cases it has been known to trigger sometimes surprising and unexpected recoveries when nothing else has worked.



Fibromyalgia - One Woman's Story

Exhaustion had become a stable part of her life, as had the pain. During a visit to a new doctor, a brief mention of the Bowen Technique was made and she was referred to a practitioner. She had no idea what to expect and she was very nervous during her first visit. The therapy was explained in a very reassuring

way, even though she didn't really understand the part about "energy flow" and she found the whole thing a little weird. But she had come this far, so she thought she might as well give it a try.

The treatment itself was very relaxing. In fact, she almost fell asleep several times. Since she was accustomed to a life of conventional drug therapy, she tried to rationalize how Bowen could possibly help, especially after nothing else had worked. The week after her first session she remained skeptical, and so it was to her surprise that within a few days she began to feel different. Her pain was still there, but she felt different. Like she could do more. She decided it was probably a coincidence.

Over the next few weeks she began to take regular walks and without even noticing it, she slowly developed less reliance on pain killers. Gradually the time between Bowen treatments grew longer. It is now months since her last treatment and she still doesn't understand the whole process, but what does that matter? When did she ever understand how conventional medicine worked? All she knows is that without the aid of prescription drugs, she is slowly regaining much of the life she had lost for so long.

The main difference between Bowen and other modalities is how fast it works, how gentle it feels and how long the pain relief lasts. Anyone can learn how to do the Bowen Technique: there is only one basic move.

The technique has been successful in treating back pain, sciatica, headaches, migraines, arthritis, fibromyalgia, sports injuries and much more. For me, the miracle lies in the fact that doing so little produces such long-lasting relief.

© 2003 Gerri Shapiro. All rights reserved.

Editor's Note: For more information, please visit www.boweninfo.com.

Your support helps fund CFS & FM associations around the world!

Pro Health is committed to funding research and advocacy until a cure is found for these devastating diseases. Please join us in the fight!

We appreciate your support, which enables us to make donations to worthy recipients including the following:



February 24, 2003

Dear Pro Health,

Thank you so much for the donation. This special gift and the generosity of Pro Health validates our advocacy efforts and research for Fibromyalgia. We are grateful for your support. This donation will be used totally for funding clinical research and education. - Rae Gleason, Jack Scott, Jan Pruitt, FMS Activists, NFRA

February 25, 2003

Dear Pro Health,

We are very grateful for your contribution to the Health Science Center to support the research mechanisms of Chronic Pain in Fibromyalgia Syndrome. Gifts such as yours help the university achieve its goals of education, patient care, research and service to the community. Through our medical research, our health care that is provided to those most in need, the outstanding students we educate through scholarships, and our community outreach programs throughout the entire region, we are saving and improving lives every day. Thank you for your generosity. - Michael M. Crosby, University of Texas, Health Science Center at San Antonio

March 3, 2003

Dear Pro Health,

On behalf of the National Fibromyalgia Partnership, Inc. (NFP), I would like to thank you for the recent donation. The new year has brought with it rapidly growing demands for educational materials from both health care professionals and the public, and the NFP continues to work to meet these needs with quality publications and projects. It is with the help of supportive organizations like Pro Health that we are able to meet these challenges.

- Tamara K. Liller, President, National Fibromyalgia Partnership

March 10, 2003

Dear Pro Health,

I want to take this opportunity to thank you for your very generous donation, it is greatly appreciated. Your financial contribution will help us pay for materials and displays that we are planning for May CFS awareness month in local hospitals, medical schools, libraries, pharmacies, doctor's offices, etc. In addition, your donation will help us continue to raise awareness by reaching many patients who need support and hopefully educate those in the medical profession as well.

- Tammy Pate, CFS/FM Support Group of DFW

March 17, 2003

Dear Pro Health,

Thank you for your recent contribution. Your support is essential for the Association's efforts to help CFS and FM patients and their families cope with these debilitating illnesses. Your gift helps engage health care professionals and service providers to fully address CFS, FM, and related illnesses. The Association's programs also include support groups, Awareness Day, patient and physician education literature, Physician/Attorney/Allied Health Professional Referral Lists, disability workshops, and our annual patient conference. - Val Baertlein, Executive Director, Minnesota CFS/FM Association

April 10, 2003

Dear Pro Health,

We gladly acknowledge receipt of your check as a gift on behalf of the Vrije Universiteit Brussel, ref. "Research support" - Prof. K. De Meirleir.

We thank you very much for this financial support and the trust you place in our institution. - Nadine Verheyen, Head Financial Dept., Vrije Universiteit Brussel

Fundraising Update:

Pro Health is currently matching donations made to the CFIDS Association of America for funding two promising CFS research studies – one will be conducted at the UCLA School of Medicine by Theodore C. Friedman, M.D., Ph.D., focusing on "Decreased Cerebral Blood Flow and Orthostasis in Chronic Fatigue Syndrome." The other study will be led by Giris Jacob, M.D., DSc, director of the Jacob Recanati Autonomic Dysfunction Center in Haifa, Israel, to examine the possible link between a persistently overactive immune system and CFIDS.

To make a tax-deductible donation (matched dollar for dollar by Pro Health!) to help fund this important research, please make your check payable to the CFIDS Association of America and send it to:

Attention: CFIDS Fundraising, Pro Health, Inc., 2040 Alameda Padre Serra, Suite 101, Santa Barbara, CA 93103

Pro Health Inc.™ Your CFS & Fibromyalgia Health Resource

2040 Alameda Padre Serra, #101, Santa Barbara, CA 93103 • 1.800.366.6056 • www.ImmuneSupport.com