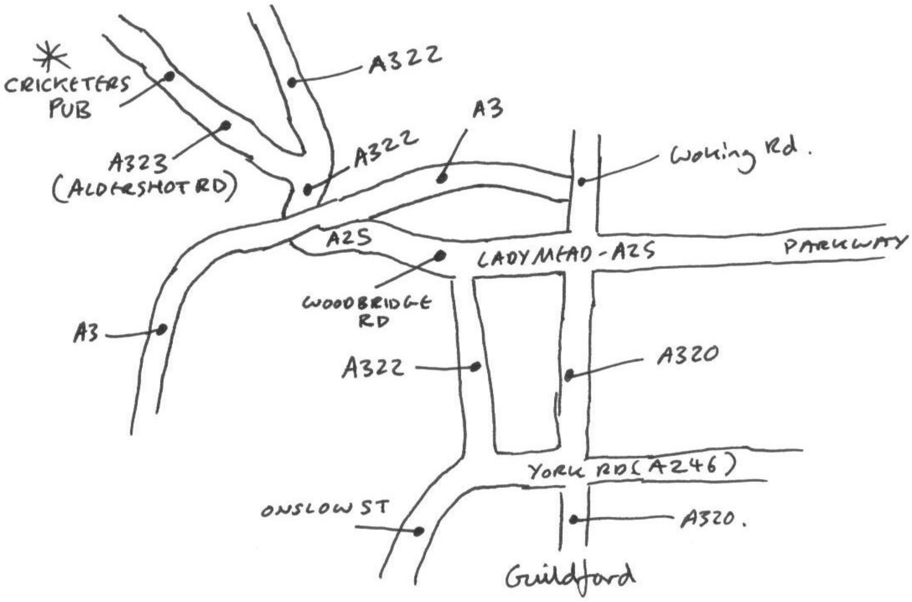
Guildford M.E. Support Group

Newsletter

Autumn 2007

Future events

Evening meet – Wednesday 24th October – 7pm
The Cricketers Pub
Aldershot Road, Guildford, Surrey,
GU3 3AA



- Head northwest on A320/Chertsey St
- Slight right to stay on A320/Chertsey St
- Continue to follow A320
- Turn left at A246/York Rd
- At the roundabout, take the 2nd exit on to A322/Woodbridge Rd
- Go through 1 roundabout
- Slight left at Woodbridge Rd
- Continue on A25/Middleton Rd
- At Wooden Bridge Roundabout, take the Slight left at A323/Aldershot Rd
- Go through 2 roundabouts
- Carry on for a fair way until the pub is on your left.

Perrin lecture – Wednesday 21st November – 7pm onwards (2.5hrs+)

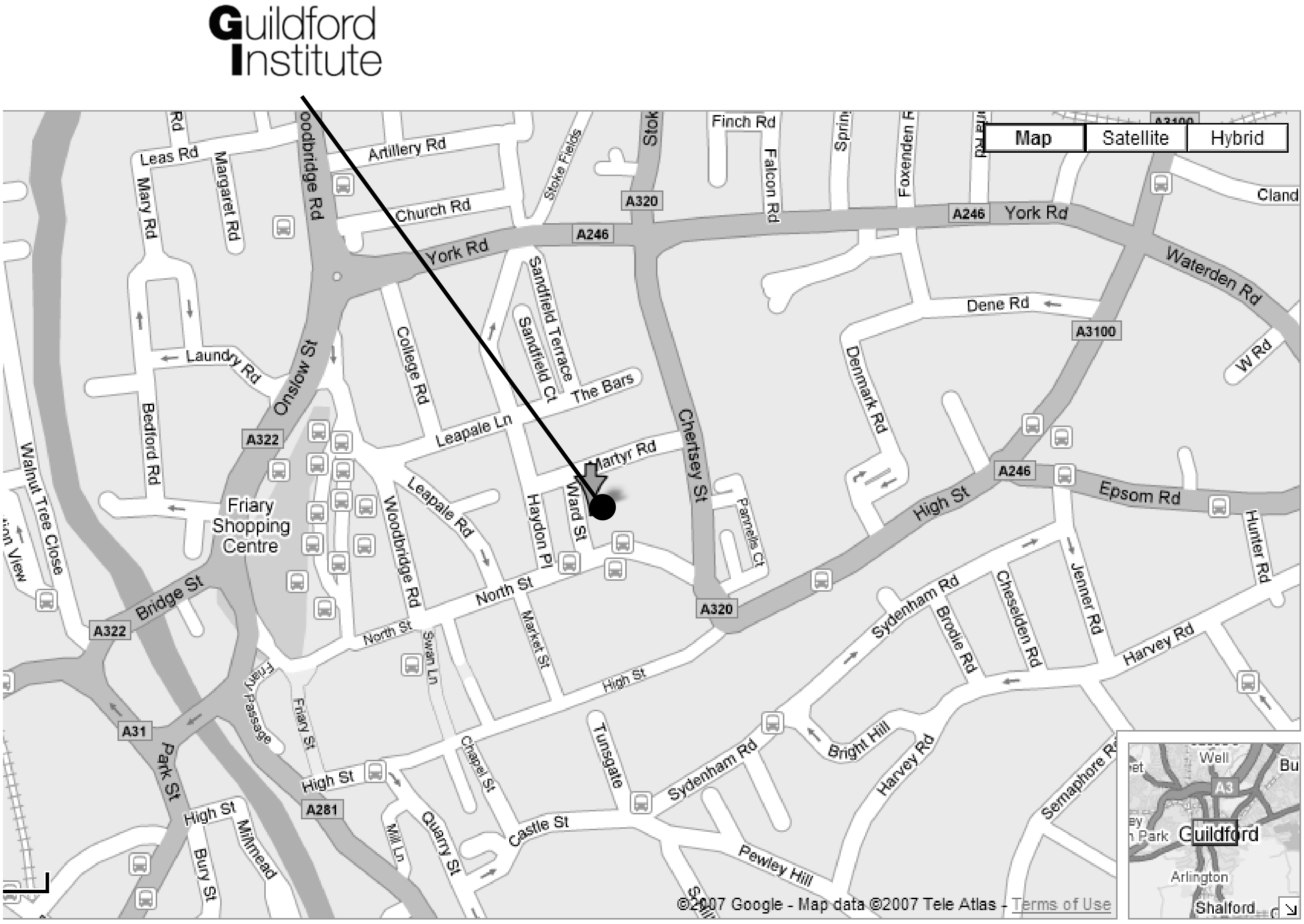
Guildford Institute, Ward Street, Guildford GU1 4LH
Free lecture & tea, coffee & biscuits served in the interval
Sufferers, carers and osteopaths welcome. Capacity 60.

We are very excited… to have been able to arrange for Dr Raymond Perrin to provide a lecture on M.E. and his associated osteopathic diagnosis and treatment.

Raymond Perrin's research at the University of Salford in conjunction with the University of Manchester has provided strong evidence that an important component of CFS/ME involves a disturbance of lymphatic drainage of the brain and muscles. The novel osteopathic treatment developed by Raymond Perrin has been statistically validated in clinical trials, emphasising the need to focus future research on the biomechanical aspects of this disorder. Raymond has expanded our knowledge of CFS/ME, which led to a doctorate awarded by the University of Salford.

Directions:
The Guildford Institute is located in Guildford town centre. A map is included overleaf. A shuttle bus leaves from the forecourt of Guildford Station regularly. The stop outside the Public Library in North Street is opposite the Institute. Parking is available on North Street or in the nearby Leapale car park.

Although free, please help our organisation of the event by indicating your intention to attend…by ringing Alison on 01428 654216



Christmas lunch

Friday 14th December – 1pm

‘Inn on the Lake’ - Ockford Road, Godalming, GU7 1RH

INN
ON THE
LAKE
GODALMING

Please join us for our Christmas lunch at the ‘Inn on the Lake’ in Godalming. We have reserved seats for 16 people based on attendance at previous Christmas dinners/meets. Please ring Maggie, ASAP, on 01483 890620 to confirm your intension to attend and food order so that we can attempt to reserve additional seats if possible. If, for whatever reason, you do not ring to confirm we can only find you seating on the day on a best endeavours basis.

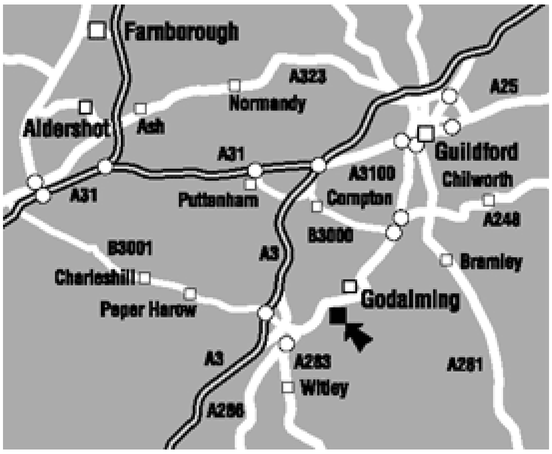
The Inn has good parking, beer, mulled wine, fine wines and good food with roaring log fires, and Christmas trees. The Christmas lunch, see menu below, costs £20 although an ‘a la carte’ menu is also available.

Menu

Soup of the day
Ham hock terrine, piccalilli and soda bread
Red onion and apple tart tatin with goats cheese and rocket
Smoked salmon with tomato salsa, guacamole and sour cream

Spit roast chicken with sage stuffing, chipolatas and cranberry sauce
Ribeye with fried onions, beef tomato and frites
Steamed mushroom pudding with chestnuts and baby spinach
Grilled sea bass fillets with piedmonte peppers and basil pesto
All served with rosemary roasted potatoes + greens

Christmas pudding and brandy sauce
Steamed chocolate pudding and double cream
Lemon parfait with honey shortbread
Cheese, chutney and biscuits

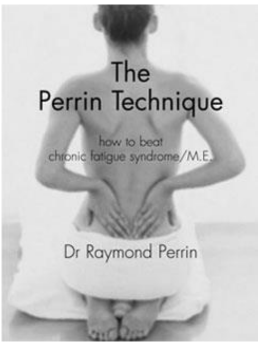


Spring competition feedback

In our Spring newsletter we included a spot the difference competition with a prize draw of £25 of Marks and Spencer's vouchers. Our winner David Race has asked us to include the following feedback….

"Thank you for the competition page. I was determined not to spend the M&S token on something boring like socks or underwear. So I treated myself to a luxurious leather wallet with a nice big coin pocket in it, to replace my 16-year-old wallet which has fallen apart. As a Yorkshireman I am unable to resist a bargain so I used the remainder to get a half-price box of chocolate biscuits. Yummy! Thanks again. David Race"

Perrin books added to our library



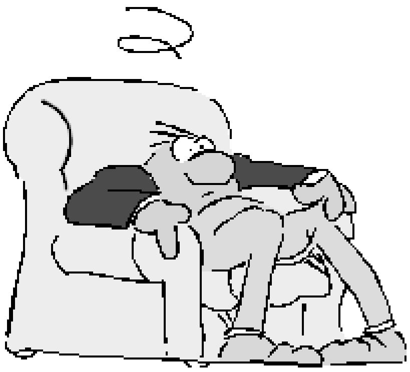
We have added to our library two copies of "The Perrin Technique" book. The books will be available to borrow for a two week duration after the Perrin lecture (as detailed on page 1). To borrow a copy of the book please contact Cathy on: 01483277790

Dr Perrin's book: 'The Perrin Technique' published by Hammersmith Press, is now available in bookshops. RRP £14.99. This is recommended for all sufferers and any practitioner interested in finding out more about the technique.

Photos of the summer pool party

Pacing and switching

Pacing for ME/CFS: The Facts
by Dr. Ellen M. Goudsmit, PhD, Chartered Health Psychologist*
ChronicFatigue.com 01-17-2007
Including the surprising physiological finding that suggests a
'pacing and switching' strategy for ME/CFS patients



Background

The strategy known as pacing is based on the observation that people with ME (CFS) tire easily. It's one of the main characteristics of the illness. The approach is also used by people with multiple sclerosis, Parkinson's disease, and other medical conditions where fatigue plays a major role.

The concept was adapted by Dr. Goudsmit for use by people with ME, using information from ME experts Drs. Melvin Ramsay, MD, J. Gordan Parish, MD, and Elizabeth Dowsett, MD. During the 1990s, details of this approach were disseminated through the various patient groups, so people were no longer left to discover pacing through trial and error. (Note: Critics have pointed out that pacing is "common-sense" and have questioned the need for information sheets. However, many patients struggle for months while they identify the best way of managing their limited energy levels. This is illustrated by the reports of the "boom-bust" cycle in medical journals, and of stories in the lay press about "overdoing" it and constant relapses. The term 'pacing' was not in general usage in relation to ME before 1989.) The advice was further refined a few years ago as a result of feedback and new research.

Basic guidelines

The aim of pacing is to remain as active as possible but to avoid the relapses resulting from over-exertion. Patients may try to increase their activity levels every few days, as long as they remain "within the limitations which the disease imposes."

In practice, pacing means stopping an activity when you feel you have reached that point where pleasant tiredness becomes unpleasant, where arms or legs begin to feel weak, or where one starts to feel unwell or sick. Some might find it more helpful to rest for a while at the first sign of muscle weakness. As Dr. Darrel Ho-Yen [head of virology at Raigmore Hospital in Inverness, Scotland] wrote in his book Better Recovery from Viral Illnesses, "Learn to listen to your body. It will tell you when there is a problem."

Making a rough plan of one's activities for the day or days ahead is fine as long as you rest when you feel you need to. Pacing does not require you to set goals and achieve targets. The idea is to make limited energy go further. For instance:

- You can make a list of things which need to be done per week.
- Make sure you allow some space between the most tiring of the activities.
- If you still do the housework yourself, wash one day, vacuum the next.
- Also, try to include at least one quiet day after something particularly stressful or exhausting.
- If you are severely affected, you may require three free days, or even a week or more.

You will know from experience how you tend to respond to various activities and what you can manage per day without exacerbating the illness.

Some specialists recommend keeping a diary. This should include details of activities and symptoms, as well as food eaten and any stressful events. As most relapses do not occur at random, diaries can help you to identify triggers and reveal the relationship between exertion and symptoms. In the beginning, it is also useful to include an assessment of one's emotional state, as stress saps your energy and undermines your immune system.

Other things to consider. For example:

- If you do the washing up by hand – that is, if you are the dishwasher in your house – then leave the plates, etc. to dry in the rack. It's less exhausting and just as hygienic.
- Check to see if a neighbour or community scheme is able to help with one shopping trip per week, or if you can get some things via the Internet.
- If you need several tests in the hospital, ask if they can arrange for you to have them all during one visit.
- And "never stand when you can sit."

It's a question of experimenting and seeing what works for you. The basic rule is simple: Don't over-exert or push yourself when your body lets you know that you are running out of stamina.

When should you increase your level of activity? In their book Chronic Fatigue Syndrome (CFS/ME): The Facts, published in 2000, CFS patient Frankie Campling and Michael Sharpe, MD, advise a gradual increase every few days. However, this assumes that the previous level did not lead to a marked exacerbation and that medically you are stable. Since pacing is determined by your symptoms, it follows that if you feel OK, then there's no reason to stop. If you wish to increase your activity levels, you are free to do so as long as you don't go over your limits in the process.

The science

Pacing as originally conceived is not a type of treatment or therapy. It is simply a way of managing energy. Ideally, it should be part of a program, which also includes medical care, emotional support, dietary advice, etc. Indeed, it can be combined with cognitive-behaviour therapy (CBT), counselling, and in fact everything except graded exercise. However, without medical advice and symptomatic treatment, any improvements are likely to be limited, according to Friedberg and Krupp.

Regarding the theory: The reports of easy fatigability are consistent with research by Paul et al (1999). They found objective evidence of a loss of muscle strength, showing that this aspect of ME is not merely a result of (faulty) perception. Similarly, Jason et al (1999) documented reductions in energy linked to exertion. There are also studies by Lane and others (1998), 6-A who found metabolic abnormalities in patients with well-defined CFS (which includes many people with ME), and Sorensen and colleagues (2003), who reported an increase in a substance called C4a, part of the immune response to foreign cells, six hours after exercise. There was also an increase in the (mean) levels of pro-inflammatory cytokines. These increases, so long after exertion, were not evident in healthy controls.

The alternative to pacing - graded activity assumes that there is no disease process causing the fatigue. Any abnormalities are believed to be the result of a lack of fitness (de-conditioning) and this is why proponents encourage patients to stick to predetermined plans and regimes.

Pacing makes no such assumptions. It recognizes the research linking ME with organic disease, plus the studies showing that de-conditioning is not an important determinant of CFS (e.g., Bazelmans et al 2001, Sargent et al 2002).

Controlled studies which included advice on conserving energy and pacing yourself include those of:
1. Friedberg and Krupp 19943, who combined pacing with cognitive-behavior therapy, and
2. Goudsmit 1996, who assessed a broad program also including medical care, emotional support, and advice on sleeping and avoiding stress.

The first found that this combination was of limited benefit, except for those with depression. The second reported that about 80 percent of patients with post-infectious fatigue syndrome felt better as a result of this approach. Both were cited in a review of the best trials in the Journal of the American Medical Association.

Regarding the more plan- and target-based version of pacing as described by Campling and Sharpe, there are as yet no data on its effectiveness. Several large surveys have reported that the majority of patients find pacing helpful [including those published in the July/August 1999 issue of The CFIDS Association of America's CFIDS Chronicle, and the August 2003 issue of Action for M.E.'s InterAction magazine]. It is difficult to know which version of pacing they used, but given the date of the [first survey] and the available literature at that time, it was probably not the approach promoted by Campling and Sharpe.

Pacing and switching

As a result of experience AND the latest research, the original version of pacing was recently updated to 'pacing and switching.'

Switching means changing activities to avoid tiring specific muscles. For instance, if you've been reading for a while, the advice is to stop before your eye muscles get tired and to do something, which involves a different muscle group, such as walking, washing clothes, eating, or talking. The idea is to do that for a while (stop before you reach your limit), and then switch again (go back to reading, for example).

The research behind 'pacing and switching' is the work by Paul et al (1999) 4. They found that the muscles of patients with ME lose strength in the same way as do those of healthy people during exercise but that unlike everyone else, the ME patients continue to lose muscle strength for at least 24 hours afterward. A consultant physician who has been studying ME since 1955 wondered if stopping an activity before the tiredness set in might keep the additional loss of muscle strength to a minimum. He began switching, and it worked.

It's not easy to stop activities that you haven't finished, and it requires a fair degree of self-discipline. On the other hand, if you can extend your energy levels even further with this method, why not give it a try?

The same rule applies to mental exertion (switch before you start feeling tired). Also, remember to leave enough time in between physical and mental activities, should you need to rest. If you're in a relapse, you may have to be strict – that is, 20 minutes of physical or mental activity should be followed by at least 20 minutes of rest. It is very restrictive, but this is not an illness one can fight.

Pushing yourself beyond the fatigue barrier does not make you feel better, unless you are already well on the way to recovery. See rest not as a restriction, but as part of the healing process. And remember that as you improve, you should be able to do more and rest less.

If you are in a good period, do not be tempted to exceed your established limits, at least, not by very much. A sudden increase in one's energy should be enjoyed, but take things slowly.

Other descriptions of pacing

Dr. Charles Shepherd's 1999 book Living with ME - Chronic Post-Viral Fatigue Syndrome has some very helpful advice on learning to manage one's energy. He recommends pacing for a while until "stable," then increasing one's activity levels, though staying within your limits. (Note: Dr. Ramsay's ideas about graduated activity within the limits imposed by the illness may be particularly suitable for people who have not been ill long or who do little more than the basics, such as dressing and eating. They can gradually increase the time or distance walked per day or every few days, as tolerated. After one has established one's 'limits,' one can introduce other activities and practice pacing as described.)

Pacing versus graded activity

As noted above, pacing does not rely on plans, targets, or goals. It depends on how you feel. This is one of the essential differences between this strategy and graded activity.

- Those advocating graded activity encourage consistency in order to avoid the 'boom-bust' cycle of overexertion and relapse.
- Pacing, on the other hand, limits the number and severity of relapses so you don't get these cycles.

Those advocating pacing accept that graded activity is a good way to increase one's fitness, and that it is also helpful in dealing with stress or depression.
However:

- There is no evidence that graded activity is effective for ME patients with neurological or immunological symptoms,
- And indeed, there is no evidence that the theory on which it is based is applicable to the majority of patients with complicated fatigue syndromes.
- Thus from an evidence-based perspective, it is hard to recommend graded activity as an approach for everyone with ME.

However, if people have limited their activity levels due to fear or misinformation, or if people are well on the way to recovery, then gradually increasing activity levels is not likely to do any harm.

CMO working group report & Jason's 'envelope' theory of pacing

In 2002, a working group commissioned by the Chief Medical Officer of England and Wales produced a report (the CMO's working group report) advising on best practice guidelines to improve the quality of care and treatment for people with CFS/ME. The section on pacing emphasizes the ideas of Professor Leonard Jason, PhD [head of the CFS research team at DePaul University in Chicago] and his colleagues.

Their version of pacing is based on the 'envelope' theory, which posits that if you keep your expended energy within the 'envelope' (limits) of perceived energy, your fatigue will reduce and your perceived energy levels will rise. One can then gradually increase expended energy without exacerbating fatigue.

Jason's approach depends on previously collected data for fatigue and energy (used and perceived). One case history from the literature describes a person who discovered that he was always exhausted late in the afternoon. He was therefore advised to reduce his energy expenditure before that, and this had the desired effect.

However, ME is not as predictable as work-related fatigue. And as Professor Jason's own research has shown, there is often a delay between exertion and feeling unwell. As far as ME is concerned, it is often difficult to make detailed plans in advance. You may have a general idea of what you can do, but stressors, concurrent infections, the menstrual cycle, and a host of other factors can influence how you feel on a particular day. Pacing can reduce some of the fluctuations associated with the illness, but not all.

Finally, it should be noted that Jason, in line with other specialists, advocates pacing as part of an illness management program.

Concerns about pacing

Some psychiatrists have voiced concerns about the close monitoring of symptoms (introspection) and the effect this may have on how the patient feels. It has also been pointed out that some complaints reported by those with CFS may be the result of secondary problems. Depression and nutritional deficiencies can increase tiredness, and lack of fitness can make individuals feel dizzy when they first get out of bed. Pacing is not an appropriate strategy for any of these.

However, the solution is not to dismiss pacing as a concept, but to train more specialists who can make an accurate diagnosis, monitor the patient's progress, and treat the additional problems as they occur.

As for introspection, there has been no research indicating that this has an adverse effect on the severity of symptoms or the course of the illness in the vast majority of patients with ME or CFS. It is also important to differentiate between the awareness of one's body, which is required for pacing, and introspection, which is generally not used to improve the management of the condition.

Another concern which was expressed after the publication of the CMO's report is that without gradual increases in activity, people will not improve (e.g., NIH executive Stephen E. Strauss, 2002).

This view reflects the lack of knowledge about pacing. As it helps people to make their limited energy go further, they are often able to do more than they could previously. Conserving energy does not mean total avoidance of activity.

Before the interest in graded activity, about 70 percent of patients with acute onset, uncomplicated ME improved to some extent and were able to lead a near normal life by pacing themselves (e.g. Levine et al 1997). It may not work for everyone, but it's not likely to make people worse.

Conclusion

Pacing, with or without switching, will not help everyone with ME or CFS, and it should not be perceived as a treatment. It's a strategy that will limit the number and severity of relapses and avoid at least some of the complications of inactivity. It's an evidence-based approach which takes account of all the research, and which thousands of patients have found useful for many years. And above all, it is unlikely to cause harm!

Note: The information provided here has not been evaluated by the FDA and is not meant to prevent, diagnose, treat, or cure and illness, condition, or disease. It is essential that you never make a change in your personal health support plan or regime without first researching and reviewing it in collaboration with your professional healthcare team.

Daily Mail

Doctors are ordered to take 'yuppie flu' seriously

By CLAIRE BATES

Last updated at 15:45pm on 23rd August 2007

Doctors have been ordered to treat chronic fatigue syndrome (CFS), far more seriously and not to dismiss it as 'yuppie flu.' Those treating the debilitating condition should "acknowledge the reality and impact of the condition and the symptoms," according to the new guidelines from the National Institute for Health and Clinical Excellence (NICE).

It added every person diagnosed with CFS also known as myalgic encephalomyelitis (ME) should be offered "acceptance and understanding." Patients with CFS or ME, have long struggled against prejudice towards their condition, which is not yet fully understood by the medical profession and dismissed by some as 'yuppie flu.'

NICE admitted 'uncertainties' about diagnosing and managing the condition had 'exacerbated the impact of ME' on patients and their carers. Some doctors had told sufferers to 'go to the gym' or 'exercise more' despite evidence this could make symptoms worse. NICE has responded by instructing doctors not to give such advice or dismiss patient concerns.

The syndrome causes a range of symptoms, which includes fatigue, malaise, headaches, sleep disturbances, difficulties with concentration and muscle pain. Symptoms can range from the mild to the very severe. While there are no definitive tests, the condition can be diagnosed through the symptoms and by ruling out other conditions.

In the new guidelines, doctors are told to develop a individualised management plan for each of their patients. There are no known cures for ME, however it can treated through diet changes and rest and relaxation programmes. NICE advises doctors to limit patient rest periods during the day to 30 minutes at a time but not to impose a rigid schedule of activity and rest. It also tells doctors to warn patients that setbacks and relapses are to be expected.

The health charity 'Action for ME' welcomed the new guidelines and the new emphasis on doctors and patients sharing decision making. George Armstrong, the chair of trustees said: "This guideline could be a landmark in the mainstreaming of ME as a legitimate illness. "Properly implemented, it should help GPs on the front line to reach a diagnosis and identify pathways of care, treatment and support."

However, the charity trustees said they were disappointed that cognitive behavioural therapy (CBT) and graded exercise therapy (GET) were suggested by NICE as treatments. "Many patients have reported little or no benefit from CBT and others have experienced seriously adverse effects from GET," they said. The charity trustees were also disappointed that NICE did not agree to recognise the World Health Organisation's classification of ME as a neurological illness.

BBC NEWS

Stomach virus 'may trigger M.E.'

Last Updated: Thursday, 13 September 2007

M.E. can be debilitating US researchers have produced compelling evidence linking chronic fatigue syndrome to a stomach virus. The researchers examined 165 patients with chronic fatigue syndrome - also known as M.E. (myalgic encephalitis) - and long-standing gut complaints. More than 80% of samples were infected with an enterovirus, compared with just seven of 34 samples taken from healthy volunteers. The study is published in the Journal of Clinical Pathology.

The finding may help explain why many patients with M.E. often have intermittent or persistent gut problems, including indigestion and irritable bowel syndrome.

Viral infections, such as Epstein Barr virus (glandular fever), cytomegalovirus, and parvovirus, are also known to produce many of the symptoms associated M.E. Enteroviruses, which infect the bowel, cause severe but short lasting respiratory and gut infections.

There are more than 70 different types, and they head for the central nervous system, heart and muscles. The researchers found that in a significant proportion of patients the initial enteroviral infection had occurred many years earlier.

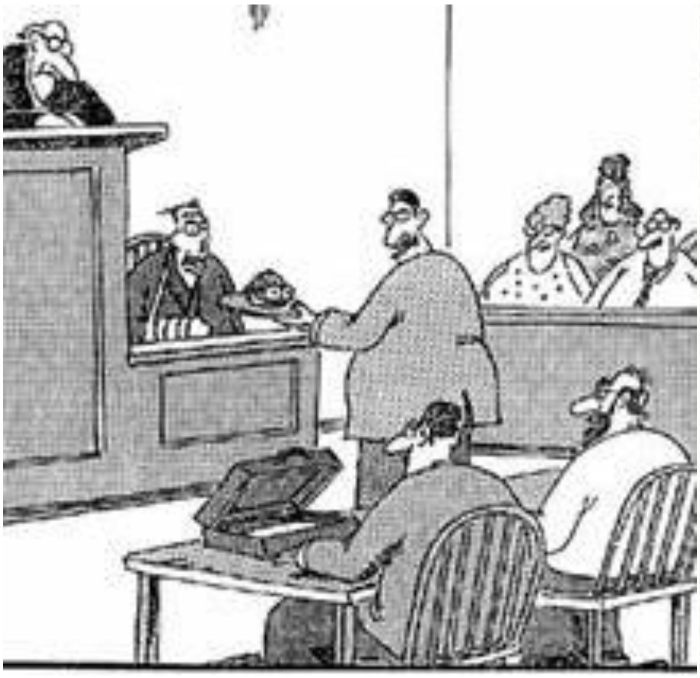
Drug possibility

They said: "Although finding a chronic infection of the stomach may not directly prove a similar infection in the brain, muscle or heart, it opens up a new direction in the research for this elusive disease."

Dr Charles Shepherd, medical adviser to the M.E. Association, said the study would re-open the debate into whether persistent viral infection plays a role in the condition. He said: "We know from previous research that enteroviruses, the group of viruses being investigated in this study, can trigger ME/CFS in some people.

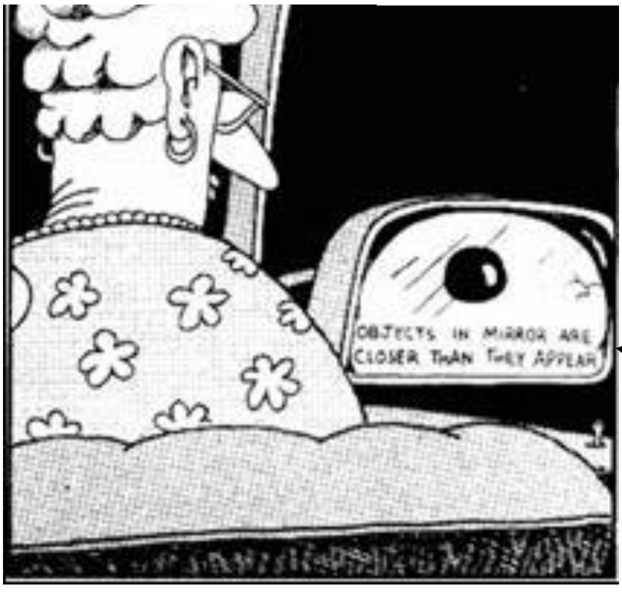
"There is also some evidence that enteroviral infection can then persist in various parts of the body including muscle and brain - a finding that could help to explain why muscle and brain symptoms are so characteristic of the illness.

"The new clearly adds weight to this theory. The findings also raise the question of whether antiviral drug therapy would be beneficial in this particular sub-group of ME/CFS patients."



“So, Professor Sadowsky, you’re saying that your fellow researcher, Professor Lazzell, knowing full well that baboons consider eye contact to be threatening, handed you this hat on that fateful day you emerged from your Serengeti campsite.”

“Thank God!....Those blasted crickets have finally stopped!.”



Objects in mirror are closer than they appear

Transfer factors

by Aaron White, PhD*

ChronicFatigue.com 07-16-2007

Biologist Aaron White, PhD, became fascinated with supplemental transfer factor(s) when he began doing research to “understand what was happening to a friend with CFIDS.” Now, based on purely “personal and intellectual interest,” he has created a website (LearnAboutTF.com) where people - and their doctors - can learn about transfer factors and the science behind them.

As Dr. White explains it, transfer factors act as “a signalling mechanism used by the immune system to alert white blood cells of potential threats in the body…. They are like post-it notes that deliver disease-related details to cells throughout the body.”

So how can transfer factors be delivered to our bodies via dietary supplements? Read on. And if you have questions, Dr. White invites you to e-mail him at aaron@learnaboutTF.com

Healthy immune systems are our best hope for preventing, slowing, or surviving pandemics caused by bird flu and other viruses. Healthy immune systems can also help our bodies withstand the ravages of antibiotic-resistant bacteria and can prevent the resurgence of pathogens hiding in our bodies - like the herpes virus that causes cold sores and the mycobacterium that causes tuberculosis.

Creating and maintaining a healthy immune system is an active and multifaceted process. It requires a healthy lifestyle that includes a reasonable diet and at least moderate exercise. The lifestyle part is very important here. For people with otherwise healthy immune systems, eating some vegetables and exercising once a week can give the immune system a little lift, but it probably won't do much for its overall strength.

Beyond basic lifestyle factors, carefully selecting certain supplements – those with science behind them – can help. In 2005, American consumers spent over $21 billion on supplements, many of them aimed at boosting immune health. Some of these products are backed, directly or indirectly, by research. Echinacea, Omega-3 fatty acids, and Vitamins C and E are examples of ingredients known to help boost immune system activity.

Other products, including some with very low doses of helpful supplements, are themselves unhelpful. Because they are not regulated by the FDA, over-the-counter immune boosting products can contain just about anything and can make claims as varied as the ingredients.

What are transfer factors - and what are they not?

Transfer factors are small molecules generated by the immune system. They are used by immune system cells to communicate with - and coordinate the activity of - other immune cells throughout the body. They are not species-specific, meaning that transfer factors generated by cows, chickens, and other animals [and delivered in supplement form] can augment immune system activity in any other species, including humans and household pets. They were long used in veterinarian medicine before becoming available for human consumption! (See the "sidebar" at the end of this article on transfer factor’s discovery and targeted development: “A Brief History.”)

Clinical and scientific research strongly suggests that transfer factors are capable of boosting human immune system health on a grand scale (see Dr. White’s summary of "Research on Transfer Factors") For healthy people, this can make them even healthier. For ill people, this could improve the quality of their lives.

Improving immune system health is an understudied approach to dealing with many diseases, in part because advances in the diagnosis and treatment of diseases have become intimately - too intimately - tied to drug development by pharmaceutical companies.

Transfer factors are not drugs. They carry information that, when read by immune cells, can cause the immune system to become more active and vigilant.

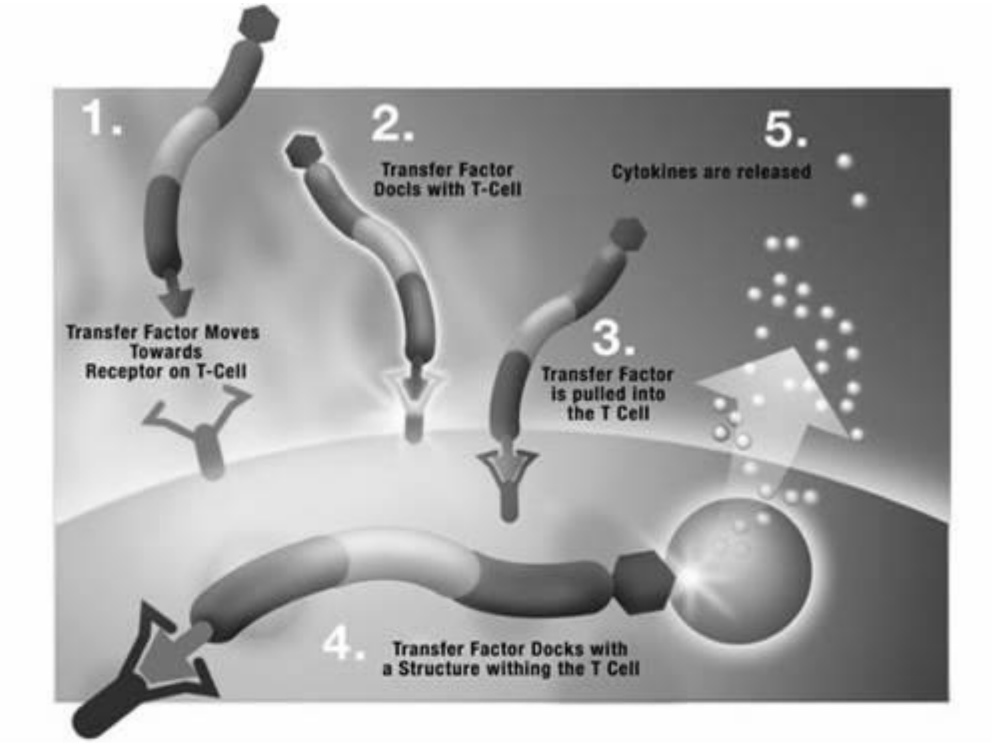
Unlike most drugs, transfer factors carry minimal risks of side effects, with the exception of mild flu-like symptoms that generally occur sometime during the first few weeks of taking them. These symptoms are temporary and are viewed as evidence that the immune system is responding to the information carried by the transfer factors. (Those who have been ill for quite some time, and who respond positively to transfer factors, should expect an exacerbation of symptoms on the way to healing. This is normal and is one of the factors that should be carefully considered before deciding whether to take them.)

At present, the Western medical community has little to offer people who suffer from CFIDS, Multiple Sclerosis, Fibromyalgia, PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders), treatment-resistant Lyme, and a long list of other conditions. If a drug isn't available to treat it, many conditions are not even taken seriously. This is well-known to hundreds of thousands of patients with immune conditions searching for help.

Helping the body contain viruses

New research suggests that several conditions, including CFIDS and Multiple Sclerosis (MS), are related to infections with HHV-6, one of the eight herpes viruses. Active HHV-6 infections appear capable of suppressing the immune system, which simply perpetuates the cycle of illness. Other researchers speculate that HHV-6 might thicken the blood, perhaps causing ‘brain fog’ and at least some of the pain associated with CFIDS and related conditions.

Aside from expensive, and potentially toxic, pharmaceutical antiviral drugs, nothing seems to hold more promise for helping the body contain HHV-6 and other viruses than transfer factors.



Possible "Normalizing effect" on immune activity

What about autoimmune conditions where the immune response seems to be too aggressive for some reason? Transfer factors appear to have a normalizing effect on immune activity. Why and how is still anyone's guess. However, logically, they might replace the faulty immune signals that cause autoimmune conditions with more accurate signals, thereby diminishing the likelihood that the body will attack itself.

Let's look at a theoretical example. Let's say a cow's immune system accurately recognizes potential pathogens and can distinguish between those pathogens and cells in the body. Let's say your immune system can't do that, leading the immune system to attack the body every time it tries to attack a particular pathogen. (This is the case with strep bacteria and the newly identified childhood disorders comprising PANDAS).

Now, let's say you swamp your immune system with the more accurate information carried by transfer factors generated by the cow's immune system. Voila. The odds increase that your immune system will respond correctly, and the odds decrease that your body will attack itself. This remains theoretical, of course.

Disclaimers - and information to share with your doctor

As with all supplements, transfer factors are not intended to treat or cure diseases. However, this particular type of supplement has the potential to boost immune system health in profound ways, which can help the body take care of itself.

There are absolutely no guarantees that transfer factors can help a person deal with their ailments, or protect them from new ones. However, for those with immune-related conditions unhappy with the help they have received from the traditional medical community, I strongly urge that you read more about transfer factors to see if they're right for you.

As is the case with anything else that comes in a capsule, it's very important to make careful, informed decisions before taking them. Any substance that impacts how your body functions could have undesirable effects. It is impossible to know how each individual will react to something like transfer factors, so please inform your doctor if you [are thinking of taking] them.

Chances are that your doctor will have no clue what you're talking about, so I have made product sheets for some of the products I recommend, available on another page of the LearnAboutTF site [See also the TransferFactor.ws site, which explains different targeted transfer factors and features a grid indicating which products target which pathogens.]

These can be printed and taken to share during your next appointment.

In summary

Transfer factors are small molecules generated by the immune system that can boost immune health and potentially help the human body deal with diseases. There are no guarantees that they will change your life, but I recommend considering them if you, or even your household pets, have been ill with conditions related to the immune system. I also recommend considering them if you are healthy, already have a healthy lifestyle, and want to maximize immune system health. The ultimate decision is yours to make. Transfer factors are currently protected by the Dietary Supplement Health and Education Act of 1994 here in the U.S. However, drug companies are powerful entities, and have persuaded the World Trade Organization to eventually force members to severely limit access to supplements of all kinds. (I wish I were making that up! Do a GoogleR search for “Codex Alimentarius Commission” sometime to learn more.)

…Transfer factor products have shelf lives of several years, particularly if refrigerated. Please peruse the rest of the site to learn more.

A brief history of transfer factor

Transfer Factor was discovered in 1949 by an inquisitive immunologist named H.S. Lawrence. He transferred immunity from a human with tuberculosis to one without tuberculosis. He did this by sucking the innards out of white blood cells from the sick person and injecting them into the healthy person. What, exactly, was transferring immunity was unknown. Dr. Lawrence referred to the mystery substance as "Transfer Factor."

Penicillin was discovered in 1928 but it would be the 1940s before technology made mass production, and thus widespread use, possible. Technology has just recently caught up with transfer factors, 50 years later, and they are now becoming available. The drug companies claimed ownership of antibiotics. Thankfully, that has not, and hopefully will not, happen with transfer factors. Transfer factors are sold as supplements, protected under the Dietary Supplement Health and Education Act of 1994. A small number of good companies, unrelated to Big Pharma, have marshaled the resources needed to manufacture transfer factors and distribute them…

Advances in science have made it possible to extract transfer factors from cow colostrum (first milk) and chicken eggs and put them in capsules. In addition, researchers have figured out how to make messengers that carry information about specific threats, like Lyme, Epstein-Barr, Herpes Simplex 1&2, Human Papilloma Virus, Human Herpes Virus 6 type A&B, Cytomeglavirus, Varicella-Zoster (shingles), and - potentially - viruses like the dreaded H5N1 strain of bird flu.

As is always the case, transfer factors affect the courses of these ailments by helping the immune system do its job, not by directly attacking the pathogens.

Note: This information has not been evaluated by the FDA. It is not meant to diagnose, prevent, treat, or cure any illness, condition, or disease. It is very important that you never make a change in your healthcare plan or regimen without researching and discussing it in collaboration with your professional healthcare team.

Immune Care 64 (transfer factor)

Immune Care 64® is new revolutionary product that helps awaken and enhance your body's own defences against viruses including Human Herpesvirus-6 (HHV-6) and Epstein Barr Virus (EBV). Vitamin C and Riboflavin (Vitamin B2) have been added to enhance the overall effect on cell functions in the immune system. This combination of transfer factors will help maintain the balance of your immune system. It is important for the maintenance of lymphocyte function and natural killer (NK) cells. A balanced immune system is necessary to protect against infections and other diseases. *

The manufacturer's recommended dose is 2-3 capsules per day for adults. To maintain optimal immune support, 3 capsules per day are recommended.

Immune Care 64® may cause some mild "flu-like" symptoms when one first starts the product. These can include some fever, fatigue, aching, headache, and nausea. These symptoms are expected and should dissipate within 1-2 weeks.

Purchase of this product is a non-refundable transaction. No returns or refunds are permitted.
Each bottle contains 90 capsules of Immune Care 64®.

*This product is not intended to diagnosis, treat, cure, or prevent any disease. This statement has not been evaluated by the Food and Drug Administration.

http://www.immunitytoday.com/ **Approx £70 per bottle + shipping fees**