Guildford ME/CFS Support Group
(& West Surrey)

Newsletter

Summer 2010

Future dates

Afternoon meet – Tuesday 31st August – 4pm

Holiday Inn Hotel - Egerton Road, Guildford, GU2 7XZ

The hotel, which has plenty of parking, is near the Royal Surrey County Hospital. At the roundabout before the hospital, turn left into the hotel car park. They have a large foyer area with plenty of comfortable sofas and large coffee tables.

Morning meet – Monday 20th September – 11am

The Weyside Pub - Millbrook, Guildford, Surrey, GU1 3XJ

The Weyside is just a ten minute walk from the centre of Guildford. Set in a beautiful location right on the riverside overlooking fields and trees this top class food house has a lot to offer.

Evening meet – Thursday 28th October – 7pm

Worplesdon Place Hotel, Perry Hill, Worplesdon, Guildford, Surrey, GU3 3RY

There is a wide range of food and drink available (e.g. steak, chicken, fish and lamb grills and salads). This former country house has been fully refurbished in later 2007 to combine its traditional features with more modern facilities. The Hotel offers a large beer garden which features a lake and its own resident duck family.

Our website - updated

The members area of our website has contained the groups past newsletters for some time now. However, there was no way of knowing what each newsletter contained without looking through each one individually. A contents table has now been added to the members area which lists the main topics of each newsletter. The password to the members area is still: letmein

Facebook – Guildford & West Surrey ME/CFS Support Group

Our group now has a place on facebook. The link is:
http://www.facebook.com/group.php?gid=124265214275673

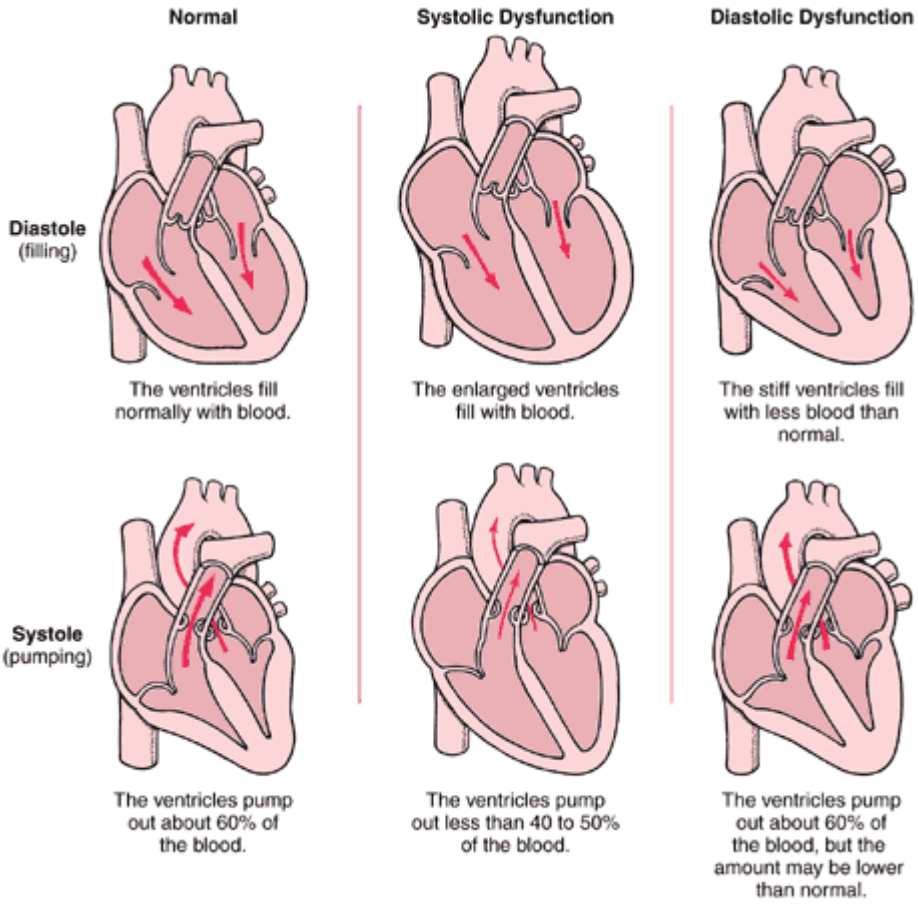
L-Carnitine for mild diastolic heart failure

Physicist, physician, long-time ME/CFS researcher and clinician, and heart-transplant recipient Paul Cheney, M.D., Ph.D., has offered a theory that a subset of ME/CFS patients suffer from a diastolic cardiomyopathy, a problem with ventricular filling resulting from mitochondrial dysfunction and low ATP energy in the heart. A recent finding suggests that supplementation with L-carnitine can improve diastolic function and symptoms.

Original title: L-Carnitine treatment in patients with mild diastolic heart failure is associated with improvement in diastolic function and symptoms

Source: www.prohealth.com/me-cfs/library/showarticle.cfm?libid=15502

[Note: Heart failure is when the heart is unable to pump enough blood for all the body's needs. Diastolic heart failure (DHF) affects the first phase of the heart's pumping cycle – the diastole or relaxation phase, which is followed by the systole, or contracting phase. With DHF, the heart's lower chambers become stiff and can't fully relax/expand, so don't fill properly with blood. With mild DHF, one generally experiences shortness of breath but only during activity or stress.]



Objectives

L-Carnitine is a crucial component of activated fatty acid transport. The aim of this study was to evaluate the effect of L-carnitine on patients with a history of mild heart failure and diastolic dysfunction. [L-Carnitine, so named because it was first isolated from meat (*carne*), transports fatty acids into the mitochondria where they are 'burned' to release energy, and is the primary source of energy for the heart and other muscles.]

Methods

Twenty-nine patients with a history of NYHA functional class II symptoms and ejection fraction greater than 45% with documented grade 1 diastolic dysfunction on echocardiogram were randomized in blinded fashion to receive 1,500 mg of L-carnitine daily for 3 months in comparison to a no treatment group (31 patients). Baseline echocardiographic and follow-up measurements of diastolic parameters were assessed after 3 months.

Results: Important parameters of diastolic function improved in the L-carnitine group only:

- Left atrial size (3.6 +/- 0.4 cm before treatment vs. 3.4 +/- 0.5 cm after treatment, p = 0.01);
- Isovolemic relaxation time (127 +/- 26 ms before vs. 113 +/- 24 ms after treatment, p = 0.007);
- Septal mitral E' velocity (0.064 +/- 0.01 m/s before vs. 0.074 +/- 0.01 m/s after treatment, p = 0.01),
- And lateral mitral E velocity (0.082 +/- 0.01 m/s before vs. 0.091 +/- 0.02 m/s after treatment, p = 0.006).

Dyspnea [shortness of breath] also significantly improved in L-carnitine-treated patients.

Conclusion

In patients with a history of diastolic heart failure, important indices of diastolic function and symptoms appear to improve with L-carnitine treatment.

Original source: Cardiology, Jul 16, 2010. PMID: 20639632, by Serati AR, Motamedi MR, Emami S, Varedi P, Movahed MR. Cardiovascular Research Center, Modarres Hospital, Tehran, Iran.

Further information

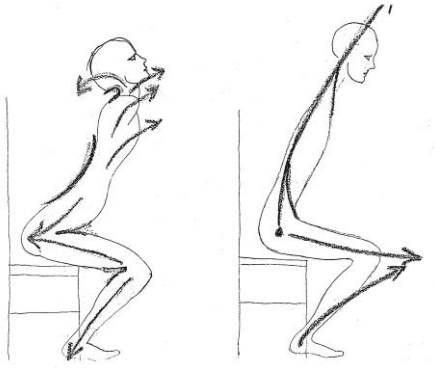
The following link provides a streaming video of a three-hour talk by Dr. Cheney on diastolic cardiomyopathy and ME/CFS:

www.cfids-cab.org/MESA/CFS_Dist.htm

Alexander Technique

Our group has recently been contacted by Jackie Bond, a teacher of the Alexander Technique with over 13 years of experience. Jackie has given many lessons to ME sufferers with varying degrees of benefit.

The Alexander Technique is a method that works to change (movement) habits in our everyday activities. It is a simple and practical method for improving ease and freedom of movement, balance, support and coordination. The technique teaches the use of the appropriate amount of effort for a particular activity, giving you more energy for all your activities. It is not a series of treatments or exercises, but rather a re-education of the mind and body. The Alexander Technique is a method which helps a person discover a new balance in the body by releasing unnecessary tension. It can be applied to sitting, lying down, standing, walking, lifting, and other daily activities...



People of all ages and lifestyles have used the Technique to improve the quality of their lives. The Alexander Technique has been taught for over a century, and during that time a number of prominent individuals have publicly endorsed the Technique. Among them are:

Actors: Paul Newman, Jeremy Irons, Joel Gray, Mary Steenbergen, Julie Andrews, Patrick Stewart, Kevin Kline, Joanne Woodward, John Cleese, John Houseman, Robin Williams, James Earl Jones, Christopher Reeve, Judy Dench, Ben Kingsley, William Hurt, Keanu Reeves, Hillary Swank. Heath Leger

Musicians: Paul McCartney, Sting, Julian Bream, Yehudi Menuhin, James Galway, Sir Colin Davis

Jackie has offered to provide our group with a presentation about the Alexander Technique. If you would like to attend please let us know by emailing: rescue@f2s.com

If you would like to contact Jackie directly to ask questions or arrange a private lesson, email Jackie at: Jackieatstthomas@aol.com or phone: 01256 470939

Candida

This article about Candida is followed by articles on treatment components: coconut oil, VSL3, candida digesting enzymes and others. One of our members, will marsden provided insight into the selection of these articles.

This article was written by Medical Herbalist Jo Dunbar who specialises in treating M.E. and Candida. It was first published by Theresa Coe in the Action for M.E. magazine InterAction (Issue 53, August 2005). She is also the Author of "How to cope successfully with Candida" (Wellhouse Publishing), available from Health Food Shops and Lloyds Chemists, or from Botanica Medica herbal clinic and shop, which is owned and run by Jo. She can be contacted via the Botanica Medica website www.botanicamedica.co.uk, or by telephoning 01372 470990.

Source: www.mesupport.co.uk/index.php?page=candida-m-e

Introduction

There lies between M.E. and Candida a definite but sometimes confusing association. Many of the symptoms of Candida overgrowth are alarmingly similar to M.E., and may include long-term debilitating fatigue, headaches, food intolerances or an irregular bowel habit, joint and muscle pain, and brain fog.

Other common symptoms which are much more specific to Candida include hormonal symptoms such as severe Premenstrual Syndrome (PMS), mood swings (especially depression), pain behind the breast bone, intolerance to strong odours, dandruff, athletes foot, visual disturbances, oral or genital thrush, an itchy anus and a feeling of bloating or flatulence. I do not believe that everyone with M.E. has a Candida problem, but I think it's an issue for a significant proportion – particularly people who also have food intolerances, bloating, thrush, or an itchy anus.

Candida is a yeast which naturally lives in the human intestine, but under certain conditions the normally small Candida population can explode with serious consequences to health. From my experience, I would suggest that a Candida overgrowth may result from the immune breakdown in M.E., especially if the sufferer relies on sugar as an energy source (which 'feeds' the yeast) and/or coffee, which stimulates the release of blood sugars. However, although Candida alone doesn't cause M.E., it mimics the symptoms so closely that distinguishing between the two can sometimes be difficult .

Whereas the cause of M.E. still escapes us, the causes of Candida problems are much clearer, which happily makes it easier to treat. Once it has been established that there is a Candida overgrowth, I usually set about treating the Candida, which then leaves a clearer clinical picture regarding what is need to treat M.E.

What causes Candida?

It often surprises people to find out that Candida lives in our gut naturally, alongside other microscopic bowel flora, without causing us any harm. It may even have the beneficial effect of helping to remove excess heavy metal toxins from our bodies. However, there are certain conditions which allow the yeast organisms to explode very quickly from a normally small population group into an enormous domineering fungal overgrowth. If you have ever seen fruit ferment into wine or bread rise, you get the picture of how quickly yeast can grow, given the right environment.

Once this happens, the yeast can actually change shape from a small non-invasive organism into its aggressive and invasive fungal form which develops root-like structures called mycelia, more of which later.

In my experience, the five major causes of Candida overgrowth include:

1) Depletion of the gut's friendly bacteria, sometimes caused by long-term antibiotic treatment or gastric infection

2) A breakdown in the immune system, as in the case of M.E., chemotherapy or HIV

3) Excess female hormones for example, as a result of multiple pregnancies, HRT, the Pill, during a pre-menstruation phase or the menopause

4) High blood sugar levels caused either by a high sugar diet, stress or diabetes

5) Drug therapy – mainly antibiotics, steroids, hormone therapies, or immuno-suppressive drugs

How does it affect the body?

Once the yeast has changed into its aggressive fungal form, it penetrates the gut lining by secreting inflammatory chemicals which weaken the wall and allow the mycelia to pierce it, leading to a 'leaky gut'. The leaky gut is like a hosepipe with large holes in it.

Normally the intestine breaks the food down into tiny particles which are then transported through little gateways in the gut wall into the bloodstream. However the leaky gut allows larger, undigested food particles to enter the blood stream. If the immune system doesn't recognise these undigested food particles and assumes that they are a 'foreign invader', it immediately sets about forming anti-bodies to these foods, thus creating symptoms of food intolerance. Because the immune system is so busy fighting these food intolerances, it becomes hyper-reactive and disrupted. This alone can account for fatigue, allergic-type symptoms such as sinusitis or asthma, and brain-fog.

Furthermore, Candida is known to secrete toxins called mycotoxins, which can suppress the immune system further, as well as causing liver toxicity, headaches, and muscle pain. Once Candida has entered the blood stream, antibodies from the immune system combine with it to form antigen-antibody complexes, which when deposited in the joints, lungs or brain result in joint pain, asthma, depression and hormonal disruption.

Candida, being a yeast, thrives on dark, warm, wet and sugary environments. People with an overgrowth often have intense sugar cravings - this is the yeast demanding to be fed. In the warm moist gut, it ferments the sugars to produce symptoms such as flatulence and bloating, while the inflammatory chemicals released result in poor digestion and absorption, having the knock-on effect of further depleting the body as the sufferer is unable to benefit from nutritional nourishment.

Eight steps to a healthier person

Clearly, gut imbalances leading to Candida overgrowth is a complex problem which requires a multi-faceted approach to treatment, ideally under professional supervision.

1) Get the correct diagnosis

There are several methods of testing for Candida overgrowth, but the most accurate is the saliva or blood test. These measure your immune system's antibody response to Candida, and so are able to tell you how badly you have it. The only problem may be if your immune system is so exhausted that it cannot raise the antibodies to the Candida, which will result in a false negative.

A stool analysis can also test for Candida, but is less reliable, as sometimes the Candida is so embedded in the gut wall that it does not come out in the stool and again, you might get a false negative. However, the advantage of a stool analysis is that it is also able to analyse your levels of beneficial gut flora (the 'good' bacteria), whether you also have a problem with parasites, if you have an inflamed intestine and how effectively you are able to digest and absorb your food. Unfortunately, in my experience the NHS is not interested in looking for Candida overgrowth unless you're on immune suppressant medication, so most people need to pay privately for tests.

2) Starve the Candida

One of the best ways to start treating yeast overgrowth is by going onto the 'Candida diet' for one month before you follow the rest of the program. In this way you starve and weaken the yeast, starting to kill it off gradually, and thus lessening the die-off effects.

By raising blood sugar levels, you are feeding the yeast, so you need to starve the yeast by completely avoiding foods with refined carbohydrates and sugar. In addition, people with a Candida overgrowth often become intolerant to foods with yeast in, (finding that they provoke brain fog and tiredness) due to the antibody reaction mentioned earlier. Yeast-containing foods need to be avoided until you're better, while your intake of protein, extra virgin olive oil, salads and vegetables, and complex carbohydrates should be increased. It can also help to avoid non-organic foods, as these often contain high levels of antibiotics, pesticides and hormones.

Many people understandably feel that the Candida diet is an awful regime, but investing in a well-illustrated Candida cookbook can make all the difference.

3) Take anti-fungal medications
Your doctor may prescribe anti-fungal drugs such as nystatin, although some may not feel this is justified if you don't have the more obvious symptoms of ongoing thrush etc. However, you can use a wide range of very effective herbal and nutritional remedies such as oregano, pau D'arco, cinnamon, or caprylic acid. In treating Candida, I usually use two or three 'natural' anti-fungals at once and frequently alternate them to maximise effectiveness.

4) Heal the leaky gut
Herbal teas such as calendula and chamomile can be drunk to stimulate the healing of the intestinal lining, whilst nutritional supplements such as L-glutamine and MSM provide the necessary building blocks for the healing process. The gut lining can take at least three months to repair. Given that food intolerances will slow down healing, a laboratory food intolerance test is also advisable.

5) Re-populate the gut with friendly bacteria
The two major probiotics or 'friendly' gut bacteria which help keep intestinal yeast in check are lactobacillus acidophilus and bifidobacterium. Don't be tempted to use cheap probiotic drinks as found on supermarket shelves. These contain the minor gut bacteria and are usually in a very sugary liquid – perfect for encouraging fungal growth. Other cheap probiotic supplements have been shown to be made up of dead or ineffective bacteria. You really do get what you pay for in probiotics.

6) Boost the immune system
In Candida, as with M.E., we have one part of the immune system which is overactive, resulting in inflammatory conditions such as muscle and joint pain and food intolerances, and the other side which is depressed, resulting in a poor response to the yeast challenge. Herbs such as echinacea, astragalus or sutherlandia are superb at boosting and rebalancing the immune system.

7) Detox the liver
Herbs such as burdock, dandelion root, ginger and lemon juice are very good at encouraging the flow of bile, which flushes toxins out of the liver to be released in the stool. Other foods such as celery, fennel, parsley and watercress encourage toxins to be eliminated via the kidneys. Hot Epsom salt baths also encourage the elimination of toxins via the skin, while therapeutic massage helps to shift toxins into the lymphatic system and the kidneys for elimination. Drinking lots of water is absolutely imperative to facilitating the detoxification process.

8) Aid the digestive process
Digestive enzyme supplements support the digestion and absorption of food, and in doing the work for the digestive system, give it the rest it needs for recovery. A sluggish bowel means that any toxins released are able to seep back into the system, thus prolonging the die-off effect as well as contributing to tiredness and headaches. To offset this problem, mix two tablespoons of linseeds (whole or crushed) daily with some live plain yoghurt (providing you are not dairy intolerant), to facilitate regular and easy evacuation of the stools.

A word about die-off:
The bad news is that as the yeast dies, it releases its toxins into the blood stream, which can leave you feeling like you have a bad hangover. This die-off period can last between three days and two weeks. However, if your liver and bowels are working at optimum, you will be able to get rid of the toxins more quickly, and with a careful treatment program, the die-off may even be avoided. This is one of the reasons why I always recommend seeking professional help if you want to tackle suspected Candida problems.

Where do we go from here?

If you do suffer from both Candida and M.E., treating the Candida can in my experience help to reduce many M.E. symptoms. By clearing the toxic load on the body, relieving the immune system of the Candida and food intolerance burden through anti-fungal medicines and diet, and boosting the immune system with herbs and probiotics, you will have gone quite some way towards helping the body to heal.

Realistically, getting Candida under control takes between 3 and 18 months, depending on how severe it is. While you would need to stick to the diet for some time, most people can gradually re-introduce fruit and enjoy the occasional sweet treat as they start to feel better. Once the Candida is under control (this may be confirmed through another Candida test), you can set about tackling the M.E. by continuing to treat the immune, endocrine and nervous systems, and by using adaptogenic herbs to build stamina.

Although there is no quick fix for either condition, people who aren't sure whether Candida is a problem for them and are low in funds might want to try out a sugar and yeast-free diet whilst including live yoghurt and natural anti-fungals in their diet (e.g. raw garlic) for a fortnight. If there's no difference in your symptoms, Candida may not be a factor in your illness, whilst a flare-up would suggest 'die-off', and an improvement in health would also be a good sign.

Although I strongly recommend professional treatment both for support as well as access to professional remedies, from a practitioners point of view, treating both Candida and M.E. very definitely also requires the patient's input in terms of sticking to the diet and making sure that you get the rest needed to recover - because if these two areas are not adhered to, even the best treatment programme will be sabotaged.

For further information about Candida please visit the National Candida Society. Most of their members are resident in the UK, but they do provide an electronic service to the rest of the World.

Coconut oil

Coconut oil is anti-fungal, anti-viral, and anti-bacterial. It kills viruses that have a lipid (fatty) coating, such as herpes, HIV, hepatitis C, the flu, and mononucleosis. Coconut oil isn't a cure in itself, but it does contain these properties that fight against such ailments.

It also kills the bacteria that cause pneumonia, sore throats, dental cavities, urinary tract infections, meningitis, gonorrhea, food poisoning, pneumonia, and many more bacterial infections. **It kills the fungus/yeast infections that cause candida,** ringworm, athletes foot, thrush, jock itch, diaper rash and more.

Coconut oil is able to boost energy levels and endurance. It is not stored like other fats and actually breaks down much quicker within the liver and used like a carbohydrate. Athletes and bodybuilders use it as a natural supplement in sports drinks. It also increases your metabolism which is great for anyone wanting to lose weight. In fact there is a whole industry devoted to losing weight through coconut products and recipes.

Digestion – Coconut oil helps in improving the digestive system and absorption of fat soluble vitamins, minerals and amino acids thus prevents various stomach and digestion related problems including irritable bowel syndrome. The saturated fats present in coconut oil have anti microbial properties and help in dealing with various bacteria, fungi, parasites, etc., that cause indigestion. Diabetics use it to reduce their symptoms a d the risk of diabetes is reduced with regular use of coconut oil in your cooking.

Coconut oil contains high levels of anti-oxidants which help to protect the body from free radicals and prevent degenerative diseases and premature aging.

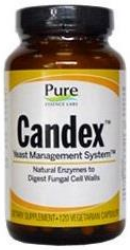
Coconut oil is actually good for your heart despite the bad press it has received over the years. It contains about 50% lauric acid, which helps to prevent various heart related problems such as high 'bad' LDL cholesterol levels and high blood pressure.

Source: www.coconutoilbenefits.org

Candida digesting enzymes

Prodcuts such as candex and candigest contain candida digesting enzymes. Both of which are available from www.amazon.co.uk

Candex



Candex contains a combination of enzymes, including cellulase, that are able to influence individual yeast cells. The cell wall of candida albicans is mainly made up of cellulose (a complex carbohydrate or polysaccharide); cellulase is able to digest cellulose and break it down. When this occurs, the yeast cell dies without releasing a flood of toxins - thereby preventing a 'die off' reaction.

Candex also contains five other enzymes that digest both complex and simple carbohydrates, which are candida albicans' preferred foods. So Candex not only digests the yeast cells, it also starves them and prevents them from multiplying and causing any more damage to your overall health.

Four vegetarian capsules contain Vegetarian Cellulase 128000 CU, Vegetarian Hemicellulase 80000 HCU, Vegetarian Amylase 8000 SKB, Vegetarian Invertase 2000 SU, Vegetarian Glucoamylase 400 AGU . Other ingredients: Rice Flour and Pullulan (vegetarian capsule)

Candigest

Candigest Plus contains six key enzymes. Five of these digest the carbohydrates off which the candida feeds. In effect, the candida is starved. The sixth enzyme – Protease - is the secret weapon that no other anti-fungal product has. It can digest the protein nucleus of the candida organism to remove it entirely from the body. Candida cannot become resistant to Candigest Plus so its effects are lasting. Further benefits of Candigest Plus are: No ‘die-off’ effect No toxicity to the liver Candida cannot become resistant to it Heal your leaky gut Kill off the bad bacteria Boost your immune system Replace the good bacteria Help your digestion Adopt an anti-candida diet Remove the cause

Ingredients of Candigest Plus capsules:
Cellulase, Protease, Hemicellulase, Amylase, Invertase, Malt Diastase, Glucoamylase, Microcrystalline Cellulose

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VSL3

Probiotics are cultures of beneficial bacteria that are normally present in a healthy digestive tract. Increasing evidence shows that the activity of probiotic bacteria in the human GI tract plays an important role in bowel health.

VSL#3 is a probiotic mixture containing 450 billion live lactic acid bacteria and bifidobacteria. VSL#3 is the world’s most concentrated probiotic and contains a unique mixture of 8 different strains of live ‘good’ bacteria.

VSL#3 works by colonising the gastrointestinal tract with ‘good’ bacteria, helping sustain a favourable balance of bacteria in the gut, which helps keep ‘bad’ bacteria and candida at bay.

The beneficial bacteria in VSL#3 are freeze dried to maintain their viability. The human gut has thousands of billions of resident bacteria. In order to modulate the composition of this gut flora in a positive way, a massive number of probiotic bacteria are necessary.

The most commonly used probiotics in the UK only contain up to 10 billion healthy bacteria in each unit. VSL#3 has the highest available concentration of beneficial bacteria with 450 billion live bacteria in each sachet.

VSL#3 can be taken every day for as long as you may wish to continue.

VSL#3 is available from www.vsl3.com

Other anti-candida supplements

In preceeding articles a number of anti-candida supplements have been described. Candida can be a difficult problem to solve. As such, a number of additional anti-candida options are described here.

Oregano oil

Oregano oil is known to be a potent antiviral, antibacterial, antifungal, and antiparasitic oil that can reduce pain and inflammation and effectively fight off infections. Oregano vulgare contains a variety of substances that make it an effective anti-fungal. In a study assessing its action against Candida albicans, carvacrol, a major phenolic constituent of the oil, was found to inhibit candida to a greater extent than caprylic acid. It is also highly effective against many bacteria with studies published in the most prestigious medical journals showing it is as effective as many antibiotic drugs.

Berberine

Berberine is an alkaloid found in a herb called barberry (Berberis vulgaris) and related plants as well as in goldenseal, oregon grape root and Chinese goldthread. This herb has long been used in chinese and ayurvedic medicine. Berberine has significant anti-fungal activity and is also effective against some kinds of bacteria. As with all previously covered anti-fungal's, berberine is reported to spare beneficial organisms such as lactobacilli species. An added benefit for some people is its anti-diarrheal action. Research has shown that berberine can effectively prevent candida species from producing an enzyme called lipase which they use to help them colonize. Berberine has also been widely shown to have a powerful directly anti-fungal action.

Saturated fatty acids

Undecylenic and caprylic acids are common medium chain saturated fatty acids used to treat yeast infections. Both are found naturally in the human body in small amounts. Common commercial sources of caprylic acid are palm and coconut oils, whereas undecylenic acid is extracted from castor bean oil. Caprylic acid products are far more common than those of undecylenic acid but don't assume this means it is better, undecylenic acid has far more research data avilable on it and was the treatment of choice for fungal skin infections for a long time before newer drugs arrived1,2. Both have been shown to be comparable to a number of common anti-fungal drugs. In fact undecylenic acid was the main agent used to treat fungal infections prior to the development of newer drugs and is still prescribed today for some infections. A typical dosage for caprylic acid would be up to 3600mg per day in divided doses with meals. Undecylenic acid is commonly taken in dosages of up to 1000mg per day, again in divided doses. A major advantage of using natural products over drugs is the cost.

Garlic

Garlic (Allium sativum) contains a large number of sulphur containing compounds that exhibit potent anti-fungal properties. Among the most studied are allicin, alliin, alliinase and S-allylcysteine. Some studies have found garlic to be at least as effective as nystatin at killing Candida albicans. A point that should not be overlooked is that because of the many different compounds with anti-fungal properties in garlic, yeast and fungi are unlikely to become resistant to it. Garlic also has many other beneficial properties particularly for the cardiovascular system. It has been shown to lower levels of LDL cholesterol and act as an anti-coagulant, lowering blood pressure as a result. Like barberry, garlic has a long history of medicinal use, reportedly dating back as far as 3000 years. For treating intestinal yeast infections garlic is available in a number of different forms including, odorless capsules, liquid extract and tablets. However, a study at the National Institutes of Health found that fresh garlic was significantly more potent against Candida albicans. It also found that the fresh garlic could be a suitable alternative to drugs for serious systemic infections in patients with severe immune suppression. Therefore adding garlic to food (raw) or crushing and swallowing raw cloves if you can tolerate it, is a cheap and powerful anti-fungal treatment.

Source: www.ei-resource.org/treatment-options/treatment-information/antifungal-treatment

Saccharomyces boulardii

Saccharomyces boulardii (SB) is a live yeast packaged in capsules and sold over the counter in Europe to treat diarrhea. Studies suggest that SB protects the gut from amebas and cholera, may keep candida from spreading, alleviates diarrhea caused by c. difficile, Crohn's disease and diarrhea of unknown cause in PWAs, and traveller's diarrhea.

Test tube results show it doesn't directly kill the bugs (bacteria, fungi, or parasites) causing infection. Theories of how it works include: 1) SB or something it produces may prevent gut inflammation that causes diarrhea, by interfering with how various bugs bind to gut cells; 2) SB might increase certain protective immune proteins that in turn kill the infection-causing bugs; and/or 3) SB might be a superior non-toxic competitor with amebas and candida in the intestine ("There ain't room in this gut for the both of us.").

Invest in ME - International Conference 2010 - DVD

In May of this year Invest in ME held their 5th International conference on ME/CFS. The DVD of the conference is now availalble which contains the presentations and interview sessions with some of the speakers. An overview of the conference and DVD ordering details are included below.

Conference overview

With the recent discovery of the xenotropic murine leukemia virus-related virus (XMRV) retrovirus in patients with ME/CFS by the Whittemore-Peterson Institute, the US National Cancer Institute and the Cleveland Clinic of Ohio, we are witnessing a major breakthrough in the understanding and treatment of ME/CFS and in the implications in ME/CFS.

The education of healthcare staff about ME/CFS now needs to break with the past and reflect the new found knowledge about the pathogenesis of ME/CFS which high quality biomedical research is providing.

The conference is oriented toward providing healthcare staff and others with knowledge of the latest research and the biomarkers which allow appropriate treatments to be prescribed.

The key to resolving, treating and curing ME/CFS lies in biomedical research. However, apart from a knowledge of the biomedical research which is ongoing it is necessary for healthcare staff to be aware of the multiple symptoms exhibited by ME patients and of the possible treatments available.

Research data and experiences of managing and treating ME/CFS will be presented as will findings from the latest biomedical research. The time is right for moving ahead with new findings.

The presenters at the conference represent the world's most current ME/CFS knowledgebase regarding ME/CFS.

The conference provides information and opportunities which are not available via the internet.

Speakers:
Mrs Annette Whittemore, Professor Nora Chapman, Professor Brigitte Huber, Dr. Jonathan Kerr
Dr. Paul Cheney, Dr. Judy Mikovits, Professor Leonard Jason, Professor Nancy Klimas
Dr. John Chia, + conference chair Professor Malcolm Hooper

Warning
Some of the content of the DVD discusses serious biological findings and consequences. In particular, Dr. Paul Cheney's talk. If you are of a sensitive disposition or struggling with anxiety then you may wish to skip this part of the DVD. The DVD menu requires you to select each speaker/talk individually.

How to order

You can order online at: www.investinme.org (Correct at time of printing: select the black flyer on the right)
Or send a cheque for £12 to -

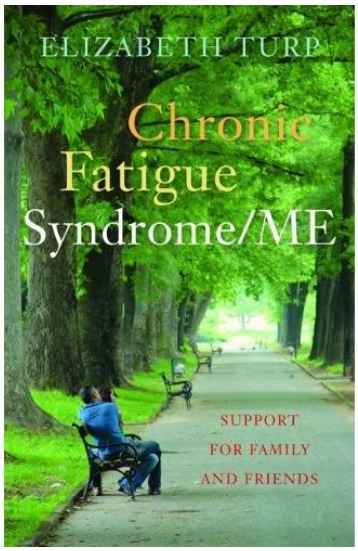
Invest in ME,
PO BOX 561
Eastleigh SO50 0GQ
Hampshire
UK

Please supply your name and address (and email address if possible)
Cheques should be made payable to Invest in ME
Important: Please mark that the DVD is "for use in the UK"

The £12 includes postage and packaging and is per DVD set

CFS/ME - Support for family and friends

is the title of a soon-to-be-released paperback book for those close to an ME/CFS sufferer



People with Chronic Fatigue Syndrome (CFS)/ME experience extreme tiredness and a range of other symptoms, including pain, headaches, impaired concentration and memory, anxiety, sleep problems, and palpitations. The condition can affect all areas of a sufferer's life and, in turn, the lives of those who are close to them.

This book provides the families and friends of people with CFS/ME with an accessible introduction to the condition, and explains what can be done to support those who have it. It offers useful advice on how to help a loved one cope with the illness, and suggests ways to help them with everyday issues such as personal hygeine, nutrition, finances, and relationships. Recognising that coping with the impact of CFS/ME can be just as difficult for the relatives and friends of those with the condition, it addresses the emotional, social, and practical aspects of having a loved one with CFS/ME, explains how to understand the changes in their relationship with the sufferer, how to manage stress, and where to go for further help and support. The book also includes detailed case studies and practical advice from a wide range of people with mild, moderate, and severe CFS/ME, and their loved ones.

This book offers much-needed information and support to the friends, families, and carers of people with CFS/ME. It will also be a useful resource for health professionals who wish to deepen their understanding of CFS/ME, including home helps, care staff, counsellors, therapists, doctors, and nurses.

Add your review

We have been contacted by 'Jessica Kingsley Publishers' and asked if we would like to provide a review of the book for their website.

If you would like to help please email: rescue@f2s.com

Although the book is not yet released Jessica Kingsley Publishers have a few copies that are available for reviewers.

The link to the book at their website is:
www.jkp.com/catalogue/book/9781849051415

(where the book will soon be available to buy for £11.99)

Everyclick for ME Research UK

Everyclick is a web search engine which helps raise money for charities. Use Everyclick to search the web, and you can raise money for ME Research UK for free.

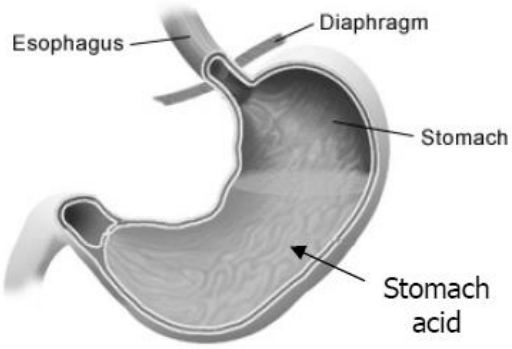
Use the link below to take you to MERUK's EveryClick page, add it to your favourites or set it as your homepage and start using it as your search engine. Every time you use it, ME Research UK will receive some money.

www.everyclick.com/meresearchuk

ME Research UK is a national charity funding biomedical research into ME/CFS. Its principal aim is to commission and fund high-quality scientific (biomedical) investigation into the causes, consequences and treatment of ME, but also has a mission to "Energise ME Research" globally.

Low stomach acid & ME/CFS

Low stomach acid is a digestive disorder in which there is a low level of hydrochloric acid in the stomach. Also known as hypochlorhydria, gastric acidity reduced, hypohydrochloria, and achlorhydria.



ME/CFS specialists suggest low stomach acid levels are very common in moderate to severe ME/CFS, especially in those with dysbiosis and gut symptoms. The parietal cells in the stomach are responsible for making and releasing HCl (hydrochloric acid), these cells require ATP[1], so its easy to see why low stomach acid might be a common problem in ME/CFS.

If you suffer from bloating, gas, indigestion, heartburn and a host of other food related digestive issues (including diarrhea and constipation), you could be suffering from low stomach acid. If you are over forty years of age, there is a forty percent chance that you do.

. If this is the case, you are doing exactly the opposite of what your body needs to alleviate the effects of low stomach acid.

As strange as it sounds, the symptoms of low stomach acid are virtually the same as the symptoms of an overproduction of stomach acid. The treatment, however, is entirely different. In order to feel better, your stomach needs to produce more acid, not less.

Low stomach acid (hypochlorhydria) symptoms
Bacterial/fungal overgrowth, bad breath, belching, bloating, diarrhea and constipation, distension, fatigue, food sensitivities, a feeling of fullness, gas, headaches, heartburn increased incidence of parasitic infections, indigestion, malabsorption problems, nausea nutritional deficiency, rectal itching, stomach pain and distress, unexplained hunger vomiting, weakened hair, nails, and skin yeast infections, and a host of other ailments.

How low stomach acid wreaks digestive havoc
Since our entire digestive process depends upon food being doused with a healthy amount of hydrochloric acid (HCL) when it gets to the stomach, it is difficult to exaggerate the potentially catastrophic results of a condition marked by an abnormally small amount of stomach acid.

Without HCL, the digestion of protein, carbohydrates, and fat cannot be properly completed. The stomach needs hydrochloric acid in order to protect the stomach from bacterial and fungal overgrowth (bacteria and fungus cannot thrive in an acidic environment). Hydrochloric acid also helps the body to properly absorb essential vitamins and minerals.

The presence of undigested food in the small intestine and colon can wreak digestive havoc by causing an overgrowth of harmful bacteria, which in turn produces toxins that are absorbed by the liver. This internal warfare puts a terrible strain on one of our most vital organs, forcing the liver to work twice as hard in order to detoxify itself.

There is often a long transit time with low stomach acid, and we know that the longer bacteria sits inside us, the more rapidly they reproduce. Toxins are produced and then absorbed by the liver.

Regardless of how well you eat, poor digestion and malabsorption of nutrients is the end result of low stomach acid. Without adequate nourishment, you will be a target for infectious and degenerative diseases.

In addition, a toxic condition known as dysbiosis (overgrowth of bad bacteria/fungi) can result, leaving the sufferer with fatigue, gas, headaches, hypertension, insomnia, irritation, muscle aches and pain, personality changes, and many other problems.

[1] Nearly all bodily processes are powered by ATP (Adenosine-5'-triphosphate). ATP is often sub-normal in ME/CFS

Check your stomach acid at home
There is a simple home test that can be done to give a good basic indicator of your stomach acid levels. All you need is some bicarbonate of soda.

Take one level teaspoon of bicarbonate of soda dissolved in a little water, on an empty stomach[2]. If sufficient acid is present in the stomach, the bicarbonate will be converted into CO2 gas, which produces significant bloating and belching within 5-10 minutes. No belching is a strong indication that your stomach acid levels are unhealthily low.

Medical test for stomach acid
Low stomach acid has a history of not being taken seriously by the medical community. As a result, it is an often misdiagnosed and frequently under-diagnosed condition.

Sometimes low stomach acid is simply left untreated; in other instances, the sufferer is prescribed copious amounts of antacids, in effect treating their symptoms as though they had too much HCL, rather than too little.

Accurate testing is available. The Heidelberg Gastric Analysis test is a precise, if somewhat expensive, test that takes between one and two hours to complete.

The patient swallows a vitamin-sized capsule containing a pH meter and radio transmitter. Next, a bicarbonate of soda solution is drunk in order to stimulate the release of stomach acid. Fluctuations in pH levels are transmitted to a receiver, and then graphed. The capsule is excreted normally.

Accurate testing is vital with low stomach acid as this digestive problem can be confused with gastric ulcers and hyperacidity, conditions associated with too much HCL in the stomach.

Typically, one will notice indigestion and discomfort immediately following a meal with low stomach acid and will notice discomfort 1-6 hours after a meal with an overproduction of acid (even waking one in the night.)

The test equipment can be purchased from: www.nutri-linkltd.co.uk/products/categories/test-kits
Further information about the test: www.nutri-linkltd.co.uk/documents/GastroTestInstructions.pdf

Treatment

Basic treatment

- a slice of lemon squeezed into a small amount of water and drunk through a staw with/after each meal. The use of a straw protects teeth from the acidity of the lemon
- cider vinegar with each meal
- B-vitamins, magnesium and potentially anything that helps energy metabolism in the parietal cells in the stomach

Stronger treatment
Betaine HCL supplements containing thirty or forty milligrams of pepsin are highly encouraged. When taken with meals, betaine HCL increases stomach acid, alleviating the immediate issue. Long-term use of betaine HCL can help your stomach produce more stomach acid on its own.

Alternatively, 'Allergy Research Group' sell a 0.06% hydrochloric acid (HCL) water solution that must be further diluted before ingestion. Take 1/2 to 1 ounce of solution diluted in 4 oz. of water before eating, a maximum of three times a day.

The Allergy Research Group HCL solution is found at the following link:
www.allergyresearchgroup.com/Hydrochloric-Acid-1-500-Liquid-16-fl.-oz.-500mL-p-290.html

Low stomach acid perpetuates low stomach acid because you become deficient in everything required to make stomach acid. As such, fixing stomach acid levels can result in your body being able to maintain a correct level by itself. ME/CFS sufferers, however, are likely to have low stomach acid levels because of an inability to create the level of ATP required. ME/CFS sufferers are likely to need to cure their ME/CFS before being able to maintain normal stomach acid levels.

[2] 2½ hours after food

Partial source: www.puristat.com/coloncleansing/lowstomachacid.aspx