

CHRONIC INFECTIONS AS A SOURCE OF CHRONIC FATIGUE SYNDROME

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OBJECTIVE

This study attempts to show the prevalence of pathogenic micro-organisms in Chronic Fatigue Syndrome (1) (2) (3) (4). The presence of these powerful germs associated with pathological fatigue will allow us to establish treatment. The concept of environmental disease is the key of our epidemiology.

During this process, we also have been able to confirm the link between Rickettsial-like organisms and Auto-immune diseases, heart diseases, Multiple Sclerosis and other neurological and psychological disorders. This link was indeed already suggested 20 years ago (5) (6) (7).

METHOD

Following on the methodology presented in Sydney in 1998 and 1999, in Brussels and Padua in 1999, we have seen 254 new CFS patients in our clinic since January 2000. They were presenting with FATIGUE and a variety of other symptoms; the most important being headaches, muscular and joint pain, recurrent sore throat, adenopathy, depression, memory loss, heart abnormalities, vision disturbances, sweats, bruising and Raynaud syndrome.

We have been searching systematically for the presence of the Rickettsial-like agents R. Prowazeki, R. Mooseri, R. Conori, Coxiella Burnetti, Chlamydia Q18; using the micro-agglutination test of Giroud and using IFA tests for Chlamydia Pneumoniae, Chlamydia Trachomatis, Chlamydia Psittaci, and Mycoplasma. The screening of FBC, LFT's, TFT and Thyroid antibodies, Iron studies, CRP, ANF and RF, together with the symptomatology and the physical examination helps us to establish the activity of these germs. We then apply a treatment of Tetracyclines alternated and combined with Metronidazole, Macrolides, or Quinolones for seven days a month.

Out of those 254 patients 3 were not treated due to the lack of information found in their pathological picture.

RESULTS

Very satisfactory results after completing the treatment, as reported previously (1) (2) (3) (4)

Patients could be divided into 3 categories:

80% with fast progress; we assume that in these cases, the multifactorial condition CFS was mainly caused by Rickettsia, Chlamydia and or Mycoplasma.

12% with limited improvement; where, beside Rickettsia, Chlamydia and Mycoplasma, there must be other unknown and important factors.

8% of patients not recovering in any aspects; the Rickettsial like infections, although immunologically identified, were not the cause of the disease or did not respond to treatment for unknown reasons.

CONCLUSION

Diseases reflect the Environment. Germs are hiding behind the chemical changes they produce. Even if Chemistry is an impressive way to explain the symptoms of pain, fatigue, and etc, Microbiology remains the start of successful treatment.

In the presence of CFS, Fibromyalgia, Auto-immune Diseases, Multiple Sclerosis and other neurological or psychological diseases, the screening for Rickettsia, Chlamydia and Mycoplasma is a valuable tool for treatment.

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