



The newsletter of the
 Chronic Fatigue Syndrome &
 Fibromyalgia Support Group of Dallas-
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NEW DENTAL APPLIANCE MAY RELIEVE PAIN AND RESTORE AUTONOMIC BALANCE

Editorial Note: Dr. Sprinkle (drsprile.com), mentioned in this article, is speaking to our support group on this topic on August 17.

All kinds of illnesses, from sleep apnea to back pain, may be treated by fixing an obstruction in your throat—and you may not even realize you have the obstruction. Farrand Robson, D.D.S. of Tacoma, WA has found that a throat blockage may be responsible for many illnesses.

Dr. Robson provided a miracle to my friend Ron in one day. Ron had severe sleep apnea and couldn't breathe while sleeping without the help of a machine. Dr. Robson fixed his problem with one treatment. Ron now sleeps like a baby without any machine!

What did Dr. Robson do? He crafted a special appliance and put it into Ron's

mouth. Ron was then able to breath without help. Ron says, "Immediately, when he put the appliance into my mouth, I felt a release in my throat. A wave of relaxation engulfed my body. Instantly, breathing took no effort. Living in the fog of breathlessness for years, I mistook even daytime breathing effort for 'normal.' Now I realize I was struggling for air even while awake. At 53, I have been reborn thanks to Dr. Robson's work!"

While Ron's ordeal and successful treatment were stunning, his experience isn't unique. Take the wife of Dr. Allen Sprinkle, a Fort Worth/Arlington dentist, for example (who trained under Dr. Robson after his wife was

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DR. CHENEY IS BACK!

Many patients of Dr. Paul Cheney received great news when they received a letter from the Cheney Clinic in early April. The letter included the following from Dr. Cheney:

"I am writing to inform you that the Cheney Clinic is re-opening on June 1, 2004. As you may already know, I have been on medical leave relating to idiopathic cardiomyopathy resulting in a heart transplant in early October 2003. Since then I have done very well and my physicians have approved my returning to work. With no signs of transplant rejection, now at six months out from surgery, it is anticipated I will continue to do well and can look forward to a normal life expectancy. This has been a remarkable life event for me and I feel very thankful for all the prayers and good wishes from my patients, friends, and family.

"On the advice of my physicians, I will begin practicing on a more limited basis and advance as tolerated over time. I may not be able to see all of my former patients as there will not be enough appointments. If you wish to return to my practice, secure an appointment as soon as possible, for an appointment by phone, visit, or both. Other-wise you may be placed on a waiting list until and if appointments become available later."

For those interested in Dr. Cheney's theories but unable to visit or make an appointment, a new audio CD set (made by Dr. Cheney) is now available. This set clarifies many aspects of CFS diagnosis, treatment, prognosis, epidemiology, and disability. The set costs \$160. The phone is now staffed Monday-Thursday from 9 a.m.-noon and 1-5 p.m., EST. Call the clinic (828.684.0307) to set up your appointment or to order the CD set.

treated successfully with this therapy). She slept sitting up with her head forward because of thoracic outlet syndrome, which is due to compression of the nerves in the throat area. The abnormal head position is what kept her airway open while sleeping. No other doctor had been able to help her, but she was pain-free in weeks simply by inserting one of Dr. Robson's appliances.

Sleep apnea is only one of the illnesses these appliances may help. Dr. Robson has used them to treat dozens of seemingly unrelated illnesses. While the healing abilities of this treatment are truly astounding, the real intriguing story is that it gets to a primal cause of why people get sick.

Through the years, Dr. Robson has noticed parallels in varying conditions—they all seemed to have TMJ dysfunction in common. So he began treating TMJ, but soon found that TMJ itself was secondary to a deeper condition, which, when treated, resolved the TMJ.

Dr. Robson's appliance mixes oxygen medicine with balancing the autonomic nervous system (ANS). When your throat is obstructed, it cuts off your oxygen supply and causes the body to respond negatively. Dr. Robson believes the throat can be the largest disturbance to your ANS. The airway is held open by the constant muscle contraction, powered by adrenaline, keeping the tongue from falling back.

When an obstruction occurs, through genetics, injury, or stress, your body produces extra adrenaline to help your jaw and neck muscles keep the airway open. Even the slightest closure of the airway will trigger stress alarms. Adrenaline, secreted by the adrenal gland in response to stress, stimulates autonomic nerve action, and the "fight or flight" response. Adrenaline is critical, but too much is damaging. Muscle cells can go into hyperdrive, causing magnesium to be wasted. Feelings of stress, anger, and panic arise.

Magnesium is critical for cellular energy production. Deplete it and you lose your energy. Magnesium deficiency is a suspected root cause of many chronic or debilitating conditions, such as fibromyalgia or chronic fatigue syndrome (CFIDS)—both of which cause decreased energy.

When the oxygen flow is fully restored, your body stops producing the excess adrenaline. Magnesium levels are quickly restored. The result is a relatively quick and significant boost in your energy level.

Just ask Jody Finn, now 25, about FM. Jody says, "My fibromyalgia pain started at age 12 after a car accident. The pain quickly became horrible—10 on a scale of 10. Robson explains that Jody's FM was her body's attempt to maximize her oxygen supply. Adrenaline poured out to open her airway by tightening her throat muscles. But the excess adrenaline wreaked havoc on her body.

"Immediately with the placement of Dr. Robson's appliance, I felt dramatically better and relaxed," said Jody. "My cold sensitivity decreased. My need for thyroid replacement dropped, the reflux stopped, and within months all the fibromyalgia pain cleared!" Jody was previously disabled, but now is fully employed as Dr. Robson's office assistant.

It's possible that Dr. Robson's device could instantly relieve sleep apnea and quickly restore energy to the weakest and most rundown people, so what about neck and back pain? Or spinal degeneration?

This next case caught me totally by surprise. Gregg Welch, 46, a contractor, over several years developed a perplexing array of symptoms. He suffered from visual field loss, leg numbness, intractable leg pain, and more. By 1993, tipping his head forward caused lightning bolts to fire down his arms.

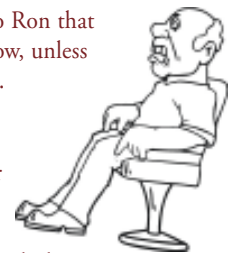
Orthopedists could not find a cause, and he was sent to a neurologist who found MS lesions in the white matter of his brain. (He previously had a negative spinal MRI.) "I was walking like a drunk," he said. "I saw the most esteemed MS specialist in the Puget Sound area. After heavy doses of steroids, my retina blew out. I could not read fine print, even with glasses. I could not crush a potato chip in my left hand. Totally physically disabled, I considered suicide. I went for prayer. The only thing that kept me going was my projects and my adrenaline rushes. My wife, who was helped by Dr. Robson for her neck pain, referred me to him." On the second visit, Gregg's appliance was placed in this mouth and immediately he was able to reach a stunning 170 pounds

pressure with a grip meter. Gregg's vision improved immediately (though he needed laser surgery because of the steroid "poisoning"). His gait returned. His house-shaking snoring was gone, and he began dreaming again. Gregg's "MS" is gone, thanks to an astute dentist who recognized the havoc Gregg's airway obstruction was wreaking on his body. What I found astounding was that when Gregg's appliance was removed, his shocking grip of 170 pounds disappeared and his paralysis returned!

I've spoken with Dr. Robson's (dentist) students who are employing the technique. They are ecstatic at what they're seeing, and confirmed everything I've reported here.

So how do you know if you're a candidate for Dr. Robson's therapy? Obviously, if you snore, I recommend seeing Dr. Robson or a dentist trained in his work as soon as possible. I also suggest you receive treatment if you're significantly overweight since the appliance may help you breathe easier.

What can you expect from Dr. Robson? First, he takes your detailed history. Amazingly, people with airway problems fit into predictable patterns, regardless of presenting complaints. He pointed out things happening to Ron that only Ron could know, unless those effects were ... predictable.



Impressions of your teeth are taken along with cervical X-rays, which reveal the anatomy of your spine and throat structures. A splint or appliance is fashioned, which pulls the lower jaw forward. This is the key to relief of the airway. Robson then employs painstaking and labor-intensive maneuvers with a white paste on the appliance to see where the tongue has drifted. By tongue impressions on the paste, he adjusts the splint. This finely tunes the splint to treat nerve endings in the mouth.

Very few health professionals, except those adept at neural therapy, are aware of or understand the meridians/nervous-system pathways to the teeth and mouth. Symptoms

may just melt away with the proper regulation of the ANS and ability to breathe normally.

The great news—there may be an instant solution for your snoring or more severe conditions. The bad news—few professionals are trained in this work. Dr. Robson is conducting seminars for interested dentists. His mission is to educate professionals who can bring this work to you.

Find out if there is a trained dentist in your area by calling Dr. Robson at 253.272.8651. If there's not, take this article to your dentist and have him contact Dr. Robson. These methods could likely change your life, as it did for many others. If your dentist is willing to listen, it will likely forever change his or her practice habits. It did for Dr. Robson.

Excerpted with permission from Second Opinion, the February 2004 newsletter of Dr. Robert Jay Rowen, 800.728.2288; PO Box 467939, Atlanta, GA 31146-7939. Contact Dr. Robson (listed at locateadoc.com) at: Dr. Farrand Robson, DDS; TMJ Assoc, 2021 S. 19th St., Tacoma, WA 98405-2920; 253.272.8651

FM not Depression... continued from column 3

unpleasantness occurring along with the stimulus,” Staud says. “The imaging showed that most of the unpleasantness of the sensation is in these areas that contribute to these feelings. That is very important to the experience of pain.”

The findings, Giesecke suggests, may partially explain why some anti-depressants are effective in the treatment of pain. And they take researchers a step closer to understanding the mysterious ailment known as fibromyalgia.

“I think the most important point is that FM is really a disease,” Giesecke says. “I’m pretty sure we’re on the right track to find the pathophysiology of fibromyalgia. We are getting closer.”

Proceedings, American College of Rheumatology Annual Scientific Meeting, Orlando, FL., Oct. 23-28, 2003. T. Giesecke, M.D., University of Michigan. R. Staud, M.D., University of Florida.

*my.webmd.com/content/article/75/89910.htm?lastselectedguid=[5FE84E90-BC77-4056-A91C-9531713CA348]
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FIBROMYALGIA ISN'T DEPRESSION

by Daniel DeNoon, WebMD Medical News (WebMD.com)

Depression doesn't cause the pain of fibromyalgia, a new study shows. But clinical depression can deepen a fibromyalgia (FM) patient's experience of pain.

The findings come in a report by Thorsten Giesecke, M.D., to this week's annual scientific meeting of the American College of Rheumatology. Giesecke is a member of the University of Michigan research team, led by Daniel J. Clauw, M.D., using state-of-the-art technology to study fibromyalgia.

“People still doubt fibromyalgia is a disease,” Giesecke tells WebMD. “Previously, we found that fibromyalgia patients really do have increased central pain processing. Now we can show this is not affected by depression. Something is wrong here, and it is not at all connected with depression.”

The pain of FM is one thing. But patients also face the pain of not being taken seriously, notes Roland Staud, M.D., director of the musculoskeletal pain research center at the University of Florida, Gainesville. Staud reviewed the study for the ACR program committee. “Due to the fact that very few physical abnormalities are present in these patients, bias has occurred. Many people think mood abnormalities play a major role,” Staud tells WebMD.

“Giesecke's group looked at brain responses to painful stimuli, and then checked to see if there was any difference between depressed and nondepressed FM patients. They showed that activation of brain areas related to pain weren't different in patients with and without depression. But there is a difference between people with and without FM,” he says.

SEEING PAIN IN THE BRAIN

The researchers use an imaging device called functional magnetic resonance imaging, or fMRI, to look at how the brain responds to pain. Study participants get a mildly painful pressure on their thumb, which makes the brain's pain centers “light up” on the image. Thumb pressure—at a level healthy people hardly feel—sets off a firestorm in the pain centers of FM patients' brains.

This showed that FM pain is real. But some researchers still think this heightened sensitivity to pain is the result of a psychological process—depression, perhaps.

To check this out, Giesecke and colleagues rated 30 fibromyalgia patients on a scale of depression symptoms, then gave them the fMRI thumb-pain test. The result: Depression—even clinical depression—had no relation to how the pain centers of the patients' brains reacted to experimental pain.

“All you can say here is the depressed and nondepressed fibromyalgia patients processed the stimulus in an identical way,” Staud says. “Depressed fibromyalgia patients do have more clinical pain, we know this.”

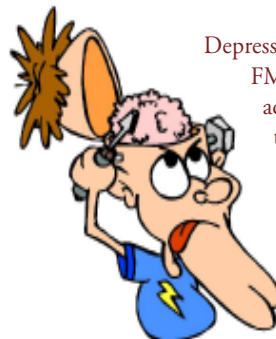
LINKING DEPRESSION & PAIN

Seven of the 30 FM patients turned out to be suffering from true clinical depression, as well as FM. And while their pain centers responded just like those of other FM patients, these depressed patients did indeed have something else going on in their brains.

Depressed FM patients responded to pain in two extra brain areas not involved in pain sensation. These parts of the brain—the anterior insula and the amygdala—are involved in emotional responses. While they don't appear to affect the sensation of a particular pain, they can deepen the experience of pain.

“The anterior insula is involved in a lot of emotional things that tell you how you feel,” Giesecke says. “It is not usually associated with depression, but with the experience of adverse stimuli like bad smells and pictures of faces with fearful expressions. This seems to be a key area that responds to a pain stimulus but also responds to depression.”

Depression, it seems, doesn't make FM pain more intense. But it may add something unpleasant to the experience of pain. “Pain is mostly determined by the intensity of the pain stimulus and the



continued on column 1

CHEMICALS PLUS STRESS DAMAGE BRAIN & LIVER

Stress is a well-known culprit in many problems, but now researchers have shown that stress can intensify the effects of relatively safe chemicals, making them very harmful to the brain and liver in animals and likely in humans, as well.

Even short-term exposure (28 days) to specific chemicals, when combined with stress, was enough to cause widespread cellular damage in the brain and liver of rats, according to Duke pharmacologist, Mohamed Abou Donia, Ph.D.

Donia's study was designed to reproduce the symptoms of Gulf War Syndrome (GWS). GWS veterans outwardly appear healthy and normal, just as the chemically-exposed animals in his studies looked and behaved normally. However, a decade of neurological research revealed widespread damage to the brain, nervous system, liver, and testes of rats exposed to 60 days of certain low-dose chemicals: DEET—an insect repellent; permethrin—an insecticide; and, pyridostigmine bromide—an anti-nerve gas agent. Soldiers received these drugs during the 1990-91 Gulf War; Donia's rats received the same levels as the soldiers (weight-adjusted doses).



The study demonstrated that stress, combined with short-term exposure to this toxic trio

could promote cellular death in specific brain regions and liver injury. Additionally, when combined with stress, the chemical mix damaged portions of the brain where its protective blood-brain barrier was still intact.

The latter finding suggests that the chemicals permeated the protective blood-brain barrier in one region, and then leaked into other regions of the brain where the barrier remained intact. The ability of chemicals to leak from one area of the brain to another increases the potential for much greater damage to the entire brain.

Brain regions sustaining significant damage in this study included: the cerebral cortex (motor and sensory function); the hippocampus (learning and memory); and, the cerebellum (gait and coordination of movements). Abou Donia's team found a significant number of dead or dying brain cells in all these regions, as well as major alterations to brain chemicals necessary for learning and memory, muscle strength, and body movement. "The brain deficits we found in rats reside in specific areas of the brain that we can't measure in living humans," said Abou Donia. "This is why the deficits are so difficult to assess clinically..." Stress alone caused little or no brain injury,

nor did the three chemicals given together in low doses for 28 days.

In addition to brain injuries, the Duke study found unexpected liver damage, including swollen cells, congested blood vessels, and abnormal fatty deposits that diminish the liver cell function. Liver cells also showed reduced activity of BuCHE—an important enzyme that helps rid the body of toxic substances. Such liver damage reduces its ability to do its job. The less effectively the liver filters out toxins, the more chemicals concentrate in the brain and nervous system.

Finally, the study showed that the mix of these chemicals and stress increased the amount of oxygen free radicals in the brain (reactive oxygen species). Reactive oxygen species attack DNA, RNA, and proteins causing cellular and membrane damage. Normally, the body removes these chemicals. However, excess production of reactive oxygen species overwhelms the body's ability to dispose of them.

J Toxicol Environ Health A. 2004 Feb 27;67(4):331-56. "Neurological deficits induced by malathion, DEET, and permethrin, alone or in combination in adult rats." (Abdel-Rahman A, Dechkovskaia AM, Goldstein LB, Bullman SH, Khan W, El-Masry EM, Abou-Donia MB). PMID: 14713564. Full text at: ascibe.org/cgi-bin/spew4th.pl?ascibeid=20040226.123126&time=13%2031%20PST&year=2004&public=1

EXCITING AMPLIGEN TRIAL RESULTS!

Hemispherx Biopharma, Inc. announced that its pivotal Phase III CFS Ampligen trial met its primary endpoint with patients receiving Ampligen for 40 weeks. Using the Treadmill Exercise Tolerance Testing (ETT) as a measuring tool, a statistically significant increase ($p=0.022$) in patients' physical performance was found as compared to placebo. Patients receiving Ampligen for 40 weeks improved treadmill performance 19.4% versus a 5.1% gain in the placebo group.

Ampligen is one of a new class of drugs called dsRNA drugs for the potential treatment of CFS. It is a bi-functional, double-stranded(ds) RNA with both antiviral and immunomodulatory activities.

The FDA approval process is long but this is a major milestone. Although Ampligen is still considered "experimental" and may be two years away from full FDA approval, since it has completed Phase III trials, it should be available from doctors. Insurance companies and Medicare may even pay for it. Be aware that this is an expensive drug administered intravenously.

Ampligen is controversial in the CFS community, helping some but not others. Reportedly, the presence of 37 kDa RNase L, HHV-6 variant A, or low natural killer cell levels, have been shown to be good predictors of who will do well on Ampligen.

Information is available at: cfs-news.org/ampligen.htm or at the email list CFS-Ampligen@yahoo.com. Co-cure.org; biz.yahoo.com/bw/040503/35403_1.html.

AACFS CONFERENCE

The 2004 AACFS Seventh International Conference on Chronic Fatigue Syndrome, Fibromyalgia, and other Related Illnesses will be held October 8-10 in Madison, Wisconsin. Hotel accommodations are available at the nearby Clarion Suites and the Sheraton Madison. The agenda is divided into three segments: research, clinical, and patient topics.

Chairs and speakers include the following doctors: Daniel Clauw; Kenney De Meirleir; Charles Lapp; Stanley Schwartz; Nancy Klimas; Anthony Komaroff, DV Ablashi; and, William Reeves.

Visit aacfs.org for conference information.

WHOLE LEMON DRINK: IMMENSE BENEFITS

BENEFITS OF THE WHOLE LEMON DRINK

The lemon drink reportedly flushes toxins from the liver, reduces swollen lymph nodes, helps treat neuropathy, increases nutrient absorption (particularly fat-soluble vitamins), and can normalize saliva pH values.

Pectin from the lemon rind (and from apple sauce—not juice) helps absorption and assimilation of fats and oils. The body needs essential fatty acids to produce various hormones. The lemon juice acts on proteins to break them into a free form which are more easily assimilated. It also helps dissolve minerals in the food for better assimilation. This drink can be used with supplements to improve their assimilation.

TREATING NEUROPATHY

Neuropathy is a painful disorder affecting the nervous system that causes numbness, burning, or aching sensations in various body parts. Lecithin is the most important nutrient to take to prevent or reverse neuropathy. When neuropathy is present, a tablespoon of Lecithin granules should be added to the lemon drink and consumed each day to help repair nerve membranes. Castor oil packs with a heating pad should be used over the abdomen for one hour each day. A liquid B vitamin formula should be taken along with sublingual B-12. Additionally, calcium chelate, magnesium chloride, and free form amino acids are important in nerve cell repair.

WHOLE LEMON DRINK RECIPE

Wash the lemon well. Scrape off any markings from artificial coloring. Cut up one whole lemon, rind, and pulp into a blender. Add one cup water, one tablespoon Extra Virgin Olive Oil, and Stevia to taste. (Stevia is an herbal sweetener available at health food



stores). Blend at high speed for one minute. Pour through a screen-type strainer to remove pulp. Press the pulp with a spatula. Discard the pulp.

Divide the drink into two or three portions.

Alternatively, you can use four rounded tablespoons of frozen orange juice concentrate or other fruit juice concentrates to sweeten it. However, if you have thrush or yeast overgrowth, avoid fruit juice, which stimulates yeast growth, and use plain water. Drink one portion with each meal, all at

once, or anytime during the day. If you have problems sleeping, drink the last portion at bedtime. To gain weight, drink one portion with each meal.

HOW IT WORKS

Extra Virgin Olive Oil increases the flow of bile from the liver. This helps the liver get rid of accumulated toxins and poisons. Lymph fluid then drains into the liver for processing and elimination of waste products from cellular metabolism.

BILE INSUFFICIENCY AND GLUTATHIONE DEPLETION

Rich Van Konynenburg, Ph.D. (posted to co-cure.org, May 18)

Helpful background info: The liver produces bile, which is stored in the gall bladder. Numerous biliary ducts carry bile from the liver to the gall bladder and then into the duodenum, the first part of the small intestine.

For some time I have been intrigued by reports from people with CFS (PWCs) that liver flushes help, and that these flushes often release large numbers of what appear to be stones. These flushes generally consist of a combination of olive oil and citrus juice. The oil stimulates the secretion into the blood of cholecystokinin, and the citrus juice acid stimulates the secretion of secretin. This causes gall bladder contraction and the secretion of extra fluid from cells along the biliary ducts, thus flushing the biliary system and dumping extra bile into the duodenum.

That these flushes often produce an abundance of stones in PWCs suggests that the usual flow of bile in these PWCs must be lower than normal. In looking into the known mechanisms of bile production in the liver, I find glutathione plays at least two roles in this part of the anatomy: it performs phase II detoxification of a variety of toxins (including heavy metals) and, it also acts as one of the main drivers for bile production.

There is good evidence from comprehensive detox panels that the Phase II glutathione detox pathway is frequently deficient. This being the case, we should also suspect that the other function performed by this same glutathione secretion (i.e. bile production) might also frequently be deficient in PWCs.

If this is true, I think it would explain why periodic liver flushes are found by some PWCs to be beneficial. It may explain some of the digestive problems that are observed. For example, one of the main roles of bile is to

Note: Extra Virgin Olive Oil is cold pressed. Light olive oil is heat processed and may not have any immune benefits. Check your local health food store for a high quality cold pressed Extra Virgin Olive Oil.

Excerpted from an article at keephope.net/lemondrrk.html, taken from the book How to Reverse Immune Dysfunction, by Mark Konlee. Dr. Garth Nicolson encourages patients on antibiotic protocols to use this drink to help relieve Herxheimer (die-off) reactions.

emulsify fats from the diet so that lipase enzymes in the gut can digest them. If fats are not properly digested and absorbed because of a lack of sufficient bile to emulsify them, this can cause not only poor absorption of fats, but poor absorption of the fat-soluble vitamins (A, D, E and K). It can also cause poor absorption of minerals such as magnesium and calcium, which form soaps with the residual fats in the gut, and are therefore less absorbable. We know that many PWCs are magnesium deficient, and this may be a contributor to that problem.

Disclaimer: I am an unlicensed, independent researcher with a background in the physical sciences and engineering. I have been studying chronic fatigue syndrome (CFS) as an avocation for more than seven years. I am not a clinician or a practitioner and do not accept remuneration from clinicians, patients, or vendors of the products mentioned herein. A disclosure statement in keeping with the spirit of the California Business and Professions Code that pertains to complementary and alternative health care services can be found at the end of the post at listserv.nodak.edu/scripts/wa.exe?A2=ind0403a&L=co-cure&F=&S=&P=207

GENTLE R & R

In addition to our monthly support group meetings, we will hold “Gentle R & R

Sessions” occasionally. In these sessions, we will explore various relaxation methods. We will practice breathing techniques, gentle stretches, and guided meditation, all leading to relaxation. Join the yahoo announcement list for information on upcoming dates and times.



DOCTORS DISCOVER THE HEALING POWER OF YOGA FOR PAIN AND FATIGUE

by Mariko Thompson

Even doctors need medical help once in a while, and that's how Dr. Richard Usatine discovered yoga. The former UCLA medical school professor suffered a back injury in a car accident. After a year of failed attempts to get rid of the pain, Usatine was willing to try anything. He went to see a friend and colleague who specialized in physical medicine. The prescription came as a surprise. Try yoga, the friend said.

Yoga worked so well that Usatine now recommends the ancient practice to patients who complain about stress-related conditions. He also researched yoga and its potential benefits for 20 health conditions in a book called "Yoga Rx." The book, which recommends yoga for a range of problems from asthma to back pain to irritable bowel syndrome, was published last year with yoga therapist Larry Payne.

"I'm a believer," says Usatine, now a professor of family and community medicine at the University of Texas Health Science Center in San Antonio. "I'm in favor of more studies on yoga, but I don't need them to prescribe it. What's most important is that yoga is exercise and relaxation therapy." Usatine is among the growing ranks of medical doctors intrigued by yoga and its deep breathing, stretching, and strength-building.

In the early 1990s, best-selling author Dr. Dean Ornish included yoga as part of his nutrition and exercise recommendations for heart health. Today it's not unusual for doctors in pain management, heart health and other specialties to suggest yoga and for hospitals to offer classes to their patients.

This openness to yoga as therapy in part reflects an acceptance of the mind-body connection, doctors say. Only a few randomized, controlled, clinical trials, the gold standard of medical research, have been conducted on yoga. But doctors who are yoga enthusiasts say it's easy to extrapolate from studies that have documented the ill effects of chronic stress on the immune system and the benefits of exercise and relaxation.

"There is good data showing stress reduction has health benefits," says Julienne Bower, a UCLA Jonsson Cancer Center researcher. "That makes yoga more palatable to the medical system."

GENTLE HEALING

Cedars-Sinai Medical Center in Los Angeles has been a proponent of therapeutic yoga for 10 years. The center's research into heart disease prevention found yoga improved blood pressure and blood sugar control.

Those findings, along with Ornish's research, prompted the hospital to launch a yoga class for cardiac rehabilitation patients, says Dr. Noel Bairey Merz, director, Preventive and Rehabilitative Cardiac Center. The gentle one-hour class was designed for heart patients by instructor Nirmala Heriza. "Most of them, when they come in, are new to yoga, and a lot of them are skeptical," Heriza says. "They quickly find there's nothing unusual or strange. It's very easy to do. It's not strenuous." No formal study has been done at Cedars-Sinai on whether the yoga class prevents a second heart attack, Merz says. But participants who attend the hospital's program twice a week believe yoga keeps them healthy.

Gary Bart says the class taught him how to relax. The 57-year-old film producer was diagnosed with an enlarged heart three years ago. His doctors told him to avoid stress and learn how to better cope with tension. "Yoga brings peace and calm to my life," Bart says. "My friends call me 'Mr. Mellow.' I used to be Type-A personality from New York."

FIGHTING FATIGUE

Stress reduction is just one element of yoga that's under the microscope. When yoga instructors talk about the effect on the body, they speak in terms of the body's chakras, or energy centers. As a medical researcher, Bower doesn't speak the lingo, but she does want to know about yoga's effect on energy.

Assistant professor Bower (UCLA Cousins Center for Psychoneuroimmunology) has been investigating the causes of fatigue in breast cancer survivors. Thirty-seven percent report persistent fatigue after treatments have finished. Based on anecdotal reports, Bower

decided to conduct a pilot study on yoga and cancer fatigue. She is now recruiting breast cancer survivors who will take yoga twice a week for three months. The women will be assessed for energy and mood. Researchers also will take blood samples to look for any changes in biological immune measures that correlate with fatigue. "We'd like to know if it works, but also how it works," Bower says.

Another UCLA pilot study recently examined the effects of yoga on posture. Dr. Gail Greendale, professor of medicine and geriatrics, had a yoga class designed for elderly women with hyperkyphosis, a curvature of the spine also known as dowager's hump. The rounding is thought to be caused by osteoporosis or as the result of aging and lack of physical activity. "It's very common," Greendale said. "We did not believe it was fait accompli, that it would be possible to straighten people out." The movements focused on posture and alignment. Using a rigorous method of measuring height, the researchers found that the women stood taller and straighter by the end of the study.

Yoga had two other benefits as well. The participants showed increased leg strength and better balance, both important factors in reducing falls in the elderly, said Greendale, who hopes to conduct a larger study this year.

No matter what the outcome of the scientific inquiries, the yoga faithful will show up to their classes, the same as before. Still, Brenda

continued on page 7



"If I just waited for a cure, I wouldn't really be alive. I've remodeled my life ... so that I can achieve something with what I have."

—Laura Hillenbrand (seabiscuitonline.com), who, despite having chronic fatigue syndrome, wrote "Seabiscuit: An American Legend" and served as a consultant for the movie, "Seabiscuit" (seabiscuitmovie.com)

Strong, co-owner of Yoga Villa in North Hollywood, feels yoga can only benefit from the surging interest by doctors and researchers. Strong's studio offers specialized yoga classes, one designed to promote female fertility, another for people recovering from injuries or suffering from chronic conditions. "In this day and age of technology, it's important that this esoteric teaching have a foundation in science," Strong says. "There's this beautiful bridging going on right now between Western medicine and Eastern knowledge."

Even if more people turn to yoga to ease their ailments, pharmaceutical companies have little to fear. All of the studies in the world won't necessarily get sedentary Americans off the couch, Greendale says.

Even among the patients who are willing to try yoga, not all will develop a lasting interest or feel that they derive any benefit. And that's OK, Usatine says. They haven't lost anything by trying. "We're not calling yoga a cure-all," Usatine says. "At the same time, there's no real harm in yoga, and that's what's great."

FOR MORE INFORMATION:

- ❖ UCLA researchers conducting a pilot study on yoga and breast cancer fatigue are looking for women between the ages of 45 and 65 who have completed breast cancer treatment and continue to experience fatigue. (310.267.4423)
- ❖ Nirmala Heriza, Hatha yoga cardiac specialist at Cedars-Sinai, will have her book, "Doctor Yoga," published by Penguin/Tarcher Books in August.
- ❖ Dr. Richard Usatine and yoga therapist Larry Payne recommend yoga for a wide range of health conditions in "Yoga Rx," published by Ballantine Books.

"Doctors Discover the Healing Power of Yoga for Pain and Fatigue" ImmuneSupport.com (04-07-2004 by Mariko Thompson).

HIGHER EDUCATION FOR THE CHRONICALLY ILL: THE CHRONIC ILLNESS INITIATIVE

Have you had difficulty completing your undergraduate degree because of a disability? Do you have an illness that makes it difficult to meet the time and attendance requirements of a traditional program?

DePaul University's (Chicago, Illinois) School for New Learning (SNL) has launched an initiative to expand access to higher education to those disabled by chronic illness. In the past, students with chronic relapsing and fatiguing illnesses such as Chronic Fatigue Syndrome, Rheumatoid Arthritis, and Gulf War Syndrome have found it difficult, if not impossible, to meet the requirements of a conventional college program. Now, SNL has instituted procedures to help these students.

SNL allows you to:

- ❖ Earn your entire degree online from anywhere in the world
- ❖ Pace your progress through the degree requirements
- ❖ Finish the program at your own pace
- ❖ Get help from a special advisor
- ❖ Complete courses interrupted by symptoms

Features of the BA program:

- ❖ Competence-based degree requirements that recognize learning in different settings
- ❖ Individually designed focus area
- ❖ Interactive classes with supportive faculty and students

- ❖ Transfer credit accepted from other colleges and from documented learning from college-level experiences
- ❖ No minimum enrollment per quarter (except to meet financial aid requirements)
- ❖ Total tuition significantly lower than most private universities
- ❖ Simple application with no fee
- ❖ State-of-the-art technology with prompt, responsive technical support

You must be self-motivated with self-discipline and able to do college-level work. Check out their website at: snlonline.net.

Questions? E-mail broyster@snlonline.net or call 312.362.8001 and ask for the Advisor for the Chronic Illness Initiative (snlonline.net). Sign up for the first course, Learning Assessment Seminar.

Co-cure.org.

FATIGUED—NOT SLEEPY!

Researchers studied 339 subjects who were part of the Center for Disease Control's CFS study in Wichita, KS. Sleep questionnaires were used to evaluate five factors: insomnia/hypersomnia; non-restorative sleep; excessive daytime sleeping; sleep apnea; and, restlessness.

At least one abnormal sleep factor was found in 81.4% of subjects. Those with sleep abnormalities had significantly lower wellness scores. However, fatigue severity scores were statistically equivalent in both those with and without sleep abnormalities. CFS subjects were significantly more likely to exhibit non-restorative sleep and restlessness than non-fatigued subjects. However, they showed no increased occurrence of sleep apnea or excessive daytime sleeping. This is consistent with studies finding that, while fatigued, CFS subjects are not sleepy.

Available for free in PDF format, the full article is at: biomedcentral.com/content/pdf/1471-2377-4-6.pdf.

BMC Neurol. 2004 Apr 19;4(1):6. "Sleep assessment in a population-based study of chronic fatigue syndrome." (Unger ER, Nisenbaum R, Moldofsky H, Cesta A, Sammut C, Reyes M, and Reeves WC[ucwr1@cdc.gov]). PMID: 15096280.

THE DFW LIGHTHOUSE CREDITS

Published quarterly, the *DFW Lighthouse* strives to inform its members and the public about a variety of topics relating to chronic fatigue syndrome and fibromyalgia. The CFS/FM Support Group of DFW is a clearinghouse for information about chronic fatigue syndrome and fibromyalgia. The Support Group does not endorse particular products or services. The ideas expressed in the *DFW Lighthouse* are strictly those of the authors or quoted individuals. The CFS/FM Support Group of DFW, and the *DFW Lighthouse* staff assume no liability for any medical treatment or other activity undertaken by readers. For medical advice, consult your healthcare provider.

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AN UNSEEN PLAGUE

Thousands of patients with fatigue are treated for depression and high blood pressure, but sleep apnea may be an underlying cause that is completely ignored and undiagnosed, concluded researchers at LDS Hospital's Intermountain Sleep Disorders Clinic (Utah). Hypertension and chronic fatigue are possibly the most common conditions for which patients seek medical attention, he said, and are integral aspects of sleep apnea.

According to Dr. Robert J. Farney, director of the Intermountain Sleep Disorders Clinic and lead study investigator, lack of treatment for the underlying condition is a serious shortcoming since sleep apnea is easy to diagnose and is very treatable, he said. Known sleep apnea symptoms are: tiredness, high blood pressure, and stroke. There is a likely link between sleep apnea and diabetes or insulin resistance, Farney said, especially in mildly obese people. Recent research indicates that someone who has sleep apnea may have increased insulin resistance. Conversely, some of the problems created by diabetes may cause sleep apnea. Earlier research also showed a significant link between obstructive sleep apnea and left ventricular hypertrophy, a very dangerous heart condition that may affect 25 million Americans.

Treating obstructive sleep apnea has no downside, says Farney. "It's one of the few things I can do in medicine that can completely reverse a condition that has huge risks and problems, without any adverse effects." With all we know about sleep apnea, he said, it's a condition that's often overlooked. It is reportedly missed in an estimated 82 percent of men and 93 percent of women with moderate to severe obstructive sleep apnea. The study indicated that among the 200,000 patients whose records were reviewed, those receiving medications for both depression and high blood pressure were 18 times more likely to be diagnosed with sleep apnea—which Farney called a "staggering odds ratio." This held true regardless of the patient's age. "Sleep apnea is more common as you get older," Farney said, so it is increasingly "difficult to disentangle from other variables."

See *ImmuneSupport.com* (04-28-2004) for the complete article by Lois M. Collins, *Deseret Morning News*; Source: *deseretnews.com*. © 2004 Deseret News Publishing Co.

EXERCISE INCREASES PAIN PERCEPTION IN CFS

Researchers compared changes in pain threshold in five CFS patients with five matched controls following graded exercise. All pain-related treatment and antidepressants with analgesic effects were withdrawn 48 hours before testing. Subjects were also asked not to undertake physical exertion for 24 hours before the investigation.

The exercise consisted of three 5-minute periods on a treadmill, with an increasing incline. Pain threshold (baseline) measurements were taken before the start of the exercise, immediately after each exercise period, and a final pain threshold measurement 20 minutes after the final exercise stage.



None of the participants, including the CFS patients, reported any muscle pain immediately after the exercise. After modest exercise, pain thresholds increased (meaning they were able to take more pain) in control subjects while it decreased in the CFS subjects.

Increased perception of pain and/or fatigue after exercise may indicate a dysfunction in the central nervous system's mechanisms for processing pain signals.

Pain. 2004 Jun;109(3):497-9. "Exercise lowers pain threshold in chronic fatigue syndrome." (Whiteside A, Hansen S, Chaudhuri A.). PMID: 15157711

SPEAKER RESOURCES

The following resources are available. You may view current resources at virtualhometown.com/dfwcfids/resources.html.

Items shipped outside the US require an additional \$5; payment must be in US cash or a check drawn on an American bank (no money orders or postal orders from other countries—they incur very high fees).

Make checks payable to *the CFS/FM Support Group of DFW*. Mail to Carol Sieverling, 513 Janann St., Euless, TX 76039. Please note the resource being ordered or include this form.

- ❖ Joe Brewer, M.D.: "Viral Infections, Hypercoaguable Syndrome, and Their Treatment"
 - ☐ video, September '03, \$18
- ❖ Paul Cheney, M.D., Ph.D.: "New Insights into the Pathophysiology and Treatment of CFS."
 - ☐ video, October 2001, \$15
- ❖ A 36-page packet including information transcribed from visits with Dr. Cheney.
 - ☐ all "Cheney" newsletter articles, \$4
- ❖ Myra Preston, Ph.D.: "Cognitive Dysfunction in CFS & its Treatment."
 - ☐ video, April '00, \$15

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NEWSLETTER NOW AVAILABLE VIA EMAIL!

You now have the choice of receiving the quarterly *DFW Lighthouse* via email notice. The primary factors motivating this decision were the fact that it takes quite a bit of time, energy, and postage—which keeps increasing—to run off and prepare the copies for an 800+ mailing list!

The email notice will contain a link to the newsletter .pdf file. To view the newsletter, simply click on the link. You'll need the free Adobe Acrobat Reader software installed on your machine. (In case you don't already have it, the link is also included.) Then just print off the newsletter or read it online.

The email newsletter notices will be posted to our two existing lists. Thus, if you're already subscribed to either of those lists, you don't need to sign up for the separate newsletter list. However, for those who wish to receive *only* the email newsletter notices, we created a new yahoo groups list: *DFW_Newsletter* at yahoo groups.com. This list will be an *announcement-only* list four emails a year—one per newsletter issue.

SIGN-UP IS EASY!

To receive the email link, do this:

1. Tell Carol so she can remove you from the hardcopy newsletter mailing list.
2. Also tell Carol:
 - if you prefer to receive the newsletter on one of our existing email groups **OR**
 - if you prefer to sign up for the DFW_Newsletter group. Those who wish to receive the newsletter link via the new list will be sent an invitation.
3. Respond to the invitation you receive.

As many, if not most, of you can understand and empathize, your editors' personal resources are limited! Please consider this option. Contact Carol with questions or your responses. Thank you!

SHOPPING DONATIONS

Way to go shoppers! You've been busy! Our shopping totals this time around are:
Krogers \$105.41
For questions or information about the shopping donations program, please contact Carol.

Thank you for your faithful support!

UPCOMING MEETINGS

JULY 24 THE BODYTALK SYSTEM
SAT., 2:30 – 4:30 P.M.
TODD ADKINS, PT, CBB, CBI

The BodyTalk System is a healing modality that addresses the roots of chronic pain and chronic disease. It combines the wisdom of advanced yoga, the insights of modern physics and mathematics, the energy dynamics of acupuncture, the clinical findings of Applied Kinesiology, and western medical expertise. It allows the body's energy systems to be re-synchronized so they can operate as nature intended.

First, the weak energy circuits within the body are identified through biofeedback - a subtle muscle testing technique. Then, relying on the body's innate wisdom, the practitioner determines the proper order in which these energy circuits are to be addressed. Just as the body heals a wound with a particular sequencing of chemical reactions, the body wants to address all healing in a certain order. Todd Adkins is a physical therapist whose personal recovery from 15 years of chronic pain inspired him to enter the field of energy medicine, specifically The BodyTalk System. He is a certified BodyTalk Practitioner and Instructor. His wife, Angela, is a massage therapist and a certified BodyTalk Practitioner. They can be reached at 972.247.2322. More information is available at *bodytalksystem.com*. Several volunteers will receive free treatment sessions as part of the presentation.

AUGUST 17 NEW DENTAL APPLIANCE KEY TO HEALTH?
TUES., 7:00 – 9:00 P.M.
ALLEN SPRINKLE, D.D.S.

Dr. Sprinkle (*drsprinkle.com*) is one of a handful of dentists in the country trained in the use of this revolutionary appliance that can correct often subtle throat obstructions that reduce oxygen intake and disrupt the autonomic nervous system. It can address a wide range of symptoms such as: sleep problems, fibromyalgia, neck and back pain, and fatigue (see article on page one for more information about the topic of this meeting). Contact Dr. Sprinkle at 817.461.9998.

SEPTEMBER 21 SOCIAL SECURITY DISABILITY
TUES., 7:00 – 9:00 P.M.
ROGER ALLEN, P.C.

The unfortunate reality is that many people with CFS and/or FM cannot work, and must apply for disability benefits. Roger Allen is an Arlington attorney whose 25-year practice has focused on Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). He is a sole practitioner, meaning that if you go to him for help you will get his personal attention.

While most of his clients live in the metroplex, he has appeared at hearings in 14 Texas counties from Marshall to San Angelo. Come hear his overview of the process of applying for disability benefits. You can reach him at 817.265.9446. His website, *rogerallenlaw.com* has a newsletter, *Social Security Disability News*, which covers various disability topics.

MEETING INFORMATION

Unless otherwise stated, we meet on the first/top floor of the Edwards Cancer Center in the East Conference Room of Harris Methodist HEB Hospital in Bedford.

To get to the hospital from Fort Worth, take the Central Drive exit off 183 and stay on the access road. From Dallas, take 183 (or 635 then 121 S to 183 W) to the Central Drive exit and do a U-turn under the freeway.

NOTE: Many members are extremely chemically sensitive. Out of consideration for others, please avoid wearing to the meetings fragrances or clothes that have been exposed to smoke, dry cleaning fluids, or other chemicals. Remember also that many common household products contain fragrances and other very strong chemicals.

THANK YOU!



CFS COSTS U.S. \$9 BILLION ANNUALLY

by Jennifer Warner, WebMD Medical News (June 24, 2004)

The physical and mental fatigue caused by chronic fatigue syndrome (CFS) costs the U.S. more than \$9 billion each year in lost productivity alone, according to a new study. Researchers say CFS affects between 400,000-800,000 people in the U.S. The mysterious condition of unknown origin causes potentially disabling physical and mental fatigue that can't be explained by other causes and lasts an average of five years.

The study, published in the current issue of *Cost Effectiveness and Resource Allocation*, shows the condition costs the average person with CFS \$20,000 per year in lost wages, resulting in a loss of national productivity comparable to that caused by diseases of the digestive, immune, and nervous systems, and skin disorders.

Researchers say it is the first time the economic burden of CFS has been examined and suggests that the disease is poorly recognized and ineffectively managed.

COST OF CFS

In the study, researchers surveyed PWCs in Wichita, KS about their employment status, household income, and occupation. The study showed that about a quarter of those with CFS who could have otherwise been employed had left their jobs due to illness.

Researchers say chronic fatigue syndrome caused an average 37% decline in household income and a 54% reduction in labor force productivity. Extrapolating those results to the U.S. population as a whole, researchers estimate that CFS causes a total loss of \$9.1 billion, consisting of \$2.3 billion in lost household income and \$6.8 billion in lost labor productivity.

None of these estimates include health-care costs associated with the disease, which researchers say are likely to be substantial.

Cost Effectiveness and Resource Allocation, (Reynolds K, Vernon S, Bouchery E, Reeves, WC) June 21, 2004; vol 2. For more information, go to: my.webmd.com/content/Article/89/100244.htm, resource-allocation.com/content/2/1/4, or PMID:15210053

HOW DISABLING IS CFS?

Denmark researchers surveyed 33 CFS patients at diagnosis and again five years later. They found the level of work disability was very high initially and had increased five years later. Social isolation remained high, though emotional adjustment improved. Over time, increased problems with reading and allergies were also noted.

Illness duration, extent of disability, and emotional adjustment seemed unrelated to level of improvement or lack thereof. Average illness scores were unchanged, but most individuals improved in some ways while worsening or remaining the same in others. Only one participant (3%) neared recovery while one other was substantially better yet still severely disabled.

The researchers concluded that CFS patients exhibit severe, long-term, functional impairment. Substantial improvement is uncommon, less than 6%. While allergies and aspects of cognition may worsen, emotional adjustment often improves.

J Psychosom Res. 2004 Feb;56(2):217-29. "Illness and disability in Danish Chronic Fatigue Syndrome patients at diagnosis and 5-year follow-up." PMID: 15016582. Co-cure.org.



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