QUEST #36

ELECTRONIC VERSION

JUNE/JULY 1999

ME/FM CLINICAL DEFINITIONS PRESENTED TO LCDC/MINISTER OF HEALTH

Dr. Bruce Carruthers of British Columbia. and **Dr. Anil Jain** of Ontario kindly and generously donated their time and expertise to the draft of the Canadian Definitions, Diagnostic and Treatment Protocols for Myalgic Encephalomyelitis and Fibromyalgia. Our Director of Education, **Marj van de Sande** has worked diligently with these doctors on this draft and compiled the document into an 'easy to locate' format. They have worked for approximately one year on this document and the 1999/7 draft is now ready for peer-review.

At a July 21, 1999 meeting at the Laboratory Centre for Disease Control (LCDC) in Ottawa, we presented this draft definitions/protocols document to the Minister of Health's representatives. At this meeting, we were advised that there were no funds available for the peer-review as Health Canada has not allocated any funds for ME/FM. This came as a shock to us. In the Honourable Allan Rock's May 31, 1999 letter to us he stated, "The development of draft clinical definitions for ME/FM is a milestone in the fight against this complex and tragic condition."

It is essential that these definitions have the support of Health Canada/LCDC in order that these illnesses receive recognition and acceptance by the medical community. We have requested a meeting with the Honourable Allan Rock and the Director General of the LCDC for the purpose of requesting that Health Canada allocates funds for the peer-review of the 1999/7 draft definitions/protocols document for ME/FM and when completed that further funds be provided for the distribution of this booklet to all medical professionals. We will keep you posted as to the developments.

NETWORK RESPONDS TO CHATELAINE JULY 1999 ARTICLE ON FM

In Chatelaine's July 1999 issue on pages 44-48 an article appeared entitled "Can a diagnosis make you sick" by: Sue Campbell. In this article it left the erroneous impression that when the individual mentioned in the article was advised by her doctor that she suffered from FM, she was ill for a long time. One day she decided to change her attitude and from that point onward she became well. We therefore wrote a letter to Ms Rona Maynard, Editor of Chatelaine as follows:

"............As a magazine for women, you had the opportunity to print a scientifically-correct article on an illness that affects approximately 800,000 people to different degrees. Instead, your article portrays the image that it is "all in your head". You mention only in passing that in 1990 the American College of Rheumatology approved the method of diagnosing Fibromyalgia.

Your picture depicts a woman in an exercise outfit with three dots on her face and three dots below her waist. What was that supposed to mean? Are they tender points? Technically, you must have 11 of 18 specific "tender points" at specific locations in order to be diagnosed with Fibromyalgia. In your diagram, none of the locations indicated are accurate. I counted six dots which I presume represent the areas from which Ms Elliott-Gibson's pain originated. That too is very misleading. Before an individual is considered for a diagnosis of Fibromyalgia, other illnesses must first be ruled out. A Rheumatologist must make the diagnosis using the criteria accepted by the World Health Organization (WHO).

The prime target organ of this illness is the brain and nervous system. Fibromyalgia Syndrome is a more serious illness that affects the nervous system, the immune system and the endocrine system. There are abnormal amounts of various neurotransmitters that therefore send incorrect messages to the body's various systems. .

Like with all illnesses, some individuals are sicker than others. From the article it was revealed that Ms Elliot-Gibson was able to go to University full time in addition to working. Therefore, even if we assume she did have Fibromyalgia, she obviously was not very ill and had onl mild form of Fibromyalgia. It sounds more like this person was burned out and after a time just automatically got better when she handled the stressors in her life and adopted a more realistic schedule.

What is particularly abhorring about your article is the fact that you have managed to wipe out the people who have tried everything in their power to get well but through no fault of their own are unable to work. The people we know who suffer from Fibromyalgia were hard-working individuals. Many people with Fibromyalgia can work but the percentage of those with Fibromyalgia Syndrome who cannot work kept working until they no longer were able to do so.

In view of the above, we are left with the impression that Chatelaine is unsympathetic to the disabled community. By stating that a good attitude cures Ms Elliott-Gibson of Fibromyalgia, it will be only a matter of time before this same reasoning can be used for other illnesses too.

Please print a scientifically-correct article on Fibromyalgia and Fibromyalgia Syndrome. Our Director of Education, Ms Marj van de Sande, will be writing you separately and provide you with more detailed information about the latest research findings.

We can only hope that your article did not do any permanent damage. We look forward to your timely reply. Signed: Lydia E. Neilson, President CEO "

CHATELAINE'S REPLY - By: Rona Maynard,Editor

"Thank you for your forceful comments about "Can a diagnosis make you sick?" We've heard from many readers who are deeply distressed by this article.

It must be disheartening, to say the least, when medical professionals deny that you are ill, or suggest that painful symptoms are "all in your head." Yet this is not the message of our story. Susan Campbell argues that people diagnosed with fibromyalgia are indeed ill, often to the point of disability. Her point--and a hotly debated one, as she acknowledged by quoting Dr. Beverly Tompkins--is that the diagnosis robs sufferers of hope. Far from presenting Victoria Elliot-Gibson as "cured," she demonstrates that her subject still has a chronic condition, this time diagnosed as psoriatic arthritis. She presents Elliot-Gibson as a woman who has learned to manage her symptoms by trusting in her own resources rather than in an interminable wait for disability insurance.

As for the illustration, it's an artist's impression of a state of mind, not a medical diagram. We never intended anyone to interpret it literally.

When we decided to publish this article, we knew it would provoke controversy. But we've found that most of our readers appreciate strong points of view, whether or not they agree with our writers. This is partly because they share a commitment to discussion and debate, and partly too because they trust us to provide a forum for rebuttals in The Last Word, where we've been proud to publish some pretty forceful denunciations of our own articles. Take a look at the September issue, and you'll see what I mean.

A word about research: Like other articles in Chatelaine, this one follows far more reading and interviewing than appears on the page. We expect our writers to familiarize themselves with a subject before they take a point of view. That said, I can assure you that Susan Campbell's piece will not be our final word on the subject of fibromyalgia. We're committed to revisiting timely topics as new developments come to the fore. there's no other way for Chatelaine to stay current."

REVERSING CHRONIC FATIGUE AND FIBROMYALGIA BY DR. MAJID ALI, M.D.

****Reversing**** should be taken to mean that the process of the disease begins to move in the opposite direction towards healing.

Dr. Majid Ali is well known in the Chronic Fatigue Network in the US and Canada for his book, The Canary and Chronic Fatigue and the high rate of success of his total integrative approach in treatments for both ME and FM. This book has been called the classic work on the subject. Hailed by medical organizations, support groups, academic institutions as THE definitive book on Chronic Fatigue. This is a summary of his last seminar in Toronto on May 30, 1999, prepared by Claudette Lupien of Ottawa, an ME patient and seminar participant.

CFS or ME is, according to Dr. Ali, a progressive immune disorder which affects all body organs and systems. It is caused by accelerated oxidation to the human enzyme systems. Oxidation is the process of decay, loss of energy (electrons). Enzymes are natural substances that facilitate life processes in the body. For example, without enzyme action the body does not detoxify effectively, which further aggravates the reactions to chemicals and worsens symptoms. The Canary Book presents extensive evidence to support Dr. Ali's theory. Since then hundreds of scientific studies have validated the author's theory.

Accelerated oxidative molecular injury is just like the rust on an apple left on the counter or an old car, so let's imagine what it does to the body when it takes hold. It causes three basic problems for ME and FM people: 1) the transport of oxygen to tissues is impaired ; 2) oxygen utilization in all the cells is sluggish; and 3) the toxic organic acids accumulate and poison our cells.

Research by the Institute of Integrative Medicine, where Dr. Ali runs his clinic on ME/FM and also by others, has established that the above three problems are caused by oxidative injury to energy and detoxification enzymes.

WHAT BRINGS ON THIS OXIDATIVE INJURY TO ME/FM PATIENTS? - It is caused by undiagnosed mould allergy and food intolerance, sugar overload, unnatural foods, antibiotic abuse, pesticides and environment, abusive drug prescriptions and lifestyle stressors.

WHAT IS THE PROOF OF THAT? - Direct microscopic examination of a drop of blood of the patient performed with a special type of microscope.

THREE IMPORTANT ISSUES IN ME/CFS/FM: 1) The last triggers that bring on full blown ME/FM e.g. a severe viral infection, a major chemical exposure or radiation, etc.;

Dr. Majid Ali has consistently repeated in all his books, and he has written over 14 of them so far, that the most common mistake made by doctors and patients is that they devote most of their energy to the last trigger (viral or chemical) and fail to adequately address ALL the factors which cause a cumulative load on the patient's oxygen transport and utilization, antioxidant and detoxification enzyme systems of the body.

2) Total cumulative load of microbes and toxins; and 3) Genetic predisposition.

DO YOU KNOW THE STORY OF THE MAN WITH 8 PEBBLES IN HIS SHOE?

It is Dr. Ali's belief that ME/FM should be managed by clinicians experienced in integrative therapies. An important anecdote that explains it all is the story of the man who has eight pebbles in his shoe. If one, or three, or even seven are removed, the pain remains and stops him from walking normally. Only when all the pebbles are removed can the man be free from pain and able to walk normally. The totally integrative approach is exactly like that.

DR.MAJID ALI'S SUGGESTED GUIDELINES:

1. DIAGNOSE AND TREAT FOOD/SUPPLEMENT INTOLERANCES.

2. DIAGNOSE AND TREAT MOULD ALLERGIES with allergy shots. Dr. Ali has significantly improved the classical Elisa method of mould allergy testing by increasing sensitivity several fold. His method of shot preparation is specific to each individual patient.

3. MAKE CHOICES IN THE KITCHEN.

4. ALKALINIZE SYSTEM. This helps the body to manage the overload of bacteria, viruses, mould, etc..

5. SUPPORT THE WEAKENED PANCREAS.

6. NUTRIENT SUPPORT: Antioxidant, minerals and vitamins via intravenous drip and/or intramuscular shots if necessary to support absorption problems. Essential oils daily.

7. REGULATE THE BATTERED HORMONE SYSTEM: THYROID: Resolve the depression and many other functions of the Thyroid with prescriptions of To and T3. Dr. Ali explained at length the importance of T3 in his presentation. T3 produces 80 to 100 times more activity than T4 to jump-start the thyroid system. T3 is diagnosed by low body temperature.

ADRENALS SUPPORT; FEMALE HORMONES (estrogen, progesterone); NEUROTRANSMITTERS for sleep, etc.; and

The BOWEL, LIVER, BLOOD create a troubled trio which in turn affect clarity of the brain and the whole system. It is required to be addressed at the beginning of treatment along with the diet changes.

8. B0WEL: with herbs, antifungal medication and cleansing parasites, bacteria and fungus/mould, etc.

9. BLOOD: support by cleansing system of viruses, bacteria, toxic heavy metals.

10. LIVER: Support and detoxify.

11. ENVIRONMENTAL CHEMICALS: Clean home and personal products of moulds, chemicals, pesticides, etc.

12. STRESS CONTROL with prayer, meditation and spiritual surrender.

13. EXERCISE in a gentle, non-competitive, non- goal oriented way.

IS FIBROMYALGIA FOR REAL? - In Dr. Majid Ali's own words "Fibromyalgia (FM) is often considered a medical mystery. It isn't. Some doctors consider it a women's condition. That is regrettable. I am told all laboratory tests are negative in FM. That is simply not true. I hear FM is not treatable. Nothing is further from the truth. As for chronic fatigue syndrome (CFS), for years most physicians dismissed this disorder as an all-in-the-head problem. Most victims of CFS, like those of FM, suffered the indignity of being told that they were hypochondriacs, and that they merely imagined their three main symptoms: (1) disabling fatigue; (2) persistent muscle and joint pain with painful trigger points: and (3) severe problems of brain fog, irritability and depression. Many doctors poured salt on the wounds of their patients by labeling their condition as 'shirker's syndrome', 'yuppie syndrome', and a 'syndrome created by the media'. Fortunately, that is all changing rapidly now."

THE THREE Rs OF FIBROMYLGIA and CFS: First, FM and CFS are Real disorders. Second, FM and CFS are Reversible in the vast majority of patients. Third, FM and CFS cannot be Reversed with drugs.

Dr. Majid Ali has worked for twenty-two years on the oxidation process and oxygen. He is author of fourteen books and one more coming out in September:

CANARY TWO, DARWIN, OXYGEN and FIBROMYALGIA, Too much oxidation, too little oxygen.

Here are a few of Dr. Majid Ali's credentials: President and Professor of Medicine, Capital University of Integrative Medicine, Washington, DC.; Associate Professor of Pathology (adj.), College of Physicians and Surgeons of Columbia University, New York; Editor, The Journal of Integrative Medicine for Mds; President, Institute of Integrative Medicine, New York and Denville, NJ; Formerly President of Staff and Chief Pathologist, Holy Name Hospital, Teaneck,NJ; Fellow, Royal College of Surgeons of England; Diplomat, American Boards of Anatomic and Clinical Pathology; Diplomat, American Boards of Environmental Medicine; and reaches over a million listeners in his weekly radio show in New-York.

For those interested in finding out more about Dr. Majid Ali's work please visit his web sites: **www.majidalimd.com or www.majidali.com or www.fatigue.net.**

The Toronto Clinic for Preventive Medicine sponsored Dr. Majid Ali's recent seminar in Toronto. The Toronto Clinic for Preventive Medicine is a private clinic that follows Dr. Majid Ali's protocols to treat and help reverse Chronic Fatigue Syndrome and Fibromyalgia (as well as many other immune disorders). This clinic is located at 360 Bloor Street West, Suite 506, Toronto. Telephone (416) 922-7537, Fax (416) 922-9253. Although it is a private clinic, some services may be covered by extended health insurance. This article was checked for accuracy by Christina Radulescu, Ph.D. in Biology, Clinic Director. Consulting M.D. is Dr. Louis R. Spencer.

CONSENSUS DEFINITION OF MCS PUBLISHED

34 researchers and clinicians published a consensus definition of Multiple Chemical Sensitivities in the U.S. Archives of Environmental Health. **Barta et al. Multiple Chemical Sensitivity (MCS) : A 1999 Consensus Archives of Environmental Health 1999; 54(3) 147-149**

The consensus is signed by 34 researchers and clinicians with diverse MCS experience. It specifies 6 criteria for the clinical diagnosis of MCS, the first 5 of which are taken from a survey of 89 other clinicians with various perspectives on MCS published in 1993 (see Nethercott JR et al. Multiple chemical sensitivities syndrome: toward a working case definition. Arch Environ Health 1993; 48-19-26)

1. “The symptoms are reproducible with repeated [chemical] exposure.
2. The condition is chronic.
3. Low levels of exposure [lower than previously or commonly tolerated] result in manifestations of the syndrome.
4. The symptoms improve or resolve when the incitants are removed.
5. Responses occur to multiple chemically unrelated substances.
6. [Added in 1999]: Symptoms involve multiple organ systems.

The Archives of Environmental Health are published by Heldref Publications, which is encouraging wide distribution of the MCS consensus statement. It has issued a press release about the consensus statement and posted both the abstract and full text on its web site at: http://heldref.org/html/Consensus.html, from where they may be freely downloaded.

The consensus statement also includes a review of epidemiological data on the high prevalence of MCS among both the general population and Gulf War veterans and the substantial overlap of MCS with both chronic fatigue syndrome (CFS) and fibromyalgia (FM).

MCS Referral & Resources encourages clinicians and researchers specializing in any one of these disorders to screen routinely for all three using this new 1999 consensus definition of MCS, the 1994 consensus definition of CFS (Annuals of Int Med 1994; 121:953-959), and the 1990 consensus definition of FM (Arth & Rheum 1990; 33:160-172).

Anyone wishing to comment on the MCS consensus statement for publication should send a formal letter to the editor of the **Archives of Environmental Health, Dr. Kaye Kilburn, 2025 Zonal Ave., CSC201, Los Angeles, CA 90033 U.S.A.**

[Ed. Note: For more information on MCS, please contact: Albert Donnay, MHS, President, MCS Referral & Resources, Inc., 508 Westgate Rd., Baltimore, MD 21229 U.S.A. - Tel.(410) 362-6400 - Fax (410) 362-6401 - adonnay@mcsrr.org.www.mcsrr.org

ACCESSING JUSTICE---SELECTING AND INSTRUCTING A LEGAL ADVISOR - Part II

It is important to remember that a lawyer is a professional who is paid for their time, knowledge, expertise and reputation. Do not expect your lawyer to work for free. If they do, it is quite possible that your case will be put on the back burner and that your interests will not be protected. It is common for lawyers to request a retained for services they are going to render, including the initial consultation with you.

Lawyers' fees are typically based on an hourly rate. Contingency fees are prohibited in Ontario. A contingency fee is where a lawyer agrees to take on a case without pay, but agrees to accept a certain percentage of any settlement or court award granted in the case as payment for their services. If they are not successful, a lawyer will not recover any fees. If successful, the lawyer would be entitled to a percentage of the settlement or award. I do not believe that contingency fees are in the best interests of lawyers or clients in the conduct of claims for benefits entitlement. As indicated above, lawyers are professionals who earn their living based on their time, expertise and reputation. If lawyers are not compensated for their time, they will not be able to earn a living, will not be able to pay their overhead or service their clients effectively. Moreover, if lawyers are confronted with a situation where they have money on retainer from one client and only the prospect of recovery several months or years from now for you, it is quite possible that your case will be assigned a much lower priority than the client who has already paid money on retainer for the lawyer's services. This may sound rather callous given your circumstance of having no money, no employment, and no foreseeable income prospects. However, as a lawyer who is often consulted by clients who have previously entered into contingency or deferred billing arrangements with other lawyers which have broken down, it is my experience that the best legal services are provided to those clients who have committed themselves to the process by way of a financial retainer, however large, rather than simply leaving the risk and responsibility for the litigation with the lawyer alone.

Whatever financial arrangement is agreed to between lawyer and client it is always wise to put this agreement in writing. This will avoid confusion and misunderstanding. It is also important for both lawyer and client to be clear about financial responsibility for the first appointment. While many lawyers have a practice of providing a free initial consultation, others are only prepared to provide the first half hour free. Some are not prepared to offer any free time. This usually occurs by way of the initial telephone conversation prior to a meeting with the client, but may entail the first one half hour of an initial meeting.

The legal process is something that is rarely understood by clients who come to a lawyer with insurance claims. The process is usually commenced where an insurance company terminated benefits or denies an application for benefits. Following an assessment of the strengths and weaknesses of the case with the client, my practice is usually to provide the insurance company with one last chance to reconsider their decision to reinstate or grant benefits under the policy based on new medical evidence. If the insurance company refuses or fails to reinstate benefits following a reconsideration application, a statement of claim then has to be filed with the Ontario Superior Court of Justice. My practice has typically involved suing insurance companies for breach of contract. However, I have recently had occasion to sue medical advisors through insurance companies for negligence, inducement to breach of contract and tortitous interference with contractual relations based on their often reckless and cavalier approach to independent medical assessments conducted on behalf of insurance companies. Once a statement of claim is filed, the defendants are then required to provide a statement of defense within twenty days. This period may be extended to thirty days. Once the exchange of pleadings is concluded, the parties then must exchange documents which are relevant to the issues in dispute. This is often the first time that complainants will receive copies of the documentation on which the insurance company relies for its denial, copies of the full text of the insurance policy and other relevant information to the case. Once the exchange of documents is concluded, parties then have the opportunity to examine the other in what is referred to as a discovery examination. During this phase of the legal process, the insurance company lawyer will have the opportunity to question you about your condition, what steps you have taken to treat and remedy your condition and about your limitations and abilities with respect to work, the activities of daily living and other relevant matters. Your counsel also has the opportunity to examine a representative of the insurance carrier as to the reasons for their denial of your claim and other relevant matters.

Following the discovery stage of proceedings comes a pretrial conference. This is a conference where parties submit their theory of the case to a judge. Counsel, either alone or occasionally with their clients, appear before the judge who then provides an independent assessment of the case usually indicating its strengths and weaknesses from both perspectives and often providing an indication as to how they would rule if they were hearing the case at a trial. Prior to the pretrial conference, or after, it is not uncommon for the parties to engage in settlement discussions or mediation in an effort to resolve the dispute. Having gone through discovery examinations, parties will have a clearer understanding of the other sides' perspective and will be in a better position to access the strengths and weaknesses of their case as they proceed forward to a trial.

A trial of an insurance claim involving a client with Chronic Fatigue Syndrome or Fibromyalgia usually raises complex medical/legal issues. It often requires expert testimony from physicians and health care specialists who require a fee for their services, as well as from the individual claimants. As a result, trials of this kind tend to be lengthy often lasting as long as two weeks in duration. They also tend to be extremely expensive. A process leading up to and including a trial of a matter could easily cost between $30,000 and $80,000. That said, only about four percent of all civil litigation cases, a figure which is much less for cases involving people with Chronic Fatigue syndrome and Fibromyalgia, actually go to trial.

The process of selecting a legal advisor, investigating their qualifications and experience and the timing of their selection, can all be critical to your success in realizing your lawful entitlement to benefits. The first appointment with your legal advisor will often set the tone for an assessment of the strengths and weaknesses of your case and a direction as to how to proceed. Discussion about fees should take place during that first appointment and even prior to it so that both parties are clear as to the cost, if any, for an initial consultation and for the processing of a claim. An initial consultation usually lasts between one and one-and-half hours. Lawyers as professionals need to be paid for their time. Lawyers who are not paid for their time may not be providing their best and highest quality legal services to you. The legal process can be a lengthy, emotionally, physically and financially draining process. It is not a process which should be entered into lightly and it should not be entered into without a clear understanding of the risks, implications and requirements to see the process through. There are no guarantees. However, if you plan, prepare and communicate effectively with your legal advisor your chances of success are enhanced and the likelihood of receiving your full entitlement to benefits is increased.

[Note on Author: Hugh R. Scher is a Toronto lawyer who practices civil litigation, labor, employment and human rights law with a focus on the rights of persons with disabilities. He serves as counsel to the national ME/FM Action Network, Fibromyalgia Society of Ontario, trade unions and several persons with ME/FM. Mr. Scher is also Chair of the Human Rights Committee of the Council of Candians with Disabilities, Canada's largest disability rights advocacy organization.]

NEWSPAPER ARTICLE CONFIRMS URGENT NEED TO SUPPORT I.M.E. SURVEY -

By: Mary Ellen - On July 25, 1999, the Calgary Herald published a third newspaper article written by reporter Brock Ketchum about the problems disabled people often face when asked to attend an independent medical examination(I.M.E.). This comprehensive article highlighted the notorious Dr. Paul Darlington, a Calgary forensic psychiatrist, who writes about 250 Independent Medical Examination reports annually for private insurance companies as well as the Workers' Compensation Board of Alberta, and Canada Pension Plan. The article states that Dr. Darlington often concludes that the claimants are "substance abusers, malingerers or people who are motivated by 'secondary gain' such as benefit cheques".

Included in the last paragraphs of the newspaper article are the words of Lydia Neilson: "Lydia Neilson of Nepean, Ont., president of the National ME/FM Action Network, said her group-which represents chronic fatigue [syndrome] and fibromyalgia patients-hopes to be able to release preliminary information this fall about IME doctors across Canada. The group began circulating a petition among affiliates across Canada last year to compile a list of doctors who are spending most of their time on IMEs. The group will use the information to lobby for legislation limiting the amount of time physicians can spend on this lucrative work, Neilson said."

PLEASE HELP US REACH OUR GOAL BY HELPING TO SPREAD THE WORD ABOUT OUR REGISTRY SUBMISSION FORM TO ANY APPROPRIATE PEOPLE IN YOUR LOCAL SUPPORT GROUPS, AT YOUR DOCTOR'S OFFICE, AT YOUR FIBROMYALGIA AQUATHERAPY CLASS, AT YOUR CHIROPRACTOR'S OFFICE, AT YOUR MASSAGE THERAPIST'S OFFICE, AT YOUR PHYSIOTHERAPIST'S OFFICE , ETC.

IF YOU ARE WRITING A LETTER OF COMPLAINT ABOUT YOUR IME DOCTOR'S REPORT TO A COLLEGE OF PHYSICIANS AND SURGEONS, PLEASE PUT A CC. NATIONAL ME/FM ACTION NETWORK AT THE BOTTOM OF YOUR LETTER AND SEND US A COPY. IT IS IMPORTANT THAT THE COLLEGES REALIZE THAT WE ARE KEEPING TRACK OF THE NUMBER OF COMPLAINTS.

DOWNLOAD OUR SEVEN QUESTION, CONFIDENTIAL, REGISTRY SUBMISSION FORM FROM OUR WEBSITE AT **http.//www3.sympatico.ca/me-fm.action/medexam.html** OR CONTACT **MARY ELLEN** AT **Telephone:(905)831-4744** (If you are calling long distance and leaving a message, your call will be returned 'collect'.) Mail: P.O. Box 66172, Town Center Postal Outlet, 1355 Kingston Rd., Pickering, ON L1V 6P7 E-mail: marye@pathcom.com

Thank you for the tremendous support we have already received for this very important project. When we all help out in the small ways that we are able, the results are remarkable!

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*** screens for ME/FM & MD referrals**
***FM researcher and author**

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***Injury & Insurance Litigation, Medical Malpractice, CPP Reconsideration & Appeals**
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***Initial consultation free**

LIFTING THE BULL -Overcoming - Chronic Back Pain, Fibromyalgia, & Environmental Illnesses -

Author: Diane Dawber, B.A., M.Ed.

Reviewed by: Mary Grace Aman, R.N., Nutritional Symptomatologist, Wellness Consultant

Diane suffered ill health for many years. In 1989 she was diagnosed as having Fibromyalgia (FM). Realizing one can be subject to public scrutiny; Diane deserves a great deal of admiration for sharing her health and personal history in this compact 169 page book.

"Lifting The Bull" contains pertinent information for those with Fm, their family, friends, Physicians, Physiotherapists, Health Care Providers, and Insurers specializing in disabilities.

According to specialist Dr. M.(pseudonym); Diane was meant to experience every possible problem with FM in order to help others.

With Diane's narrative talent for simile, metaphor and humour; the reader truly experiences: the pain of various diagnoses, treatments and rigorousness insurance assessments that caused exacerbation of symptoms; to the triumph of "doing something ***in addition*** to health care: "Lifting the Bull" is about Diane's personal pursuit for pain control and increased endurance.

After exploring the regular drug (Toximolecular) route, and finding it ineffective; Diane found answers through natural healing with supplemental (Orthomolecular) therapy, diet, environmental changes, and support of Health Professionals who are Pioneering in the field of Functional Medicine and osteopathy. Today Diane's pain is controlled to the point that she can ignore it.

She does not use pain killers or low dose antidepressants, thus avoids their multiple side effects. The recovery regimes mentioned in Diane's book are endorsed by Medical Doctors, Physiotherapists and Kinesiologists.

In my personal experience as a Wellness Consultant, those with FM are already well aware of the pain and problems involved. Those with Fm would do well to start in the middle of the book for pertinent strategies. Starting at the beginning of the book, will be enable others to experience what FM is all about. One client found that her husband finally understood what she was going through, when he read "Lifting the Bull".

Fibromyalgia was classified as a syndrome in 1990. Early diagnoses means those with FM are healthier, and require fewer strategies to get in good shape. By listing researched books, Diane has reduced the expense and energy required to expand one's knowledge.

Diane's next book from Quarry Press "Reading To Heal:" "A Reading Group Strategy For Better Health", will include an expanded list of helpful books Diane has discovered since this publication.

Previously, the rear end accident of June 1999 would have meant months, possibly years, to recover. Diane's day to day efforts to stabilize herself had paid off. A couple of sessions with physio and--------Diane has been functioning as if this accident had not occurred. Yeah!

[Note: Author Diane Dawber, B.A., M.Ed. is a teacher and well-known author of numerous children's books including, "How Do You Wrestle A Goldfish?".

BOOKS/NEWSLETTERS/REPORTS/VIDEOS ETC.

JOURNAL OF DEGENERATIVE DISEASES - Don Scott, founder of the **Common Cause Medical Research Foundation,** has just published the first issue of "The Journal of Degenerative Diseases". It's focus is on the diseases which are characterized by degeneration of cells in various organs and tissues such as myalgic encephalomyelitis, fibromyalgia, multiple sclerosis, Parkinson's, Huntingtons, Lupus, Crutzfeldt-Jacob, Alzheimer's, Gulf War Illness, etc. Some of the major questions the 'Journal' addresses are, "what kills the cells" and "how does the foreign invader get by the cell's defenses". The 'Journal' has an informal newspaper format and the 24 page first edition is both impressive and very educational. Articles on mycoplasma, how it was used in experiments carried out in Texas prisons, Protein Trafficking Defects by Dr. Anurag Tandon, and an article entitled Viteria: Bacterial Sequences in Animal and Human Viruses by Dr. John Martin gives you a sample of what this 'Journal' contains. The National ME/FM Action Network extends our best wishes to Don and his 'Journal'. The 'Journal' is published quarterly at a cost of $7.50 an issue or $30.00 yearly. Send cheque to: **The Journal, Box 133, Station B, Sudbury, ON P3E 4N5.**
LIFTING THE BULL - Overcoming Chronic Back Pain, Fibromyalgia, and Environmental Illness - By: Diane Dawber - Price: $19.95 - $14.95 U.S. Quarry Health Books - Canada 1-800-387-0141; U.S.A. 1-800-243-0138 - E-mail: info@quarrypress.com

VALIDATION AND HOPE - By: Dr. David Saul - $25.00 - For book and meditation cassette or complete package including magic pen book (creative writing for self discovery) - $40.00 (includes GST+S & H). Tel.(416) 298-1303 or website: http://get.to/validation

INTER-GROUP/CONTACT COMMUNICATION:

CANADIAN INTERNET EMAIL GROUP FORMED - *By: Gerry Harris, Peterborough, ON

If you have Internet Access, you may wish to consider joining the Canadian FM/ME online support group. This group is comprised of Canadians from coast to coast who exchange ideas and support. This group is also an area where support groups learn many valuable things that are happening on the Canadian scene. Discussions about CPP and insurance companies, especially with our Canadian slant are valuable. To join, please send an Email message to:
CANADIAN_FM-ME_SIG_REQUEST@MAELSTROM.STJOHNS.EDU

*****(co-owner of Canadian List) - **Email: gharris@ptbo.igs.net**

The **THE NATIONAL VACCINE INFORMATION CENTER (NVIC)** is a **U.S.** -based, national non-profit educational organization. They provide assistance to parents whose children have suffered vaccine reactions and conduct and promote research to evaluate vaccine safety and effectiveness. In 1997, NVIC sponsored the First International Public Conference on Vaccination which brought together immunologists, neurologist, gastroenterologists, geneticists, biochemists and microbiologists from the **U.S., Canada** and **Great Britain** to examine the biological mechanism of vaccine injuries and deaths and the association between vaccination and chronic illness including seizure disorders, learning disabilities, attention deficit disorder, diabetes, autism, Crohn's disease, asthma, Chronic Fatigue, cancer, AIDS, Gulf War Syndrome and other immune and neurological dysfunction. For information, contact the

National Vaccine Information Center, 512 West Maple Street, Suite 206, Vienna, Virginia 22180 U.S.A. or call 703-938-DPT#. To obtain more information, call **1-800-090-SHOT** or access the NVIC's website at: **www.909shot.com**

OUR WORLD:

EMPLOYMENT POSSIBILITY FOR OUR DIRECTOR OF EDUCATION: Marj van de Sande, our Director of Education, advised me that she may have a possible employment opportunity. When Marj's chiropractor told her that he had thought of a job that she could do, she said, "Great, what is it?" Her chiropractor, looking very pleased with himself, announced, "Your body is so stiff that you could rent it out as a diving board!"

LEGAL/RESEARCH PACKAGE - Please make **cheque payable to Marj van de Sande** in the amount of **$25.00** (our Director of Education) to cover photocopying, postage charges etc., **151 Arbour Ridge Circle NW, Calgary, AB T3G 3V9 - Tel/Fax: (403) 547-8799 - E-mail: vandesam@cadvision.com**

MEMBERSHIP: $20.00 per year includes bi-monthly newsletters
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WEB: http://www3.sympatico.ca/me-fm.action/

DISCLAIMER: The NATIONAL ME/FM ACTION NETWORK serves as a clearing house for information on Myalgic Encephalomyelitis / Chronic Fatigue Syndrome and Fibromyalgia. Some of the information contained herein is intended to help patients and their physicians make informed decisions about their health. However, the NATIONAL ME/FM ACTION NETWORK does not dispense medical advice or endorse any specific medical hypothesis or product and assumes no responsibility for any treatment or action undertaken by its readers.

Pssssssssst: NEXT ISSUE: AUGUST/SEPTEMBER 1999

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