Quest #26 October 1997

NUTRITIONAL BASIS FOR ME AND FM - By: Philipa D. Corning, B.Sc. Ph.D. - Part III

Sugar-Damaged Protein:

This type of complex is formed through a process called glycation. This process changes the structure of protein by the addition of a sugar molecule. This can occur without the involvement of an enzyme, and leads to "sugar-damaged" protein. This process and the damage caused by free radicals essentially "handcuffs" or "staples" the flexible protein molecules so they cannot move about as they are supposed to. Glycation increases with rising blood sugar, and it also varies with the sugar intake. Today, it is difficult to avoid the use of refined sugar because it is found in all of our processed and convenience foods. The mineral chromium protects against glycation by allowing insulin to function better. However, nine out of ten North Americans today are deficient in this essential mineral, thereby allowing this process to occur quite readily.

The effect of sugar-damaged protein can also be seen in the development of cancer. A healthy functional immune system can recognize and kill cancerous cells. When the immune system is impaired by mulnutrition, cancers can develop. Normally in a health cell, the genetic material (DNA) is repaired by enzymes. When these repair enzymes are damaged by sugar (or free radicals), they become sugar-damaged proteins (or oxygen-damaged in the case of free radicals). They cannot carry out normal repairs and the cell becomes mutant. It is now cancerous and grows out of control.

Other than mutant cells evading the immune system, cancer can develop in another way. It involves the proteins that are attached to the outside of the cell. This is the way in which cells recognize other identical cells. When these proteins are damaged by sugars and free radicals, cells cannot recognize one another. When this recognition is impaired, the damaged cells grow out of control, i.e., cancerous tissues.

This condition can be relieved by the ingestion of chromium in the form of a chelated

complex. In addition, fiber can also help. It slows the absorption of simple sugars from the small intestine.

Too Much Cooked and Processed Food:

Our bodies require substances called enzymes in order to digest our food. These substances are produced by cells of all organisms. Therefore, additional good sources of these substances outside our bodies are uncooked and unprocessed food. Our bodies are not meant to produce all the enzymes that are required to digest our food, and our bodies are designed to depend on raw vegetables and fruit for the additional enzymes. Cooking and processing destroys enzymes, and our consumption of raw foodstuffs has markedly decreased over recent years. Thus, the pancreas, which is the major site of digestive enzyme production, is overstimulated to produce more enzymes than it possibly can. As a result, it calls upon the immune system to lend it some. When we eat cooked or processed food, the white blood cell count rises as the immune system rushes them to the small intestine where they give up their enzymes for the digestion process. This leaves the immune system in a weakened state. It is no longer equipped with the enzymes that were stored in the white blood cells for the purpose of fighting viruses and bacteria. These cells become sluggish and immobile. Thus the immune system is impaired.

Eating cooked and processed food drains the body's enzyme reserve. As the reserve is reduced, the digestion process becomes inefficient. Many complex fats, proteins, and carbohydrates are not completely digested. The partially broken down molecules are either absorbed into the blood to become possible allergic substances, or become a food source for the "bad" bacteria in the bowel. These hostile

organisms produce toxins which are absorbed into the blood and deposited in joints and tissues where they often cause pain.

Cooking also breaks down the fiber content of food. This adds to the problem of constipation and the retention of toxins produced by the "harmful" bacteria. The long transit time associated with constipation allows the toxins a longer absorption time.

The consumption of raw fruit and vegetables or enzyme supplements will increase this enzyme reserve, overcome the problem of pancreatic exhaustion, avoid incomplete digestion, and reduce allergies and toxin accumulation. The enzyme package should contain protease, lipase, amylase, and lactase to effectively complete the process of digestion. The consumption of fiber increases faecal bulk and decreases transit time, thereby removing potential toxins from the body faster.

Quest #27 - Acid-Forming Food and Drinks. [See newsletters 24, 25 for Part I and II]

COMPUTER GEEK REPORT - By: Al Neilson

I am pleased to report that as of this writing, our webpage has received well over 5100 visits (hits). We have been receiving lots of compliments on the format of the webpage and its ease of use. We have not received much of an input from those of you out there with access to computers in regards new and interesting links we can add to our growing list. Please feel free to contact us at any time if you would like one of your favourite help sites added. Of interest to all is the inception of an archive site for past newsletters (back to 1993). This site is being composed by Sandy Shaw and will soon be accessible as a link on our web page. In order to be fair to all of our paid members, the most newsletter available in the archive site will be, at all times, two newsletters' behind. For those of you without computer access and wishing copies of past newsletters, please mark our website down and ask a friend with a computer to retrieve for you. Our address is: **http://www3.sympatico.ca/me-fm.action/**

REGISTRY OF PHYSICIANS WITH CHRONIC FATIGUE SYNDROME,

CHRONIC FATIGUE, AND FIBROMYALGIA

The University of Washington School of Medicine is developing a registry of physicians with chronic fatigue syndrome (CFS) and/or fibromyalgia (FM). If an adequate number of physicians with CFS or FM are identified, a proposal will be submitted to the U.S. National Institutes of Health to expand the nature and extent of the information collected by the Registry.

To date, 25 physicians with CFS and/or FM have been located but during the next 6 months it is hoped to enroll an additional 100 physicians. Physicians can be either MDs or DOs. Potential participants should meet the published criteria for CFS or FM. All subjects will be asked to sign a consent form approved by the University of Washington prior to participation in the CFS/FM Physician Registry.

THE NAMES OF THE PHYSICIANS WILL BE KEPT CONFIDENTIAL.

Please contact: Kari McGee or Nicolette Vajtay, Research Assistants, requesting a data submission form and consent form, **CFS Studies c/o Dr. Debra Buchwald, Harborview Medical Center, 325 9th Avenue, Box 359780, Seattle, WA 98104 U.S.A.**

Tel. (206) 521-1929 or (206) 521-1932 - Fax (206) 521-1930

Internet connections: **klmcgoo@u.washington.edu** or **nickyv@u.washington.edu**

TIP: McMaster University has information on depression. It is not a crisis line but a good

resource for information. Tel: 1-888-557-5051 Ext. 800

HEPATITIS B VACCINE RESEARCH -

BY: BONNIE S. DUNBAR, Ph.D (Professor - Baylor College of Medine)

Professor Dunbar has done extensive literature research on the Hepatitis B vaccine. It became apparent to her that the serious adverse side effects of this vaccine (which is clearly related to the nature of the virus itself) may be much more significant than generally known (or admitted).

Professor Dunbar has visited with Physicians in England and France who have serious concerns about their large numbers of patients who they believe have been affected by this vaccine. In all of her queries, it is not clear to her (or others who have been investigating this), that there was adequate long term follow-up information collected in the clinical trial data (especially with respect to the white Caucasian population) in which many of these effects might have been observed. Professor Dunbar obtained an FDA adverse reaction list of over 8,000 individuals with reported adverse reactions for a 4 year period from 1992 to 1996 (Merck vaccine only - does not include the Smith Kline vaccine which she has been told includes another 15,000 or more individuals). It has been reported by the head of the FDA that these reports indicate only about one tenth of the total numbers of adverse reactions.

The question that remains to be answered: Is the Hepatitis B virus (in its elegance of evolution and survival) a master of molecular mimicry which has produced its surface protein (the one used in the vaccine) to weaken the immune system (i.e. inducing autoimmune disease)? More importantly: Can this vaccine be modified to avoid these immune reactions or is this a virus which needs to be controlled or eradicated by early treatment or other methods?

If this vaccine, by nature of the peptide (native or produced from a cDNA as a recombinant protein), has the ability to adversely effect the immune system and turns out to have severe adverse reactions in some populations, then the public reaction to ALL vaccines, including those that clearly DON't have adverse reactions may be doomed in the public's eye. That includes new vaccines to new, and clearly major population threatening viruses as well as to such newly designed vaccines which might be critical for controlling world populations. In any event, vaccine inserts giving reported side effects, which Professor Dunbar found physicians do not show or discuss with their patients, are ominous.

It became apparent to Professor Dunbar that the hepatitis B virus (and vaccine developed from the hepatitis B surface antigen) is very unique from many other viruses and vaccines and new theories and experiments (i.e. molecular mimicry and anti-idiotypic antibodies) have been developed which could explain reasons for autoimmune reactions caused by this virus or the viral protein used in the vaccine.

The fact that there are dozens of publications on the correlation of this virus as well as the vaccine with autoimmune and other connective disease disorders provides strong evidence for the correlation of this viral antigen causing autoimmune diseases.

A Summary Report of Hepatitis B vaccine can be obtained by writing to Professor Dunbar at Baylor College of Medicine, Dept. of Cell Biology, One Baylor Plaza, Houston, Texas 77030 U.S.A. - Fax (713) 798-7341. Email address: bdunbar@bcm.tmc.edu or bonnie@neosoft.com

BOOKS, REPORTS, NEWSLETTERS, VIDEOS ETC.

TREATING FIBROMYALGIA By: Beth Ediger, LRH Publications

A 50 page, up-to-date survey of treatments commonly used to relieve Fibromyalgia symptoms. It relates why these treatments work and how they improve a person's ability to function in everyday life. It also

explains some of the causes of the mysterious pain and fatigue of Fibromyalgia. This is an excellent sequel to Beth Ediger's 38 page booklet "Coping with Fibromyalgia" and Bev 40-page booklet "Fibromyalgia: Fighting Back".

Price: $6.95 per booklet; $12.95 for 2 booklets; and any three booklets are $18.95. Prices include tax, postage and handling. Price lists for large orders are available on request - Fax (506) 450-1992 - Tel. (506) 454-7139. All orders for fewer than 10 booklets must be accompanied by a cheque or money order to: **LRH Publications, Box 100, Station A, Fredericton, NB E3B 4Y2.**

BETTER LIFE NOW INC. - Dawn Jones, M.Sc., R.D., Grad., Dip., Ed.Psych.

Ms. Jones is a Certified Fitness Instructor/Nutritionist, specializing in Fibromyalgia Wellness. Some of the services available are: Fitness Counseling; Nutrition Counseling; Gentle Exercise Classes; Stretching Classes. Lifestyle Counseling. Special Protocols for ME and FM.

VIDEOS: 1) **"Stretch for Health" $25.00 & $6.00 P & H;** and 2) **"Fibromyalgia Exercise" $25.00 & $6.00 P & H.**

For more information call: **(403) 289-2271 - Fax (403) 289-3471** email: **jonesd@cadvision.com -**

Home Page: **http/://www.cadvision.com/jonesd/index.html**

ALTERNATIVE HEALTH CARE - By: Bonni and Craig Harden - Cost $19.95

This book covers the basics of 20 types of alternative health care i.e. acupressure, acupuncture etc. and tells you how to find a qualified practitioner. Published by **Noble Ages Publishing**. Available in stores.

SUDBURY CONFERENCE ON VIRUSES - VIDEOS

Dr. Horowicz (2 videos) $19.97

Dr. J. Sherkey 14.95

Dr. G. Nicolson 14.95

Gulf War Illness 14.95

All videos purchased, $10.00 discount.

Members of the OFA deduct $5.00 per tape.

Available from the ***Ontario Association of Fibromyalgia (OFA),** 62 Frood Rd., Box 106, Sudbury, ON P3C 4Z3 - **Tel. (705) 669-0103 - Fax (705) 669-1466**

NATIONAL LAWYERS' ROSTER - ADDITION

DOUGLAS FAULKNER

***Séguin, Landriault & Lamoureux**

1110 - 141 Laurier Ave. West

Ottawa, ON K1P 5J3 Tel. (613) 236-9141 - Fax (613) 236-0989

***Initial Consultation - one hour free**

INTER-GROUP/CONTACT COMMUNICATIONS:

- **FIBROMYALGIA ASSOCIATION OF REGINA - New Address**

140 Durham Drive

Regina, SK S4S 4Z2 Tel. (306) 586-0626

- **FMS SUPPORT GROUP OF CALGARY - New Address**

#206 - 4304 - 75 ST NW

Calgary, AB T3B 2M8

- **MASS. CFIDS ASSOCIATION, IS NOW ONLINE -**

They can be reached at **http://www.masscfids.org**

PERSONALS

B. MYERS, and M. HURLEY: We have had our mail to you returned to us stating that you have moved. Please advise us of your new address so that we may adjust our records to reflect same.

KATHY PETERS is compiling a list of ME/FM people who would like to be a buddy to another ME/FM person or vice versa. If you are interested, please write to Kathy at 155 Honeytree Drive, Athens, GA 30605 U.S.A.

INSURANCE COMMISSION OF ONTARIO - WEBSITE ADDRESS CHANGE:

http://www.ontarioinsurance.com

DISABILITY TAX CREDIT - FORM T2201

In our ongoing negotiations with Revenue Canada, the Minister of Revenue, the Hon. Herb Dhaliwal, P.C., MP advised us in his letter of September 3rd, 1997 that tax credits made on 1994 returns, 84,000 were reviewed. During this review process, 67,200 claims were found to be eligible and were allowed.

Mr. Dhaliwal also advised that for the 1995 and 1996 taxation years, all new claims for the disability tax credit were reviewed prior to being allowed to individuals. This process significantly reduced the possibility of individuals claiming the disability tax credit only to later find out that they were not eligible. He reminded everyone that new claimants are required to file the Tax certificate for the first year in which the disability tax credit is claimed but that in subsequent years they can claim the disability tax credit without filing another certificate, provided they continue to qualify.

We are continuing with our negotiations with Revenue Canada because although it is an improvement that you are either allowed or denied the credit at the time of request for a tax credit, it leaves a lot to be desired for people who suffer from ME/FM. We will keep you advised.

CAMERON, MAZUR & ASSOCIATES LTD. (CMA), new National company dedicated to representation before administrative tribunals.

This company was formed specifically to represent chronically disabled people in administrative appeals involving income replacement programs. It intends to establish an identity as a leader in efficient and affordable representation in a practical and responsive way before various administrative tribunals and boards for disabled people. Mr. George Cameron-Calorie and Margaret Maser have been involved in such specialized work for nearly 3 years.

CAM currently offers client representation on appeals regarding denials of Disability Pensions and Disability Tax Credit Certificates and includes the following Tribunals:

1) Canada Pension Plan Reconsideration's and Review Tribunal;

2) Pension Appeals Board;

3) Tax Court (Informal);

4) Social Assistance Review Board;

5) Worker Compension Board; and

6) Long Term Disability Claims and Reconsiderations.

In addition, CMA assists individual clients or can offer their services as a program to disability associations and their members. In such cases, CMA can present workshops and seminars on medical-legal issues and are available for private consultations through regional support groups.

For more information on fee structure, and details of professional profiles etc.,call CMA at (613) 237-2296 or (613) 563-3615 - Fax (613) 567-0614.

STEALTH MICROORGANISMS IN GULF WAR VETERANS BLOOD AND CHRONIC FATIGUE SYNDROME - DR. GARTH NICOLSON - SEPTEMBER 1997 SUDBURY CONFERENCE -

By: Marj van de Sande, Director for Alberta

Dr. Garth Nicolson is Chief Scientific Officer and Research Professor at the Institute for Molecular Medicine at Huntington Beach, California and Professor of Internal Medicine at the University of Texas Medical School at Houston. He has authored over 450 medical and scientific papers, has edited thirteen books and has served on the Editorial Boards of twelve medical and scientific journals.

Dr. Nicolson's interest in Gulf War Illness (GWI) began when his stepdaughter became ill after she returned from service in Operation Desert Storm. Over 100,000 U.S. veterans of the Gulf War began exhibiting symptoms similar to those of chronic fatigue syndrome (myalgic encephalomyelitis) or fibromyalgia syndrome within a few months to several years after their return. Like many of the family members of veterans with GWI, both Dr. Nicholson and his wife, Dr. Nancy Nicolson, began exhibiting the same signs and symptoms. GWI can also be transmitted to pets. There has been a high incidence of

birth deformities in the offspring of GW veterans and Thousands of the GW vets have died.

Some of the signs and symptoms were those of chemical exposures but the infectious nature of the illness exhibited by many of the vets strongly suggests they were exposed to biological agents. The vaccines given to the military before being deployed are highly suspect as some of those who were inoculated but were not deployed became ill. SCUD skyburst warheads, biological sprayers and blow-back clouds from bombing of CBW factories and demolition of bunkers were also possible sources of biological agents.

The U.S. Department of Defence Undersecretary, John Deutch, stated that there were no chemical or biological weapons used in Desert Storm. Consequently veterans with these signs and symptoms, which are otherwise difficult to explain, were told they had psychological problems such as Post-Traumatic Stress Disorder. Not only did the GW veterans suffer the indignation of being told their problems were psychological but by the government's and the DoD's refusal to acknowledge the use of chemical or biological weapons, treatments for these important avenues were eliminated from the protocols of military and VA hospitals.

The use of chemical and biological weapons and the widespread use of experimental drugs and vaccines against chemical and biological weapons cannot be dismissed. Many units reported the use of chemical weapons, and many soldiers immediately suffered the classical symptoms of chemical exposure. The contagious nature of many of those who fell ill indicates biological infections. The Reigle Report acknowledged the presence of biological and chemical weapons and documented their shipment from the U.S. to Iraq during the Iraq-Iran war in the mid-1980s.

In his testimony before the Presidential Commission to study Gulf War Syndrome, Dr. Nicolson stated that he believed the signs and symptoms were organic in nature and caused by chemical and/or biological agents. He urged the commission to strongly consider exposure to chemical and/or biological weapons as the cause. He stated that the very close parallel of signs and symptoms between CFS/FMS and the Gulf War Illness (GWI) indicates that in a subset of patients with CFS/FMS (ME/FM) is most likely caused by infectious agents.

Few airborne infectious agents can cause chronic, multi-organ complex signs and symptoms, including immune dysfunction and increased sensitivities and allergic responses to environmental agents. Drs. Nicolson began examining the blood of GWI patients for slow-growing biological agents that can penetrate the central nervous system (CNS) and the peripheral nervous system (PNS) and can produce these complex, system-wide signs and symptoms. In slightly less than half of them, they found a slow-growing microorganism, *Mycoplasma fermentans* (incognitus strain), located deep inside blood leukocytes (white blood cells). Dr. Nicolson suggested that the aggressive pathogenic mycoplasma is most unusual and it appeared to have been genetically tampered with and "may have been used as a biological weapon during Desert Storm".

Mycoplasmas are small microorganism somewhat similar to a primitive bacteria but rather than having a cell wall, they have a lipid protein membrane. They are usually found in the intercellular fluid that is outside cells but are rarely found in the blood. Although some mycoplasmas can cause respiratory and urinary track infections, most are relatively benign. However, the mycoplasmas that Dr. Nicolson found in approximately 45% of the GWI vets and approximately 60% of ME/FM patients tested are very pathogenic and can invade many tissues and organs. This may be an important cofactor in some other chronic illnesses such as AIDS. Through a very sophisticated forensic Gene Tracking technique, Dr. Nancy Nicolson detected highly unusual DNA sequences in this mycoplasma. Most notably was a retrovirus DNA sequence from the HIV-1 virus, specifically, the HIV-1 *envelope* gene, that is part of the mycoplasma gnome. **(As it is only part of the HIV virus, it does not cause AIDS nor does it reproduce the AIDS virus.)** Most bacteria are usually found outside cells and are easily detected in routine laboratory blood tests but the HIV-1 *envelope* gene may enable the mycoplasma to bind to many types of cells and actually penetrate the cells. It usually sets up house inside various tissues but is also found inside the blood leukocytes (the very cells that are supposed to fight infections), thus escaping

detection. Normal blood tests and serum antibody tests that are used to detect systemic mycoplasmal infections are insensitive to mycoplasmas hiding inside the white blood cells. The very sensitive and highly specific forensic Polymerase Chain Reaction and Nucleoprotein Gene-Tracking tests developed by Drs. Nicolson are able to detect these elusive pathogens.

Once the mycoplasma has entered the blood it can cause a dangerous systemic infection. *Mycoplasma fermentans,* and its toxic wastes, can cause various signs and symptoms such as chronic fatigue, reoccurring fever, night sweats, joint pain, stomach upsets and cramps, headaches, skin rashes, heart pain, kidney pain, dizziness, nausea, vision problems such as light sensitivity, blurred vision and floaters, eye pain, hair loss, urination problems and thyroid problems. When this mycoplasma leaves an infected cell, it carries part of the host cell membrane with it. The individual may respond in an autoimmune-like way to the mycoplasma as well as the host antigens carried on it. The immune response results in cytokenes and interferon being released which can cause many of the ME/FM signs and symptoms of ME/FM.

Dr. Nicolson has developed a treatment protocol using a series of specific autobiotics. Doxycycline is usually used first, but ciprofloxacin, azithromycin, biaxin and others have been used as well. Doxycycline is a broad spectrum antibiotic with good lipid solubility and is able to cross the blood-brain-barrier. After 36 weeks of six-week cycles of this antibiotic protocol, most patients are well enough to return to an active life-style. It is interesting that when they regain much of their health, they lose much of their chemical and environmental sensitivities. Patients will always have to remain vigilant not to over-exert themselves or they can relapse. Dr. Nicolson stresses that there is as yet no complete "cure" to these infections, but patients who eventually recover go on to lead normal lives.

While on this antibiotic protocol, a number of other important considerations need to be addressed such as nutrition, minerals and vitamins, gut flora, immunomodulators and immunoenhancers, yeast and fungus overgrowth. Refined sugar, caffeine, alcohol and fats should be reduced while natural organically grown foods such as vegetables and fruits should be increased. Vitamin and mineral supplements should include sublingual B complex, C, E and CoQ10, selenium, zinc, chromium and magnesium. Depleted gut flora should be replaced with lactobaccillus and fungal/yeast and bacterial infections should be controlled. It is good to do some gentle physical activity such as walking and saunas may be helpful in removing toxins. It is most important not to over-exert yourself. Stresses such as jet travel, over-exercising or generally getting overly tired can cause relapses.

Information regarding testing and treatment can be obtained from:

Dr. Garth Nicolson, The Institute for Molecular Medicine, 15162 Triton Lane, Huntington Beach, CA 92649-1041 U.S.A. - Tel. **(714) 903-2900** - Fax **(714) 379-2082** - email: **gnicimm@ix.netcom.com**

The cost of the tests are: General Mycoplasma Screen (any species) U.S. $150.00

PCR Panel (identifies 4 species) U.S. $250.00

Gene Tracking U.S. $150.00

Payments are made as tax deductible donations to the **Institute for Molecular Medicine**.

Website for further information, reports and publications: **www.immed.org**

Dear Friends:

We have come to realize through the continued renewals of memberships and donations that your support is one of the most highly-prized parts of our operating expenses income. We have received

Operations Grants in the near past, however, these grants were to serve a specific purpose and will soon be running out. It is only through your renewed enthusiasm and support that we continue to be financially viable. It is heartening to know all the hard work is appreciated through your financial participation.

Our sincere thanks is heartfelt and we continue to take pride in our membership. Keep up the good work!

We wish you the compliments of the season and a happy and healthy 1998.

Thank you for all your help. Sincerely,

Lydia E. Neilson

President CEO

'HASTI NOTES' - A QUICK WAY TO SEND A MESSAGE

A package of four different cards was designed for us by Mary Harris of Peterborough, a ME person. The front of the card shows a picture of a turtle and the back of this card contains information on who we are and how to obtain information on ME/FM. **Cost: $4.00 per package**. Contact us for ordering these 'Hasti Notes' and have the satisfaction of helping our organization at the same time .

Our World

SYMPTOMS: SIMPLIFIERS OF MEDICAL INVESTIGATIONS

FM: FICKLE MUSCLES

RELAPSE: RE-RUN OF REST/SLEEP/REST/SLEEP.....

MEMBERSHIP: $20.00 per year which includes newsletters every two months. Please show your support by becoming a member or by making a donation.

E MAIL: ag922@freenet.carleton.ca

WEB: http://www3.sympatico.ca/me-fm.action/

A free Guide to the many information resources available via computer for chronic fatigue syndrome/Myalgic Encephalomyelitis and Fibromyalgia. For an individual the guide shows where to get information and have discussions with others interested in ME/CFS and FM. For a Support Group, the guide is a resource for obtaining newsletter articles for your newsletters, and to communicate with other support groups. You can obtain a free copy by mailing a self-addressed stamped envelope to:

In Canada: CFS/ME Computer Networking Project, 3332 McCarthy Road, P.O. Box 37045, Ottawa, Ontario K1V 0W0, Canada.

In the United States: CFS/ME Computer Networking Project, P.O. Box 11347, Washington, DC 20008-0547 U.S.A. Please note that for mailing outside of Canada include an International Reply Coupon.

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