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Fatigue

What is one of the most pervasive and troublesome chronic disease symptoms? Fatigue! If you have a chronic disease this is no surprise, but insights in this newsletter may be helpful.

Comorbidity, according to wikipedia.org, is a “medical condition existing simultaneously but independently with another condition in a patient”. The problem for most MPers is telling them apart. We want to know, “Am I feeling lousy because of dying microbes? Or is it a simple (or complex) comorbidity?”

Th1nk MP newsletters focus on a specific comorbidity or symptom, with a helpful MP perspective. This issue explores the tired-low energy-weary-low endurance-dragging-weak-malaised and always frustrating symptom of **fatigue**.

[Page 1](#)

Welcome, index, article, and news of important events.

[Page 2](#)

General search results from cohort data. Compare graphs to those on page 2 of the Brain Fog issue to see how big fatigue is.

[Page 3](#) and [Page 4](#)

Continued article with figures and examples of progress over time on MP.

[Page 5](#)

“Patient Posts” are shared milestones from individual reports. Other links describe information at MP sites.

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Professor Marshall's comments and suggestions.

An awfully popular topic on the Marshall Protocol websites, “fatigue” frequently strikes high marks on a scale of 1–10, with 10 being the *worst*. With or without pain, **fatigue is a prominent symptom in many chronic diseases**. During recovery with the Marshall Protocol, one still must astutely manage options and choices to keep immunopathology (IP) tolerable. Recent updates to MP guidelines suggest olmesartan dosing strategies, without long-term antibiotics, may be considered.

Fatigue impacts employment, a serious problem for individuals and their family,

but also for local and global economies. Inge Lindseth's May 2012 Granada presentation described the extreme case of fatigue, ME/CFS, in a cohort of 64 he and Dr Greg Blaney followed in different countries. Their olmesartan group showed many returning to work.

Inge compared these results to a very different long-running ME/CFS study with no restriction on standard of care treatments. MP patients returned to work but none of the standard treatment group did. (<http://vimeo.com/42449321>)

(Continued on page 3.)

Diagnoses often associated with fatigue

Addison's disease
Amyotrophic Lateral Sclerosis
Anorexia and other eating disorders
Arthritis, including JRA
Autoimmune Diseases
Brain Injury
Cancer
Congestive Heart Failure
Diabetes
Fibromyalgia
Infection*

Insomnia
Kidney Disease
Liver Disease
Lyme Borreliosis
ME/CFS
Systemic Lupus Erythematosus (SLE)
Malnutrition
Multiple Sclerosis (MS)
Parkinson's Disease
Post-Polio
Sleep Apnea

* Especially an infection that takes a long time to recover from or treat such as Bacterial Endocarditis (infection of the heart muscle or valves), parasitic infections, AIDS, Tuberculosis, and Mononucleosis

SOURCES: <http://www.nlm.nih.gov/medlineplus/ency/article/003088.htm>
<http://www.thoracic.org/assemblies/srn/questionnaires/fss.php>

MURDOCH UNIVERSITY
What can microbial genomes tell us about human health?
Prof. Trevor G. Marshall
Faculty of Health Sciences, Murdoch University, West Australia
Autoimmunity Research Foundation, California
revised: 17 June 2012

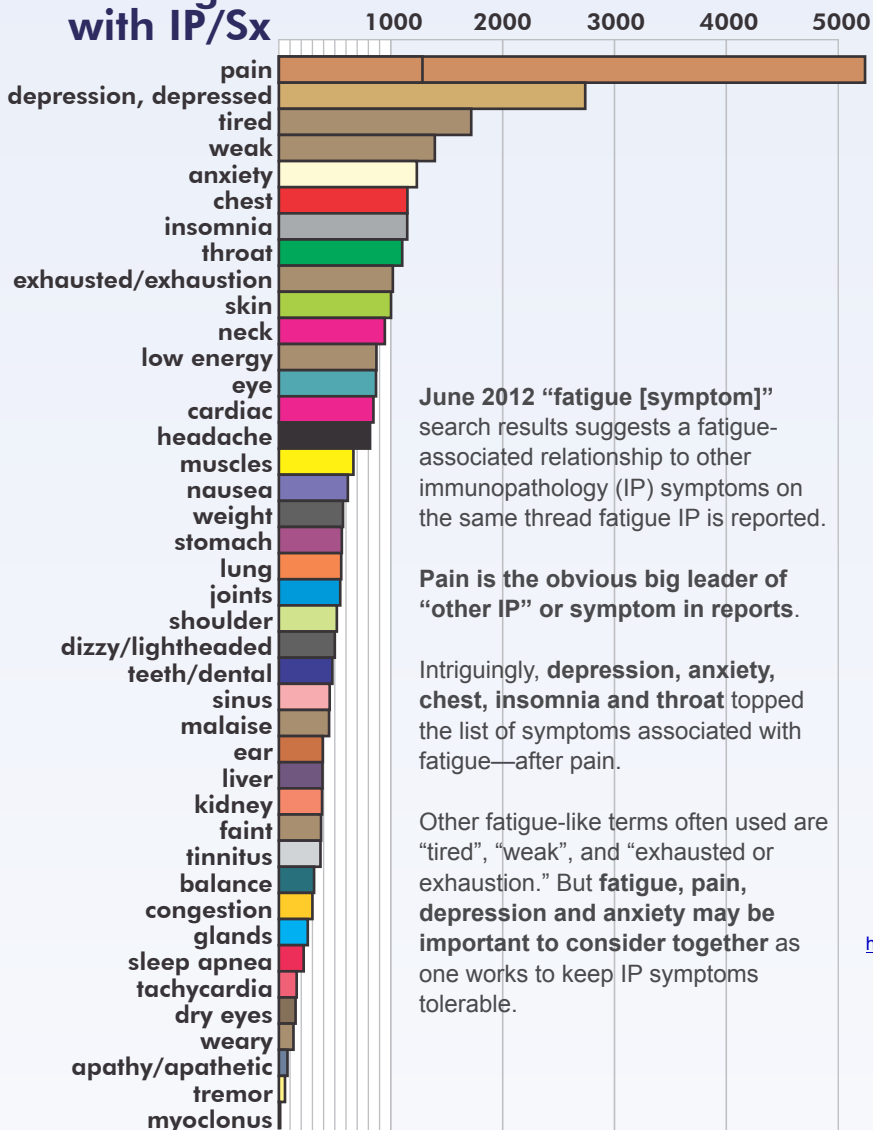
2012 NEWS IN PROGRESS:
June 2012, St Petersburg, Russia
Molecular Basis of Clinical Medicine
Dr Trevor Marshall
Presentation:
“What can microbial genomes tell us about human health?”

Video – http://youtu.be/_rFmAMDdbjs
PDF – http://AutoimmunityResearch.org/transcripts/StPetersburg_2012_Marshall.pdf

June 2012 “Fatigue” Search Results

MarshallProtocol.com study site • 7,608 Members • 11,010 Topics • 228,243 Posts

fatigue with IP/Sx



June 2012 “fatigue [symptom]” search results suggests a fatigue-associated relationship to other immunopathology (IP) symptoms on the same thread fatigue IP is reported.

Pain is the obvious big leader of “other IP” or symptom in reports.

Intriguingly, **depression, anxiety, chest, insomnia and throat** topped the list of symptoms associated with fatigue—after pain.

Other fatigue-like terms often used are “tired”, “weak”, and “exhausted or exhaustion.” But **fatigue, pain, depression and anxiety** may be important to consider together as one works to keep IP symptoms tolerable.

PATIENT DESCRIPTION OF FATIGUE:

“Mrs Dr, I know you can if you really want, but sometimes you just cannot want.”

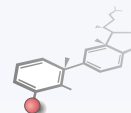
GOETZE-PELKA CLARIFICATION:

“That is exactly what fatigue means, you just cannot want. It does not matter how much you try, because you cannot want. That is, just no energy for it.”

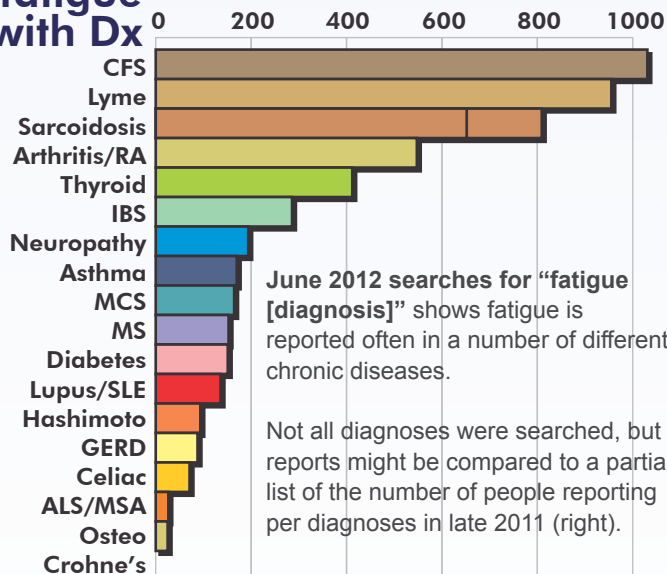
<http://vimeo.com/33118843>

<http://youtu.be/3PL8f3aCZCU>

http://autoimmunityresearch.org/transcripts/Singapore_ACA2011_Goetze-Pelka.pdf



fatigue with Dx

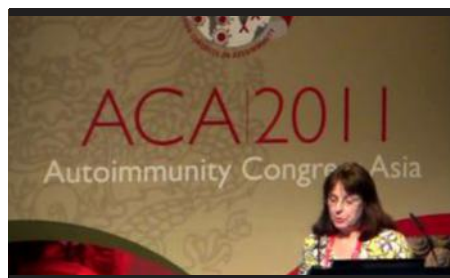


June 2012 searches for “fatigue [diagnosis]” shows fatigue is reported often in a number of different chronic diseases.

Not all diagnoses were searched, but reports might be compared to a partial list of the number of people reporting per diagnoses in late 2011 (right).

575 CFS	31 Babesia	16 Anemia
552 Sarcoidosis	31 MS	16 Diabetes (type II)(NIDDM)
376 Lyme	27 Arrhythmia	15 Ankylosing spondylitis
354 FM	26 EBV	15 CRPS (regional pain)
123 Hypothyroidism	26 Psoriasis	15 OCD
111 RA	26 Sjogren's	14 Thyroiditis
102 IBS	25 Chlamydia pneumoniae	13 Arthralgia
101 Depression	25 MVP Mitral valve prolapse)	13 Breast cancer
66 MCS	24 Bartonella	13 COPD
63 Hashimoto's thyroiditis	24 Celiac disease	13 Hypervitaminosis D
53 Hypertension	24 Endometriosis	13 PCOS (Polycystic ovary)
51 Insomnia	24 Lyme (neuropsychiatric)	12 Parasthesia
50 Asthma	24 Mycoplasma	12 Scleroderma
49 Osteopenia	24 Neuropathy	12 Sinusitis
48 Tinnitus	23 Sleep apnea	11 ALS
46 Osteoporosis	21 Diabetes (nonspecific)	11 CMV (Cytomegalovirus)
43 Anxiety	21 Uveitis	11 Ehrlichia
43 GERD	20 Myalgia	11 Heart palpitations
43 Osteoarthritis	19 Myoadrenia	11 Hypocalemia
39 Raynaud's	19 Kidney stones	11 IC (Interstitialcystitis)
36 Rickettsia	18 RLS (Restless legs)	11 PA (Psoriatic arthritis)
35 Arthritis	18 Tachycardia	10 ADD
34 TMJ (temporomandibular)	17 Bipolar	10 HHV6
32 SLE	17 Candida	10 Obesity
	17 DCD (Degenerative disc)	

At the December 2011 Singapore Autoimmunity Congress in Asia, Roswitha Goetze-Pelka described fatigue as a primary symptom “named often in autoimmune disease” but also noted it “is often not well understood.”



Fatigue

- Sarcoidosis 30 – 70% (1)
- Rheumatic Diseases 41% (2)
- Sjogren's Syndrome 67% (3)
- Primary Biliary Cirrhosis primary predictor of QOL (4)
- Multiple Sclerosis 74% (5)
- SLE 81%(6)

1) D.P. Sharma, Fatigue and Sarcoidosis. Resp J 1999;13: 713-714
 2) Wolfe F. et al. The prevalence and meaning of fatigue in rheumatic diseases. Rheumatology 196, vol23, iss8, pp1457-1475
 3) B. Segal et al. Prevalence and severity, and predictors of fatigue in subjects with primary Sjogren's syndrome. Arthritis and rheumatism 2008, 59(12)p.1760-7
 4) E.D. Sogolow et al. Fatigue as a major predictor of quality of life in women with autoimmune liver disease. The case of primary biliary cirrhosis. Women's health issues 2008 vol 18/4 pp:336-342
 5) O. Hadjichristou et al. Fatigue characteristics in multiple sclerosis: The North American research committee on multiple sclerosis (NARCOMS) survey. Health and quality of life outcomes 2008;6:100 Nov 2008
 6) C.M. Tench et al. The prevalence and associates of fatigue in systemic lupus erythematosus. Rheumatology Vol 39/11 pp:1249-1254

Goetze-Pelka listed several serious diagnoses with fatigue percentages for all cases expected with each. It is interesting to note fatigue is used as the dominant predictor for quality of life for one of the diseases.

She also described two case studies, each with a different diagnoses (Sarcoidosis and MS). Each patient tried the expected standard of care first but both patients worsened. **After each began the MP, they improved and were able to work full time.**

Case 1—Progressive Sarcoidosis: Female, 55y, symptoms for 10 years before diagnosed in 2005. Increasing fatigue with other symptoms. Standard of care Prednisolone + MTX but symptoms worsened. **Retired April 2007.** Started MP July 2007. Improvement after ½ year on MP. Episodes with fatigue, weakness shorten. **Started work again, full time, July 2011.**

Case 2—Multiple Sclerosis: Female, 38y. Beginning 1990s, episodes with depression, especially with fatigue, and concentration problems. One episode lasted 2.5 years. September 2007 med. diagnosed episode with double vision, vertigo, massive fatigue. December 2007 Nervous optic neuritis and fatigue. June 2009 again N. opt. neuritis and fatigue. **Starts to avoid sunlight and Vit D Oct 2009. MP medication.** Fatigue and concentration problems diminish and disappear in weeks. **Mar. 2011 no fatigue, able to work full time.**

DIAGNOSIS

Fatigue is a patient-reported symptom and very real. But fatigue is a non-specific symptom common to many different diseases. Recently, cytokine markers have also been associated with fatigue. Existing tests and newer test markers for cytokines improve the description of the problem, but do not change it.

It is important to report if an initial fatigue symptom was noticeable after

an acute infection (flu or virus, for example) or has lasted over a month or longer than six months. A physician may still want to assign a diagnosis.

A standard of care disease diagnosis often includes more than a discussion of fatigue, however. For example, a Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) diagnosis can be quite complex:

<http://www.wpainstitute.org/patient/docs/CanadianDefinitionME-CFS.pdf>

IS THERE AN EASY QUICK FIX?

Unfortunately, fatigue does not resolve with simple, quick changes in behavior, activity, rest, diet, supplements, or Rx.

Exercise, for example, is an ever-present media suggestion to just about everything, but can be counter-productive and result in greater fatigue as well as post-exertional malaise.

Sorting possible offerings can be frustrating, as one can find millions of ideas and products to choose from in media and internet marketplaces. A Google search for “fatigue products and services” once returned about 14,300,000 results, while “fatigue nutraceutical” showed 581,000 results.

If not easy, then how long does it take to overcome fatigue? Well, it might take a while, but it is possible now.

That answer may not be popular, but it reflects recent science from complex computational microscopes, molecular models and mounting evidence from other leading researchers that point to

General Questions and Discussion

Any medical consumer searching “fatigue” online can find millions of confusing details, like these, in results from one popular search engine:

JUNE 2012 GOOGLE.COM SEARCHES

24,700,000	Doctors for Fatigue
16,500,000	Fatigue Medications
16,100,000	Fatigue Cure
13,400,000	Fatigue Supplements
10,700,000	Fatigue Remedies Natural
4,400,000	Fatigue Research

Open-access NIH searches can still be confusing (see below). General Member Discussions at <http://marshallprotocol.com/forum11/> is a place for discussion about relevant topics you want to ask about.

JUNE 2012 NCBI.NLM.NIH.GOV SEARCHES (ALL DATABASES)

Fatigue	59081	56261	128	2728	141
Fatigue Supplements	452	2157	18	174	3
Fatigue Cure	267	6402	12	123	1
Pubmed	Free full text journal articles	NCBI web & FTP sites	Books online	OMIM: online mendellian inheritance in man	



the Marshall Pathogenesis. Because microbes yet to be characterized may be involved or many microbes may be working together, the most reliable way to get well is to restore innate immune function by enabling the VDR with olmesartan.

This is good news because fatigue has been shown to resolve with the Marshall Protocol. But as long as inflammatory cytokines create an expected increase in symptoms, fatigue may be noticeable. Other IP can be somatic (ie, pain) or cognitive (ie, brain fog).

During recovery it is important to maintain a tolerable level of IP. The Fatigue Severity Scale (link below) is a quick, simple way to identify your fatigue severity consistently over time with your physician, your records, or in reports: <http://www.mainedo.com/pdfs/FSS.pdf>

Words describing fatigue in a typical progress report

Starting at the top and reading down over time, size and frequency of self-reported words are shown as one person described fatigue IP/Sx over several years on the Marshall Protocol. Number at left represents weeks in a block of time.



Patient Posts



Member with ME/CFS 3 years before MP, 5 years on MP.

Before MP: "...The exhaustion grew and more and more of the neurological symptoms set in," and at **Start of MP:** "Aside from fatigue the major symptoms (lots of minor symptoms or symptoms occurring less regularly), intermittent neuropathy in limbs, crippling pain in hands and feet, middle of the night insomnia, brain fog, hoarseness, and never ending irritability."

Recent report: "I can go for a week or more (doing more in the last month than I've done in eight years) before needing to rest for a full day and take it easy for a few days more. What's more I feel myself getting stronger (as in my muscles) day by day."

And... "Currently, I feel good, but my stamina varies and pacing is difficult. However, since I'm not paying for over doing by being set back for weeks or months, I figure that's real progress."



Came to MP with Sarcoidosis in lungs, spleen, nervous system, skin lesions. Symptoms included muscle cramps, pain, burning, brain fog, spasms, itching, fatigue:

"Two years ago, I could only stand for minutes at a time. Last year I went back to work and frequently taught at a seated position. This year I have not had to sit down at all during instruction. Wow! The healing truly does creep up on you. I have more energy than I think I have had in two years."



Came to MP with diagnoses of CFIDS, diffuse scleroderma, SLE, Lyme, FM, RA, Raynaud's, and pre-MP lung resection:

"Things are going smoothly. I have no new IP to report. I think my fatigue levels are improving. I am relying less on caffeine to get me going. I have added in some walking at night or indoors on a treadmill."

"Went to see my GP and he noted that I haven't had bronchitis at all since I started MP. I don't think I've even had a cold. That has not happened in 33 years. I used to get bronchitis/pneumonia at least twice a year...since I was 11 years old. I'm now almost 45."



Came to MP with a diagnosis of Lyme:

"Overall, I am not bedridden anymore as I used to be each day and I can accomplish more than I have been able to in years. I also want to add that I did not start having any relief at all whatsoever until about the 18 month mark. Until then the symptoms were always heavy and constant ALL the time (never a break)."

MARSHALL PROTOCOL SITE

The Marshall Protocol study site databases house thousands of topics and frequent individual reports by those actively working with a licensed medical provider toward recovery from chronic inflammatory disease.

THE VALUE OF REPORTING

We want to know how you are getting along. To date, over 800 online members have started phase II reports.

Your reports from a patient perspective are important to describe both symptoms and choices made in response to those symptoms. Recovery can be smoother as all learn more about IP (symptoms). Choices for management rely on clear perceptions about your own IP. Your reports can help you go back over time to see patterns.

MPKB.ORG

MarshallProtocol.com moderators often respond to member report questions with a link to an article in MPKB.org, the **Marshall Protocol Knowledge Base**. This Wikipedia is an open-access web source of MP and other research, data, experience and insightful medical consumer knowledge to help you, your family and physician know more about the MP.

Links to MP guidelines are found on the MPKB.org home page. More information about fatigue can be found at this link:
mpkb.org/home/symptoms/neurological/fatigue

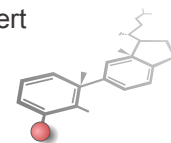
You can also search on MPKB.org like any other Wiki. Key one or two words into the search box, then click the red "Search" button. A list of links will be displayed by a short paragraph for each link to help you find specific information. Many articles have advanced research references.

Try search words from this newsletter:

Marshall Protocol	Marshall Pathogenesis
Immunopathology	VDR
Chronic Fatigue	MS
SLE	Supplements
Managing symptoms	Lyme
Sarcoidosis	Scleroderma

Or use your own search terms.

Science topics often need to be updated. Members can volunteer or send contributions for possible inclusion to editors Paul Albert or Joyful.





Dr Trevor Marshall

V120730-b

All foundation staff are volunteers. One recently lost her Mom, mostly to age as she was not on the MP. But the loss is tragic, and it hurts.

Our community consists of all of us, no matter how long we have been on, or off, the MP or what our diagnosis is. We must advocate for ourselves and for each other. Please continue to report accurately, succinctly and frequently so that you can quickly scan your own progress and so can everyone else who follows in your pioneering footsteps.

Thank you all for the financial resources which have enabled us to develop the Marshall Protocol research, professional presentations and peer-reviewed publications. To help us continue, we need you to brainstorm with those friends or associates who might underwrite our upcoming projects with bequests, endowments and large-sum donations. Upcoming opportunities in Russia, Europe and Australia all depend the Foundation's ability to focus on the business of science.

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computing income and estates taxes in many countries, due to reciprocal tax agreements. Appreciated Stocks, Bonds, and Mutual Funds may be a way for a donor to capture a greater benefit than giving cash. The Foundation maintains a brokerage account, so a tax accountant can help define creative ways for you and your friends to best help us.

Recent years have seen a surge in interest for medical research philanthropy. It would be great if you could help us connect with those who might be able to fund an entire project. Please contact the Foundation if you have a suggestion.

Contact information is on our donations info page at www.AutoimmunityResearch.org/donate.html The Secure Google Wallet and PayPal buttons on that page can be used for quite large donations.

We want to thank you for your help in the past. The future is looking really bright. Let's focus on ways we can move forward together, and best enjoy the fruits of our hard work.



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