Medical Practitioner Seminar, Ashburton Community Health Centre, September 19, 2011

ME/CFS Australia (Vic, Tas, NT) adv ertised the session via our well established networks across the three states. Thirty-five enthusiastic medical practitioners and medical researchers attended the informative session. Professor de Meirleir outlined the tests he uses to assist with diagnosis treatment including common abnormal findings. His slides follow:

<u>Blood 1:</u> Basic Tests:

- Low ESR, CRP normal
- Normal or elevated haematocrit
- Thrombocytosis
- Lowered urate (associated with Th2 shift)
- Cu/ceruloplasmin elevated
- AST/ALT elevated (increased Kupffer cell)
- GammaGT abnormal (liver steatosis) alcohol intolerance
- VitD3(OH)/VitD1, 25d OH low
- Alkaline phosphatase low
- Ferritin maybe low or high – alert haemochromatosis
- IgG1/IgG3 deficiencies
- Abnormal protein electrophoresis

<u>Blood 2:</u> Immunophenotyping:

- Low lymphocytes
- Altered CD4/CD8 ratio
- Variable CD4 and CD8 cells.
- Abnormal NK cell ratio
- B cells maybe high or low.

<u>Blood 3:</u>

- CD14 elevated in 90%
- CD57+lymphocytes decreased
- Leucocyte elastase activity elevated in subgp
- C4A increased in 80%
- Perforin expression

<u>Blood 4:</u>

- IgM and IgG – checking for borrelia, coxiella, rickettsia – all can be elevated
- IgG for mycoses, moulds, aspergilla & candida

<u>Blood 5:</u> Cytokines

- Interleukins 8,6,10,12
- MCP1, MIP-1beta
- TGF beta 1
- Alpha TNF

<u>Blood 6:</u> Food intolerance panel

- Casein
- Gluten
- Tissue transaminases and gliadin antibodies
- Lactase gene defect

<u>Blood 7:</u> XMRV

- Envelope
- Gag
- XMRV serology

<u>Blood 8:</u> XMRV & Blood Donation

- Discussion

<u>Faecal Analysis:</u> many abnormalities

- Fungi,parasites and pathogens
- Giardia antigen
- Cryptosporidium antigen
- Stool IgA (often v low in CFS)
- Stool antichymotrypsin (elevated in colitis)
- Stool chymotrypsin (exocrine pancreatic function)
- Occult blood
- Microbiology: enterococcus, staphylococcus elevated
- Overgrowth of prevotella
- H2S lactate producing bacteria

<u>Salivary Analysis</u>

- Cortisol
- H Pylori
- Giardia

<u>Urinalysis</u>

- Th1/Th2 balance – redox status
- Th1/Th2 shift Test – colour change depends on degree of shift. 80% in CFS were +ve

<u>Therapy</u>

- *Dietician* to deal with fructose malabsorption, intolerances: gluten, lactose and casein, histamine hypersensitivity.
- *Intestinal dysbiosis* treat with pulsed antibiotics, probiotics, prebiotics, digestive enzymes, biofilm removal, and if elastase elevated, beta-lactamase antibiotics.
- *Anti-inflammatory effect* artesunate, curcumin and hydroxy- or methyl-cobalamin sometimes NAIDs.
- *DMSO*, Isoprinosine and kutapressin for some, *GcMAF* (Vit D binding protein) for some, 68% showed noticeable improvement particularly OI symptoms
- *Antivirals* e.g valcyte, valtrex, acyclovir and zoonoses (ILADS protocol) in some.

Thank-you to our partners on the night: CFS Discovery Unit and Life Bioscience