

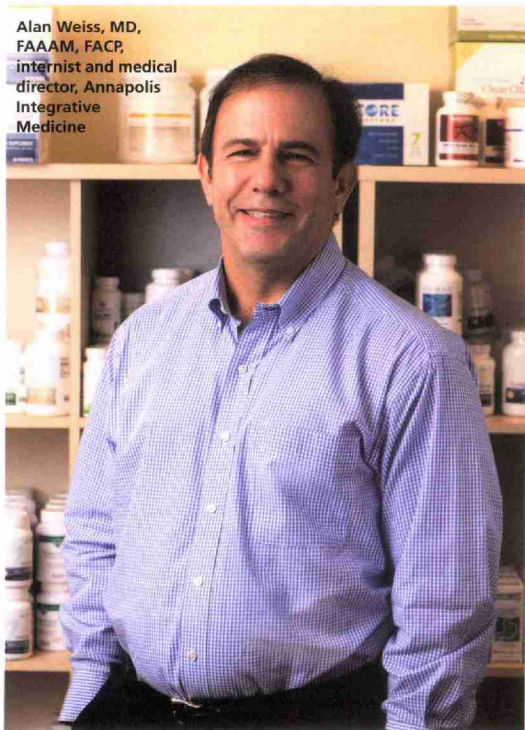
TWO OFTEN-ELUSIVE DISEASES: Chronic Fatigue Syndrome and Endometriosis

BY LINDA HARDER

Often considered in the past to be psychosomatic conditions, the medical profession is now getting a better handle on chronic fatigue and pelvic pain.

ME/CFS: A DIAGNOSIS OF EXCLUSION

Affecting more than a million adults in the U.S., most of whom are women, Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) remains a poorly understood and often misdiagnosed disorder characterized by extreme fatigue that can worsen after physical or mental activity, but does not improve with rest. Common additional symptoms include widespread musculoskeletal pain, orthostatic intolerance, cognitive



© TRACEY BROWN/PAPER CAMERA PHOTOGRAPHY

dysfunction, and sleep problems. There is often overlap with fibromyalgia. Despite its prevalence, this disorder has received scant research attention and limited respect from the medical profession.

Alan Weiss, MD, FAAAM, FACP, an internist and medical director of Annapolis Integrative Medicine, has seen many patients over the years with this diagnosis. His practice direct-bills patients by the hour, so he is able to spend the time needed to take a holistic approach and evaluate these complex patients during an initial visit.

He states, "It's a diagnosis of exclusion, but many patients who present with this diagnosis have not had a thorough evaluation of the source of their problems, or specific tests. Their doctor hasn't aggressively ruled out other diagnoses, such as adrenal fatigue or sub-clinical hypothyroidism. There is a range of things to look for when someone has chronic fatigue, including chronic postural hypotension, hemochromatosis – or low iron – and hypothyroidism. Some 60 to 70% of the people I see have one or more of these underlying issues."

CAUSES OF ME/CFS

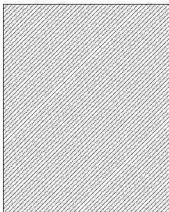
While no cause has been identified with certainty, researchers believe that a combination of factors may contribute to the condition, including genetic predisposition, viruses or infections, an over-reactive immune system, psychiatric issues, and hormonal imbalances caused by stress.

"There are likely multiple causes of ME/CFS," Dr. Weiss comments. "Many physicians are dogmatic about what constitutes 'normal' blood values, but I find that patients can experience problems at the ends of those ranges."

"Most of these patients also suffer from underlying unresolved sleep disorders – not necessarily apnea, but frequent arousals that disrupt sleep – or stress. There's an interaction between sleep and immune disorders. Gut issues are also important, as they contain 80% of the body's immune system. Once you've ruled out everything else, you can diagnose ME/CFS."

ME/CHF TREATMENT

Dr. Weiss cites the work of Jacob Teitelbaum, MD, who developed the S.H.I.N.E. Protocol – which stands for Sleep, Hormones, Immunity, Nutrition, and Exercise. He has found that following this protocol can help those with ME/CFS improve their function.



"I support their adrenal function with optimal sleep and nutrition, recommending appropriate supplements that may include CoQ10 or D-ribose, and make sure they're not on medications that adversely affect their blood pressure," he explains.

While no one treatment approach works for all patients, Dr. Weiss has achieved improvement or even complete resolution in 80 to 90% of his patients by taking a holistic approach that includes lifestyle changes. "I optimize gut function, try thyroid hormones and discuss a possible course of antiviral medications. I also support them in getting on disability. They tend to tread water while applying for it because they don't have an incentive to get better, but once it's been granted, they start improving.

"I have patients read 'The Relaxation Response' and 'Why Zebras Don't Have Ulcers.' Even those with classic CSF can make changes that allow their bodies to better deal with any viruses they may have," Dr. Weiss remarks.

Follow-up with patients to ensure ongoing compliance is important. "I schedule a follow-up visit every few months, because if they resume their old lifestyle, they regress. They may be out of shape and have muscle atrophy due to deconditioning, so they may also need a gradual rehab program."

Dr. Weiss reflects, "This disorder doesn't lend itself to the medical model. I think that physicians tend to err on the side of thinking that if we can't measure it, it doesn't exist. And if we can't diagnose and treat a patient, we feel impotent and blame the patient for that. I take the view that the person is truthful until proven otherwise."

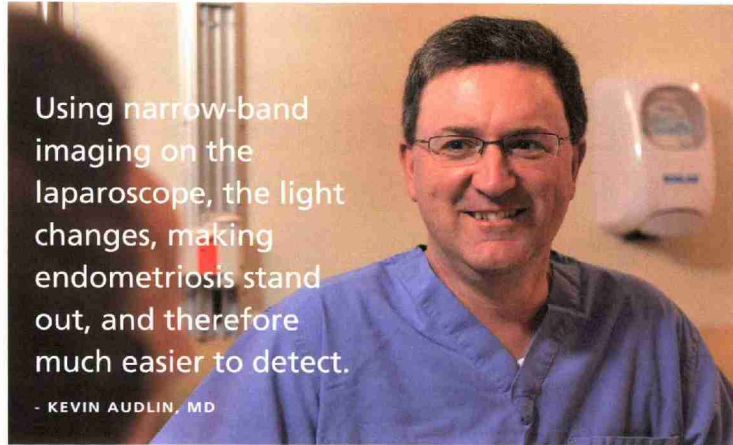
**NARROW BAND IMAGING:
 SHINING A LIGHT ON ENDOMETRIOSIS**

An estimated six million American women suffer from endometriosis, a chronic condition in which endometrial cells grow outside the uterus, causing pelvic pain before and after menstruation that can also lead to infertility.

Kevin Audlin, MD, gynecologist and co-director of The Endometriosis Center at Mercy Medical Center in Baltimore, says, "We don't know the exact cause of endometriosis. Retrograde menstruation likely plays a role."

It can be important to correctly diagnose and treat endometriosis, as treatments for the pelvic pain associated with this disease often lead to addiction. However, no simple diagnostic blood test exists.

Dr. Audlin explains, "Our goal is to catch it through their history. Endometriosis is a time-intensive diagnosis and many physicians don't like to treat it. Sometimes physicians are guilty of not listening well enough or taking the appropriate first step of hormone therapy. Many patients who come in for a consultation have seen three or more gynecologists who have told them that their pain is normal, or in their heads. Only after diagnostic laparoscopy, do we prove otherwise."



Using narrow-band imaging on the laparoscope, the light changes, making endometriosis stand out, and therefore much easier to detect.

- KEVIN AUDLIN, MD

© KEVIN PARKS

NBI ENHANCES DETECTION

A relatively new technique may improve the diagnosis of this condition for these women. Narrow band imaging (NBI) is a high-resolution endoscopy that increases the visibility of blood vessels with a narrow spectrum of blue and green wavelengths.

Dr. Audlin states, "In our study of 167 patients, published in the *Journal of Minimally Invasive Gynecology* in July-August 2015, NBI had a sensitivity of 100% versus traditional white light of 79%. Using NBI, endometriosis tends to stand out as red patches, while normal vasculature appears green. Increased collection of vasculature tends to highlight a roadmap to the more difficult-to-identify endometriosis, which increases vascular recruitment. Increased detection and excision of lesions gives us a better chance to resolve pain."

NBI was used initially to detect colorectal cancer in the early 2000s. "The approach is best for women with pain and symptoms of endometriosis who have minimal disease that is difficult to detect with traditional laparoscopy," Dr. Audlin says.

"In 2008, we conducted a pilot study to determine if NBI could find endometriosis in patients where normal light failed to detect it. Otherwise, patients are likely to be inappropriately referred to a psychiatrist or gastroenterologist for follow-up. The condition is difficult to diagnose because we can't see it well. We've been using this approach for almost eight years now and have shown that NBI improves our detection."

He adds, "The Olympus laparoscope has a light filter on it to identify the vasculature, which is much more obvious under filtered light. If the facility has an Olympus Exera CV-190 system, you don't have to switch cameras and there is no additional cost. I now use it on all my patients because many times I found additional pathology even after thinking I had identified it all."

"Under full-spectrum light, everything looks just as we would see it. Using narrow-band imaging on the laparoscope, the light changes, making endometriosis stand out and therefore much easier to detect," Dr. Audlin says. **CP**

Alan Weiss, MD, FAAAM, FACP, an internist and medical director of Annapolis Integrative Medicine

Kevin Audlin, MD, gynecologist and co-director of The Endometriosis Center at Mercy Medical Center, Baltimore