

Introduction

I remember 1975. I was in my third year of medical school, doing my pediatrics rotation. I had always excelled, having finished college in three years. Now I was the second youngest in a class of over two hundred medical students, and I was continuing to excel. My approach to life was to move quickly—“full speed ahead.” But then a nasty viral illness hit me and made it hard for me to even get out of bed for my morning pediatrics lecture. I cannot forget walking into an auditorium full of medical students, the professor saying, “Teitelbaum, why are you...” As he said “late?” I just about collapsed on the steps.

Although I was barely able to function, I spent the next four weeks working in the electron microscopy and research labs. The work I performed there was considered low key—good tasks for a medical student trying to recuperate. My brain fog made even these duties impossible, and by the end of the month, I was finding it impossible to even get out of bed before noon. I wanted to push forward and try harder. Though it was not what I wanted to hear, one wise professor advised me that this was not a time to push forward but a time to take a leave of absence and regroup. I am still thankful for this teacher’s guidance.

My illness seemed to close a door to one chapter of my life and open up other doors to whole new possibilities of self-exploration. As I had to drop out of medical school and had no more scholarship or work-study, and was too ill to work, I was also homeless. Taking off in my ’65 Dodge Dart, I had the novel experience of having no agenda, no plans. I was to meet many teachers on my journey. Most important, I was taking time to get to know myself.

With my family’s and friends’ help and support and my own inner work, as well as what I learned from people that I met while I was homeless, I recovered my energy and strength and went on to finish medical school and residency. Though I did well, I continued to intermittently suffer the many diverse symptoms seen in fibromyalgia. My experiences with chronic fatigue syndrome and fibromyalgia left me with an appreciation of the impact of these illnesses. The symptoms that persisted—such as fatigue, achiness, poor sleep, and bowel problems—acted as the arena in which I learned how to help other people overcome these illnesses. It also taught me that it helps to have a sense of humor to survive this illness.

If you have chronic fatigue syndrome (CFS), fibromyalgia syndrome (FMS), myalgic encephalomyelitis (ME), or another disabling chronic fatigue state, you have been through a difficult journey. I remember being told that I was depressed. I was depressed. I was unable to function. Most people with chronic fatigue syndrome have to struggle just to get compassion and understanding.

Building on what I have learned since 1975, my research partner, Barbara Bird, and I initially completed an open study (in 1993) of sixty-four patients with disabling chronic fatigue.¹ In 1999, we completed a randomized, double-blind follow-up study, and appreciate the assistance given by National Institutes of Health researchers in developing the study protocol. This study showed that 91% of you can improve with proper treatment, and half of those with fibromyalgia were pain free at 99 days.² Our recently published study showed an average 45% increase in energy in CFS/FMS by simply taking Ribose (see chapter 4)!³ My staff and I have treated over 3000 CFS/FMS patients and tens of thousands more have been treated by the Fibromyalgia and Fatigue Centers (www.FibroAndFatigue.com) physicians and many other physicians worldwide. Over 50 percent of our patients are much better—that is, their symptoms are no longer a major problem—with our treatment, while most of the remainder have shown significant, albeit incomplete, improvement. Only 10 to 15 percent have had no significant improvement. We have

found that, on average, patients begin to feel better in about 2-3 months.^{1,2}

If you suffer from CFS, FMS, or ME, this book will provide you with the tools and information you need to move beyond fatigue and into wellness. If you are a physician, it will teach you how to help—often dramatically—your patients with chronic exhaustion, including those frustrating cases in which no treatment has thus far been successful.

If you have researched chronic fatigue and immune dysfunction syndrome (CFIDS—also called chronic fatigue syndrome or CFS, and I use CFS and CFIDS interchangeably), you will find some information here that is familiar, but you will also discover much that is new. For instance, to restore energy production and recover, it is usually necessary to treat many different problems simultaneously. Most sufferers of chronic exhaustion have a mix of at least five or six underlying problems (out of over a hundred possible problems), which vary from person to person. This occurs because each problem can cause several others. You may have found some relief in the past by treating one, or a few, of these problems; I think you will be happily surprised at what happens when you treat all your underlying problems simultaneously.

Certainly, we still have much more to learn in this area. However, we have now crossed a threshold and can effectively treat the illness. As the Journal of the American Academy of Pain Management noted in an

From Fatigued to Fantastic!, by Jacob Teitelbaum, M.D. (excerpt)

Editorial “this study by Dr. Teitelbaum et al. confirms what years of clinical success have shown—that the treatment approach described in chapter 4 of *The Trigger Point Manual* [by Dr. Janet Travell] is effective, that subclinical abnormalities are important, and that the comprehensive and aggressive metabolic approach to treatment in Teitelbaum's study is highly successful and makes fibromyalgia a very treatable disorder. The study by Dr. Teitelbaum et al. and years of clinical experience makes this approach an excellent and powerfully effective part of the standard of practice for treatment of people who suffer from FMS and MPS [Myofascial Pain Syndrome]— both of which are common and devastating syndromes. It is very exciting that this research helps to usher in a new, more effective era in medical care by treating the patient and not only the laboratory tests!”⁴

It's time for you to get well! Ready?

Part I: Your Body's Energy Crisis

A curious thing happened during the rigorous process I went through to become a physician. By the time I completed my formal training, I presumed that if an important treatment existed for an illness, I had been taught about it in medical school. I understood, of course, that physicians need to continue their education to stay abreast of new information and treatments. But, I felt sure that if someone claimed he or she could effectively treat a non-treatable disease, that person was a quack.

I was wrong.

As I have developed as a physician and have spent countless hours exploring scientific literature, taking notes of effective treatments for a wide range of illnesses, and observed the often flawed process that prescription drugs go through as they become commonly used in the United States. I've discovered that natural remedies can work just as well as prescriptions and with fewer or less serious side effects and a significantly lower cost to the consumer. I've learned some natural remedies and prescription drugs can work better together than either one can alone.

My preference is to practice what is called "comprehensive medicine," which uses the best of natural and pharmaceutical therapies. It's like having a complete

tool kit at your disposal. The approach that you will learn about in *From Fatigued to Fantastic* is well-grounded in scientific literature and patient practice. The program within these pages treats the underlying, perpetuating factors of your illness that keep you from feeling better.

Although readers with chronic fatigue syndrome and those with fibromyalgia will find that this book feels like it was written just about them, those of you with other, general fatigue can also restore your vitality and regain control over your life.

Chapter 1 – What Are Chronic Fatigue Syndrome and Fibromyalgia?

Chronic fatigue and immune dysfunction syndrome (abbreviated CFIDS or CFS) is a group of symptoms associated with severe, almost unrelenting fatigue. Some of the more common associated symptoms include:

- poor sleep;
- difficulties with short-term memory, concentration, word finding, word substitution, and orientation (a group of symptoms collectively known as brain fog);

- increased thirst;
- bowel disorders;
- recurrent infections and sinusitis; and
- exhaustion after minimal exertion.

A related problem, fibromyalgia syndrome (FMS), is present if you also have widespread pain and achiness. If this sounds like you, I would assume you have CFS/FMS unless it can be proven otherwise. For most people, fibromyalgia and CFIDS/CFS are the same illness, so I use “CFS/FMS” to refer to all of these, using the terms CFIDS and CFS interchangeably. Myalgic encephalomyelitis and Myalgic encephalomyelopathy (ME) are other names sometimes used to refer to these syndromes.

How Is Chronic Fatigue Syndrome Defined?

The U.S. Centers for Disease Control and Prevention (CDC) has put together an updated list of criteria for the diagnosis of chronic fatigue syndrome (see the inset below). Although the CDC’s criteria has helped researchers define groups for studies, its original criteria for chronic fatigue syndrome excluded all but about 5,000 to 20,000 people in the United States.¹⁻³ However, more than 25 million Americans have severe fatigue, lasting at least one month, at any given time.⁴ Of these, around six million people currently suffer from fibromyalgia.⁵ Research has shown that people with disabling fatigue who do not fit the CDC criteria have the same

immunologic changes and responses to treatment as do those who do fit.⁶ My experience, too, suggests that the underlying causes of patients’ chronic fatigue and their responses to treatment are not affected by whether they strictly meet the CDC guidelines.⁷

Because of problems defining chronic fatigue syndrome and fibromyalgia, I prefer to use the following definition:

Unexplained fatigue that significantly interferes with your functioning and is associated with any two of the following symptoms:

- Brain fog;
- Poor sleep;
- Diffuse achiness;
- Increased thirst;
- Bowel dysfunction; and/or
- Recurrent and/or persistent infections or flu-like feelings

If this describes how you are feeling, than you probably have CFS. If any of the above symptoms are accompanied by widespread pain, you may have FMS as well.