

Chronic Fatigue Syndrome

Chronic fatigue syndrome is the current name for a disease that has been described for three centuries. It is characterized by a debilitating fatigue and a variety of other physical, constitutional, and neuropsychological complaints. Certain individuals, who were labeled in the past with various diagnoses ranging from neurasthenia to encephalomyelitis,^(1 &#fn109677>) are now thought to have chronic fatigue syndrome. The diversity of names is a reflection of the number and controversy of theories of the disease. Whatever the cause, there seems to be several common themes that occur. It is often postinfectious, it is associated with immunological disturbances, and it is frequently accompanied by depression.

Currently, the lymphotropic herpes viruses, retroviruses, and enteroviruses are being studied as potential causes of chronic fatigue. Multiple factors have led investigators to believe one or more of these viruses causes chronic fatigue syndrome. Chronic fatigue can be precipitated by a variety of acute infections, and some of these organisms have the ability to persist in humans, causing chronic illness. Experience suggests that, while viruses may precipitate the syndrome, it is unlikely that they contribute to its long-term features. There have been several immunologic disturbances reported in patients with chronic fatigue syndrome; however, none of them appear in all patients, nor have any been correlated with the severity of the illness.

An interesting finding that has been observed in controlled studies in recent years is that patients with chronic fatigue syndrome have a reduced production of a hormone called corticotropin-releasing hormone which is found in the hypothalamus.^(2 &#fn112196>) Hypothetically, these endocrine abnormalities could contribute to the mood and impaired energy level of patients. It is unclear what significance this finding may have in determining the cause of this syndrome. It does, however, further indicate the complex nature of the illness.

Some clinicians propose that chronic fatigue syndrome is primarily a psychiatric disorder, and that various immune and neuroendocrine disturbances arise secondarily. This has been proposed because mild to moderate depression is evident in approximately two-thirds of patients. While this may be primarily a reactive depression, the percentage exceeds that of other chronic illnesses.

Cases in childhood and middle age have been described; however, the greatest frequency of cases occurs in people aged 25 to 45, and women develop chronic fatigue syndrome approximately twice as often as men. There has been no infectious or environmental causes identified; however, throughout history, there have been sporadic occurrences of "outbreaks" in specific geographical areas. A few examples are Los Angeles County Hospital in 1934; in Akureyri, Iceland, in 1948; in the Royal Free Hospital in London, in 1955; in Punta Gorda, Florida in 1956; and in Incline Village, Nevada, and surrounding communities in 1985.

The typical case of chronic fatigue syndrome arises suddenly, in a previously active individual. Usually the patient can describe an otherwise unremarkable flu-like illness or stressful occurrence as the triggering event. Patients usually seek medical treatment because they believe that they have a persistent infection. There may be a continued feverishness, sore throat, swollen lymph nodes, headache, joint aches, and unbearable exhaustion. As the syndrome continues, usually there is disturbed sleep, difficulty in concentrating, and depression.

Many patients will make the rounds of allergists, homeopaths, psychiatrists, rheumatologists, and others seeking help, frequently with unsatisfactory results. Patients often complain that times of greatest fatigue also equate with times of greatest pain and difficulty in concentrating. Most patients finally balance their obligations of family, work, and other factors. Some patients actually feel they can no longer engage in gainful employment. Quite often there is isolation, a resignation to the illness, and frustration. Many patients express anger with members of the medical community for not recognizing their illness, or not resolving their plight. Fortunately, chronic fatigue syndrome does not seem to progress, and in fact, over time, most patients gradually improve.

Visit [Health & Wellness Haven](#) for nutritional support for Chronic Fatigue Syndrome.

Additional Links [Back to Top &#top>](#)

- * [Statistics about Chronic Fatigue Syndrome](#)
- * [Signs and Symptoms of Chronic Fatigue Syndrome](#)

Footnotes [Back to Top &#top>](#)

^{^1} Straus SE. Chronic Fatigue Syndrome. In: Fauci AS, Braunwald E, Isselbacher KJ, et al, eds. Harrison's Principles of Internal Medicine 14th ed.

New York: McGraw-Hill; 1998:2483-2485.

^2 Scott LV, Medbak S, Dinan TG. Desmopressin augments pituitary-adrenal responsivity to corticotropin-releasing hormone in subjects with chronic fatigue syndrome and in healthy volunteers. Biol Psychiatry. Jun1999;45(11):1447-54.

[View Abstract view-abs.asp?fnid=112196&absid=105377>](#)

About Chronic Fatigue Syndrome

? Introduction

? Statistics

? Signs & Symptoms

Treatment Options

[Click to View additional treatment options for Chronic Fatigue Syndrome](#)

About the Author

Powered by NHIOnDemand Copyright © 2000-2008 NHIOnDemand All rights reserved. www.nhiondemand.com This information is educational in context and is not to be used to diagnose, treat or cure any disease. Please consult your licensed health care practitioner before using this or any medical information. Visit [Health & Wellness Haven](#) for nutritional support for Chronic Fatigue Syndrome.

Source: <http://www.vitaminaid.net>