

**CHRONIC FATIGUE
IMMUNE DYSFUNCTION SYNDROME
(CFIDS)**

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FIRST CASE STUDY – ADELE

1a. Intake, review of symptoms, pain level, and self-assessment.

Adele is a 49-year-old woman whose career is clergy and Professor of Ethics. She was diagnosed in 1995 while living in PA when she had flu symptoms that would not go away. At that time she was working 60 – 65 hours a week and traveling about 70% of that time. She was on disability for 9 months and then for one semester only taught one class. Adele always made the effort to stretch a little in the morning and walked 15 –20 minutes a day. She tried macrobiotic diet for 6 months and thought it good but lost 15 pounds that she really could not afford to loss and started adding soy products and fish and still sticks to this diet today. Adele also had a massage every other week from the beginning of this illness. Three years after the diagnosis she had a relapse and was devastated and had to take 2 weeks off work and really had to adjust her schedule to get her work done. That prompted her to start psychotherapy weekly for 2 years “to understand what drove her”. Adele walked 30 minutes, 5 times a week and yoga for 20 to 30 minutes two times a week. She moved from PA to AZ in the summer of 2004. In PA she was taking Chinese herbs, having Craniosacral Work and Zero Balancing. She is currently able to do a great deal compared to when she was in the throws of the illness. She still does not work full time and still finds challenges in her energy level. Adele was coming to see me for Craniosacral and Zero Balancing that she wanted to keep up since her move. She showed a great interest when she learned of my training in Structural Yoga Therapy and we talked a number of times about the work I was doing in Yoga and she wanted to try and so I approached her to be a case study.

Adele’s complaints are legs get tired while standing for lectures and she needs to elevate legs to get relieve from the tiredness. She motions to her upper back and neck that she holds a great deal of tension in that area and again it has a very tired feeling to her. She also has a high hip and curvature of the spine. She also stated that she believed if the high hip and curve were corrected that it would have more energy. In discussing how much time would be reasonable for her home routine she said 20-30 minutes.

1b. Physical assessment.

Posture Body Reading

Left hip high

Curve in back evident in thoracic region

Dec 14, 2004

Scoliometer

Pelvis 4 degrees left

Lumbar 1 degree left

Thoracic T11 10degrees to right Zeros out at T8

Thoracic T4 7 degrees to left

Mar 26, 2005

Scoliometer

Pelvis 3 degrees left

T12 7 degrees right

T9 5 degrees right

zeros out T7

T3 6 degrees left

| | 12/14/04 | 12/14/04 | 3/26/05 | 3/26/05 |
|----------------------|----------|------------|---------|---------|
| | Left | Right | Left | Right |
| SI | Stuck | Drops down | Good | Good |
| Supine | | | | |
| External Rotation | 40 | 30 | 40 | 35 |
| Internal Rotation | 28 | 30 | 30 | 25 |
| Prone | | | | |
| External Rotation | 40 | 45 | 45 | 49 |
| Internal Rotation | 41 | 46 | 45 | 49 |
| Pelvic Height | 6 ¼ | 5 ½ | 5 ¾ | 5 ¾ |
| Shoulder Extension | 40 | 40 | 50 | 50 |
| External Rotation | 80 | 80 | 85 | 85 |
| Neck Extension | 35 | | 53 | |
| Neck Lateral flexion | 30 | 25 | 40 | 40 |
| Neck Rotation | 50 | 60 | 70 | 65 |
| Muscle Testing | | | | |
| Psoas isolation | 3 | 3 | 4 | 4 |
| Sartorius | 2 | 2 | 2 | 4 |
| Flexors w/abs | 2 | 2 | 2 | 2 |
| Abduction | 2 | 3 | 4 | 4.5 |
| Adduction | 2 | 2 | 4 | 4 |
| Hip extension | 2 | 2 | 3.5 | 3.5 |
| Neck extension | 2 | | 4 | |
| Middle trapezius | 2 | 2 | 2 | 2 |
| Shoulder abduction | 2 | 2 | 2 | 2 |
| Shoulder adduction | 2 | 2 | 2 | 2 |
| Shoulder flexors | 2 | 2 | 2 | 2 |
| Neck flexion | 2 | | 3 | |
| Neck Lateral flexion | 2 | 2 | 3 | 3 |
| Neck Rotation | 2 | 2 | 3 | 3 |

1c. Summary of Findings.

DEC 14, 2004.

Lower Body Weakness

Sartorius both sides
 Hip Flexors as a group
 Abdominals
 Psoas isolation both sides
 Abduction both sides
 Adduction both sides
 Hip Extension both sides

Lower Body Tightness

External rotators both sides

Upper Body Weakness

Middle Trapezius both sides
Shoulder Adductors
Shoulder Flexors
All Neck Movements
Upper Trapezius more on right
Sternocleidomastoid more on left
Levator Scapulae

Upper Body Tightness

Biceps Brachii
Coracobrachialis
Pectoralis Major
Anterior Deltoid
Sternocleidomastoid

1d. Recommendations.

SI stabilizer exercise - When left leg was forward, we had to double the fold of blanket under ischials and only single fold when right leg was forward. Left leg forward first because it is a Vata issue and it is the harder side for her to do. This was given for pelvic height difference, pelvic rotation, and SI dysfunction.

Working with both internal rotators (Gluteus medius, minimus, TFL) plus external rotators (Deep 6, gluteus maximus, iliopsoas, gluteus medius, and sartorius).

Warrior I concentrating on keeping pelvis forward we did not use arms and made sure we had a wide enough stance for stability. Used this for hip rotation and height again. Working to strengthen pectineus, adductor longus, adductor brevis, adductor magnus and gracilis and stretch TFL.

Parsvottanasana at the wall using dynamic movement with breath, inhaling up and exhaling down. Used for upper thoracic strength and curve. Working on strength of psoas, hip adductors, erector spinae.

Dandasana making sure shoulders are externally rotated, sitting high on the ischial tuberosity and holding the postures for 10 to 12 breaths. Used for hip flexion and shoulder external rotation. Strengthening psoas, rectus femoris, and latissimus with arms in external rotation stretches pectoralis major and anterior deltoid).

Janu Sirsasana making sure to lift the buttocks flesh up sitting on ischial tuberosity and hands only at the knee and thinking about extending the spine including neck with dynamic movement inhaling up, exhaling down 6 times and then hold for 5 breaths down for 5 breaths. Used for hip flexion, curve of spine, and movement in sacral area. Strengthens psoas, rectus femoris, gluteus medius and external rotators.

Savasana with bolster supporting straight down the middle of back, relaxing chest open.

Taking bolster out the last 3 minutes of pose and relax flat. Used for relaxation and external rotation on shoulders, opening chest and integrating the work done in the session.

Adele is committed to a long time relationship and I chose exercises this first round to address the hip rotation and height difference that we will be able to progress to strength to correct the curvature of the back.

FEB 12, 2005.

1b. Physical assessment.

Did not reevaluate at this time.

1c. Summary of Findings.

The first series of exercises were given to stabilize the Sis and to start and correct the hip height and rotation. With this second series we are continuing to work with hip area and now adding the upper body strength to decrease tension in neck and shoulders, and getting a base strength to work with the curve of thoracic.

1d. Recommendations.

Reviewed the SI stabilizer exercise and added breath movement. (Last time took a lot of concentration just to do the movement, breath confused her and so she just did normal breathing with last routine)

Reviewed Warrior I – left foot forward easier now and keeping focus on hips forward.

Cat Cow with thoracic movement only. Really feeling the stretch between shoulder blades out in Cat and making cleavage between shoulder blades in Cow. Watch for hyperextension of elbows. Inhaling into cow and exhaling into cat. Try to work up to 10 repetitions. This was given for strength and stretching of middle trapezius and rhomboids plus strength of upper erector spinae.

Neck Strengthening exercises from page 180 in SYT book, holding each position for 3-6 breaths and relaxing down, resting before turning to a side. This was given to strengthen sternocleidomastoid and upper trapezius on both sides.

Bhujangasana working upper body not getting into deep lumbar curve. Staying low and using chest to lead concentrating on the same area we worked in cow. Strength for upper trapezius, middle trapezius, erector spinae in upper back and stretches chest (Pectoralis major and anterior deltoid)

Urdhva Prasarita Padasana legs up to 90 degrees she is not there long before she begins to shake. Hold legs up for 3 breaths to start and work up to longer time. Then bend knees and take legs out and in with breath. Out with inhale and

in with exhale. Strength of hip flexors and quadriceps with legs straight. Hip flexors and lower abdominals for legs bent. Savasana same as before.

1e. Summarize results of recommendations.

Adele stated that the tension in the upper back had decreased and was feeling better but not gone. The pain in her right shoulder blade had disappeared. She also talked about taking more time to do her routine. In the beginning she took 20 minutes to do the work and now she finds that she enjoys and stretches the time out to 30 minutes. Some days she would not do the routine given and would do a series of Surya Namaskar and she noticed how differently she performed the Vinyasa. She focused more attention to details instead of just going through the motions to get them done. Whether she is doing the routine or Surya Namaskar she has a sense of being very grounded and together when completed. When she goes to yoga classes she usually feels tired and scattered after the class so this new feeling of being grounded after her work at home is a new experience for her. She also had a major decision about taking a job position and she credits doing the yoga and being focused and connected to inner self that gave her the correct answer about the position.

I did not reevaluate ROM or Muscle Testing at this time. Adele is noticing progress in discomfort level and she is bringing more awareness to her program (Vata balancing). She is getting to understand the feeling of being grounded and connected as well as enjoying the process and not feeling the need to rush to get through the program (Kapha balancing).

Mar. 26, 2005.

1c. Summary of Findings.

Lower Body Weakness

Sartorius left side
Hip Flexors with abdominus
External rotators both sides
Internal rotators both sides
Left Gluteus maximus

Lower Body Tightness

Internal rotators both sides
External Rotators both sides

Upper Body Weakness

Middle Trapezius both sides
Shoulder abductors
Shoulder adductors
Shoulder flexors

Upper Body Tightness

Upper Trapezius both sides

1d. Recommendations.

SI Stabilizer which she is doing well with movement and breath at the same time.

Urdhva Prasarita Padasana legs up to 90 degrees and hold for as many breaths without shaking. Then take the straight legs down to about 60 degrees (somewhere before the lumbar spine increases) and take them to 100 to 120 degrees (what feels comfortable). Concentrating on both the groin and the abdominals. Inhaling when legs go to 60 degrees and exhaling when legs go to 100 to 120 degrees. Strength of hip flexors and quadriceps with legs straight. Hip flexors and lower abdominals for legs straight with movement. Stretches the hamstrings and gastrocnemius.

Cat Bows with hands forward of shoulders one hand width. Working with hands there and then taking the hands wider both these with elbows out and then do again with keeping elbows against body and olecranon pointing back. She could only do two of these before her arms started shaking. This will work Pectoralis Major, Biceps Brachii, Triceps Brachii, Posterior Deltoid, Infraspinatus, Teres Minor, Anterior Deltoid, and Latissimus Dorsi.

Gomukhasana without arms showing her how to get to this from Cat Pose. Doing both sides, with left leg in front she felt much more of a stretch than right side. She felt in was comfortable enough but would not stay there too long. I did tell her as the sensation faded and only when she did not feel a stretch in that position she could start to take her upper body forward. This will work strengthen psoas, adductors and stretch gluteus maximus, medius.

Baddha Konasana full pose with concentration on both the stretch of the inner thighs and the tightness in the lateral glut areas. Holding with deep breaths. Will strengthen psoas, sartorius, gluteus medius, and external rotators. Stretch Adductors.

Seated in Baddha Konasana, legs staggered lift one foot toward ceiling leading with foot not the knee. Do double the amount of the left side. So if you do 6 on right do 12 on left, start with the left foot first. Strengthen the sartorius and external rotators. Savasana same as before.

1e. Summarize the results of recommendations.

Adele states that her pain in the right upper back and neck is gone and when she turns her head she no longer feels the big pull that she felt before. The SI Stabilizer exercise has gotten to feel more balanced and easier for her to do on both sides.

She is practicing the routine 6 days a week taking about 30 minutes to complete and then doing meditation after. The one day off she is doing Surya Namaskar. She did try an old routine of yoga poses she used to do and ended up with an extremely sensitive groin on the right side with a good deal of pain. She came to

see me for bodywork and I gave her a simple groin stretch standing to do throughout the day. Received a call a week later telling me that it had cleared and she was doing well but did take a couple days off her routine. All in all Adele is pleased with the work and anxious for the next set. She commented that the exercises that are most challenging when given once working with them over a few weeks they seem to be the ones that feel most satisfying at the end and she looks forward to them every day.

Adele also took a floor weaving class last month and is signed up a Navajo weaving class. This is something she has wanted to try and after the first class she loved the way you could get into a meditative state and enjoyed the creativity of the project. She is looking forward to the Navajo class because you actually have more contact with the raw elements of the yarn and wood. Both of these weavings are very nurturing to the soul. Her motivation is high but also realizes that more is not better (Vata balancing). She is continuing to find things that are nurturing for her soul and has made a decision not to continue looking for a full time job. Adele has been doing free lance lectures and workshops but had been looking for full time employment although she had hesitations that the hours and pace of that may not be healthy for her. She is thriving on being able to pick and choose assignments based on the demands of the job and what else is going on in her life. Feeling that she has more time to be creative with her work projects and not feeling pressured by time gives her a great feeling of freedom. Learning to be aware of her energy level and the demands the projects will place on her is a great tool she is cultivating (Kapha balancing).

SECOND CASE STUDY – VERA

1a. Initial intake, symptoms, subjective pain level, self-assessment.

Vera is a 59-year-old woman who has had CFIDS for 12 years. After being diagnosed in May of 1993 she continued to work with a lot of traveling until Oct of 1995. She took 3 months off work and in January 1996 went back to work but could not continue and went on disability at that time. Her dream is still to get well and be a productive person in society. She loved her work and had a great deal of responsibility as Human Resource Manager in charge of 5 divisions but spent at average of 65 to 70 hours a week working with some travel. Along with CFIDS she has been diagnosed with Environment Illness and Lupus. She has had the following surgeries before being diagnosed with CFIDS appendectomy, hysterectomy, gall bladder, bladder and adhesions. Vera has four siblings and three of the four experience similar symptoms and problems. They contribute their illnesses to where they grew up in Ohio and say it was a toxic area. Also her brother in law has been diagnosed with Environmental Illness and is a journalist who specializes in environmental health issues.

Currently she lives in an environmentally safe built home and is very diligent about not bringing things in that are harmful. Her diet is very restrictive and she is currently 35 pounds heavier than she would like to be. Her pain level is extreme and is with her 24 hours a day. From the list of symptoms in this paper that CFIDS clients may experience, Vera has had them all.

With all this in mind she has been a regular massage client of mine for 5 years. She is wonderful and tries to look on the bright side of things; she is very generous and appreciative, of all people do for her. She has provided a lot of reading material and over the years, practical material and inspiration for this project. All this in mind she really wanted to be a case study for me. This has proved to be quite challenging. We originally were to start this past summer but she went on a vacation and when she returned was down for 3 months. She did still come to see me for massage but felt she could not do a program. Then when we were about to begin again her Doctor started to give her cortisone shots in her wrists and then when he completed with that wanted her to have surgery. So we waited more. Finally we scheduled a session for evaluation and got that completed but it would take us 2 more weeks to pull it together to give a program. For about a year and a half, not with a lot of consistency I have worked with Vera on Relax and Renew yoga which she did well and uses from time to time at home.

1b. Physical assessments (see following charts).

Posture Body Reading

Forward shoulders

Forward head

Has the look of defeat

Scoliometer

Thoracic T6 to C7 5 degrees

| | | |
|--------------------------|-----------------------|-----------------------|
| SI | 1/11/05 drops down | 1/11/05 drops down |
| Supine | | |
| Knee Flexion | 5 fingers | 5 fingers |
| Hip Flexion Bent Knee | 98 | 102 |
| Hip Flexion Straight Leg | 60 | 71 |
| External Rotation | 50 | 34 |
| Internal Rotation | 14 | 22 |
| Prone | | |
| Knee Flexion | 113 | 105 |
| External Rotation | 48 | 33 |
| Internal Rotation | 30 | 34 |
| Shoulder Flexion | 175 | 160 |
| Shoulder Extension | 26 | 33 |

| | | | |
|----------------------|------|---|-----|
| External Rotation | 55 | | 65 |
| Internal Rotation | 25 | | 40 |
| Horizontal Abduction | 25 | | 15 |
| Wrist Extension | 60 | | 70 |
| Wrist Flexion | 50 | | 52 |
| Ulnar Deviation | 20 | | 20 |
| Radial Deviation | 10 | | 10 |
| Neck Extension | Pain | | |
| Neck Lateral Flexion | 20 | | 30 |
| Neck Rotation | 50 | | 55 |
| Muscle Testing | | | |
| Hip Flexion | 2 | | 2 |
| Flexors w/abs | | 1 | |
| Adduction | 2 | | 2 |
| Neck Extension | 2 | | |
| Middle Trapezius | 2 | | 2 |
| Shoulder Abduction | 2 | | 2 |
| Shoulder Adduction | 2 | | 2 |
| External Rotators | 2 | | 3 |
| Shoulder Flexors | 2 | | 2.5 |
| Neck Flexion | 2 | | |
| Neck Lateral Flexion | 2 | | 2 |
| Neck Rotation | 2 | | 2 |

1c. Summary of findings.

She was very worried about doing everything right and would get frustrated when she couldn't do what appeared to be easy things. She repeated a number of times that it was pathetic and how sad that she has let herself get to this point. I tried to reassure her that what she was doing was good and there was no right or wrong just a starting point.

The weakness in her body is everywhere and she tired easily from the assessments.

Lower Body Weakness

Hip Flexors with Abdominus
Gluteus Maximus both sides
Hip Flexors both sides
Hip Adductors

Upper Body Weakness

Upper Trapezius
Middle Trapezius

Lower Body Tightness

Hamstrings both sides
External Rotators both sides
Quadriceps
Internal Rotators right side

Upper Body Tightness

Upper Trapezius more on right
Shoulder Flexors

Shoulder Abductors
Shoulder Adductors
Shoulder External Rotators
Shoulder Flexors
Unilateral Sternocleidomastoid
Neck Lateral Flexors
Neck Rotators

Shoulder Internal Rotators
Shoulder External Rotators
Horizontal Adductors
All Wrist Muscles
Neck Flexors
Neck rotators

1d. Recommendations.

January 18, 2005

Since a lot of her pain is upper body and headaches, we started with the Joint Freeing Series for the Upper Body. She arrived for this session with an intense headache, but she wanted to do the exercises. I went over the SI Stabilizer exercise and then we started the JFS slow. Instead of having shoulders flexed to shoulder height for wrist movements I had her shoulders down and elbows flexed because her shoulders were fatiguing and we needed the energy for the shoulder work that follows. We also just sat cross-legged and I told her sitting in a chair was also a fine way to do this part of the exercises. We did not do the spinal rotation exercise in this series because she does have discomfort in SI and I tried to explain the adaptation for this by putting same hand on same knee, but it was too confusing and tired from the session. When she ended the session her headache had been reduced to a 2 from a 9. She felt tired but inspired. I did not assign a number of repetitions and told her to do what felt comfortable without pain or exhaustion.

Her second session was on Feb 9, 2005. We just reviewed the upper body JFS again and started to work with the breath and movement, identifying when she was engaging levator scapula and upper trapezius to raise the shoulders when not needed. She moved

more smoothly and was not as intimidated by the series. Again she came to this session with a headache and when she left it had decreased. We did not set any repetitions with this session for same reason that she stay in touch with her body sensations and what is best for her well being. Vera also joined a Bible Study class in her neighborhood since our last session this was a big step for her.

1e. Summarize the results of recommendations.

Vera does her best to practice when she has enough energy to do the JFS but she does relax and rejuvenation poses more. When she is in a deep pain cycle or an emotional down she props herself up and uses the breathing techniques to get a handle on the situation. Her husband has confirmed she puts all these pillows and blankets on the rug and lies there with eyes closed. The joining of

the Bible study class is a good sign in that she does not normally like being with a group of people because of perfumes and hair sprays, etc and going to other's homes that are not as environmentally safe is hard on her. She is challenged by the homework of the group but it gives her some motivation to keep up. I believe she is a very spiritual person and this involvement will help her in her quest.

2a. Name and Description of Condition

CHRONIC FATIGUE IMMUNE DYSFUNCTION SYNDROME (CFIDS) (Named in 1987 by Dr. Seymour Grufferman)

Chronic Fatigue Immune Dysfunction Syndrome is the most recognized name, but it has about 50 names. Here are a few others: Chronic Epstein Barr, Chronic Fatigue Syndrome, Myalgic Encephalomyelitis (ME), Fibromyalgia, Post Viral Fatigue Syndrome, Chronic Mononucleosis, Tapanui Flu, etc. The way people are diagnosed and what symptoms are more prevalent gives them their diagnoses for instance: prominence of neurologic symptoms accompanying fatigue some patients are diagnosed with atypical multiple sclerosis, those with fatigue and prominent muscle pain have primary fibromyalgia, fatigue plus sever headaches is called atypical migraine syndrome, fatigue, palpitations, chest pain, and shortness of breath constitute mitral valve prolapse syndrome. There has been a campaign to change the name to Neuroendocrineimmune Dysfunction. The CFIDS patients feel that it more accurately explains and gives more credibility to their condition.

Women account for 60-70% of the adults with the syndrome most common age 20-40, but all ages are affected.

Major criteria to consider in diagnosing; new onset of severe fatigue for 6 months or more, causing at least a 50% activity reduction; exclusive of other illnesses causing similar symptoms. Of the following minor criteria, eight of them must be present. Mild fever, sore throat, painful or swollen lymph nodes, generalized muscle weakness, muscle discomfort, fatigue worsened by exercise, headaches, neuropsychological complaints, sleep disturbance, acute onset of symptom complex. With a physical exam two of three must be present: fever, throat inflammation, or palpable or tender lymph nodes.

There is no test that accurately can give the diagnosis of CFIDS. Many doctors will do a tremendous amount of testing if not to confirm CFIDS, but to eliminate many other serious illnesses. Since severe fatigue must be present for 6 months or more and then doctors will start doing many tests the patient may not be diagnosed for 2 years from onset of symptoms.

Clients with this condition when they come to Yoga Therapy will have been to every specialist for their problems and will have had numerous tests. I am listing a few of the

tests below so they will at least sound familiar to you and if you wish may pursue more information on any one of them.

Viral reactivation shows elevated levels of Epstein Barr Virus, human herpes virus 6 and other herpes group viruses. These viral agents may circulate in larger amounts in patients with CFIDS not because they are causing the illness but because the immune system is suppressed. The immune system is ignoring the tedious daily chore of suppressing latent viruses. Perhaps because of illness, perhaps because it is occupied with other matters.

Some people believe that yeast or candidiasis is the reason for CFIDS, but others believe it is just another sign of the immune suppression that allow this to be present but not the cause of the illness.

Overall antibody levels may be low but the degree of these irregularities is relatively minor and does not present a threat of overwhelming infection. CFIDS patients usually do not get serious secondary infections.

Decreased Cell Mediated Immunity patients demonstrate delayed hypersensitivity when exposed to common antigen. This adds to the immune dysfunction for people with CFIDS.

Immune System Activation –multiple allergies are perhaps the most obvious sign of immune system overreaction. Patients with CFIDS frequently have a past history of allergies, implying their immune response is genetically primed for a vigorous response. Other patients with CFIDS develop allergic symptoms after onset of their illness. CFIDS patients have a hare trigger for allergies.

Autoimmunity is an abnormality of the immune system in which the body produces antibodies that react against itself. One current theory is that the immune system produces antibodies against viral and bacterial invaders and these antibodies cross react with normal body tissues. A second possibility is that the immune system makes antibodies to normal tissue because of some error in interpretation of what is normal and what is an invader. Autoimmunity is a process, however, not a disease itself. The diseases caused are the result of this process being directed against a specific target organ over a period of time.

Up to 20% of patients have low levels of the antinuclear antibody, the test that usually detects lupus.

10% of patients with CFIDS have low levels of rheumatoid factor, associated with rheumatoid arthritis.

Up to 20% of patients have antibody directed against smooth muscle.

10% have antibodies directed to gastric parietal cells.

20% have antibodies directed against thyroid tissue.

They may show increased T8 Lymphocytes and Interleukin 2 and Interferon Production.

It is difficult to know why this pattern of immune dysfunction exists without knowing the cause of CFIDS. But the pattern is not random. It suggests an alteration or disruption in function consisting of simultaneous over response in some directions and neglect in others. One persisting hypothesis that the abnormal response is directed toward a difficult to find invading organism one able to interfere with basic immunologic mechanisms.

Some tests imply that the immune system is overactive, as if it were running wild and some tests imply that the immune system is unable to mount a strong defensive response, although adequate enough to handle most regular infections. It is this irregular pattern of over and under functioning that generated the term immune dysfunction.

If there is a pattern of relapses within the first year or two of the illness like the person has good days and good weeks, followed by severe relapses lasting for a few weeks, the over all chance of recovery is good. If there are any periods of return to near normal activity, even though followed by marked ups and downs, the medical profession is encouraged. The pattern of every day being the same, with the same symptoms and exactly the same degree of activity limitation is more worrisome.

The majority of patients with CFIDS are doing well 5 years after becoming ill. Some of the improvement may be do to lessening the severity of symptoms, some is due to loss of fear about the disease, and some is due to accommodation or adjustment in lifestyle. Of the patients who are doing well 5 years after having had CFIDS, many relate residual decreases in exercise tolerance, and mild symptoms that appear to be related to their previous CFIDS. The symptoms are exacerbated during periods of stress and minor illnesses.

2b. Gross and Subtle Body Common Symptoms

As you can imagine with the above list of names and some symptoms associated with diagnoses there is a myriad number of possible combination of symptoms. Here is a list and a rough estimate of the percentage of patients who would have each symptom.

The first twelve usually give the greatest discomfort for patients.

| | |
|--------------------------|-----|
| Fatigue or exhaustion | 95% |
| Headache | 90% |
| Lack of Restful Sleep | 90% |
| Malaise | 80% |
| Short Term Memory Loss | 80% |
| Muscle Pain | 75% |
| Difficulty Concentrating | 70% |
| Joint Pain | 65% |
| Depression | 65% |

| | |
|---|-----|
| Abdominal Pain | 60% |
| Lymph Node Pain | 50% |
| Sore Throat | 50% |
| Fever or Sensation of Fever | 85% |
| Blurring of Vision | 80% |
| Sensitivity to Bright Light | 80% |
| Light Headedness | 75% |
| Insomnia | 65% |
| Numbness and/or tingling in extremities | 60% |
| Bloating | 60% |
| Scratchiness in Eyes | 60% |
| Allergies | 60% |
| Palpitations | 55% |
| Diarrhea | 50% |
| Night Sweats | 50% |
| Flushing Rash on Face and Cheeks | 40% |
| Constipation | 40% |
| Fainting Spells | 40% |
| Weight Gain | 40% |
| Muscle Weakness | 30% |
| Balance Disturbance | 30% |
| Panic Attacks | 30% |
| Eye Pain | 30% |
| Dizziness | 30% |
| Clumsiness | 30% |
| Chills | 30% |
| Shortness of Breath | 30% |
| Bitter or metallic Taste | 25% |
| Chemical Sensitivities | 25% |
| Swelling of the extremities or eyelids | 20% |
| Burning of Urination | 20% |
| Sexual Dysfunction | 20% |
| Hair Loss | 20% |
| Double Vision | 10% |

Specialists see the symptoms differently. A joint specialist would see it as a form of arthritis, psychiatrist would see it as a mental illness and an allergist would see it as a manifestation of allergies. This is a disease that is so fundamental in its origin that it affects all body systems but causes little damage.

Subtle body symptoms are depletion of 3rd chakra. Pranic level, adhya prana low, Apana prana high. Can not receive energy. Loss through Samana prana. Can feel like a black hole that just keeps taking and taking and never gets filled.

2c. Related Challenges

As you can surmise from the many symptoms listed above the related challenges are numerous and can be overwhelming. It is impossible to list the everyday challenges it is based on the symptoms appearing that day. But one defining aspect of CFIDS is that with rest, many people feel relatively well, but symptoms flare up with exertion or activity. With the extreme fatigue that clients experience they can not exercise for long or to vigorously. Some people with CFIDS will have 3 or 4 hours a day when they feel relatively well, most commonly in the afternoon, the “activity window”. It is during this time that they can shop and do activities outside the house or exercise with less difficulty. Many people have digestive problems and have an extremely limited diet they can eat. They also seem to gain weight easily even if they consume little. Their pain level is usually extreme, but they do their best to get things completed. This illness can be so debilitating as to keep people confined to their environmentally safe home, with a very restrictive diet and little contact with the outside world.

3. Ayurvedic Assessment and Ayurvedic Based Yoga Recommendations

A majority of sufferers from chronic fatigue seem to be Pitta people, the types who rarely take no for an answer until nature forces them to do so. And like good Pitta's most of them continue to try to ignore “no” even after they have no energy to resist. As soon as a little energy returns to them they tend to grab hold of it and run with it, thinking they are “cured.” When they crash again their frustration and the Pitta mediated internal corrosion that it creates, mounts exponentially. Until they are ready to surrender the obstinacy that characterizes the intact Pitta nature, successfully returning from chronic fatigue is very difficult for them.

There are three kinds of fatigue that fit into the three doshas.

Vata increase is the most common type of fatigue. It often comes and goes suddenly, but even if it is consistently present it tends to vary in intensity at different times of the day. These sudden changes can be brought about by any sort of major or minor influences – a piece of good news can cause an abrupt infusion of energy, but a stressful situation can result in a sense of exhaustion. Though Vata type fatigue may be experienced as an overwhelming sensation, everything about Vata is actually light by nature; the individual is usually able to get through daily activities despite feeling tired. Vata fatigue is often accompanied by other Vata symptoms, such as anxiety, insomnia, and low-grade depression.

Pitta increase and resulting fatigue is usually associated with overwork, excessive heat, or eating inappropriate foods. Pitta fatigue may be accompanied by perspiration, acid indigestion, and other Pitta symptoms. The most common emotional sign accompanying Pitta fatigue are irritability and anger.

Kapha increase has a characteristically heavy feeling to it. The tiredness experienced by a Kapha type may seem so profound that even slight movements seem difficult and

there can be an overwhelming sense of inertia. Kapha fatigue is often associated with accumulation of impurities or toxins in the system, which can literally “dampen” the energy producing mechanism of the body. Kapha fatigue may also be related to severe emotional depression.

In speaking with Dr. Judyth Shamosh, which is a Doctor of Natural Health and a Medical Herbalist, reminds me that Ayurveda and Chinese medicine do not view the body as Western medicine. She did give some generalities that she sees. It is a Pitta, Vata condition with deficient Kapha Ojas. In Chinese, it is a Liver, Spleen condition (liver regulates energy and spleen chi and blood stagnation). Need to supplement ojas or yin to decrease Vata. This is not an excess condition but a deficiency that can lead to collapse. The systems are highly irritated and the first thing that needs to happen is calm down the systems and then rebuild.

The Maharishi Vedic Medicine shows four sets of imbalances at the heart of Chronic Fatigue.

1. Imbalance and deterioration of nervous system strength and stability.

Nervous system imbalance contributes to the following conditions: Insomnia, pain, headaches, constipation, anxiety, worry, fear, fatigue, dry or rough skin, poor digestion, underweight, heightened sensitivity. These are Vata.

2. The buildup of toxins and impurities in tissues.

When toxins accumulate in tissues the result can be fatigue and a deterioration of the body's energy, resistance and healing ability. This is Kapha.

3. Blockage of the channels of circulation and elimination responsible for nourishing and cleansing the tissues. This is Kapha.

This can impair digestion, elimination and circulation throughout the physiology and can depress the body's natural immunity and balancing mechanisms. This is Pitta.

4. Accumulation of physical and mental stress. These are Vata.

Stress can worsen many chronic disorders and interfere with the ability of the body to heal itself.

There are many things a Ayurvedic practitioner can suggest for the above imbalances from herbs, to oil massages, Pitta reducing diet, stress management, cleansing programs, and exercise and flexibility education. We as Yoga Therapist can help with the stress management and exercise and flexibility education, if you are certified to give lifestyle recommendations for the other areas, great if not refer out.

Gentle stretching exercises of yoga are preferred to strenuous exercises because exercise will burn ojas and may increase rather than decrease the feelings of fatigue. To help build strength and energy Dr. Lad suggests soaking ten fresh dates in a quart jar of ghee. Add one teaspoon ginger, 1/8 teaspoon cardamom and a pinch of saffron.

Cover and keep in a warm place for at least two weeks then eat one date daily in the early morning. Another energy builder is drink one cup of fresh mango juice followed an hour or so later by ½ cup of warm milk with a pinch of cardamom, a pinch of nutmeg, and one teaspoon of ghee.

4. Common body reading.

Most people have a depressed postural appearance including sunken chest, rounded shoulders, and may have some kyphosis and forward head. These conditions seem to exacerbate the longer the client has had the condition.

5. Contraindicated yoga practices.

Must work slowly and start with restorative postures, pranayama, and meditation. Choose the time of day when client has most energy, usually in the early afternoon. Know that their energy level will vary greatly from day to day. The practice you select should have the end result for the client as feeling relaxed, body energized and open, with the mind quiet at the end of the session.

Contraindicated types of yoga and exercise, such as Bikram, Ashtanga, and all competitive type of exercises.

6. General Recommendations.

a. Therapeutic/free of pain.

These general recommendations are for working with someone that is in the throes of their illness and not necessarily for those that have made some recovery.

1st thing is to do postures from “Relax and Renew” by Judith Lasater. Restorative poses are for those times when you feel weak, fatigued, or stressed from your daily activities. We also need to remember that the need is to relax the systems before we can rebuild. Restorative poses offer five avenues of health. 1.) Relieves chronic stress being totally supportive. 2.) Moves spine in all directions for health. 3.) Inverted poses to reverse gravity. 4.) Stimulates and soothes the organs. 5.) Balances prana and Apana. You can still use Mukunda’s Asana Charts as a guide to sequencing these restorative poses. For example, down dog, back bend, inversion, twists, forward bend, corpse pose using the supported version in Lasater’s Relax and Renew.

2nd is to emphasis in these postures that the client reconnect to all their body parts. It seems that when people have been in pain or not happy that their bodies do not allow them to do the things they want they wall areas off for their survival. They have a tendency to talk about body parts as if they are not part of them, for example: That leg just won’t do I want it to do. I teach them to feel, identify and make friends again with every body part.

3rd is to start working with the breath. When people are in pain they tend to hold their breath and make it very shallow. All breath patterns are helpful and can be found in "Structural Yoga Therapy" book pages 53-56. Alternate Nostril Breathing, which is not covered in Mukunda's book, can be very beneficial to kindle the gastric fire. Learning to take deep breaths plus taking that breath to different parts of their bodies feeling how the sensation in the body changes with attention and breathe is an excellent tool for pain control.

4th is being able to identify the kind of sensation they are feeling. Is it a stretch or a contraction and what adjustment can they make to change this sensation that makes them more comfortable. We do add mantra with breath after the visualizations and adjustments above have been made. Clients report, they use these exercises in their every day life, it gives them some control that they didn't know they had over the situations that arise for them in the course of the day.

6b. Stabilize situation and lifestyle change recommendations.

As the client has more connection with their body parts and the sense of what a stretch feels like compared to a contraction and has control over the breath we can begin step two. I give the Joint Freeing Series in two stages. I have found that most people in this condition can not do all 21 movements in one sitting. I pick either upper body or lower body to work with first depending on their evaluation numbers or where they have the most discomfort. I find the need to work with these clients a number of times on the series we are starting with (upper or lower body) before they can competently do the half series on their own. After they have worked with that a while, and that depends on how often they performed the activities, we add the second series and eventually see if they are capable of doing the whole series from top to bottom.

Remember that this population usually has an activity window in their day that lasts 3-4 hours and they need to complete many things during that time, so keep the routine simple and short to start. If they use all their energies to do the exercise and don't have enough to complete other tasks they will drop the exercises.

6c. Maintenance of underlying issues at the root of the situation.

Keeping a balanced lifestyle is key to not have a relapse in their condition. Things that high on list are:

- Healthy diet and eating at proper times of the day
- Deep sleep daily
- Relaxing completely when you are relaxing
- Being active during your activities window
- Having a support system, therapist or great friend
- If possible seeing an Ayurvedic or Chinese Doctor
- Staying in touch with your body about energy levels
- In touch with pain or discomfort

Find something you have a passion for and do it
Be happy with yourself

7. Questions and answers from www.yogaforums.com

There are no questions related to this condition on the web site.

8. References.

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Svoboda, Robert E. Prakriti Your Ayurvedic Constitution. Twin Lakes, WI: Lotus Press, 1998.

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9. Appendix.

A list of web sites that clients may find useful.

Meditations I use for these clients are attached.

Easy Medical Meditation for Energy

Medical Meditation for the Immune System.
Medical Meditation for Stress Relief and Resolving Issues from the Past.

Medical Meditation to Balance and Recharge the Nervous and Immune Systems.

Zero Projection Meditation.
Raa Maa Daa Saa Meditation to Heal Self and Others.

Wahe Guru Kriya for Nervous Balance.
Guru Ram Das: Rhythmic Harmony for Happiness.

Meditation for the Lower Triangle.
Meditation for Human Quality.

WEB SITE LISTING

Listed below is a list of web sites that may provide support for clients with CFIDS.

www.cfids-me.org

www.cfsresearch.org

www.chronicfatiguesupport.com

www.geociteis.com/dol911/onlinesupportinggroups/cfs.html

www.cfids.org

www.medical-library.net

www.aacfs.org

www.chronicfatigue.about.com

www.ncf-net.org

www.cfs-news.org

www.my.webmd.com