

# The Homeopathic Treatment of Myalgic Encephalomyelitis (ME) Based on 219 Case Histories

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## INTRODUCTION

Myalgic encephalomyelitis has been coming to the fore as a debilitating disease associated with various stresses. The symptoms range from, in the milder cases, fatigue, muscle pains, lack of motivation, hypotension, hypoglycemia and insomnia, to prostration, amnesia, vertigo, and depression.

The syndrome is also variously known as Chronic Fatigue Syndrome<sup>2, 4, 6, 10, 11, 13, 15, 16, 17</sup>, chronic Epstein-Barr virus syndrome<sup>3, 9, 18, 19, 20</sup>, post-viral syndrome<sup>10, 11</sup>, and several others<sup>1, 5, 7, 8, 10, 11</sup>. A substantial number of patients had previously been sent for psychiatric treatment including electro-shock therapy to alleviate the condition, and most had been put on anti-depressant medication such as Prozac<sup>®</sup>. The condition is frequently not diagnosed and various types of treatment carried out or suggested are often inappropriate - orthodox research claims that there is no proven cure.<sup>4</sup>

A neck-vertebrae fusion was suggested to relieve muscle pains in a patient that subsequently responded to therapy for ME virus. A fourth heart bypass operation was declared necessary for cardiac symptoms that were also relieved by virus therapy, which the patient believed would also have obviated the previous three operations. One patient after successful therapy declared that she now realized that she had already had 'this disease' for more than thirty years.

The condition is sufficiently debilitating that, particularly students had been forced to withdraw from their courses, and a number of patients have had to be retired from their occupation. Many people had been desperate to find relief from their symptoms. One recent case told us that he had been treated on a

weekly basis by his doctor every week for ten years without improvement, and another that he had already spent a great deal of money on attempted cures. A number of patients came to us after one to two years of intensive treatment with tetracycline (plus tranquilizers, sleeping tablets, and anti-depression medication) which they eventually relinquished as being ineffective or counter-productive. All of these patients responded and normalized after approximately two months of viral therapy.

## MATERIALS AND METHODS

The method used in the treatment of viral conditions was originally elaborated (some ten years earlier) in relation to a number of hepatitis cases. All had been seen and diagnosed by practitioners and had been released with none or only symptomatic treatment. A number of these had been suffering from quite severe icterus, cephalgia, abdominal

pain, and prostration. It was discovered that such cases responded rapidly to a four-fold treatment, comprised of the following:

- 1) The virus in question (hepatitis A or B) was administered in high homeopathic potency.
- 2) Organ therapy, in these cases the liver, was given to induce regeneration of tissues and function.
- 3) Various substances were given to raise the function of the immune system.
- 4) Standard homeopathic remedies were given for hepatitis in addition to individually chosen constitutional remedies based on the patients' presentation of symptoms.

This four-fold approach resulted in rapid improvement of the patients' condition and apparent resolution of their hepatitis. No special note was taken of this series of cases except that the

### SAMPLE SIZE: 219

Males = 31.51% (n=69).

Females = 68.49% (n=150)

Age: Range 2 to 78 years (mean = 37.8)

Distribution:	Years	%	n	Years	%	n
	0-20	11.51	25	41-50	18.71	41
	21-30	20.14	44	51-60	11.51	25
	31-40	30.22	67	over 60	7.91	17

### LIFESTYLE:

Married: 78.5%, With children: 33.33%

Sport activity: 2.38% (too tired)

"Healthy foods": 64.29%

Coffee: 64.29% none

Relatives with ME: 22.6 %

Active hobbies: 35.71%

Job description: Across the board

Alcohol: 35.71% none

Tab. 1: Profile of sample

**Tension levels: High to unbearable 64.54%**  
**Bad sleeping patterns: 60.71%** ranging from restlessness and insomnia to too much sleep or constant sleepiness  
**Treatment attempted by previous means or previous doctor:**  
 Yes: 57.89%  
 No: 42.11%  
**Weight change of more than 11 pounds through duration of illness**  
 72% gained; 28% lost  
**Known length of symptoms: Range = 1 month to 30 years; Mean= 4 years**

Years	%	n	Years	%	n
up to 1	23.29	34	5-10	13.70	20
1-2	23.97	35	over 10	6.16	9
2-5	32.88	48			

Tab. 2: Illness and symptom picture

method appeared to be applicable to other viral conditions, and it was subsequently applied with apparent success to all viral conditions that were presented to our clinic such as Herpes zoster, Herpes progenitalis, various pneumotropic and neurotropic viruses and, in the veterinary sphere, Corona and Parvoviruses and Canine hepatitis virus. It was about five years ago that increasing numbers of the ME-type viral conditions presented themselves, and these have now grown into a substantial proportion of cases seen.

Cases that come to us with symptoms of ME such as extreme fatigue and muscle pains are routinely subjected to blood tests for the three viruses most commonly implicated in the ME syndrome, namely Coxsackie, Epstein-Barr, and Cytomegalo viruses, although now, cases are referred from other, mainly allopathic practitioners and these have already been subjected to the usual testing procedures. Increasingly also we are testing patients for Rickettsial infection to eliminate this as a factor in the ME complex in the patients as presented to us and have so far not found this to be a major cause of the ME syndrome. A fairly high number of cases are also infected with *Candida albicans* (considered by some authors to be a contributing factor to the syndrome<sup>20</sup>) but so many of the patients that come to us have been treated with

antibiotics that it has been difficult so far to establish whether this is a primary or secondary iatrogenic condition.

Most of the cases affected with Coxsackie virus appear to be hypoglycemic and this is taken into account also in the treatment of the endocrine pancreas through dietary advice. Pulmonary and cardiac symptoms are also common with Coxsackie infections

**Occurrence of Viruses**

Viral combinations	%
Coxsackie, Epstein-Barr and Cytomegalo	20.55
Coxsackie alone	40.18
Epstein-Barr alone	1.83
Cytomegalo alone	0.91
Coxsackie and Epstein-Barr	20.09
Coxsackie and Cytomegalo	5.02
Epstein-Barr and Cytomegalo	1.37

**Occurrence of Viruses per Age Group (years)**

Viral combinations	0-20	21-30	31-40	41-50	51-60	over 60
Coxsackie, Epstein-Barr and Cytomeg.	3	6	7	5	4	-
Coxsackie alone	5	12	13	7	8	7
Epstein-Barr alone	2	2	1	1	-	-
Cytomegalo alone	2	-	1	-	-	-
Coxsackie and Epstein-Barr	2	7	11	5	3	3
Coxsackie and Cytomegalo	2	1	6	2	-	1
Epstein-Barr and Cytomegalo	-	-	-	2	1	-

Tab. 3: Virus profile

while liver conditions (as well as some cases of viral pneumonia in infants<sup>20</sup>) are predominant with Cytomegalo virus. Respiratory problems and lymphatic adenitis (and mononucleosis itself<sup>20</sup>) seem to be mostly Epstein-Barr related diseases. Mixed infections of the three viruses are, however, most common. Neither are the three viruses restricted to these areas of influence; Coxsackie pneumonia has been recorded and also Coxsackie-induced diabetes. Other illnesses affected by the Coxsackie virus include hand, foot, and mouth disease (Coxsackie A-16),<sup>20</sup> herpangina,<sup>20</sup> encephalitis (viral or aseptic)<sup>20</sup> and pharyngitis.<sup>20</sup>

**TREATMENT**

Apart from the relevant nosodes and organ therapy, the treatment has consisted of the following used in combination, as necessary:

- Heel Coenzyme compositum inj.
- Wala Betula Arnica inj.
- Heel Echinacea compositum<sup>®</sup> inj.
- Wala Meteor. Phos. Quartz inj.
- Heel Engystol<sup>®</sup> inj.
- Wala Pancreas Meteor inj.

Galium-Heel inj. and oral  
Wala Aurum Prunus

Heel Lymphomyosot<sup>®</sup> inj. and oral  
Wala Skorodit

Heel Ubichinon compositum<sup>®</sup> inj.  
Single remedies as indicated

Routinely, patients are seen twice weekly for the injections and medications as necessary.

**RESULTS**

Most patients continued to work during treatment and thus were unable to take more than normal rest. Recovery was gauged from subjective symptoms as nearly all were resistant to taking more than one blood test during the treatment because of the expense incurred.

Where there were still symptoms, follow-up observations were made at bi-weekly intervals, although in a number of cases we were requested to treat other conditions such as pollinosis or sinusitis, during which time they could be kept under observation. Former cases continued to return over the years (recently, five and six years) and reported continued freedom from the ME symptoms. Only a small proportion returned with renewed ME symptoms and was treated a second (6.19%) or third (1.43%) time. Complete recovery occurred in 81.74%

of cases treated. In most cases it was possible to establish the cause of the stresses relating to the disease and counsel how to avoid these, for example, heavy indulgence in coffee or soft drinks.

**DISCUSSION**

The results of the treatment of ME cases indicate the 'non-discriminatory' nature of the condition, affecting people from all walks of life and age groups; the youngest patient was a baby of two years with viral pneumonia and the oldest, a man of 78. Both are recovering expeditiously. There was no correlation between background or demographics of patient and consistency of success of treatment. Increasingly we are drawing cases from a wider area as the success of our treatment becomes more widely known. Numbers of cases are now coming to us from as far away as Cape Town, Port Elizabeth, and other African countries such as Namibia and Botswana. One case came from Germany specifically for treatment of ME with mainly pulmonary symptoms as well as one case from France and another from the U.S., though neither had come to this country specifically for treatment.

In the environment of practice it was not practically or ethically possible to carry out double-blind procedures as

many, if not most, patients are desperate for help and it is only possible to carry out the most efficacious and rapid treatment possible. There is no certain way in which a cure of the disease can be established. The pathology tests for Coxsackie virus at this time do not distinguish between the IgG and the IgM (i.e., the immunoglobulin immunity status vs. the activity or presence of the virus as measured in the Cytomegalo and Epstein-Barr testing) and a multiple series of tests which is required to monitor this was not acceptable to the majority of our patients, many of whom had expended their medical aid allotment some time before coming to us while others had no medical insurance at all.

However, the comments of those treated have been not only rewarding but strongly indicative of the patients' conviction that now, at last, the disease condition had been resolved and that normal life could recommence. We have been thanked by husbands for having given their wives back to them, by others for having given their life back to them: "I have been dead for ten years and now am alive again." These comments and the fact that we are able to give a reasonable assurance that the treatment is not open-ended but is most likely to result in a cure in a specific time of five to six weeks had made the treatment of ME feasible and rewarding for patient and practitioner alike.

As mentioned above, the seemingly increasing number of students who opt out of school or university makes this condition a dreaded complication of scholastic and academic life. We have had the great satisfaction of enabling students to return to their classes and complete their exams when they had already given up on account of amnesia, lack of motivation, and extreme fatigue. Some of these people had spoken of suicide and one potential patient exhorted by friends to come see us in fact did take her own life, an extra-great tragedy in view of the high percentage of our results in returning people back to a normal life. It would appear that the increasing pressures to which students, such as first-year medical students, are subjected renders early diagnosis and treatment of the ME

Per viral combination	Per age group		
	Weeks	Age group (years)	Weeks
Coxsackie, Epstein-Barr and Cytomeg.	6.84	0-20	5.94
Coxsackie alone	6.3	21-30	5.89
Epstein-Barr alone	6.25	31-40	5.86
Cytomegalo alone	9.5	41-50	7.31
Coxsackie and Epstein-Barr	6.8	51-60	5.25
Coxsackie and Cytomegalo	6.64	over 60	8.82
Epstein-Barr and Cytomegalo	7.33		

Tab. 4: Recovery rate

Length of illness (years)	Up to 5 weeks recovery (n)	Over 5 weeks recovery
up to 1	17	17
1-2	25	10
2-5	27	21
5-10	10	10
over 10	7	2

Tab. 5: Recovery rate per length of illness

condition of utmost importance.

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