Some of the abnormalities that have been demonstrated in ME/CFS

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In view of the fact that the peer-reviewed research data supports the following organic abnormalities in ME/CFS, how can so many members of the UK medical profession still persist in the belief that ME/CFS is a behavioural disorder? It is shameful that UK Government bodies have consistently refused to fund any biomedical research into this devastating disorder.

- there is evidence of disrupted biology at cell membrane level
- there is evidence of abnormal brain metabolism
- there is evidence of widespread cerebral hypoperfusion
- there is evidence of central nervous system immune dysfunction
- there is evidence of central nervous system inflammation and demyelination
- there is evidence of hypomyelination
- there is evidence that ME/CFS is a complex, serious multi-system autoimmune disorder (in Belgium, the disorder has now been placed between MS and lupus)
- there is evidence of significant neutrophil apoptosis
- there is evidence that the immune system is chronically activated (eg. the CD4:CD8 ratio may be grossly elevated)
- there is evidence that NK cell activity is impaired (ie. diminished)
- there is evidence of hair loss in ME/CFS
- there is evidence that the vascular biology is abnormal, with disrupted endothelial function
- there is novel evidence of significantly elevated levels of isoprostanes
- there is evidence of cardiac insufficiency and that patients are in a form of cardiac failure
- there is evidence of autonomic dysfunction (especially thermodysregulation; frequency of micturition with nocturia; labile blood pressure; pooling of blood in the lower limbs; reduced blood volume (with orthostatic tachycardia and orthostatic hypotension)
- there is evidence of respiratory dysfunction, with reduced lung function in all parameters tested
- there is evidence of neuroendocrine dysfunction (notably HPA axis dysfunction)
- there is evidence of recovery rates for oxygen saturation that are 60% lower than those in normal controls
- there is evidence of delayed recovery of muscles after exercise (note: there is no evidence of deconditioning)
- there is evidence of a sensitive marker of muscle inflammation
- there is evidence that the size of the adrenal glands is reduced by 50%, with reduced cortisol levels
- there is evidence that up to 92% of ME/CFS patients also have irritable bowel syndrome (IBS)

- there is evidence of at least 35 abnormal genes (acquired, not hereditary), specifically those that are important in energy metabolism; there are more abnormal genes in ME/CFS than there are in cancer
- there is evidence of serious cognitive impairment (worse than occurs in AIDS dementia)
- there is evidence of adverse reactions to medicinal drugs, especially those acting on the CNS
- there is evidence that symptoms fluctuate from day to day and even from hour to hour
- there is no evidence that ME/CFS is a psychiatric or behavioural disorder.

For references, see:

(i) "Illustrations of Clinical Observations and International Research Findings from 1955 to 2005 that demonstrate the organic aetiology of Myalgic Encephalomyelitis / Chronic Fatigue Syndrome" by Professor Malcolm Hooper, Eileen Marshall and Margaret Williams, 12th December 2005 (submitted to the Gibson Parliamentary Inquiry into ME). 174 pages.

Available online: http://www..meaction.uk.org.uk/Organic_evidence_for_Gibson.htm

(ii) "What the Experts say about ME/CFS" by Margaret Williams, 28th March 2006.

Available online: http://www.meactionuk.org.uk/What_the_Experts_say_about_ME.htm