Written for the class "cells and systems," this paper by Christine Wineka provides an informative look at Chronic Fatigue Syndrome, also known as CFS. Combining medical research with personal insights from herself and two people she interviewed, Wineka examines the medical remedies and lack of treatments to CFS, as well as the types of resources available to sufferers of CFS. Ultimately, Wineka concludes that much more research is needed so that the focus for people with CFS will "no longer be on surviving, but overcoming."

**Chronic Fatigue Syndrome**

Thankfully, it is hard for most people to imagine a tiredness and weakness of body that would keep one confined to a bed. There are people today who have lived a very active lifestyle for years and have suddenly found themselves burdened by a feeling of bodily weariness they never knew was possible. It all happens so swiftly and surprisingly that many are terrified by these changes taking place.

CFS, otherwise known as chronic fatigue syndrome, is this illness characterized by debilitating fatigue. At times, this disease is also referred to as chronic fatigue immune dysfunction syndrome (CFIDS), or chronic Epstein-Barr virus (CEBV). However, no matter what it is called, it remains a nightmare for those who battle it every day. Many aspects of CFS still baffle medical experts. What is it? How is it diagnosed? What is it caused by, and how is it treated? Many of these questions remain unanswered for those who suffer with it in the Ohio area. Some have grown weary and frustrated, both from the illness and the mixed messages they receive about it.

The major symptoms of CFIDS include headache, sore throat, fever, weakness, lymph node pain, muscle and joint pain, memory loss, and difficulty in concentrating (Holmes, et al., 1988). In order to be diagnosed with CFS, an individual must not have malignancy, endocrine disease, drug abuse, or cardiac, gastrointestinal, renal, and hematological diseases, and various other ailments (Case definition). As a result of this listing, CFS is extremely difficult to diagnose for the doctor as well as the patient. The syndrome resembles so many other health factors, that each must be eliminated, which can take quite a bit of time.

The majority of CFS patients begin with sudden symptoms, resembling a mild cold or influenza. The degree of severity in these symptoms differs widely among patients, and may vary over time within a single patient (CFS FAQ). One can simply become tired, while others may be totally bedridden and disabled from fatigue. Sometimes the body is better, so the individual can lead an almost normal lifestyle, but then days or weeks later this strength may easily wane.
The true cause of this illness is not yet known. Several studies in the 1980’s tried to link CFS with the Epstein-Barr virus (CFS pamphlet). This virus is one in the family of herpes viruses, and EBV infection are almost inevitable in all humans. However, more recently it has been found that some CFS patients lack the EBV antibodies, which means they never had this virus (Bell, 1994). Therefore, there has been no consistent link found between elevated EBV antibodies and the presence of CFS.

Other viruses have been associated with CFS as well. In the published research results (Holmes, et al, 1988) findings suggest that the recently discovered herpesvirus-6 (HHV-6) is higher in patients with CFS than in control groups. The higher level of HHV6 does not necessarily suggest that this viral activity is occurring, but may demonstrate immune responses to various stimuli. Although it is possible that HHV-6 may be a factor in CFS sufferers, it cannot be proven with the current antibody testing.

Though this remains an area of great controversy, the psychological factors influencing those diagnosed with chronic fatigue must be considered as well. Many of the symptoms that go along with this illness, such as headache, muscle aches, difficulty in concentrating, or sleep disorders are also major characteristics in primary mood disorders. On the other hand, the remainder of the symptoms, including fever, soar throat, and lymph node enlargement suggest a physical illness (Evaluation by a Physician). Most patients will confess that they were hit with CFS at a time when they were under heavy psychological stress, which suggests a mental factor may be involved. However, most would also probably add that the depression or anxieties they were experiencing were a result of the CFS, and therefore a secondary reaction.

Treating CFS is no easier than diagnosing it. First and foremost, it is important that the patients are informed about their illness and how it affects the daily aspects of their lives. Practical advice and warnings are needed regarding one’s lifestyle. Individuals must take responsibility to learn all they can about their condition in order to ensure the best possible health for themselves.

There is no proven treatment for CFS that now exists. However, a number of experimental treatments are being used every day. One of the most helpful attempts for the patient is simply to avoid stress and get plenty of rest. When a person with CFIDS is exposed to biological stresses, the body reacts protectively, often resulting in altering the body’s natural homeostasis. If this occurs, a long-term or short-term setback can emerge with serious consequences.

There are medical treatments, but they only tend to address the symptoms because the real cause of the disease is unknown. For example, ibuprofen can be given for joint pain or headaches, and prozac to address the problem of fatigue. Other methods include herbs, analgesics, acute anxiety medications,
hypnotics, vitamins, and allergy medications (Common Treatments). Some doctors advocate regular exercise, while others advise against it. All of these tactics have been found useful for some with CFS, but certainly not for all.

In researching the local aspects of chronic fatigue syndrome, I mainly focused on two women in the area, Sue Myers and Marsha Montgomery, who have suffered with CFS for over 5 years. It was interesting to consider the ways each of their cases were similar and yet unique.

I interviewed Sue Myers by phone. Her case was unique from most CFIDS patients. She’d had chronic fatigue for years, and hadn’t known what the problem was. Early in 1991, she began losing patches of hair. Immediately, she went to a dermatologist, who gave her cortisone shots in the scalp to slow the process. Looking back, she now realizes that this was the first time that the symptoms of chronic fatigue appeared. As the months continued on, she found herself battling severe fatigue, flu symptoms, and even the chicken pox. Another unique characteristic in Sue’s case is the incredible pain she was in. Most CFIDS patients experience great fatigue as their main indication of the malady, but instead Meyers was incapacitated by discomfort as her major symptom. There came a point when she couldn’t even go to the grocery store or walk without a limp.

It wasn’t until two years later, when she switched doctors, that she was diagnosed with CFS. Sue shared that many people with CFS can eventually overcome it, but that others find it manifesting itself in another form as in her case. Today, nearly five years later, she has borderline lupus and chronic fatigue. Her doctor, Dr. Goski, feels that the lupus is strongly connected to the chronic fatigue (Myers Interview).

When I met and interviewed Marsha Montgomery, I found that her case was a little different. In 1990, Marsha just began to feel run down. Those things that she had enjoyed, like running and playing volleyball, she no longer had the energy to do. She began to experience joint pain, muscle weakness, and headaches. Soon whole days were swallowed up in sleep. She went to a doctor, and all her problems were attributed to other areas, such as the gallbladder. Similar to Sue’s experience, a couple of years went by before she was finally diagnosed with CFS. In order to really come to any conclusions about her illness, she had to go out and investigate it herself Unlike Sue, Mrs. Montgomery was mainly affected by extreme tiredness, which would often keep her confined to her bed. The discomfort she would experience was minimal compared to many other CFIDS patients, and for that she was grateful (Montgomery Interview).

Both of these women were highly active individuals who were always on the go. They both shared that they now have to pick and choose those things that they can do or take part in. Each had to make a difficult series of adjustments and cutback her activity. Another similarity they expressed was that
CFS fluctuates a lot. Sue explained how there are days she can bound out of bed with energy she hasn’t had in weeks, but then other days she doesn’t have the strength to get up and get dressed (Myers Interview). As mentioned earlier, Sue Myers explained to me how chronic fatigue can progress into something else for many individuals. When I asked Marsha about this, she told me that very recently she was also diagnosed with fibromyalgia, with which she experiences a great deal of muscle and joint pain. Her doctor considers this to be almost a sister disease to CFS because often one flows into the other eventually (Montgomery Interview).

It is interesting to consider the way that each of these women were diagnosed. Marsha was tested for the Epstein-Barr virus, and when that was confirmed she was officially diagnosed with CFIDS. Now there is no solid link between the two to make that kind of prognosis. On the other hand, Sue went to a rheumatologist, who brought her in for blood testing. As the results came back, he diagnosed her with both lupus and CFS.

In interviewing these women, I found that most of their reports supported all the research that is out currently on this subject. Both said they have the symptoms listed, and both have tried a variety of treatments, from vitamins and herbs to Prozac. As the studies confirmed, these medications can improve the indications of the malady, but not cure the ailment itself. Also, neither of these women advocated a certain medication or remedy that has helped them any more than another. More than anything, they both suggested major changes in lifestyle. The first was to simply slow down and rest. The focus isn’t so much on healing as it is on adjusting.

In researching CFS, I found a great deal of information available to meet the questions I raised. Surprisingly, though, many of those inquiries could not be answered, because we don’t know what it is caused by or how to treat it. Things appear hopeful though. Before 1990, CFS was extremely rare, and no one knew much about it. Now, we are hearing of more cases, more studies are being done, and slowly physicians are learning. Marsha has gone to local support groups in Akron and has come to discover that she is not alone. In fact, over forty people attend on a regular basis (Montgomery Interview). The more CFS is explored, the more there will be learned, and then maybe someday the focus will no longer be surviving, but overcoming.

Works Cited


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