

Chronic Fatigue Syndrome **A Holistic Herbal Treatment Approach**

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This disease is technically known as Myalgic Encephalomyelitis or M.E. Symptoms of it were first recorded in the 1940's but it was not recognized as a disease in its own right until the 1970's and even today there are still some medical professionals who do not recognize it. In all cases there is haematological evidence of chronic infection with Epstein Barr Virus, or occasionally with Cytomegalovirus. Both of these are of the herpes family which is notorious for it's ability to remain latent in the body for extended periods, only manifesting and causing problems when the general health falls below par. In fact 99% of people by the age of 20 will have Epstein Barr Virus in their body but only a few of them will go on to develop M.E. Thus M.E. appears to be indicative of an impaired or compromised immune system rather than any single disease process.

The symptoms of M.E. tend to be disseminated throughout the body including the central nervous system. Because it is a indication of impaired immune function there are often one or more co-existing diseases which confuse the picture and make diagnosis difficult even for the doctor. Candida albicans and multiple allergies are frequently seen in cases of M.E. and symptoms of Fibromyalgia are also common.

Below is a list of the most frequently encountered symptoms with approximations of the percentage of sufferers of M.E. who experience them.

Fatigue (95%), usually made worse by physical exercise. This may be extremely severe and very disruptive to the normal life style of the patient.

Cognitive function disorders (90%)

- * Attention deficit
- * Calculation difficulties
- * Memory disturbance
- * Spatial disorientation
- * Language confusions

Psychological disturbance (80%)

- * Depression
- * Anxiety and panic attacks
- * Personality changes especially worsening of previously mild habits
- * Emotional lability or mood swings
- * Psychosis (1%)

Other nervous system disorders (75%)

- * Sleep disturbance including nightmares
- * Headache
- * Changes in visual acuity
- * Seizures or fits
- * Numb or tingling feelings
- * Disequilibrium
- * Lightheadedness or feeling 'spaced out'
- * Ringing in the ears
- * Paralysis
- * Severe muscular weakness
- * Blackouts
- * Intolerance of bright lights
- * Intolerance of alcohol
- * Alteration of taste, smell or hearing.

Recurrent flu-like illness (75%) often with chronic sore throat.

Lymphadenopathy (60%) especially in the neck and axillae. May be painful.

Allergies (40%) especially catarrhal symptoms, and frequently exacerbation of pre-existing problem.

Weight change (70%) usually gain.

Muscle and joint pain (65%)

Digestive disturbances (50%)

- * Diarrhoea
- * Nausea
- * Irritable bowel syndrome
- * Gas and abdominal bloating
- * Colicky cramping pain.

Low grade fevers (70%) chronic feeling of excess heat.

Night sweats (40%)

Palpitations (40%)

Severe Pre-menstrual syndrome (70% of women)

Herpes simplex or Shingles (20%)

Other symptoms seen in less than 10% of sufferers:

- * Painful or frequent urination
- * Prostate gland dysfunction
- * Rashes
- * Hair loss
- * Impotence
- * Chest pain
- * Dry eyes and mouth
- * Cough
- * TMJ syndrome
- * Mitral valve prolapse
- * Mouth ulcers
- * Cold extremities
- * Rhythm disturbances of the heart
- * Carpel tunnel syndrome
- * Piriform muscle spasm causing sciatica
- * Thyroiditis
- * Various cancers especially of the immune system

(Thanks to Dr. J.A.Goldstein MD of Los Angeles for the above information).

Chronic Fatigue Syndrome or M.E. is commonly preceded by an acute viral or bacterial throat infection which presumably lowers the immunity sufficiently to allow the EBV or CMV to proliferate. In many ways the symptoms are remarkably like those of Infectious Mononucleosis except that they are worse and last longer. M.E. can seriously disrupt a persons life for as long as 6 years and occasionally even longer. It does appear, though, to eventually burn itself out and the person is left with virtually no residual dysfunction. However, with diet and natural remedies it is often possible to speed up the recovery time as well as to help to minimise some of the symptoms. No practitioner will be able to 'cure' M.E. but effective symptomatic treatment will minimise the adverse effects and improve the overall quality of life.

The first and foremost mode of treatment in this condition is **rest**. It is imperative that the person be enabled to rest as much as they need. Indeed there is often no choice in the matter, they simply can't get out of bed! Very gentle exercise such as yoga, Tai Chi, swimming or slow walking will also be helpful to encourage lymphatic flow and circulation of blood.

Stress reduction techniques and positive creative visualisations may also be helpful. The patient should be encouraged to take up meditation, yoga, biofeedback, to go for counselling or to join a self-help group.

DIETARY TREATMENT OF M.E.

This focuses on enhancing the immune function and optimising overall health. A cleansing and detoxifying diet which rebalances acid and alkalinity in the system will be useful at the outset of treatment as a means of relieving stress from the liver and immune system. This cleansing diet should consist of a modified fast: 3 or 4 days on a mono-food program eg. apples or carrot & beet juice or green grapes etc. This is followed by 4 days of raw fruits and vegetables before moving onto a fairly strict maintenance diet. The on-going maintenance diet after the period of detoxification should be strictly animal free, organic and primarily consisting of raw foods to minimise toxins entering the system and to provide cooling forces to the body. No commercial meat or dairy products should be used because their lacing of antibiotics will significantly impair the immune function. There should be no refined carbohydrates, caffeine or alcohol consumed. Organically grown fruits and vegetables are recommended to lessen the load on the liver and immune system. The patient should be encouraged to drink plenty of spring water.

If *Candida albicans* is a problem then a dietary program specially designed for *Candida* should be used. If allergies are a problem then minimise exposure to allergens by following a 4 day rotation diet.

SUPPLEMENTS IN M.E.

A high quality multi vitamin and mineral supplement should be used daily. Added to this should be the following items:

- * B complex 100 mg three times daily
- * Zinc 30 - 50 mg daily
- * Selenium 200 mcg daily
- * Evening Primrose or Blackcurrant seed oil 500 mg. three times daily
- * Vitamin C to bowel tolerance
- * Beta carotene 15,000 iu. daily
- * Garlic capsules (Kyolic) 2 caps three times daily.
- * Chlorophyll: Wheat Grass, Barley Greens, Chlorella, Blue Green algae etc.

Vitamin B complex acts as a tonic for the nervous system and aids in dealing with stress. **Zinc** and **vitamin C** enhance the immune response and assist in fighting viral or bacterial infection. **Vitamin A** enhances the immune system but, as well, it acts as an anti-oxidant to fight free radical damage. **Selenium** and **beta carotene** also work as powerful anti-oxidants, the selenium being part of the **glutathione peroxidase** pathway. **Garlic** and **chlorophyll** both help to remove toxins from the body and the chlorophyll boosts energy because of its very close chemical relationship to haemoglobin.

HERBAL THERAPEUTICS

Immuno-modulators

These are herbs which stimulate and regulate the immune response. Some have a general tonic property while others may have a more specific action on only certain aspects of the immune system.

Echinacea spp.	Baptisia tinctoria
Usnea spp.	Ligusticum porterii
Lomatium dissectum	Tahebuia spp.
Allium sativum	Hypericum perforatum

Bitter digestive tonics

These will enhance digestion and assimilation of food and aid the body in obtaining all the essential nutrients from digestion. They may be especially useful in cases where there are co-existing food allergies. They also stimulate the liver which enhances filtering and cleaning of the blood and boosts immune function.

Hydrastis canadensis	Berberis vulgaris
Taraxacum off. radix	Arctium lappa
Verbena off.	

Adaptogens

These are herbs working mostly on the adrenal glands which aid the body in adjusting to stress. They are especially indicated where there is any long term debility and weakness.

Glycyrrhiza glabra	Panax notoginseng (Panax pseudoginseng)
Astragalus membranaceus	Eleutherococcus senticosus
Borago off.	Verbena officinalis
Ganoderma lucidum (Reishi)	

Stimulants

A pure stimulant such as Centella asiatica or Kola vera should not be used because, while the person will get energy for a while, the overall effect is to drain bodily resources and to worsen the situation. Mild stimulants working as adrenal or nerve tonics or as nutritive agents may be appropriate even for long term use.

Avena sativa	Urtica dioica
Ginkgo biloba	Zingiber off.
Myrica cerifera	Fucus vesiculosus
Rosmarinus off.	Centella asiatica

Circulatory stimulants such as Rosmarinus off. and Ginkgo biloba are particularly helpful in combatting the mental foggy of M.E. All bitter herbs have some general uplifting and revitalising properties. Gentiana lutea is one of the most useful here.

Nervines

Herbs to regulate nervous function may be beneficial. They can help with some of the neuropathic symptoms and also with the depression that often accompanies the disease. Many of them have secondary actions which may also be useful in treating M.E.

Scutallaria lateriflora	Verbena off.
Borago off.	Hypericum perforatum
Passiflora incarnata	Lavandula off.

Sample combinations for CFS

Echinacea spp.	Echinacea spp.
Hypericum perforatum	Urtica dioica
Avena sativa	Avena sativum
Berberis vulgaris	Borago off.
Verbena off.	Verbena off.
Zingiber off.	Zingiber off.
Ginkgo biloba	Ginkgo biloba

Glycyrrhiza glabra	Usnea spp.
Ginkgo biloba	Hypericum perforatum
Avena sativa	Rosmarinus off.
Turnera diffusa	Urtica dioica
Zingiber off.	Borago off.
Fucus vesiculosus	Taraxacum off. radix
Urtica dioica	

As will be seen by the case history descriptions below, the great art of phytotherapy is in the blending of the correct herbs for each individual client. The herbs must be chosen with care to accurately address the symptoms as well as the underlying cause. In the case of M.E. where the root cause is ambiguous then symptomatic herbal treatment will only be effective where it is accompanied by proper lifestyle adjustments, most particularly in regards to the diet and the level of toxins in the system.

Individualised herbal prescriptions provide room for continuous assessment of the whole patient picture and subtle adjustments can be made as the patient progresses and the symptom picture changes.

RETROSPECTIVE CASE ANALYSIS

Case 1

Mrs A. first attended the clinic in May 1992 when she was 44 years old. She complained of bouts of low energy which had been present on and off for 2 years but more recently had become almost continuous. She had been undergoing a lot of personal stress and had had to cease paid employment some 3 months earlier although she did try to do some voluntary work every week. The sleep pattern was good with about 8 hours per night, but she never woke feeling rested. Mental processes, memory and concentration were all poor and there was sometimes depression and especially a feeling of guilt for the burden she was becoming on her husband. The medical diagnosis she had been given was "either Chronic Fatigue Syndrome or Fibromyalgia" and she had been prescribed **amitriptyline** which she had not taken.

Apart from endometriosis in her 20's, Mrs. A. had been in remarkably good health all her life. The only known allergies were to wasps and bees. She had never been pregnant and at the time of the first consultation the endometriosis was completely asymptomatic. She exercised a little (as much as the level of fatigue would allow) and her diet was extremely good although she did not drink enough water. She was also taking the following supplements daily: vitamin E 800 iu., beta carotene 25,000 iu., zinc 15 mg., B complex, selenium 100 mcg every other day, vitamin C 300 mg. every other day and calcium-magnesium at certain times through the month.

The recommendations given to her included that she completely avoid all cheese, milk and other dairy products, that she minimise her intake of meats and that those she did eat were certified organic, that she boost her water intake and that she increase her vitamin C to bowel tolerance. It was also recommended that about 50% of the dietary intake be in the form of fresh vegetables, raw wherever possible and that she make beans a main source of protein.

She was given blue green algae capsules 2 to be taken tid.

The herbal formula given to Mrs. A consisted of the following herbs:

Ginkgo biloba (1:4)	15 ml.
Avena sativa (1:1)	15 ml.
Turnera diffusa (1:4)	10 ml.
Taraxacum off. radix (1:3)	10 ml.
Kola vera (1:5)	10 ml.
Zingiber off. (1:3)	10 ml.
Fucus vesiculosus (1:1)	15 ml.
Urtica dioica (1:3)	15 ml.

100 ml.

sig. 5 ml. tid, aqua cal, ante cibum

The Ginkgo was given to improve circulation to the brain; the Avena and Turnera were given as tonic, stimulating nervines and thymoleptics; the Taraxacum was given to improve liver function

and enhance the cleansing of toxins from the system; the Kola was used in a very small dose as a pure stimulant; the Zingiber was used as a warming circulatory stimulant; the Fucus was used to enhance the metabolic process and provide essential trace elements; the Urtica was used as a blood cleanser and blood builder and to provide energy in the form of chlorophyll and iron.

Mrs. A. returned to the clinic a month later reporting a definite and consistent increase in energy levels, more clarity of thought processes and improved concentration. She had followed all the dietary recommendations to the letter. The herbal formula was repeated for another 5 weeks and this time she was also given the following Bach Flower Remedies in a separate bottle, 4 drops to be taken 4 times a day: Aspen, Centaury, Cerato, Clematis, Elm, Scleranthus, Olive. These were chosen for emotional states of fear, vacillation, lack of confidence in herself, difficulty making decisions, day dreaming, mental exhaustion and emotional lability.

On her third visit Mrs. A. was continuing to find a steady improvement in her symptoms. She had 2 days of very low energy following a head cold but had picked up again quite quickly. There had been some mood swings (hyperactivity and depression) which she related to being "hard on herself" about having been sick. She had been craving licorice. After this visit the formula was changed slightly to include the adaptogenic Glycyrrhiza glabra that her body was craving, and to eliminate the Kola vera which, if taken long term may ultimately cause adrenal and nervous exhaustion.

Glycyrrhiza glabra (1:3)	15 ml.
Ginkgo biloba (1:4)	15 ml.
Avena sativa (1:1)	15 ml.
Turnera diffusa (1:4)	15 ml.
Zingiber off. (1:3)	10 ml.
Fucus vesiculosus (1:1)	15 ml.
Urtica dioica (1:3)	15 ml.

100 ml. sig. 5 ml tid, aqua cal. ante cibum.

The Bach Flower Remedy and the blue green algae was repeated.

On her next visit 6 weeks later Mrs. A. reported significant improvement such that she was no longer needing to take an afternoon nap, was taking a computer course and was doing yoga daily. Her emotions were more stable and she felt optimistic of total recovery for the first time. At this time the formula was repeated for 8 weeks along with the Bach Flower Remedy and the blue green algae.

On her last visit Mrs. A. reported that she felt "almost back to normal" and that she was returning to part time work. Although she flagged towards the end of the day, her overall energy level was good and she was able to concentrate easily and remembered things well. At this time the formula was changed slightly and was dropped to twice a day for 6 weeks.

Glycyrrhiza glabra (1:3)	10 ml.
Borago off. (1:3)	15 ml.
Rosmarinus off. (1:3)	15 ml.
Turnera diffusa (1:4)	15 ml.
Avena sativa (1:1)	15 ml.
Urtica dioica (1:3)	15 ml.
Verbena off. (1:3)	15 ml.

100 ml.

Sig. 5 ml. bid, aqua cal. ante cibum.

The Borago was added as a gentle adrenal tonic and the Verbena was used in place of Taraxacum as a bitter digestive tonic that is also thymoleptic.

The Bach Flower Remedy was also changed to keep pace with the patients changing mental outlook: Vervain, Scleranthus, Cerato, Centaury, Pine. These were chosen for the emotional states of mental tension, perfectionist tendencies, guilt and self reproach.

Towards the end of 1995 this patient returned to the clinic for treatment for a superficial but severe burn. She reported being in excellent general health with no signs of the CFS except a better understanding of how to pace herself and not get overstretched.

Case 2

Ms. K. first attended the clinic in September 1992 when she was aged 41. She had been diagnosed with M. E and Fibromyalgia and was taking the following medications: **Naprosyn** (a non-steroidal anti-inflammatory and analgesic), **Cytotec** (a gastric acid inhibitor to protect against damage from the Naprosyn), **Euflex** and occasional OTC anti-histamines.

Her family history included Multiple Sclerosis and Ankylosing Spondylitis. Her previous medical history included Scarlet Fever and Pertussis as a child, Rubella and Amoebic Dysentery as an adult, as well as one ectopic pregnancy in 1983, two cesarian births in 1981 and 1985, and a partial hysterectomy in 1991 because of severe fibroids.

Ms. K. began to be unwell in 1986 following a serious viral influenza. Since that time she has suffered with overwhelming fatigue, inability to concentrate and focus, very poor memory, severe muscle pain and weakness, headaches, abdominal bloating and gas, nightmares and poor sleep, sporadic facial flushing, cold hands and feet, restless legs at night, depression, shortness of breath and palpitations. She also has nasal mucus, itching eyes and earaches from her allergies to smoke, pollen, many trees and many foods. As well there is a high serum testosterone level leading to hirsutism and some loss of head hair. In 1989 she was able to afford a nanny for a year and began to feel some improvement in her condition as she was able to rest more. In 1991 she took Evening Primrose Oil and received magnesium injections for the palpitations. Presently she feels "a 50% improvement" over how she was at the outset of the illness and is now able to walk slowly for about 40 minutes per day as exercise, but she is still far from well.

Ms. K's diet was far from perfect. She was somewhat overweight and had a bowel movement only

every 2 or 3 days. She typically ate meat, cheese, milk, candies, cakes and coffee daily but took no alcohol as it significantly worsened all symptoms. She was a non-smoker. She also took the following supplements: a multi vitamin/mineral formula, vitamin B complex, bromelain, vitamin E, Evening Primrose oil and sporadically calcium and magnesium.

Initially she was not recommended to undergo a major cleansing and detoxification program because it was too radical a change for her to take at the outset of the treatment. Instead it was simply suggested that she reduce meat to once or twice a week, cut right down on all dairy products, eat more fresh fruit and vegetables, avoid sugars and cut out coffee. She was also recommended to continue with her supplement regime but to be sure to use natural source and to add in vitamin C to bowel tolerance. She was also advised to take calcium citrate (750 mg) and magnesium (300 mg) daily.

Her herbal formula consisted of the following herbs:

Harpagophytum procumbens (1:3)	15 ml.
Menyanthes trifoliata (1:3)	10 ml.
Taraxacum off. radix (1:3)	15 ml.
Avena sativa (1:1)	10 ml
Ginkgo biloba (1:3)	15 ml
Vitex agnus-castus (1:3)	10 ml.
Urtica dioica (1:3)	15 ml.
Echinacea spp. (1:3)	10 ml.
	<hr/> 100 ml.
	sig. 5 ml. tid, aqua cal. ante cibum

The Harpagophytum and Menyanthes were included as musculo-skeletal anti-inflammatories with the added bonus that Harpagophytum is also a protector of the gastric mucosa specific for peptic ulcers. The Vitex was included to balance the testosterone levels via a regulatory action on the pituitary gland.

After 6 weeks on this formula Ms. K. returned to the clinic for a follow up visit. At this time she reported that despite a bit of a cold in the first couple of weeks on the formula, she now felt significant improvement. She had attempted to follow the dietary recommendations but found it hard to be very strict. She had noticed a definite lessening of the nasal mucus and other allergy symptoms, slowing down of hair loss, reduction in flushing and heat sensations and a considerable lifting of the mental "foggy" and "spacy" that had plagued her since the outset of the illness. She was having fewer nightmares and less frequent and milder headaches. There was still significant fatigue but the severe muscle pain had eased somewhat and she had begun to take an evening class in jewellery making. She was taking 3 grams of vitamin C daily and having a bowel movement every day. At this visit the formula was changed to allow a slightly more warming and stimulating action:

Hypericum perforatum (1:3)	15 ml.
Zingiber off. (1:3)	10 ml.
Ginkgo biloba (1:4)	15 ml.
Vitex agnus-castus (1:3)	15 ml.
Urtica dioica (1:3)	15 ml.
Harpagophytum procumbens (1:3)	15 ml.
Menyanthes trifoliata (1:3)	15 ml.

100 ml. _____ sig. 5 ml. tid. aqua cal. ante cibum.

She was also given blue green algae and was encouraged to follow through better on the original dietary recommendations. This patient is still in the early stages of treatment and subsequent improvements are expected to proceed slowly because of the original severity of the illness and the chronic nature of it.

Case 3

Mrs. B. first attended the clinic in August 1992 when she was 29 years old. She had originally become unwell in 1987 following a Hepatitis B vaccination and when she was under an enormous amount of job related stress. The illness began with repeated bouts of flu-like symptoms which left her progressively more tired and weak, and which were accompanied by a loss of 15 lbs. in weight over a period of a few weeks. In 1989 she developed an acute pain in the lower left quadrant, accompanied by a vaginal discharge. This was diagnosed as PID and she was given **Vibramycin** (an antibiotic). Following this all her symptoms worsened and, in extreme pain, she was admitted to hospital for a laparoscopy. This revealed a ruptured ovarian cyst which was treated conservatively. After this the flu-like episodes became ever more frequent and severe until she was forced to quit her nursing job and was mostly unable to even get out of bed. Around this time there began to occur right-sided numbness and tingling in the arm, leg, face, shoulder and back. There also developed great difficulty concentrating or remembering things.

In 1990 she was diagnosed with M.E. based on a positive EBV, and she was told to increase her exercise level and was referred to a psychiatrist for emotional treatment.

In 1991 Mrs. B. began to consult with a Naturopathic Doctor and underwent a rigorous cleansing program as well as taking various homeopathic remedies (Ignatius & Lachius) plus some immunomodulating herbs (Astragalus membranaceus, Glycyrrhiza glabra and Echinacea spp.). She also supplemented her diet with blue green algae and Evening Primrose Oil. A series of colonic irrigations was also undertaken. Following this regimen she became much sicker with exacerbation of all symptoms. There also began severe right upper quadrant pain and nausea. A diagnosis of **biliary dyskinesia** was made by a gastroenterologist and she was offered a gall bladder removal which she declined. Allergy testing at this time (skin prick method) revealed sensitivities to wheat, rice, soya, bananas and broccoli.

Between May and November 1991 Mrs. B. received regular intra-muscular injections of **vitamin**

B12 and **Magnesium** and once took intravenous **vitamin C**. She was also prescribed **Luvax** (an anti-depressant) and **Flexeril** (a muscle relaxant) and used a TENS machine daily.

In early 1992 Mrs. B. began receiving acupuncture and took some Chinese herbs of which the names are not available. She also used **Black radish** juice and **Lateroflora** to remove *Candida albicans* from her body.

As of August 1992 the following symptoms were still present: extreme fatigue - able to walk slowly for 5 blocks then had to rest for up to an hour to recover, flu-like feelings with activity, frequent nightmares and generally poor sleep, nausea and right upper quadrant pain several times a week, sporadic cervical lymphadenopathy, palpitations, cold hands and feet, dizziness and spaciness, tingling, numbness and weakness on whole right side almost continuously, very low mental energy and great difficulty in concentrating or remembering things, headaches, sore throats, frequent blurred vision and visual disturbances, and emotional lability. All symptoms worse pre-menstrually and exacerbated by severe dysmenorrhoea.

Mrs. B's diet was exceptionally good with lots of fresh fruit and vegetables, fish or grain-fed chicken only once or twice a week, mostly organically grown foods, virtually no dairy products, no caffeine, no refined sugars and no alcohol.

She was taking a multivitamin/mineral supplement as well as additional vitamin C, Evening Primrose Oil, Co-enzyme Q10 and Barley Green powder.

The herbal prescription on this first visit was:

Echinacea spp. (1:3)	15 ml.
Hypericum perforatum (1:3)	15 ml.
Avena sativa (1:1)	15 ml.
Berberis vulgaris (1:3)	15 ml.
Verbena off. (1:3)	15 ml.
Zingiber off. (1:3)	15 ml.
Ginkgo biloba (1:3)	10 ml.

100 ml

sig. 5 ml. tid. aqua cal. ante cibum.

The *Hypericum* was used as a relaxing, tonic nervine for the right-sided numbness and tingling, the *Berberis* and *Verbena* were used as bitter digestive tonics, the *Verbena* also being a nervine and thymoleptic as well as antispasmodic which can be helpful in biliary dyskinesia; the *Echinacea* was used as an immuno-modulator.

It was also recommended that she increase her vitamin C intake and also take vitamin E 400 iu. Zinc 25 mg. and selenium 200 mcg. daily, these all being useful in boosting immune function.

On her second visit a month later Mrs. B. reported that within a week of commencing the herbal

formula she had begun to notice significant improvement. She felt less tired, more emotionally stable and the right-sided numbness and tingling was somewhat better. A Reiki treatment at this time revealed a blockage of energy flow in the region of the neck and through the session, as this block was released, she described a feeling of lightness and calmness coming over her and the easing of a headache that had been present for 48 hours. The formula was repeated for 6 weeks.

On her third visit to the clinic Mrs. B. reported that all her symptoms had lessened although they tended to flare up when she was tired and pre-menstrually. She particularly noticed an improvement in the right-sided tingling and numbness. She had run out of the herbal formula for 2 weeks and had felt a noticeable worsening of all her symptoms without it. She had tried to eat some meat (beef and chicken) but it brought on the right upper quadrant pain so she had decided to leave it out again. She still felt a lot of fatigue but had taken up a yoga class and was trying to walk a little every day. Regular meditation and the use of visualisations and affirmations was helping her to feel calmer and less judgemental about herself and her illness. She complained in this visit of worsening dysmenorrhoea so the formula was adapted to meet this problem:

Usnea spp. (1:5)	10 ml.
Ginkgo biloba (1:4)	15 ml.
Urtica dioica (1:3)	15 ml.
Avena sativa (1:1)	10 ml.
Verbena off. (1:3)	15 ml.
Borago off. (1:3)	15 ml.
Angelica sinensis (1:3)	10 ml.
Glycyrrhiza glabra (1:3)	10 ml.
<hr/>	
100 ml. sig 5 ml. tid, aqua cal. ante cibum.	

Usnea was exchanged for Echinacea because after weeks of continuous use the body can build up a tolerance to Echinacea which reduces its effectiveness. Both Borago and Verbena, as well as having their own individual effects in the body, are also glandular tonics and stimulants and were included to aid in the regulation of oestrogen, progesterone and uterine prostaglandins. The Angelica sinensis was used as an ovarian tonic for the dysmenorrhoea.

At this time Mrs. B was also given a dropper bottle of an analgesic formula to be used for myalgia or dysmenorrhoea. This consisted of *Piscidia erythrina*, *Valeriana off.*, *Viburnum opulus*, *Lobelia inflata*, *Gelsemium sempivirens* and *Aconitum napellus*. She was also given the following Bach Flower Remedies: Wild Rose, Walnut, Olive, Pine, Elm, Hornbeam. These were chosen to treat the emotional states of weariness, transition & change in life patterns, doubt of ability to recover, guilt & self reproach, and overwhelming by responsibilities.

At her next visit 6 weeks later Mrs. B reported a continued slow but steady improvement in her physical symptoms and mental clarity although the fatigue was still greatly debilitating. Her formula was repeated for a further 6 weeks. It is anticipated that at the next visit the dosage will be reduced to 5 ml. bid. as a start to the process of weaning her down to a small, long term, maintenance dose.

CONCLUSIONS

In conclusion it must be said again that each and every patient presents with their own particular set of problems. We may make general assumptions based on epidemiological evidence but we cannot treat successfully unless we acknowledge the uniqueness of each person. Holistic herbal therapy offers the potential to be infinitely adaptable for every set of circumstances. Utilising dietary and supplemental therapy enables us to precisely control the internal milieu and by cleansing and toning the digestive processes we can make the body a less hospitable place for disease to lurk. This has the added advantage of actively involving the patient in their own therapy and forcing them to take responsibility for their own healing. Bach Flower Remedies enable the practitioner to treat at very subtle, even esoteric, levels and to address issues which cannot be reached by conventional therapies nor by regular phytotherapy. The herbal formulas themselves offer us an infinite array of possibilities. Although the basic ingredients may be similar in many cases, the formula can be precisely tailored to the individual needs and can change over time as the needs change. The dose can also be adjusted as required so that the possible permutations are almost endless. Treating M.E. in this way offers great hope for amelioration of symptoms and hastening of the healing process.