

# A case of Chronic Fatigue Syndrome

BY KENNETH N. WOLINER, M.D.

“My wife made me come.”

‘Typical’, I thought. Unless a man can’t work, (or can’t play golf) they don’t go to doctors unless their spouse forces them. For Robert, both were the case; his wife actually made this appointment for him.

Robert continued, “I’ve suffered with Chronic Fatigue Syndrome (CFIDS) for ten years, but it never has been as bad as this. Last month, I had to take a leave of absence from my accounting firm. I really don’t know what you could do though. I’ve been everywhere.”

“You’re not joking. I see this two-inch thick stack of old records you brought. Don’t worry though; I spend 80+ minutes with new patients, so we’ll have time to go through it all.”

“After years of being tired all the time, I went to the University of Miami, but they mostly do research, not treatment. None of the studies I was enrolled in seemed to do much for me. Actually, it was the doctor there who told me about you.”

“Yes, I actually get quite a few referrals from the university. Perhaps it is because I think outside the box, and find ways to get individual patients better with individualized treatments. What have you tried so far?”

“They prescribed anti-depressants even though I’m not depressed. Ritalin, even though I don’t have ADD. I’m now on Growth Hormone (HGH) even though it costs \$1000 per month. Why do they treat me for diseases I don’t have instead of treating what I do have?”

“CFIDS crosses over many different specialties of medicine. Endocrinologists treat thyroid problems. Infectious Disease doctors treat Epstein Barr. And Neurologists treat sleep disorders. But in my practice, I look at everything at once. By the way, how’s your sleep?”

“They gave me Ambien for that, but no matter how long I sleep, I wake up just as tired as when I went to bed!”

“There is a difference between not being awake and truly sleeping. We need a sleep study specifically looking for ALPHA-DELTA SLEEP, a sleep disorder commonly seen in CFIDS patients. I want you to wake up almost like you’ve been in a ‘Westin Heavenly Bed’ commercial.”

I looked Robert over from head-to-toe (literally) and after finishing my physical exam I asked, “Do bright lights bother you?”

“Yes!!! Even the computer screen gives me headaches!”

“Despite shining a light into your eyes, your pupils stay big. We call this ‘asthenocoria’, and it is associated with ADRENAL FATIGUE.”

“So how do we treat that?”

“My history and physical exam, combined with your old records tells us what to start with. I’ve put together a comprehensive plan of diet and lifestyle changes, supplements,



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and even some prescriptions. Instead of giving you 50 pills to take, my patients prefer using these protein shakes that have extra vitamins in them. And to jump start your recovery, we could always give you nutrients intravenously.

“Though you’ve had a tilt-table and other tests, there are a few other ‘reference lab’ tests you’ve never had before that I need to fine-tune your treatment.”

“When do you think I’ll get better?”

“This month, I’m sure you’ll feel better than you’ve had in a long time. And typically, my patients are 75% better by the end of the end of the second month. Being out of work is a big financial hit and I’m not satisfied until my patients are paying income taxes in their chosen profession.”

Though Robert didn’t follow my instructions to the letter, he noticed an improvement immediately after his first nutritional IV. By the third month, true to my word, he was back at work.

“I can’t believe it,” Robert said. “I’m happy about paying taxes!”

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