Red blood clue to the missing links in chronic fatigue treatment

With theories about hole in the heart and porphyria, Prof Steven Rochlitz is changing the way practitioners approach Chronic Fatigue Syndrome. CAM award winner and CFS/ME specialist Niki Gratrix, Dip ION, mBANT, NTC, CNHC, introduces his work.

During my seven years focusing on Chronic Fatigue Syndrome/Myalgic Encephalomyelitis, the major researchers and clinicians who have profoundly influenced my work are people like Dr Paul Cheney, Dr Rich Van Korynenberg and his theories based on the work of Dr Amy Yasko on autism, Dr Patricia Kane, Professor Martin Paul, Dr Stephen Sinatra, Dr Sarah Myhill, Dr Deitrich Klinghardt and others.

Many in the CFS/ME world know of these people to some degree, but I doubt many in the UK have yet come across the work of Prof Steven Rochlitz, PhD. He has done some ground-breaking research and has what I would term “laser” insight into some of the key issues going on at the biochemical and energetic level for many of the most difficult cases to treat. This is especially the case for those patients with CFS/ME and multiple food and chemical intolerances.

Prof Rochlitz first came to my attention when I read his book “Allergies and Candida with the Physicist’s Rapid Solution” (available at www.wellatlast.com). I then read his other books; what immediately impressed me is that he hypothesised publicly in 2005 that many patients with environmental illness may have patent foramen ovale (PFO). This is a hole in the heart that some 30% of the entire human population probably have.

The reason this is impressive is that one of the world’s leading clinicians and researchers in CFS/ME, Dr Paul Cheney (www.cheneyresearch.com), came out in 2009 and confirmed he believes about 90% of patients with CFS/ME may have PFO, too. I saw Dr Cheney speak at the Institute for Functional Medicine’s 2008 annual conference in the US, where he presented all his research on heart function and CFS/ME to a standing ovation from more than 600 top-class practitioners.

Dr Cheney has been studying the heart in CFS/ME patients with probably thousands of dollars of equipment to clinically test heart function – so it was impressive to read that Dr Rochlitz’s research findings are being confirmed.

PFO can explain why people with chronic and environmental illness are both fatigued and develop global allergies and sensitivities. A hole in the heart means blood can shunt across from the right to the left atria, bypassing the lungs, which means blood is de-oxygenated, there will be decreased blood flow to the brain, and some toxins which get filtered out by the lungs will remain in the blood.

Clearly this will lead to fatigue and exercise intolerance.

In addition, Rochlitz believes the low blood flow levels, toxin overload and low blood oxygen levels will increase the permeability of the blood brain barrier causing the brain to go into an excited state. Sleep would likely be
Abundant porphyrins are found in nature. As Rochlitz explains in his book "Porphyria: The Ultimate cause of Common, Chronic and Environmental Illness", when you bind iron with organic, aromatic compounds called porphyrins or porphyrin rings, you get the HEME part of HEMOGLOBIN – the protein that gives red blood cells their colour. Abundant porphyrins are found in nature. These bind to magnesium to produce chlorophyll.

Porphyrins are made in every cell of the body. Heme is too, but it is primarily synthesised in the liver, bone marrow and red blood cells. About 40% of heme is NOT used to create hemoglobin, but to produce the Cytochrome P450 enzymes (CYP450s). The liver has the most P450 enzymes, but they are found in many other organs as well.

Porphyria is a metabolic disorder in the production of heme – i.e. iron and porphyrin rings. There are eight different types of heme molecules in the body of which CYP450 enzymes are a major one, which we will focus on here. The disorder can be acquired or inherited.

There are two ways porphyria involving the P450 enzymes can cause symptoms. When a toxin or substance causes the P450 enzymes to be induced, instead of detoxifying the substance, an excess amount of porphyrins are produced. These act as internal toxins and can adversely affect the organs they build up in.

The second way symptoms are caused by porphyria is due to the build-up of the substance itself, meant to be broken down by the P450 enzymes. A little of a substance eaten by a porphyrin person is a lot because it is not sufficiently broken down. So caffeine or cortisol or whichever substance is not being broken down by the liver effectively is suddenly at very high levels in the porphyrin person. Hypersensitivity to the substance results.

The key papers
Rochlitz particularly sites two seminal papers written by US dentist David Downey, DMD, in the 1990s. Dr Downey’s practice included implanting metallic dental prostheses in patients, and he found some patients were getting profoundly ill from this work.

(1) Downey went on to hypothesise that porphyria could be linked to chronic fatigue in the journal Medical Hypotheses in 1992.

(2) Next, Rochlitz points out that medical physician Dr William Morton, MD, PhD started to write similar papers around the same time. In a 1996 study, Morton found 71% of 38 Multiple Chemical Sensitivity (MSC) patients had one or more excess porphyrins in the stool or urine. (3, 4) Downey also went on to confirm finding 90 of 62 MCS patients had one or more heme synthesis problems in a paper published in Medical Hypotheses in 1994. (5)

In the medical literature Porphyria has been linked to:
- Gulf War syndrome
- Agent Orange victims
- Silicon breast implants
- Fibromyalgia
- Chronic fatigue syndrome
- Alzheimer’s

Downey theorised that as many as 20% of mankind has the genetic defect, and that after a toxic exposure, will become chronically ill. (6) Morton thinks the number is more like 3-5%.

* For extensive recommendations for porphyrins including supplement and dietary recommendations and how to test for porphyria, the book by Rochlitz (below) is recommended (available from www.Wellatlast.com).

References

About the author
Niki Gratix, Dip ION, mBANT, NTC, CNHC is an internationally renowned speaker, writer and educator specialising in the area of Chronic Fatigue Syndrome/ME, energy issues and mind-body stress-related illnesses. She has completed more than 7000 consultations with fatigue patients. In 2005 she co-founded The Optimum Health Clinic, where she was Director of Nutrition for five years. The clinic specialises in treating Chronic Fatigue Syndrome/ME, Fibromyalgia and related illnesses, and was CAM magazine’s Award for Outstanding Practice in 2009. She is running seminars for practitioners treating people with CFS/ME; full details of her upcoming courses for 2012 can be found at www.expertpractitioner.com.