



THE DOVE CLINIC FOR INTEGRATED MEDICINE

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Complementary Approaches to Chronic Fatigue Syndrome

We have a number of approaches to chronic fatigue syndrome, and we tailor the test and treatments to fit the individual patient. Treatment regimes do change based on the outcome of a variety of tests (see later) that we carry out on all our chronic fatigue patients on a regular basis. This gives us an objective view of how each patient's immune system is behaving at that time.

We carry out a number of specialised biochemical tests, which are not available in the average laboratory, to look at specifics of immune function in chronic fatigue patients and also to identify exogenous (this means from outside), RNA. This is because many chronic fatigue syndromes are in fact chronic viral infections, viruses are made from RNA and these arise from outside. These tests are relatively expensive but in certain situations they can be useful in terms of supporting a diagnosis.

Monitoring the treatment of chronic fatigue isn't easy, this is therefore why we carry out periodic monitoring investigations which can logically guide the patient towards developing a unique treatment approach which works for them, remembering that this approach will change anyway as the immune system is highly complex and interactive; so constant monitoring is essential in order to keep up with the dynamic process any patient with chronic fatigue syndrome is involved in.

Treatment Objectives:

1. To improve immune function

The reason why chronic fatigue occurs in the first place relates to a failure of the immune system in some way. Our aim is to normalise immune function. There are many ways of doing this, and these ways

will vary from time to time in any individual patient depending on their test results at each appointment. Most importantly it is important never to rely on one approach alone, as immune function is complex and will not respond to simplistic approaches. Therefore effective treatment will consist of several approaches all running concurrently.

2. Detoxification.

Some cases of chronic fatigue syndrome are due to chronic toxicity, such as to organo-phosphate poisoning. Patients who have virally induced chronic fatigue syndrome often also acquire toxins along the way, particularly chronic yeast infections due to candida albicans (thrush). We use a range of detoxification processes.

Diagnostic and testing systems used commonly by us:

1. Computerised Electrodermal Testing.

This is a sophisticated way of deciding which medications are necessary for the patient at that point in time in order to support immune function. It relies on making tiny electrical measurements over acupuncture points and balances these readings against several thousand remedies which are placed into the circuit with the patient. The collection of remedies which normalises the electrical readings made are the medications given to the patient. This selection of remedies has to be rechecked and modified every so often in order to maintain optimal possibilities of enhancing immune function.

This testing method often reveals the presence of chronic infective focuses which have been draining immune function for many years, such as dental root canals, chronic sinus infections, and chronic pelvic inflammatory disease, to name a few possibilities. This approach also indicates which patients need their amalgam tooth fillings removing and replaced by white fillings. Mercury, a heavy metal, in the amalgam fillings can act as a powerful poison in some patients and can drain immune function

2. The AMI

This is a Japanese piece of computerised equipment which, using fast circuits, measures milliamperage currents over the end point of each acupuncture meridian (these points are situated on the ends of fingers and toes). The computer then compares the readings made with normal readings for the particular time of year that the readings are made, and

then scores each meridian accordingly as to how over or under active they are. We have found that this method is reliable and reproducible (we have done a statistical study, now published, to confirm this statement) and gives a clear guide as to organ function in the patient. This is key information as immune function partly relates to the coherent functioning of all the organ systems.

3. Nutritional blood tests (of vitamin and minerals).

We measure a range of vitamin and mineral levels in the blood, especially magnesium, zinc, selenium and the B group of vitamins. If these are low, which we find they are in the vast majority of chronic fatigue syndrome patients, we supplement them intravenously in the first instance followed by ongoing oral supplementation when blood levels have been corrected.

4. Dark Field Microscopy.

This is a relatively new technique for looking at blood in the living state. It is interesting that conventional medicine has a predilection for looking at things when they are dead. We use a tiny drop of blood from a finger tip and magnify it up to nearly 10,000 times. The patient as well as the therapist can see on video their own blood cells and contaminants in the blood serum all interacting in real time. From these pictures we can reach several important conclusions as to the state of the patients immune function, and we can deduce a number of recommendations for the ongoing care of the patient.

5. Immune system tests.

We are working with a group of biochemists from Russia who have spent many years, in Russia, researching the biochemical aspects of the phenomenon of spontaneous remission from cancer. This is to do with immune system function and this work (so far unpublished) produced a whole series of insights into the most important biochemical markers for immune function in a variety of diseases, including chronic fatigue syndrome. These centre around tests for levels of several important neurotransmitters, including serotonin and dopamine, which are measured both in the in the urine. The results give a reliable indicator as to how treatment is progressing, and as to how treatment may be changed in order to achieve an optimal clinical outcome.

6. Computerised Kirlian Photography.

For this we use Russian equipment which measures the electrical corona discharge around the finger tips (Kirlian Photography) . These pictures are then image processed by the computer software and the outcome can, in many cases, give an informative indicator as to how things are progressing. In chronic fatigue syndrome there are often deficiencies in the image around the fingers, due essentially to high skin resistance, which is the outcome of the chronic inflammatory process which is most often going on in chronic fatigue syndrome. Monitoring this photograph and retaking it each time the patient attends gives a good indication as to how the patient is progressing.

7. Imaging of Acupuncture points in real time

We have technology for imaging acupuncture points in real time, the points look like tiny fountains of white light, these can be seen by the patient as well as the therapist. By adjusting the equipment it is possible to image the key active points in each case, and it is then possible to treat them with absolute accuracy. Such accuracy in treatment may not be clinically necessary in say treating back pain or migraine, but when treating life threatening conditions such as cancer then absolute precision in treatment can be critical.

Treatments.

1. Nutritional Medicine

This centres around the use of intravenous vitamins and minerals, progressing onto oral supplementation. We also use a number of amino acids intravenously.

2. Homoeopathy, both classical and complex, including Herbal Medicine

We use a large range of classical homoeopathic remedies, also complex homoeopathic and herbal preparations. The selection of these remedies is done largely using computerised electrodermal testing (see previously) as well as on a clinical basis.

3. Dietary approaches.

We work out a diet specific to each patient, commonly it involves eliminating fat, sugar, additives, and animal protein and the increased

consumption of high fibre foods and the use of organic produce. There is considerable evidence to indicate that bad diet can be an important contributor to immune system dysfunction. There is also evidence that radical changes to dietary habits can aid the healing process. There isn't any evidence that these dietary changes are in themselves curative.

4. Activated Oxygen (Ozone, O3).

The use of ozone intravenously using a technique known as autohaemotherapy, is commonly used in Germany, using EEC approved equipment. There is a large body of research literature on ozone showing that it stimulates immune function.

5. Acupuncture.

We use acupuncture for pain relief in cancer. Most particularly, to stimulate immune function, we use a form of ear acupuncture called auriculotherapy. This uses silver and gold needles, placed very precisely on the ear guided by feeling the patient's pulse at the same time. This has the effect of stimulating immune function in a way, specific to the patient. Acupuncture used under direct vision of the active points diagnostic is a key method of using acupuncture when using it as part of a treatment plan for chronic fatigue syndrome.

6. The use of Functional Foods.

We are using special preparations from Japan which are derived from rice bran. These have been shown, both in animal studies and in studies on human cancer patients, to increase the activity of natural killer cells, by on average 135% but in some cases much more than this. No side effects have been noted in anyone taking these special medications. We don't operate as a retail pharmacy and only prescribe and supply to patients who come to see us. We have carried out a descriptive study on the use of this preparation in chronic fatigue syndrome. We found it very effective in the virally caused chronic fatigue syndrome patients. We are about to publish this study.

7. Emotional support and healing.

We use a range of trained counsellors skilled in the area of chronic fatigue syndrome, and graded exercise programmes, who can give the necessary emotional support both to the patient and to their families. These approaches are tailored to each patient and include a detailed and

ongoing life style assessment. Our observations are that improved emotional and spiritual functioning are an important part of improving immune function. We also regularly use healers.

8. Life style changes and the identification of co-factors.

There is good evidence that there are many factors that can contribute to chronic fatigue syndrome such as smoking, ionising radiation, toxic chemicals such as organo-phosphates to name a few. Also conventional medical approaches can be a factor in some cases such as the long term use of HRT, the use of ovulation stimulants such as Clomid in infertile women, or even the long term repeated use of antibiotics can be a significant co-factor. Lastly stress and emotional/spiritual trauma often do contribute by producing immune system stress so allowing chronic fatigue syndrome to occur. Addressing these issues often does involve sweeping life style changes. Those who are able to embrace these often look back and see their cancer as being a transforming event in their lives which in the long run has brought about much positive change.

Many of the methods that we use , even though they are all inherently safe, have not been submitted to the range of clinical research studies that conventional medical approaches have. This is largely because these techniques have been , and are largely still, outside of the remit of conventional medicine. Also non of the complementary methods lead to any patentable drug or similar, so the commercial incentive hasn't been there to develop and research these methods.

New studies are however appearing all the time which supports much of the work that we are doing.

We give our treatments on an informed consent basis.

How Do Patients Come to See Us

Patients most often come on a private basis, and we always inform the GP unless the patient asks us specifically not to. Some patients do come to see us referred by the General Practitioner on an NHS funded basis through their local Primary Care Group. This is usually done in tranches of three or four appointments, then a review occurs after that particular tranche of appointments to see if progress is being made and/or is being maintained. Generally speaking the NHS doesn't agree to open-ended commitments.

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