

**Creating international and interdisciplinary collaboration for health**

## AONM Newsletter May 2019



“Tiger in Kew Gardens”, is the logo of Dr. Byron Hyde’s Nightingale Research Foundation, dedicated to the study and treatment of M.E. and related illnesses. The logo was donated by the artist Beryl Cook thanks to Jess Wilder, ...

Portal Gallery, London. One of the earliest findings in M.E. was the fact that Natural Killer Cells were decreased in both number and activity. It was felt the Tiger as a Natural Killer was an appropriate logo.  
**Byron Hyde MD**

**So much discovery is emerging in every field of chronic illness wherever one looks, the dynamism is exponential. This is particularly true in the areas of special focus for AONM, and this spring newsletter covers a few of the latest developments, including the hugely unique subject matter of our upcoming conference on May 12th.**

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#### **1. ME – Biomarkers, and the New Paralytic Polios**

##### **A. Ron Davis hot on the trail of a diagnostic biomarker for ME**

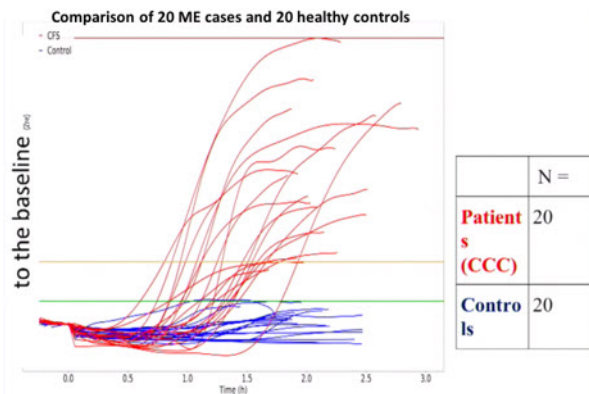
A team from the Stanford University School of Medicine has developed a new blood test that correlates 100% with patients diagnosed with Myalgic Encephalomyelitis according to the established Canadian Consensus Criteria (CCC). The research team analysed 40 people, half of whom

were determined to be healthy, and half of whom had been diagnosed with the syndrome.<sup>(1)</sup>

Lead author and researcher Ron Davis, a professor of Biochemistry and Genetics, said in a statement, “Too often, this disease is categorized as imaginary.” On standard blood tests for the liver, kidney and heart, blood and immune cells, he explained, “the results all come back normal.”<sup>(2)</sup>

The team used an ultrasensitive “nanoneedle” designed to be capable of directly measuring biomolecular interactions in real time. The device sends thousands of tiny currents into the plasma samples causing the immune cells to respond and react. The reactions of cells from ME patients reacted differently to those of healthy persons. When healthy plasma cells and immune cells are subjected to stress, there are minimal changes in energy. In ME patients,

however, the cells appear to be unable to process the stress adequately. Spikes are clearly seen in the results of the samples from ME patients compared to those from healthy controls. The team used artificial intelligence technology to detect these spikes, making the test both reliable and accurate.



**Fig. 1** The experimentally obtained impedance versus time curves of 40 ME and healthy control samples from the study

(YouTube update:

<https://www.youtube.com/watch?v=6Qn0fIV8SbE>,

“What does the nanoneedle research mean for ME patients?”)

<https://www.s4me.info/threads/update-from-ron-davis-april-2019-interview-with-benh.9002/page-2>

(1). R. Esfandypour, A. Kashi, M. Nemat-Gorgani, J. Wilhelmy, and R. W. Davis. Journal: PNAS first published April 29, 2019

(2). <https://www.news-medical.net/news/20190429/Blood-based-test-using-AI-and-nanotechnology-devised-for-chronic-fatigue-syndrome.aspx>

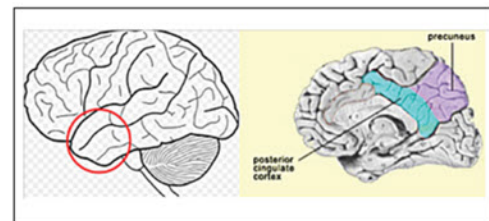
## **B. “ME and Polio injure the same brain areas – one maims, the other kills”**

Dr. Byron Hyde is about to bring out his new book, “Understanding Myalgic Encephalomyelitis”. It is subtitled “What you need to know about ME and CFS and the New Paralytic Polios (Acute Flaccid Paralysis, or Acute Flaccid Myelitis). Dr. Hyde has a clear definition of ME that distinguishes it from the term “CFS”: “*M.E. is the chronic stage of an encephalitic enteroviral infection of the central nervous system (CNS) similar, but less lethal than, that caused by polio enteroviruses 1, 2 and 3.*”

He describes how the illness may begin with biphasic symptoms: initially “cold like” or gastric, followed by a second encephalitic, meningitic-like phase associated with muscular symptoms. He says it can be detected via SPECT scan demonstrating micro-vascular injury to the central nervous system. “M.E., like Paralytic Poliomyelitis, is a neurological injury”.

Polio, a picornavirus, is in the same family as numerous causative infections that Dr. Hyde cites, such as Echovirus, Enterovirus 68, and Echo 21-like Enterovirus.

Dr. Hyde also has enlightening explanations re Fibromyalgia: “The painful vasculitis in M.E. also explains Fibromyalgia: it is the result of a vasculitis, NOT a rheumatological disease.” He describes M.E. and paralytic polio as being – in some ways – mirror images. The explanation is complex, and requires images of injury sites in the anterior left temporal lobes (see Fig. 2).



The red circle indicates the anterior left temporal lobe, the primary encephalitic injury site in all M.E. patients. This is the area of the brain essential to both retrieving stored brain memories and sending them on to the posterior cingulate lobe, to be then sent to appropriate administrative brain areas for action.

Courtesy of Dr. Byron Hyde, copyright 2019

**Fig. 2** The primary site of injury in all M.E. patients

The first 100 attendees of AONM’s May 12th conference, where Dr. Hyde will be the keynote speaker, will receive a preprint with two chapters from this extraordinary work that synthesises the insights of a lifetime of this leading worldwide authority on M.E., who has worked with the majority of the great M.E. researchers who have lived since 1934.

It is notable that the UK government writes on their official Acute Flaccid Paralysis Syndrome site: “During 2018, the United Kingdom experienced an increase in reports of cases of AFP. As at 26 February 2019, 44 cases had been identified since 1 Jan 2018 with a peak in October 2018. The increase was temporally associated with an upsurge in enterovirus (EV) D68 activity. A national task force has been established and investigations are ongoing ([Eurosurveillance Vol 24 Issue 6, published 7 February 2019](https://www.gov.uk/government/collections/acute-flaccid-paralysis-syndrome)).” (<https://www.gov.uk/government/collections/acute-flaccid-paralysis-syndrome>)

Dr. Hyde demonstrates in his book that M.E. is closely related to poliomyelitis, both in its genomic structure and its association with previous polio epidemics. His talk at the AONM conference on May 12th will focus on the same topic, and is entitled: “Understanding Myalgic Encephalomyelitis and the new Polio: Acute Flaccid Paralysis”

## 2. Lyme News – Relapsing Fever and Dementia

### A. New study evidences *Borrelia Miyamotoi* in Ireland

An article in the renowned Plos One scientific journal, “Metagenomic 16S rRNA gene sequencing survey of *Borrelia* species in Irish samples of *Ixodes ricinus* ticks”, evidences for the first time the presence of *Borrelia miyamotoi* in Ireland, and confirms the detection of ticks infected with *B. garinii* and *B. valaisiana*.

*Miyamotoi* causes a rare form of relapsing fever, and was first identified in ticks from Japan in 1995. The initial symptom is usually a red skin rash. Further symptoms can follow including a fever, muscle pain, joint swelling and temporary paralysis of the facial muscles.

The team of Irish scientists including researchers from University College Dublin and University College Cork say their research shows ticks in Ireland are infected by diverse *Borrelia* bacteria. The results also show *Borrelia*-infected ticks exist in the southeast, an area not previously considered to be significantly tick-infested.



“It is likely if ticks have relapsing fever *Borrelia*, they are biting humans, and maybe we are ‘missing’ patients because no one is aware of relapsing fever in Ireland, and the current test does not pick up anyone with relapsing fever borreliosis,” said Professor Jack Lambert, one of the authors of the study. Another of the authors, Michael Cook, will be speaking at AONM’s May 12th conference (see Upcoming Events for further details). *(With acknowledgements to The Irish Times)*

Original Plos One article:

<https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0209881&type=printable>

### B. WHO improves definition of Lyme Dementia

We have received word from our keynote speaker of last November, Jenna Luche-Thayer, that the WHO’s Ad Hoc Committee appears to have executed a comprehensive approach that successfully establishes new codes for life-threatening complications from Lyme, and has improved the definitions of life-threatening complications, including dementia.

The first definition implied the need for an autopsy for diagnosis, whereas the second definition recognizes clinical diagnosis and encourages the use of sophisticated imaging and laboratory technologies: “Dementia due to Lyme disease, a disease caused by an infection with the bacteria *Borrelia burgdorferi*, with supportive clinical, without another identifiable cause of cognitive dysfunction.”

*(With thanks and acknowledgement to Jenna Luche-Thayer)*



#### Special notice

#### Lifetime Achievement Award sponsored by SW Domiciliary Care

We are delighted to announce that honorary AONM member Alice Reeve was awarded the Lifetime Achievement Award sponsored by SW Domiciliary Care. Thank you so much to those of our readers who voted for her. Alice will be reporting on her campaign work as a special guest at our May 12th conference.

### 3. UPCOMING EVENTS



## Multi-System Diseases: Improving Patients' Lives with Proper Diagnosis and Appropriate Treatment Interventions

Date & Time: **SUNDAY 12 MAY 2019 | 10:00 - 17:30**

Location: **Holiday Inn London Regents Park, W1W 5EE**

Eventbrite: **[multisystemdiseases.eventbrite.co.uk](https://multisystemdiseases.eventbrite.co.uk)**

May is a month of International Awareness Days for many illnesses and conditions that we know are so often linked – ME, Fibromyalgia, Lyme Disease, EDS, PANS/PANDAS, Autism, Gulf War Syndrome, MCS, MCAS. This year, our event falls on May 12th, the International Awareness Day for ME – a day founded by Thomas Hennessy Jr. in 1992.

AONM is honoured to host, amongst others, Dr. Byron Hyde who will be addressing our conference with a keynote speech.

#### Conference Chair

**Dr. Judy Mikovits** *Biochemist, Cellular and Molecular Biologist, Molecular Virologist, and Co-Founder/Consultant at M.A.R.C. Inc.*

#### Guest Speakers

**Dr. Byron M. Hyde** *Internationally recognised ME/CFIDS Physician, and Researcher. Dr. Hyde is Founder of the Nightingale Research Foundation, Ottawa, Canada.*

**Michael J. Cook** *Independent Researcher, Highcliffe, with a background in Physics, Mathematics, Research, Development, and Production Engineering.*

**Dr. Julia Piper** *Owner, CEO, and registered GP for a private medical practice in Leicester specialising in Functional Medicine, and Occupational Medicine.*

**Dr. Armin Schwarzbach** *Medical Doctor, and CEO of ArminLabs, Augsburg, Germany. Dr. Schwarzbach has specialised in laboratory medicine and infectious diseases for over 20 years.*

**Dr. Samuel F. Yanuck** *Co-Founder and Director at the Yanuck Center for Life and Health. Dr. Yanuck is trained in functional neurology, immunology, chiropractic, and acupuncture.*

#### Talks from Campaigners

**Dr. Sarah Myhill** *Pioneering GP and Campaigner*

**Karen Smith** *Patient, Researcher, and Advocate*

**Alice Reeve** *Patient Campaigner, Breeze Lifetime Achievement Award Winner 2019*

Call: 03331 210 305 | Email: [info@aonm.org](mailto:info@aonm.org)  
The Academy of Nutritional Medicine (AONM)  
[www.aonm.org](http://www.aonm.org)

**Eventbrite**

## Upcoming AONM Events (cont.)

### **ANNUAL INTERNATIONAL CONFERENCE NOVEMBER 17th 2019**

9.00 am - 6.00 pm

#### **Confirmed so far**

Dr. Lawrence Afrin

Dr. Jodie A. Dashore

Dr. Dietrich Klinghardt

Dr. Armin Schwarzbach

Holiday Inn London Regent's Park

Carburton Street, London W1W 5EE



**Main Sponsor**

<https://www.eventbrite.co.uk/e/aonm-annual-international-conference-2019-tickets-54636097037>

### Other events



**Klinghardt Institute**  
*The Heart Of Healing*



#### **Klinghardt Institute**

[www.klinghardtinstitute.com](http://www.klinghardtinstitute.com)

#### **31st May 2019: ART III Advanced Practice Day**

The Haven Centre, Hophurst Lane, Crawley Down, Crawley RH10 4LJ, followed by 1st June & 2nd June 2019: ART III Advanced Course (same location)

#### **8th June 2019: Family Constellation**

Peredur Centre, West Hoathly Road, East Grinstead, East Sussex. RH19 4NF

#### **6th and 7th July 2019: A.R.T. Beginners Theory and Practice**

The Haven Centre, Hophurst Lane, Crawley Down, Crawley RH10 4LJ

#### **8th July 2019: ART 1 Beginners Practice Day**

The Haven Centre, Hophurst Lane, Crawley Down, Crawley RH10 4LJ

#### **9th July – 14th July 2019: Annual Summer Healing Retreat**

Emerson College, Forest Row H18 5JX

### **BSEM Spotlight on Neuroinflammatory Diseases**

Friday, 10th May 2019

Hallam Conference Centre

<https://www.bsem.org.uk/events/3-spotlight-on-neuroinflammatory-diseases>



**SCIENTIFIC  
CONFERENCE**

### **BSEM Conference 2019: 5G and Health - The Facts and the Risks**

Friday, 27th September 9.00 - 17.30

<https://www.bsem.org.uk/events/11-5g-and-health-the-facts-and-the-risks>



**Lyme Disease UK**

#### **LDUK Seminar Series:**

#### **A Morning with Dr Joseph Jemsek MD Lyme Disease: Insights into Diagnosis, Treatment and Recovery**

Saturday 29 June

9.30 am - 1.30 pm

Holiday Inn Kensington High St,  
London S8 5SP

<https://www.eventbrite.com/e/a-morning-with-dr-jemsek-md-tickets-56562639377>



### **Menarche to Menopause – How to Support our Female Clients in a Hormonal World**

29 June 2019, 155 Bishopsgate, London

Dr Marilyn Glenville, Dr Dietrich Klinghardt and Aisling Hamilton.

<https://www.targetpublishing.com/naturopathic-nutrition-association-agm-and-conference-2019/>

**The Nightingale Myalgic Encephalomyelitis (M.E.) Definition,  
Presented at the IACFS/ME Research & Clinical Conference in Ottawa Canada,  
September 22-25, 2011**

(Extracts from Nightingale Research Foundation - [http://www.hfme.org/Other/DefinitionBooklet\\_Sept\\_2011.pdf](http://www.hfme.org/Other/DefinitionBooklet_Sept_2011.pdf))

*The original definition of Myalgic Encephalomyelitis (M.E.) was prepared as a result of an invitation to attend two meetings at the British House of Commons with the Honourable Dr Ian Gibson, then Member of Parliament for Norwich North. The first meeting was with Dr Gibson and his parliamentary assistant Huyen Le on 27 October 2005.*

*The second meeting was with The United Kingdom Parliament Group on Scientific Research into Myalgic Encephalomyelitis (ME), composed of Members of the House of Commons and House of Lords. It was held at Portcullis House on 10 May 2006. The committee members included:*

**The House of Commons Committee on M.E.**

- Dr Ian Gibson (Labour MP for Norwich North) • Dr Richard Taylor (Independent MP for Wyre Forest)
- Rt Honourable Michael Meacher (Labour MP, Oldham West & Royton) • David Taylor (Labour MP for North West Leicestershire) • Dr Des Turner (Labour MP for Brighton Hemptown)

**The House of Lords Committee on M.E.**

- Lord Leslie Arnold Turnberg (Labour) Royal College of Physicians • Baroness Julia Frances Cumberlege (Conservative) • The Countess of Mar

\* \* \*

At the first meeting on the 27th of October 2005, the Chairman of the Joint Committee, Dr Ian Gibson, asked me to prepare a report and definition that might assist the committee in its further deliberations. The following are my original recommendation. Dr Bruce Carruthers, who chaired the 2003 Canadian Clinical Case Definition for M.E./CFS, was also present when I gave this definition. I strongly disagreed with Dr Caruthers in the merging the definitions of M.E. and CFS since on the basis of the physical total body assessment of both M.E. and CFS patients; these two names represent two entirely different spectrums of illnesses. The present 2011 definition is confined to the defining of Myalgic Encephalomyelitis (M.E.). The term CFS is mentioned from time to time to clarify differences. It is increasingly obvious that too much importance was being placed upon the definitions of Chronic Fatigue Syndrome (CFS), and not enough upon the actual disease, Myalgic Encephalomyelitis (M.E.). These two illness spectrums are not the same and should not be considered to be the same. Nor is there any doubt in my mind that the various definitions of CFS actively impede physicians' ability to make a rapid and rational diagnosis as well as a scientific confirmation of any testable illness. Such is not true of M.E. where a rapid and rational diagnosis can be made that can be confirmed by laboratory and other technological testing.

Since the Nightingale Research Foundation's publication in 1992 of the textbook, *The Clinical and Scientific Basis of Myalgic Encephalomyelitis / Chronic Fatigue Syndrome*, (Hyde, B, Goldstein, J, Levine, P, 1992) there has been a tendency by some individuals and organizations to assume that M.E. and CFS are the same illness. Over the course of two International Association of Chronic Fatigue Syndrome (IACFS, formerly the American Association of CFS) conferences there have been suggestions that the name CFS be changed to M.E., retaining the CFS definitions (Holmes, G.P.) (Fukuda, K) as a basis for such change. Such would simply add credence to the mistaken assumption that M.E. and CFS represent the same disease processes. They do not.

**M.E. is a clearly defined disease process. CFS by definition has always been a syndrome representing many different illnesses.** At one of the meetings held to determine the 1994 U.S. NIH/CDC definition of CFS, in response to my question from the floor, Dr Keiji Fukuda stated that numerous M.E. Epidemics – he cited the Los Angeles County Hospital epidemic of 1934, (Gilliam, A.G.), the Akureyri outbreak of 1947-48 (Sigurdsson, B.) and the 1955-58 Royal Free Hospitals epidemics (Ramsay, A.M.) were definitely not CFS epidemics. Dr. Fukuda was correct.

**The Psychiatric Label:** The 1988 and 1994 NIH/CDC, Chronic Fatigue Syndrome (CFS) definitions have been interpreted by most psychiatrists and most main-stream physicians as a form of psychiatric disease. It has been suggested that senior medical bureaucrats at NIH /CDC from the beginning, saw these so-called CFS patients as a form of psychiatric illness. In effect, the NIH/CDC definitions and their progeny have done an injustice to both patient and physicians who understand the physical basis of both M.E. and the pathologies of the several disease entities that fall within the CFS definition umbrella. In my 27-year investigation of M.E. and CFS patients, I can state with clarity that there is less psychiatric disease among M.E. or CFS patients than in the general public.