Dr. A. Martin Lerner CFS Foundation

Press Release

For Immediate Release

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Groundbreaking Research Proves a Viral Cause for Chronic Fatigue Syndrome and Reports Recovery through Long-Term Antiviral Treatment

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News Facts

- Between 2001-2007, a single clinic studied 142 Chronic Fatigue Syndrome (CFS) patients with Epstein Barr Virus (EBV), cytomegalovirus (HCMV) and/or Human Herpes Virus 6 (HHV6)
- Research proves CFS is result of a non-permissive herpesvirus (EBV, HCMV and/or HHV6) infection
- Use of long term antiviral treatments improve Energy Index Point Score®, key measurement tool for CFS diagnosis and recovery, with drastic improvements to quality of life for patients
- Lyme disease co-infection affects CFS recovery rates; need to separate co-infections from CFS data pool

Background

BEVERLY HILLS, MI – May 24, 2010 A new study published today by the journal *Virus Adaptation and Treatment* proves what many in the Chronic Fatigue Syndrome (CFS) community have believed for years – there is a causal connection between herpesviruses and CFS. The study by Dr. A. Martin Lerner titled "Subset-directed Antiviral Treatment of 142 Herpesvirus Patients with Chronic Fatigue Syndrome," followed 142 CFS patients in one clinic, the Treatment Center for Chronic Fatigue Syndrome in Beverly Hills, MI, and identified human herpesviruses as a clear causal factor in CFS. In addition, the research illustrates long-term oral antiviral treatment provides significant improvement for quality of life in CFS patients.

Data was collected at physician visits every 4-6 weeks, from 142 CFS patients, at one clinic, from 2001-2007, for a minimum of 6 months with the average treatment 2.6 years. The data captured included over 7,000 patient visits and 35,000 fields of information. Fatigue severity was monitored by the validated Energy Index Point Score® (EIPS®), key measurement tool for CFS diagnosis and recovery. Baseline and follow-up serum antibody titers to EBV, HCMV, HHV6 and Lyme co-infections, twenty-four hour ECG (Holter monitors), echocardiogram, symptoms and toxicity were captured and monitored.

"In 1988 I became ill with CFS," says Dr. Lerner. "There was a continuing, life-altering fatigue. I was dizzy at standing. I had chest pain, severe irregular heartbeat, and my heart, previously normal, was remarkably weakened and dilated. All exercise was impossible. I felt I could not tell anyone because I had just left my full-time academic, professorial position to begin treating patients in my own practice. No one wants or needs a sick doctor! So in 1996, after culminating the past 30 years of infectious diseases and clinical virology study, I was my first patient treated as described in our report in the journal *Virus Adaptation and Treatment*. I improved remarkably and continue to work and keep an active lifestyle."

During the systematic data review, Dr. Lerner and his research team identified the need to keep patients with co-infections such as Lyme disease separate from the CFS research pool. Until now CFS data pools have not rigorously tested for co-infections. Through Dr. Lerner's review it was realized these patients respond differently to antiviral treatment for CFS, require additional treatments and, therefore, skew results. Any antiviral treatment tested to date has not been proven successful due to these complex cases muddying the data pool, in addition to short time limitations of 6 months or less in previous studies. Therefore, prior studies have failed to find evidence-based etiology or proven treatment for CFS, until now. Most CFS patients have been ill for many, many years and need more than 6 months to recover. Dr. Lerner found separating the data pool and increasing the timeline improved the quality of the research and allowed for the findings to present; findings the medical community has been suspecting for years.

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"The systematic approach of patient treatment and data collection by Dr. Lerner was unlike anything I'd ever seen in my 30+ years of data management and IT systems," says Jim Edington, co-executive director of the A. Martin Lerner CFS Foundation. "This allowed us to create an unbelievably rich data pool providing us striking findings, most importantly a need to subgroup patients based on infection-type and for longer treatment timelines."

The hypothesis of Dr. Lerner's research has always been that CFS is the result of an abortive, non-permissive herpesvirus (EBV,HCMV and/or HHV6) infection. CFS patients continue EBV, HCMV, and/or HHV6 herpesvirus abortive multiplication, but fail to achieve viral latency which is necessary for recovery. This hypothesis was tested with the nucleosides, administering valacyclovir (Valtrex) for suspected EBV CFS subset and valganciclovir (Valcyte) for suspected HCMV or HHV6 CFS subsets.

Results
In the study, patients were separated into Group A (Herpesvirus CFS) and Group B (Herpesvirus CFS plus co-infection). Results were long-term benefits assessed by the validated illness severity metric, the Energy Index Point Score® (EIPS®). Seventy-nine of 106 (74.5%) Group A patients returned to a near-normal to normal, active lifestyle with average EIPS levels of 6.0 or higher. This change is significant as a 6.0 means the ability to return to a sedentary 40-hour per week job, plus light housework and/or socializing – all seemingly impossible activities for those 5.0 and below. Secondary end-points including cardiac, immunologic and neurocognitive abnormalities also improved or disappeared completely. The average EIPS levels for Group B were still in the 5.0 EIPS range, continuing their diagnosis of CFS (CFS diagnosis is a 5.0 or lower). However it is important to note Group B started with lower average scores, and still saw some improvement in EIPS as well as secondary end-points.

These data prove the causal link between herpesviruses and CFS, and that the treatment of herpesviruses by long-term antiviral pharmaceuticals can improve CFS in patients. Lifestyle changes such as returning to work or raising a family as well as improvement and/or eradication of heart, cognitive and immune symptoms occur.

"I became involved with Dr. Lerner during my wife's 10-year battle with CFS", says Ken Gill, co-executive director of the Dr. A. Martin Lerner CFS Foundation. "From making special arrangements to provide a bed at my daughter's wedding to recently witnessing her cut-a-rug on the dance floor at our son's wedding was all the proof I needed. It worked!"

About Chronic Fatigue Syndrome (CFS)
Chronic Fatigue Syndrome, also called Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS) or Myalgic Encephalomyelitis (ME), affects as many as 4 million people in the US alone, by CDC estimates, with a quarter disabled. It affects more Americans than AIDS, lung cancer and breast cancer combined. Research by the National Chronic Fatigue foundation found CFS sufferers average age of death to be as much as 20 years premature to the average American. It is a multi-symptom disease, affecting the cardiovascular, immune and central nervous system. The most publicized symptom of the disease is the crippling fatigue, with most patients bed-ridden for all but a few short minutes or hours per day. To the naked eye these patients may look healthy, due to the "invisible" nature of the symptoms, many times causing confusion regarding its legitimacy.

About Dr. A. Martin Lerner
Dr. A. Martin Lerner founded the Treatment Center for Chronic Fatigue Syndrome (CFS) in Beverly Hills, Michigan. An Infectious Diseases specialist who was at one time plagued by CFS, he has committed the past 25 years to the diagnosis and treatment of CFS for patients around the world. In the past 50 years Dr. Lerner has written over 200 original articles spanning many areas of infectious diseases and virology.

About Dr. A. Martin Lerner CFS Foundation
The mission of this foundation is to advance research, treatment and dissemination of information leading to a better understanding of Chronic Fatigue Syndrome.

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