Chronic Fatigue and Chinese Herbal Medicine
by Matt Van Benschoten, L.Ac., O.M.D.

Chronic fatigue, defined as having fatigue for duration of over six months, may be reported by up to 30% of the population. Chronic fatigue syndrome (CFS) has an incidence of 4 per 1,000 in the United States. Center for Disease Control criteria for diagnosis include fatigue that is of new onset, not related to exertion, not alleviated by rest, and resulting in reduced activity levels. Additional requirements for diagnosis are cognitive dysfunction, sore throat, swollen lymph nodes, headaches, muscle and joint pain, poor sleep, and post exertional malaise lasting more than 24 hours.

Causative factors related to chronic fatigue are numerous and varied. Chronic sinusitis can be a common trigger for chronic fatigue in polluted urban environments. Outcome measures after endoscopic sinus surgery have shown reduced body pain and fatigue as positive responses to treatment.

In addition to headaches and musculoskeletal pain, hypoglycemia can be induced from the effects of sinus drainage, causing pancreatic irritation and hyper-insulinism. The sinusitis-gastritis-hypoglycemia syndrome can be addressed by combining Chinese herbs with antibacterial, antifungal, anti-ulcer, and pancreas protecting effects, clearing infection, inflammation, and stabilizing blood sugar. Xin Yi Hua (Flos Magnoliae), Bai Zhi (Radix Angelicae Dahuricae), Fu Rong (Radix Hibisci), Jing Jie (Herba Schizonepetae), and Jin Yin Hua (Flos Lonicerae Japonicae) inhibit bacterial growth, combined with Yan Hu Suo (Rhizoma Corydalis), Chen Pi (Pericarpium Citri Reticulatae), Dang Shen (Radix Codonopsis), Huang Qin (Radix Scutellariae) to alleviate gastritis and stabilize blood sugar.

Viral infections including influenza, enteroviruses, Epstein-Barr virus (EBV), Human Herpes Virus (HHV) 6 and 7, Parvovirus B19, and Xenotropic Murine Leukemia Retrovirus-related Virus (XMRV) are all identified as potential causative factors for chronic fatigue. Chronic fatigue patients with high levels of EBV and HHV6 responded to valganciclovir in 75% of cases, allowing them to return to normal activity. Chinese herbal medicines with anti-EBV effects include Ju Hua (Flos Chrysanthemi), Ji Xue Teng (Caulis Spatholobi), and Hu Huang Lian (Rhizoma Picrorhizae). Ku Shen (Radix Sophorae Flavescentis) reduces replication of HHV6, and Xiang Ru (Herba Moslae) inhibits cytomegalovirus (CMV) and echovirus.

A comprehensive analysis of immune function in chronic fatigue syndrome (CFS) patients demonstrates multiple abnormalities. Increased lymphotoxin alpha, IL-1alpha, IL-1beta, IL-4, IL-5, IL-6, and IL-12; decreased IL-8, IL-13, and IL-15; no difference in tumor necrosis factor alpha (TNF-alpha), interferon-gamma (IFN-gamma), IL-2, IL-10, IL-23, and IL-17 characterizes the imbalances in CFS related immunity. This immune dysfunction may be triggered by vaccination and chemical exposures. Hepatitis B vaccine and silicone breast implant reactions are documented triggers. Macrophagic myofascitis has been described due to local deposition of aluminum hydroxide after vaccines.

Muscle biopsies from CFS patients demonstrate multiple abnormalities in gene expression and mitochondrial function. Mitochondria are the cellular substrate of the production of qi, and therefore herbs that protect and enhance mitochondrial function are essential in the management of chronic fatigue. Tian Dong (Radix Asparagi), Jiang Huang (Rhizoma Curcumae Longae), and Gou Qi Zi (Fructus Lycii) have protective effects on mitochondria. ATP production, the molecular substrate of qi, can be enhanced by Dong Chong Xia Cao (Cordyceps) and Tu Si Zi (Semen Cuscutae).
Neurological symptoms comprise an important component of chronic fatigue syndrome (CFS). CFS patients have reduced blood flow to the cerebral cortex, and increased flow in the thalamus, pallidum, and putamen. Depressed patients can be differentiated from CFS patients by the presence of less perfusion of the right prefrontal cortex. Magnetic resonance spectroscopy has revealed elevated choline/creatine ratios in the brains of CFS patients. This pathology may indicate disrupted cell membranes and dysfunctional acetylcholine-based nerve transmission. Neuroprotective herbs that enhance cerebral circulation include Tian Ma (Rhizoma Gastrodiae) and Ge Gen (Radix Puerariae Lobatae).

A study using a combination of qi tonics and blood activating herbs including Huang Qi (Radix Astragali), Ge Gen (Radix Puerariae Lobatae), Dan Shen (Radix et Rhizoma Salviae Miltiorrhizae), and Yin Yang Huo (Herba Epimedii), showed significant improvement in T-cell measurements. The logic of using blood activating herbs in chronic fatigue is supported by laboratory data indicating a 95% incidence of anticardiolipin antibodies in CFS patients, indicating autoimmune circulatory dysfunction as an important part of the pathogenesis. Anticardiolipin antibody production can be suppressed by Dan Shen (Radix et Rhizoma Salviae Miltiorrhizae) and Chai Ling Tang (Bupleurum and Poria Decoction). [Chai Ling Tang (Bupleurum and Poria Decoction) is composed of Xiao Chai Hu Tang (Minor Bupleurum Decoction) and Wu Ling San (Five-Ingredient Powder with Poria).]

There is numerous Chinese herbal medicines that can improve quality of life and function in chronic fatigue patients. By understanding the causative factors of chronic fatigue syndrome and knowing the pharmacological effects of Chinese herbs and formulas, TCM practitioners are able to assist chronic fatigue patients to a healthier life.

About the Author

Dr. Van Benschoten is a graduate of the California Acupuncture College of Los Angeles, with 28 years of clinical, research, and teaching experience in acupuncture, Chinese herbal medicine, and medical Qi Gong. He is the author of more than fifty papers on acupoint diagnostic methods, chronic fatigue syndrome, AIDS, autoimmune disease, breast cancer, mercury toxicity, and indoor mold exposure. His clinical practice focuses on multidrug resistant infections, immune dysfunction, and environmental illness.

To learn more about Chronic Fatigue Syndrome and Chinese Herbal Medicine, Dr. Van Benschoten is speaking on this specific topic for Lotus Institute. The class is approved for 8 CEUs/PDAs by CA, FL, IL, and TX Acupuncture Boards, and by NCCAOM.

Class by the Author

Chronic Fatigue and Chinese Herbal Medicine
6/27/10 LotusCEUSEMINAR® Los Angeles™, CA and Live-streaming LotusWEBINAR (Click here to register!)

Complete 2010 LotusSEMINAR and LotusWEBINAR schedule