

HEALTH TIPS FOR WOMEN

CHRONIC FATIGUE II

The Centers for Disease Control (CDC) defined Chronic Fatigue Syndrome in 1988. Their diagnostic criteria includes new onset of fatigue causing 50% reduction in activity for at least six months with the exclusion of other illnesses that can cause fatigue. In addition, the patient must present with 8 of 11 specific symptoms including mild fever, recurrent sore throat, painful lymph nodes, muscle pain and weakness, prolonged fatigue after exercise, recurrent headaches, migratory joint, pain sleep disturbance, and neurological or psychological complaints.

As discussed in Chronic Fatigue I, there are many possible underlying causes of CFS. Two possible causes of fatigue not previously discussed are nutrient insufficiency and posture/body mechanics.

Nutrient Insufficiency-Vitamins, minerals, essential fatty acids, and accessory nutrients are what fuel the machinery that provides energy. There are many places in the energy production process where nutrient insufficiency can trip it up, resulting in fatigue. Nutrient insufficiencies that have been associated with chronic fatigue and low energy include (but are not limited to) Coenzyme Q10, Vitamins B1, B6, B12, C, Carnitine, Iron, Magnesium, Glutathione, Essential Fatty Acids and selected Amino Acids.

Posture and Body Mechanics-The human body expends an enormous amount of energy to maintain itself in space. Changes in posture (sleeping, sitting or standing) can place additional demands on the muscles as they attempt to compensate. High heels can contribute to fatigue in women and may actually increase oxygen demand. Chiropractic spinal manipulation or adjustment, massage, and postural retraining can help alleviate fatigue due to altered body mechanics.

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