



Welcome to my sixteenth, and last Australian newsletter telling you about the Dr N. Petrovic protocol that cures CFIDS. I have been doing this now for three years. Dr. Kilroe-Smith's survey of 49 patients in the United Kingdom, and other developments, makes the newsletter redundant now.

I wonder how many of you were surprised that there was no mention of Christmas in the last newsletter? I had been doing a six-month 'Pagemaker' course. [ A desktop publishing computer application ] I tried to intertwine four themes : - the first was that CFIDS is not a disease of the lower socio-economic group - secondly, it is not a predominantly female disease - thirdly I tried to incorporate a caduceus ( a medical staff ) that is used as a watermark in the websites. The last theme was that Dr Petrovic's cured patients cover the whole world, and seventy percent of them have degrees. I have been going to mention a few times that I find a really unusual feature of CFIDS patients on the internet is their sense of humour. The tale at the bottom of the page keeps popping up in various places. I copied this version from the window of an antique shop in town. Santa was sent to me by a cured patient as part of his celebration of Christmas.



**The Penny Drops !!** I have often mentioned things I have learned through listening to Margaret Throsby. Yesterday I listened to her interview the 'Australian of the Year', Sir Gus Nossal. [ A very prominent immunologist ] He was talking about his start in medicine, when he was a brilliant young student. He decided that he wanted to study bio-chemistry. He was dissuaded from this field of study by his colleagues who stated that 'Bio-chemistry is NOT MEDICINE !!' This allows us to understand conventional medicine's attitude to the antioxidant and micro-nutrient regime that is the basis of the successful treatment. Probably this is old hat to Professor Kilroe-Smith and Dr. Petrovic, but it left me stunned.

### Bioscreen (Ph 02-4921-5630 Fax 02-4921-7281)

I had believed that Bioscreen seemed to have been unsuccessful in their attempt to market their CFIDS screening test overseas. However an Irish patient tells me that it is possible to have the urine test if you are willing to wait. He is hoping to have his insurance company cover the cost of treatment, especially following Dr Smith's latest survey. It will be a great help to patients overseas when the news of its development finally reaches the medical communities there. It would be very interesting to see how many strains of CFIDS the Australian scientists could identify in South Africa. They would certainly be less severe than our types.

What a pity that an overseas company hasn't at this stage been licenced to produce the tests.

### Our Plans

I couldn't be more pleased with the way things have turned out. Dr Patricia Williams' testimonial was published in the British M.E. Society's newsletter '25%'. Dr Smith has shown that there is a 100% success rate with 22 of the 49 U.K. patients who completed the course of treatment. It seems a very appropriate time to stop producing an Australian newsletter. We are going to Darwin by road for three months to see my daughter's family and, of course Robyn, who was instrumental in starting all this. When I return I will continue to consult with prospective patients and probably produce an occasional International newsletter.



**290 plus patients cured since Mrs E.Meyer in 1994.**

**I'M TIRED** - Yes, I'm tired. For years now I've been blaming it on middle-age, droop, poor blood, lack of vitamins, air pollution, saccharin, obesity, dieting, under-arm odour, yellow-wax build-up, and other maladies that make you wonder if life is worth living! Now I find that I'm tired because I'm over-worked. The population of this country is 19 million, but 8 million are retired. This leaves 11 million to do the work. Then there are 4 million at school. This leaves 7 million to do the work. Of these 1 million are unemployed and 3 million are employed by the government. That leaves 3 million to do the work. Take from that figure the 2 million employed by councils and local authorities. That leaves 1 million to do the work. Now there are 620,000 in hospital, and 379,998 in prisons. That leaves just TWO people to do the work. YOU and ME. And YOU'RE sitting on your backside reading this. **NO WONDER I'M TIRED !!**

## Professor Kilroe-Smith's survey of 49 U.K. patients

Now would seem to be a very appropriate time to tell you about the latest scientific findings on the protocol's effect on forty-nine United Kingdom patients. Australians will be surprised at the new assessment of the time it takes for recovery to take place.

Dr Smith is at pains to differentiate between the original survey that showed that South African patients 'recovered' [ in other words FELT better ]. He now states that the protocol is a CURE. It took the twenty-two CURED U.K. patients an **average** of 7.1 MONTHS ( with a 100% success rate ). He also declares that the course of the protocol should be regarded as TWO months treatment followed by seven months follow-up. He says, " It is advised that the full 9 months course should be slavishly followed by all patients to ensure recovery to a normal state."

Of course I am only summarising an eight page scientific assessment so I can't cover all of its aspects. What pleased me most was to see that the feelings we had in Australia about the protocol have been confirmed. We felt that there were factors that we couldn't determine which were delaying the recovery process in some patients. This study showed that the use of anti-depressants effectively doubled the time it took for the patients to be cured. Dr Smith forecasts that other factors that may influence the time taken to be cured will be studied later.

These include :-

1. Smoking
2. Other medications such as analgesic for headaches or pain, anti-clotting agents such as aspirin or warfarin, sleeping pills, contraceptive pills etc.
3. Alcohol consumption ( Alcohol is known to produce free radicals in the liver )
4. Use of psychedelic drugs
5. Amount of caffeine used.

( Dr Petrovic had already discovered that a copper supplement brought the protocol's action to a full stop )

Psychological factors also are given a lot of consideration. This is one area in which I was always suggesting that the effect of the protocol may have been delayed.

Dr Smith states that the Australian scientists who have developed the screening test can at present detect seven 'strains' of the CFIDS . At this stage it is not known if there are any more types not yet detected.

It will be interesting to see how many 'strains' of CFIDS Australian scientists eventually identify if they get a chance to analyze enough overseas samples.

**Ampligen**

I have been trying to give more attention to Ampligen, especially since the CFIDS conference in Sydney last year seemed to be promoting it. I downloaded some marvellous testimonials that were given at a conference in Cambridge, Massachusetts. I believe that all patients were still on the medication after two years. I know that one woman was terrified of being taken off. I found a website where an Associate Professor said that her family had got together to pay \$30,000 for her treatment.

We have a patient just starting the protocol after spending \$40,000 on Ampligen without result. Usually we have to justify the high cost of the treatment. With her we had to explain why it was so cheap.

Dr Smith says, "The effectiveness of this treatment against CFIDS is very dubious. Although synthetic RNA derivatives have hypothetical anti-viral effects, there is no conclusive proof that CFIDS is always of viral origin. Where the CFIDS might have been of viral origin, there is no proof that Ampligen can reverse the damage, even though it may kill the virus. Patients using Ampligen report very limited benefits and almost 90% of the patients reported relapsing and the disappearance of the temporary limited benefits as soon as they discontinued the Ampligen treatment according to the report by Dr Cheney."

[www.abcjb.com/news/nCFreports/on/ampligen.htm](http://www.abcjb.com/news/nCFreports/on/ampligen.htm)

### SOME PROBLEM

I may have mentioned previously that my most enduring memory of the last three years is Dr Petrovic saying that he was 'grappling with the problem of spreading the anti-oxidants EVENLY over the cell walls.' Dr Smith says that free radicals attack the membranes of the cells. He says that 'Theoretically the full list of 92 substances required for cell synthesis ( Dr Wallach ) should be applied simultaneously in the right proportions, else the supplements will be excreted without doing their job properly.' No wonder he was GRAPPLING with it !!

### TESTIMONIALS

The variety in testimonials that I have been able to present to you never ceases to amaze me. They all say, ' I had an incurable disease, Dr Petrovic gave me a new life.', but what a variety of ways to say it ?

As you will see Laura Mowell has an abiding faith in God and a deep knowledge of the bible. You will wonder when you read her testimonial how on earth she managed to hide the fact that she was so ill from her workmates for over nine years. Laura's father, Tom, started the American Petrovic group. Patients seem to be flooding in, including a man who has been sick for FORTY years. He estimates that he has spent over a MILLION dollars without result.

## Bioscreen's Urine Test

It has been fascinating following Professor Kilroe-Smith's and Dr Petrovic's interpretation of Australian patient's Bioscreen tests. It is great to see the confidence that builds in the patient as the improvement in the condition is explained to them and they realise that they are going to get well. I would like to thank Martin, the Irish patient for drawing my attention to Dr Gary Deed's interpretation of the tests. He gave a lecture to the ME/CFS Society of Queensland on the 24th of October 1998 and it may be found on the Queensland group's website.

In his introduction Dr Deed stated that he thought the tests should be done in any case of chronic fatigue and that the doctor shouldn't wait for the accepted six months. He also pointed out the fact that if the 'pointers' were present it proved that there was an organic cause for the symptoms and this could prevent the patient being referred for psychiatric assessment.

The 'pathological metabolites' that the Newcastle researchers discovered have all been given UM ( Urinary Marker ) numbers. Metabolite 12 ( CFSUM 1 ) is associated with possible infection in the body. UM 13, 13a, and 14 indicate if there is a problem with hidden infection. A high UM 15 reading correlates with depression. If UM 18 ( phenylalanine ) is low it indicates a pain problem. If UM 19 ( ornithine ) or UM 25 ( hippuric acid ) is high it indicates that the patient may be having trouble processing protein. Dr Deed suggests that in these cases it is not a good idea to attempt amino acid supplementation without alpha-ketoglutarate to help the patient's body cope with the added load of amino-acids.

If metabolites UM 22 ( tyrosine ), UM 23 ( 1-methyl-histidine ) and UM 24 ( 3-methyl-histidine ) are high this represents muscle fatigue. They should be high only after exercise NOT first thing in the morning when the urine sample has to be taken. Tyrosine indicates that the muscles are burning energy at a higher than normal rate. High methyl-histidines indicate that muscle breakdown is occurring. UM 26 ( aconitic acid ) is an indicator of whether muscle usage is normal. UM 26A ( citric acid ) is involved in the basic energy pathway for cellular energy. If high, the pathway is not producing much energy and, if combined with high aconitic acid and succinic acid, gross disturbances of energy metabolism are present. Metabolites 27 and 28 are elevated if a persistent infection is involved. The tyrosine/leucine ratio gives a close index of pain. The higher the ratio (>4) the more pain is usually present.

Space doesn't allow me to comment on Dr Deed's elaboration of the blood or faecal tests.

As far as Dr Petrovic is concerned the urine test is an accurate indication of the state of the patient's body

### SNIPPETS

Now that I am down to the last opportunity to pass on small pieces of information I feel that I shouldn't let this pass. When Dr Petrovic was dealing with the Victorian group, which had printed inaccurate information about him on its website, he asked me to check the secretary and fax number of the N.S.W. group. A lady HAD been the secretary. I rang the number and a very tired male voice answered ( unfortunately these groups are all manned by volunteers ). I said that I was interested to know who was secretary was. He said, " I suppose that you could say I am. What do you want ?"

I said that I was checking for a South African doctor who had cured nearly 300 patients since 1994 as he wanted to fax through some information. I could feel the man bristle. He said, " I am **very** dubious about that. In fact I don't believe it ! " With that he slammed down the phone. I guess my first fifteen newsletters must have gone straight into the rubbish bin ! Pity for members who are looking to the group for correct facts about worldwide developments.



newsletter '25%'

It relates how she was treated with the standard British treatment and made much worse. She says that the horror stories about the treatment hadn't started to emerge at the time she started. Fortunately she had discovered Dr Petrovic's website and had enough faith in him to persist for eight and a half months before she reached the recovery stage. Dr Williams is helping to introduce British patients to the protocol and may be contacted at :

pat@rathbane.i-way.co.uk

**PANORAMA** <http://bbc.co.uk/panorama>

You come across a lot of disturbing stories on the internet while researching CFIDS. Probably the worst thing I have seen to date is the story uncovered by the British television Panorama series. How would you like to take your CFIDS child to the doctor with unexplained pains in all parts of the body only to find that a psychiatrist had your child 'sectioned'. In other words, had him/her placed in a mental institution? This has happened to hundreds of British CFIDS

Since the last newsletter Dr Patricia Williams has published her testimonial called A Tale of two Treatments. As you will have read earlier the British M.E. Society has published her story in their

children

I downloaded twenty two pages of transcript of the programme run on the 8th of November 1999.( transcript\_08\_11\_99 panorama.txt ) Bearing in mind the fact that we are talking about children who are locked up with other children who are mentally ill, the horrifying things that happen to them can be seen from the psychiatric ward at Birmingham Children's Hospital. They in fact volunteered the fact that the treatment they offered was unproven, and very strangely they said that they had a 100% success rate .

On questioning THEY DIDN'T SEEM TO BE ABLE TO DESCRIBE THE ILLNESS THAT THEY WERE CURING

## Fare thee well

Back to the Mad Hatter's Party.

I have always liked being on time. It seems a nice way to round things off by finishing the typing for the May the first edition on April the 30th. Doing the Pagemaker course was a LOT of work for only two editions. I even hope to have the ability to convert the newsletter into a pdf file soon. I will attach these to e-mails. This will save a lot of postage as most people have the Acrobat reader on their computer . This will be very handy as my target audience will be overseas in future. For those Australians who have actually read the newsletters, and would like to keep being informed you could drop me a line at P.O.Box 60 Chiltern 3683 or to the e-mail address at rcollins@albury.net.au

Hoo-roo Pete, Denise, Rachael, Paul and the dogs Baccus and Max



## Gary Winn - English architect

Gary is an inspiration to many English patients undertaking the protocol. I believe that one is webmaster to a group that has five hundred CFIDS members. I had intended to include Gary in the last edition which featured many patients from all over the world. Unfortunately his photograph wasn't received in time. You will see here Gary with his daughter Verity. You may remember that Gary was bedridden with severe brainfog and he didn't actually know that he had a daughter until



he came out of his mental haze. He tells me that he feels great. He is back at work and his wife is even expecting another child in July. Gary and Emmylou Morey were featured in one of the very early newsletters when Dr Petrovic visited the United Kingdom. Emmylou is still assisting with prospective English patients, but she is getting close to going to America to get married. There is a large group of patients in the Isle

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