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Fibromyalgia and chronic fatigue syndrome (CFS): Biomarkers as applicable to clinical manifestations

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Currently there is no clear understanding of the CFS and FM pathogenesis, therefore there are no clear criteria and their biomarkers. Due to the lack of objective criteria, CFS and FM have not been recognized as nosology for a long time. In the course of clinical research and observation of this group of patients we have found a number of patterns. For assessment by the severity scale and the choice of therapy, we have developed and use integrated biomarker of CFS / FM severity. Here we used our experience, the psychometric testing data and treatment terms and results statistics. In particular, we use 4 main biomarkers of CFS and FM: compliance of the clinical presentation to the conventional CFS and FM criteria, REM sleep deficiency, Increase of percentage of CD19CD5 cells to the total CD19 population, producing the herpes group viruses DNA (HSV, EBV, CMV, HHV6) with saliva and urine, PCR or serological evidence of infection with chlamydia, mycoplasma, viral hepatitis B, C, D, G, TT, Borrellia, Yersinia, beta- hemolytic streptococcus of group A. We have created and used 'three in one' method of treating CFS and fibromyalgia. Stage-by-stage control of the treatment efficiency shows a steady decline or absence of pain syndrome, and positive dynamics by the scale of integrated biomarker of CFS/MF severity. In 38% of cases we can talk about clinical recovery in 6 months.

Biography

Kirill Shlyapnikov, MD, neurologist, clinical immunologist, obtained neurology specialization at Moscow State Medical-Stomatological University (MSMSU) and then immunology specialization at Peoples' Friendship University of Russia (PFUR). Research activities cover clinical aspects of chronic fatigue syndrome and fibromyalgia, autoimmune diseases of the nervous system and neuroinfections. He is the Founder and Director of a private clinic "Echinacea" in Moscow.

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